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

Annual Report 2016/17

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

Your National Scheme:

For safer healthcare

Performance summary

Registration in 2016/17

678,938 health practitioners registered in Australia, across **14** professions

5,374 health practitioners identify as Aboriginal and/or Torres Strait Islander, according to the workforce survey

Over **21,000** more registrants than last year

68,989 new applications for registration received

2,800 applications for registration refused because they did not meet suitability/ eligibility requirements

157,213 students studying to be health practitioners through an approved program of study or clinical training program

70,544 domestic and international criminal history checks made

98.5% of registrants renewed and completed their registration online

97% of registrants completed an online workforce survey at renewal

AHPRA: supporting the National Boards

401,242 calls were made to AHPRA's customer service team

Average of **1,543** phone calls each day, with up to **5,000** calls a day in peak times

92.6% of telephone enquiries were resolved at first contact

82% of health practitioners responded with 'very satisfied' when asked to rate their interaction with our customer service team

599 appointments made:

- **5** Ministerial appointments of National Board members
- **87** National Board appointments of National Committees
- **17** Ministerial appointments of state and territory board members
- **490** National Board appointments for state, territory or regional committee membership

54,925 web enquiries received

An average of **211** web enquiries each day

Our **15** websites received more than **12 million** visits and more than **60 million** page views

Our 'Be safe in the knowledge' campaign to raise public awareness of the *Register of practitioners* saw:

150,000 unique visitors to www.ahpra.gov.au/Registration/Be-safe-in-the-knowledge

Brochures delivered to over **3,250** GP practices

1,600 postcard drops across Australia

Notifications in 2016/17

10,540 practitioners had a notification raised about them nationally[1]

13.9% increase in notifications received by AHPRA

1.6% of all registered health practitioners were the subject of a notification[1]

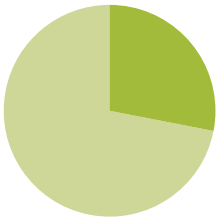
6,898 notifications were received by AHPRA about health practitioners[2]

The top three reasons for a notification were:

- clinical care (**42.8%**)
- pharmacy/medication (**11.9%**), and
- health impairment (**8.4%**)

32.1% increase in mandatory notifications[3]

Immediate action was taken to restrict or suspend registration of a practitioner **320** times



28.3% of health, performance and conduct matters resulted in regulatory action

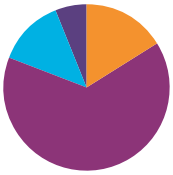
91.3% of matters decided nationally by tribunals this year resulted in regulatory action

Appeals

82 appeals lodged in tribunals about Board decisions made under the National Law

Of **68** appeals that were finalised, **86%** resulted in no change to the Board's decision

The decision was amended or substituted for a new decision in **9** matters, and an appeal was withdrawn **44** times



Statutory offences

1,895 advertising-related complaints received

1,416 closed following investigation

368 new offence complaints received relating to title protection

422 closed following investigation

15 cases of falsely claiming to be a registered health practitioner successfully prosecuted before the courts

14 new offence complaints related to restricted practices

18 closed following investigation

Compliance

71 conditions or undertakings are currently listed in our *National restrictions library*, which are used to restrict registration to protect the public[4]

3,011 practitioners were monitored by AHPRA for health, performance and/or conduct during the year

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

2 This refers to notifications managed by AHPRA (excludes data from the HPCA and OHO). For information on how complaints about health practitioners are lodged and managed in Australia, see page 8.

3 Notification that an entity is required to make to AHPRA under Division 2 of Part 8 of the National Law. Refer to the Glossary for more definitions.

4 For more information, see www.ahpra.gov.au/Registration/Monitoring-and-compliance/National-Restrictions-Library.

About us

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

AHPRA works in partnership with the National Boards to ensure the community has access to a safe health workforce across the 14 professions currently registered under the National Scheme. Together, we protect the public by regulating health professionals who practise in Australia. Public safety is always our number one priority. Every decision we make is guided by the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory.

What does AHPRA do?

AHPRA delivers five core regulatory functions:

Professional standards

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

Registration

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

Notifications

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

Compliance

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

Accreditation

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

How does AHPRA work to protect the public?

We support the National Boards in their primary role of protecting the public.

We support the National Boards in the development of registration standards, codes and guidelines.

We publish a national *Register of practitioners* so that important information about individual health practitioners is available to the public: www.ahpra.gov.au/registration/registers-of-practitioners.

We manage registration and renewal processes for local and overseas-qualified health practitioners, and manage student registration.

We manage notifications about the professional conduct, performance or health of registered health practitioners on behalf of the National Boards, except in New South Wales (NSW) where notifications are managed by health professional councils and the Health Care Complaints Commission (HCCC). In Queensland, investigations may be undertaken by the Office of the Health Ombudsman (OHO). See page 8 for more information on health regulation in Australia.

We work with health complaints entities (HCEs) to make sure the appropriate organisation deals with the community's concerns about health practitioners.

We provide advice to the Australian Health Workforce Ministerial Council (AHWMC) about the administration of the National Scheme.

► **For definitions of words and phrases in this report, refer to Common Acronyms and the Glossary (from p112).**

Who oversees AHPRA's work?

The Agency Management Committee is appointed by the AHWMC to oversee the work of AHPRA.

In 2016/17, the Agency Management Committee members were:

- Mr Michael Gorton AM (Chair)
- Dr Peggy Brown
- Ms Karen Crawshaw PSM
- Mr Ian Smith PSM
- Ms Jenny Taing
- Ms Barbara Yeoh AM
- Mr David Taylor (to 11/04/17)
- Professor Merrilyn Walton AM (to 11/04/17)
- Ms Philippa Smith AM (15/06/17–current)
- Dr Susan Young (14/06/17–current)

For more information, visit www.ahpra.gov.au/About-AHPRA/Agency-Management-Committee.

Who are the National Boards?

The National Boards are responsible for the regulation of 14 health professions, setting registration standards, codes, guidelines and policies that all health practitioners must meet in order to be registered.

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, and
- Psychology Board of Australia.

National Board members are appointed by the Australian Health Workforce Ministerial Council (AHWMC). Their important work is funded by fees paid by registrants. For more information, please refer to the Corporate Governance section on page 75.

For more information on who we are and how AHPRA and the National Boards work together, please www.ahpra.gov.au/About-AHPRA.

All Board websites are accessible via AHPRA's homepage at www.ahpra.gov.au.

Our customer service team

AHPRA's customer service team (CST) predominantly manages calls in relation to practitioners' registration.

In 2016/17, the CST received:

- up to 1,543 phone calls each working day
- close to 5,000 calls a day in peak times, and
- on average 211 web enquiries each day.

Our web-enquiry service level is measured in hours because it is a 24/7 service. AHPRA's service level agreement is 48 hours. In 2016/17, the CST responded to enquiries within an average of 31.5 hours.

The CST has continued to evolve since the National Scheme began seven years ago. In 2016/17, we identified changing customer behaviours, including an increase in the use of AHPRA's online services. We saw the need to respond to changes in the way customers interact with us, and to improve training and system support for consistency of service nationwide. We also wanted to better manage and plan for the demands put on the CST, especially during peak registration and renewal periods.

In order to implement changes to address these challenges, it made sense to consolidate the CST into one location – in the past, members of the CST worked out of multiple offices located around Australia. This year saw the planning and development of a single CST location, launching in Sydney on 1 July 2017.

AHPRA on social media in 2016/17

13,961 Facebook likes

33.1% increase from last year

6,320 Twitter followers

25.6% increase from last year

6,403 LinkedIn followers

31.9% increase from last year

9,501 views of our videos on YouTube, with over **12,991** minutes watched

We received and responded to **704** enquiries via Facebook and Twitter

Our posts received **23,695** interactions (likes, shares and comments)

Contents

Tables

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Figures

Introduction

This year, the number of registered health practitioners in the National Registration and Accreditation Scheme (the National Scheme) increased to almost 680,000.

AHPRA works in close partnership with 14 National Boards. Jointly, we strive to keep the community safe by regulating health practitioners efficiently and effectively to facilitate access to safer healthcare. The strong commitment of both board members and AHPRA staff to this mission is a real strength of the National Scheme.

All registered practitioners must meet national standards, codes and guidelines established by National Boards. Practitioners must be ethical and trustworthy, and put their patients' best interests first.

Practitioners renew their registration annually and must declare they meet the requirements of registration. This not only instils confidence in registered health practitioners, it also allows for workforce mobility as practitioners are registered nationally.

Each year, around 20,000 new applicants become registered health practitioners. With the introduction of paramedicine to the National Scheme in late 2018, we expect the number of registered health practitioners will soon exceed 700,000.

Members of the public who receive healthcare from one of the 14 regulated professions can be safe in the knowledge that their practitioner must meet national standards. They can search the national, online *Register of practitioners* when choosing a practitioner to find information about them, including any specific requirements associated with their registration. Working with our Community Reference Group, an important focus of the past year has been improving community awareness of both the register and the National Scheme more widely.

This year, AHPRA received more notifications than ever before and we worked with National Boards to respond to these notifications in a timely manner.

The growth in the number of notifications demonstrates increasing community and practitioner awareness of our work. However, growing demand also presents us with the challenge of how we deliver good regulatory outcomes while improving timeliness and the experience of both notifiers and practitioners.

Over the past year, we've invited feedback from both notifiers and practitioners and we'll continue to use this information to improve the way we implement and communicate our processes for managing notifications.

The National Scheme has a strong multi-profession focus. During the year, National Boards collaborated on a range of multi-profession policy initiatives, including a strategy to support improved compliance with advertising requirements under the National Law. National Boards also collaborated on key accreditation policy issues, and made a joint submission to a discussion paper from the Accreditation Systems Review (a major review of accreditation in the National Scheme commissioned by Health Ministers).

As part of our strategy to ensure every Australian has access to safe and reliable healthcare, we have established a strategy group to guide our work on Aboriginal and Torres Strait Islander peoples' health. This work will look at how the National Scheme, in partnership with Aboriginal and Torres Strait Islander health experts and organisations, can contribute to better health outcomes for Indigenous people.

AHPRA and the National Boards welcome feedback from the community and professions, and commit to ongoing scrutiny of our processes to ensure timely and effective handling of regulatory matters in the public interest.

Mr Martin Fletcher

Chief Executive Officer, AHPRA

Mr Michael Gorton AM

Chair, Agency Management Committee, AHPRA

Dr Joanna Flynn AM

Chair, Forum of National Registration and Accreditation Scheme Chairs

Chair, Medical Board of Australia

Health practitioner regulation in Australia

The National Law provides a regulatory framework for the accreditation and registration of health practitioners. While this law is nationally consistent, two states have adopted a co-regulatory approach. So, where does AHPRA fit in?

AHPRA and the National Boards work within a dynamic regulatory environment. We are responsible for the registration of every practitioner practising in the 14 regulated health professions across Australia. However, the regulation of these practitioners is a shared responsibility.

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

New South Wales

The National Boards and AHPRA do not manage notifications that arise in NSW.

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

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

AHPRA ensures that all NSW notifications and their outcomes are recorded in the national database to ensure the national registers are accurate and complete.

For more information about the notifications process in NSW, visit the HPCA website at www.hpca.nsw.gov.au or the HCCC website at www.hccc.nsw.gov.au.

Queensland

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

The OHO receives all complaints that arise in Queensland. It may refer a complaint to AHPRA and the National Boards if the OHO is satisfied that the complaint is not serious.

For more information about the notifications process in Queensland, visit the OHO website: www.oho.qld.gov.au.

Other health-complaint organisations

Under the National Law, AHPRA and the National Boards work with health complaints entities (HCEs) in each state and territory to decide which organisation should take responsibility for and manage a complaint or concern raised about a registered health practitioner. HCEs handle complaints about health service providers that AHPRA and National Boards do not regulate, and can provide outcomes that AHPRA and the National Boards cannot, such as:

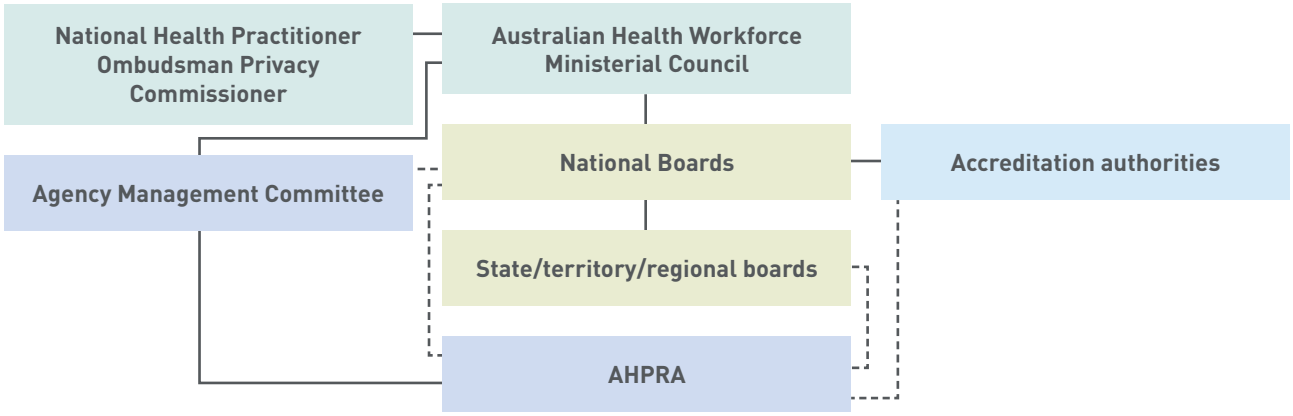
- an apology or explanation
- access to your health records
- compensation or a refund, and/or
- an improvement for a hospital, clinic, pharmacy or community health service.

Following is a list of HCEs in each state and territory:

- **Australian Capital Territory** ACT Human Rights Commission
- **New South Wales** Health Care Complaints Commission
- **Northern Territory** Health and Community Services Complaints Commission
- **Queensland** Office of the Health Ombudsman
- **South Australia** Health and Community Services Complaints Commission
- **Tasmania** Health Complaints Commissioner
- **Victoria** Health Complaints Commissioner, and
- **Western Australia** Health and Disability Services Complaints Office.

Anyone needing advice on how to make a complaint can call AHPRA's Customer Service Team on 1300 419 495.

Figure 1: Who's who in the National Scheme



Our strategy

AHPRA and the National Boards are working to a five-year corporate strategy: *The National Registration and Accreditation Scheme Strategy 2015–20*. The information contained in this report shows how we are performing in relation to our statutory obligations, as well as how we are tracking against our strategy.

Our mission

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

Our vision

To be recognised as a leading risk-based regulator that enables a competent and flexible health workforce to meet the community's current and future health needs.

Strategic outcomes by 2020

- Reduce risk of harm to the public associated with the practice of regulated health professions.
- Ensure that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered.
- Increase public confidence in the effective and efficient regulation of health practitioners.
- Increase public benefit from our data for practitioner regulation, health workforce planning and research.
- Improve access to healthcare through our contribution to a more sustainable health workforce.

Refining our strategy for the future

In July 2016, work began on a new strategic planning and management framework to help us implement our strategy with a simplified and improved process (see page 73).

This framework uses a balanced scorecard approach to make it easier for us to measure our performance and track progress against our strategic objectives.

Our regulatory principles

Eight *Regulatory principles* underpin our work, and guide our decision-making in the public interest. These principles foster a responsive, risk-based approach to regulation. They are as follows:

- Protect the public
- Take timely and necessary action
- Administer the National Law
- Ensure registrants are qualified
- Work with stakeholders
- Uphold professional standards
- Identify and respond to risk
- Use appropriate regulatory force

Read more about our *Regulatory principles* at www.ahpra.gov.au/About-AHPRA/Regulatory-principles.

For more information about our strategy, visit www.ahpra.gov.au/About-AHPRA/What-We-Do/NRAS-Strategy-2015-2020.

Highlights of 2016/17

Working together to ensure Aboriginal and Torres Strait Islander patient safety

AHPRA and the National Boards are committed to developing an Australia-wide Aboriginal and Torres Strait Islander health strategy for the National Scheme.

A key priority of 2016/17 was establishing a strategy group to lead this important work. A strategy group was formed in February 2017 and consists of Aboriginal and Torres Strait Islander health sector leaders and representatives from accreditation entities, National Boards, AHPRA and the Chair of AHPRA's Agency Management Committee.

We are grateful for our partners' commitment to the shared vision of patient safety for Aboriginal and Torres Strait Islander peoples in Australia's health system as the norm, as defined by Aboriginal and Torres Strait Islander peoples.

The initial stages of the strategy will involve three major areas for action:

- developing a strategy to incorporate training within the National Scheme on culturally safe health care
- developing an overall strategy to promote participation and retention of Aboriginal and Torres Strait Islander peoples across all registered health professions, and
- developing a reconciliation action plan that will provide a framework for AHPRA and the National Boards to build relationships with, and respect and opportunities for, Aboriginal and Torres Strait Islander communities throughout Australia.

Find out more about this work and read the advisory group's communiqués at www.ahpra.gov.au/About-AHPRA/Advisory-groups/ATSI-Health-Strategy-Advisory-Group.

Focusing on practitioner health

In the past year, the two largest National Boards – the Medical Board of Australia (MBA) and the Nursing and Midwifery Board of Australia (NMBA) – funded and developed support services for their respective healthcare workforce. The *drs4drs* services and *Nurse & Midwife Support* provide resources to support practitioners' physical and mental wellbeing.

Ensuring the health workforce has the support it needs is an important step in ensuring the public is provided with safe and competent healthcare. For more information on these initiatives, see the MBA's year in review on page 19 and the NMBA's year in review on page 22.

Improving the practitioner experience

A priority for AHPRA and the National Boards this year was to make the registration process quicker and easier for practitioners. We also continue to seek to understand and improve the experience of both notifiers and practitioners involved in the notifications process under the National Law.

In 2017, AHPRA began collecting data from notifiers and practitioners in the form of surveys and in-depth interviews. Initial responses showed that notifiers find it easy to locate and use our new online complaints portal. They also appreciate phone contact with us, as well as having a consistent case manager whenever possible. Some concerns were expressed about the involvement of notifiers in the notifications process and its transparency and timeliness.

Practitioner feedback highlighted satisfaction with initial communication, their opportunity to respond, the outcome of notifications and the content of letters explaining the reasons for decisions. They also highlighted areas for improvement – as with notifier feedback, practitioners said there could be greater transparency and improved timeliness.

For more information on the Notifications process, see page 46 or go to www.ahpra.gov.au/notifications.

Enforcing the National Law

This year, a tougher stance was taken on those who do not comply with the National Law.

In February 2017, a landmark ruling saw a chiropractor convicted on criminal charges after he claimed to be able to prevent, treat and cure cancer in his advertising.

In April 2017, AHPRA successfully prosecuted a NSW man for knowingly and recklessly holding out as a medical practitioner by claiming to be a UK-based doctor. He received a criminal conviction and was fined $30,000 plus legal costs to AHPRA amounting to $22,000.

At its meeting of 24 March 2017, the Council of Australian Governments (COAG) Health Council discussed the adequacy of penalties under the National Law for individuals holding themselves out as health practitioners when they are not registered. Health Ministers agreed to consult on stronger penalties and increased prohibition powers, under the National Law.

Commitment to thorough investigations

AHPRA and the National Boards' commitment to protecting the public means that we take the investigation of complaints and concerns seriously. In the most complex of cases, dedicated investigations teams work tirelessly to get all the facts in establishing whether a registered health practitioner poses a risk to the public.

A National Board may decide to investigate a registered practitioner or student if it is concerned about potential risk to patients or the public because of a practitioner's health or welfare, how the practitioner behaves or how the practitioner is treating patients.

To find out more about our investigations process, refer to www.ahpra.gov.au/Notifications/Find-out-about-the-complaints-process/Investigation.

Timeliness is also a priority in managing notifications. While this year saw an unprecedented amount of complaints and concerns lodged with AHPRA, we worked hard to close more notifications in the year than ever before.

For more information, see page 44.

Holding ourselves accountable

Like our international counterparts, AHPRA and the National Boards continue to face external scrutiny of our regulatory decision-making and performance. We are committed to ensuring greater accountability and transparency of our work by:

- publishing quarterly reports on our performance in each state and territory
- providing regular updates on our progress against recommendations by parliamentary enquiries, and
- making submissions to parliamentary reviews.

This year, we continued to embed the recommendations of the 2014 independent review of the National Scheme, including preparing for the proposed amendments to the National Law, providing a joint submission to the accreditation systems review, and commissioning research into vexatious complaints.

In August 2016, AHPRA and the Medical Board of Australia (MBA) commissioned an independent review on the use of chaperoning restrictions as an interim measure for practitioners facing allegations of sexual misconduct. The review was handed down in April 2017, and AHPRA and the MBA accepted all the recommendations.

We also provided a submission to the Queensland Parliamentary Committee's inquiry into the performance of the Queensland Office of the Health Ombudsman's (OHO) functions, outlining our recommendations to ensure our regulatory expertise and that of the OHO as an ombudsman and health complaints authority is applied in the best possible way to protect the Queensland public.

Simplifying the notifications process

Improving the notifications experience for practitioners and the public remains a priority for AHPRA and the National Boards. During public consultations on the notifications process, it was identified that the term 'notification' is not commonly understood by the broader community. In response to this, we simplified our online content, with the phrase 'complaint or concern' replacing the word 'notification' across the website.

In January 2017, an online portal was launched on the AHPRA website to simplify the process involved in making a complaint or raising a concern about a health practitioner or student. An online form now guides each user through the process, including instructions on how to provide information that will best enable efficient assessment of their concern. After making a complaint, an automated correspondence is issued to the user with a copy of their complaint or concern and advice that they will be contacted by a member of the AHPRA team within four days.

The portal also contains information about the way AHPRA manages complaints and concerns, which is aimed at those who make the complaint and those who have had a complaint made about them. This includes information to help ensure the user understands the types of complaints or concerns that AHPRA can deal with and where to go if their complaint cannot be managed by AHPRA. We have also included a short online survey to ensure the online portal is meeting the needs of our users.

The complaints portal is among the first in a range of digital initiatives being developed and implemented to improve the efficiency of processes across the National Scheme.

The complaints portal can be found at www.ahpra.gov.au/Notifications/Make-a-complaint.

For more information about notifications, see page 44.

Embedding a multi-profession approach to regulation

During the year, the National Boards have collaborated on a range of multi-profession initiatives to progress nationally consistent approaches to regulation, supported by a policy team working with the Boards and working groups across AHPRA.

Key projects included the development and implementation of a strategy to support improved compliance with advertising requirements under the National Law; the early stages of a review of the *Code of conduct* shared by seven National Boards and used by an additional four (with some profession-specific modifications); and coordinating a review of core registration standards for a number of National Boards.

These initiatives are paralleled by multi-professional initiatives in regulatory decision-making. In December 2016, a Multi-Profession Immediate Action Committee (MPIAC) was formed, consisting of three community members and practitioner members from nine participating boards (Aboriginal and Torres Strait Islander Health Practitioner, Chinese Medicine, Chiropractic, Medical Radiation Practice, Occupational Therapy, Optometry, Osteopathy, Physiotherapy and Podiatry). It is intended that the MPIAC will build expertise in these areas to be a more effective decision-making body.

Engaging with international regulatory partners

In September 2016, AHPRA and the Medical Board of Australia co-hosted the 12th International Conference on Medical Regulation and the International Association of Medical Regulatory Authorities (IAMRA). The event took place in Melbourne over four days and attracted more than 490 delegates from more than 40 countries. International and Australian speakers discussed and workshopped IAMRA's theme for the year: *Medical Regulation – Making a Difference*.

AHPRA presented three sessions at the CLEAR 2016 Annual Education Conference, in conjunction with the Nursing and Midwifery Board of Australia. The Council on Licensure, Enforcement and Regulation (CLEAR) is an association of individuals, agencies and organisations that comprise the international community of professional and occupational regulation. The conference was attended by more than 600 members from across North America, Europe, Australia and New Zealand.

AHPRA is set to host CLEAR's International Congress on Professional and Occupational Regulation in Melbourne in November 2017. For more information, visit www.clearhq.org/icpor.

National Boards also had a presence at a number of international regulatory meetings within their profession.

Listening to community feedback

In 2013, AHPRA established a Community Reference Group (CRG), made up of 10 community members and a Chair, who give feedback on AHPRA's regulatory operations and other relevant issues from the perspective of members of the general public.

Over the past year, the CRG cemented itself as a trusted source of advice and a community perspective on health regulation. Members of the group provided detailed feedback to AHPRA and the National Boards on such works as improvements to our notifications (complaints) process and the new complaints portal. They also advised on consultations on revalidation, codes of conduct for nurses and midwives, and the Occupational Therapy Board of Australia's review of competency standards. Members also provided a community perspective at National Board workshops and events – including for the Medical, Chiropractic and Dental Boards.

The CRG is not only called upon to give advice to AHPRA and the Boards. In 2016/17, members of the group were also asked to provide feedback on a senate inquiry into the complaints mechanism administered under the National Law, and the *Independent review of the use of chaperones to protect patients in Australia*.

For information on the activities of the CRG and other reference groups, such as the Professions Reference Group (PRG), who advise AHPRA and the Boards, visit www.ahpra.gov.au/about-ahpra/advisory-groups.

Adding paramedicine to the National Scheme

On 24 March 2017, Health Ministers met as the Australian Health Workforce Ministerial Council (AHWMC) to consider an amendment to the National Law that will see the regulation of paramedics under the National Scheme.

If passed, paramedics will be able to register nationally for the first time in Australia, the title 'paramedic' will be protected nationally, and paramedicine will become a registered health profession.

AHPRA has been tasked with implementing the decision of the Ministers and, to that end, the first call for applications to the Paramedicine Board of Australia was advertised in April 2017. If the amendment bill is passed, Health Ministers will make appointments in September 2017 and the national regulation of paramedics is expected to start in the second half of 2018.

For more information, visit www.ahpra.gov.au/Registration/Regulation-of-paramedics.

The National Scheme in each state and territory

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

The National Scheme facilitates the regulation of individual health practitioners, not health services themselves. However, health practitioners are also expected to meet the requirements of other parts of the health system within which they operate, whether a local hospital, health authority, government department or statutory authority.

Above all else, the National Scheme is in place to protect patients. It builds consistent and local decision-making into national standards. This is supported by local AHPRA offices in each state and territory, which manage stakeholder engagement and work with boards and committees at a local level.

In 2016/17, the percentage of registrants in each state and territory remained relatively consistent with the previous year. As at 30 June 2017, of the total 678,938 registered health practitioners:

- **11,845** had a principal place of practice in the Australian Capital Territory (ACT)
- **196,605** in New South Wales (NSW)
- **7,083** in the Northern Territory (NT)
- **133,103** in Queensland (Qld)
- **53,823** in South Australia (SA)
- **14,522** in Tasmania (Tas)
- **175,354** in Victoria (Vic), and
- **69,012** in Western Australia (WA).

The National Scheme is unique internationally. It allows for a direct relationship with individual practitioners through registration, national accountability and local decision-making, while supporting the transparency of a national *Register of practitioners* that anyone can check. It would not work without the involvement of local stakeholders who play a significant role in patient safety. This balance of national and local influences is what helps the National Scheme contribute to improvements to the wider healthcare system.

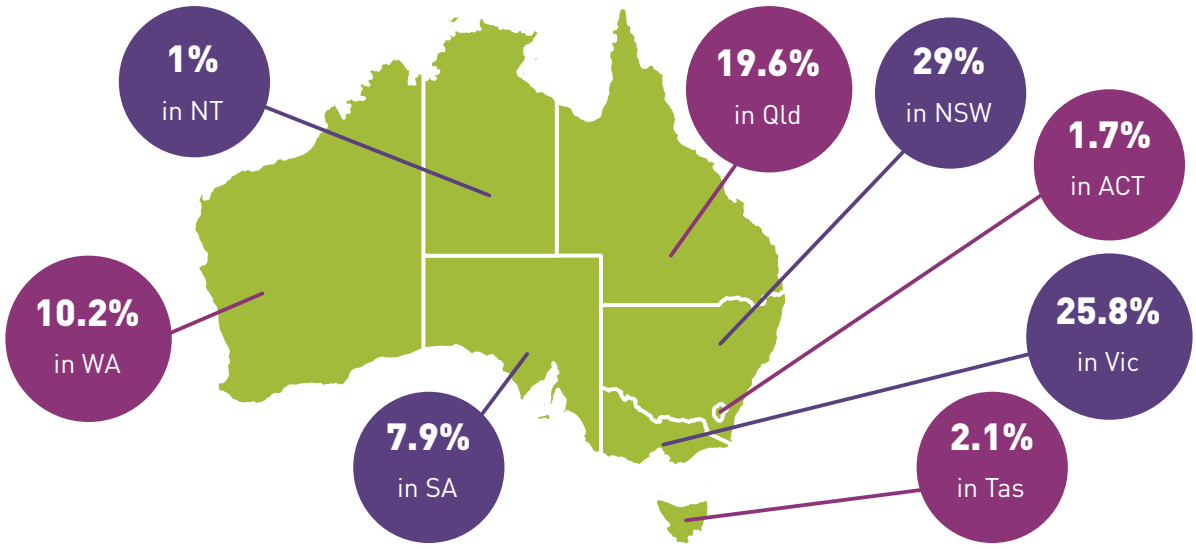
The national and regional strength of the National Scheme means that only suitably trained and qualified practitioners are registered. It also facilitates workforce mobility across Australia, the provision of high-quality education and training of health practitioners and rigorous assessment of overseas-trained practitioners.

The National Scheme's published regulatory principles (see page 9) guide the actions and decision-making of the National Boards and AHPRA. They ensure their primary focus is on public protection while using the minimum regulatory force needed to manage any risk to the public.

AHPRA and the National Boards work with the community, the professions and other stakeholders in government, and the education and health sectors more widely, to keep improving what they do and to make sure their work is focused on their core role of protecting the public and facilitating access to health services.

For more information about the regulation of health practitioners in each state and territory, refer to the 2016/17 jurisdictional annual report summaries at www.ahpra.gov.au/annualreport/2017.

Figure 2: Percentage of practitioners with a principal place of practice in each state and territory[1]



1 Practitioners with no principal place of practice (includes overseas registrants): 2.6% of total practitioners or 17,591 registrants.

AHPRA and the National Boards: working together to protect the public

The National Boards work with the support of AHPRA to ensure safe, quality healthcare across Australia. Guided by the National Law, the boards make decisions about registrants who practise the 14 regulated health professions.

The National Boards protect the community by making sure that only those practitioners who are suitably trained and qualified are registered.

The Boards' responsibilities include setting standards that practitioners must meet in order to be registered, making policy decisions, and investigating complaints and concerns raised about registered health practitioners.

Chairs and Presiding Members for each National Board in 2016/17 are listed below. Executive Officers, based in AHPRA's National Office, offer executive support to each of the National Boards.

For more detailed information about any of the National Boards during the year, download their profession summary from www.ahpra.gov.au/annualreport/2017.

Mr Bruce Davis
Presiding Member, Aboriginal and Torres Strait Islander Health Practice Board of Australia

Professor Charlie Xue
Chair, Chinese Medicine Board of Australia

Dr Wayne Minter AM
Chair, Chiropractic Board of Australia

Dr John Lockwood AM
Chair, Dental Board of Australia

Dr Joanna Flynn AM
Chair, Medical Board of Australia

Mr Mark Marcenko
Chair, Medical Radiation Practice Board of Australia

Associate Professor Lynette Cusack RN
Chair, Nursing and Midwifery Board of Australia

Ms Julie Brayshaw
Chair, Occupational Therapy Board of Australia

Mr Ian Bluntish
Chair, Optometry Board of Australia

Dr Nikole Grbin
Chair, Osteopathy Board of Australia

Mr William Kelly
Chair, Pharmacy Board of Australia

Dr Charles Flynn
Chair, Physiotherapy Board of Australia

Ms Catherine Loughry
Chair, Podiatry Board of Australia

Professor Brin Grenyer
Chair, Psychology Board of Australia

Aboriginal and Torres Strait Islander Health Practice Board of Australia in 2016/17

A snapshot of the profession

608 Aboriginal and Torres Strait Islander Health Practitioners

0.1% of total health practitioner registrant base

Up 3.6% from 2015/16

448 registered students (up 53.4% from last year)

7 notifications lodged with AHPRA about Aboriginal and Torres Strait Islander Health Practitioners

1.2% of Aboriginal and Torres Strait Islander Health Practitioners had notifications made about them

6 notifications closed this year

33.3% resulted in accepting an undertaking or conditions being imposed on an Aboriginal and Torres Strait Islander Health Practitioner's registration

16.7% resulted in an Aboriginal and Torres Strait Islander Health Practitioner receiving a caution or reprimand by the Board

50% resulted in no further action being taken

2 mandatory notifications were made; both were about standards of practice

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

72 cases were actively monitored (4 on the grounds of health, 3 for performance and 65 for suitability/eligibility for registration)

3 statutory offence complaints were made; 2 were closed

2 of the new matters related to title protection

Key works of the Board

The Aboriginal and Torres Strait Islander Health Practice Board of Australia (the Board) works in partnership with AHPRA to implement the National Scheme. Together, they are responsible for the registration and regulation of practitioners of this relatively new health profession, ensuring that only those practitioners who are suitably qualified and competent to practise are registered.

Among other requirements, to be eligible for registration, a practitioner must be an Aboriginal and/or Torres Strait Islander.

Awareness of the profession

Registrants in the Aboriginal and Torres Strait Islander Health Practice profession grew by 3.6% this year, which indicates an increasing awareness and appreciation of the value and importance of providing culturally appropriate healthcare to Aboriginal and Torres Strait Islander people.

The task of accrediting education providers for this profession is sometimes challenging given that many of our approved programs of study are delivered where they are required – in rural and remote areas. There are currently 12 programs of study that have been approved for this profession by the Board for the purposes of registration. Find them at www.ahpra.gov.au/Education/Approved-Programs-of-Study.

Stakeholder relations

This year, the Board continued to engage with many stakeholders, particularly the National Aboriginal and Torres Strait Islander Health Worker Association, which includes not only Aboriginal Health Workers, but registered Aboriginal and Torres Strait Islander Health Practitioners as well.

The Board also played a leading role in the commencement of the development of a Reconciliation Action Plan for AHPRA and the National Boards. This is an important inclusion in a broader strategy: the National Scheme's Aboriginal and Torres Strait Islander health strategy, which supports better health outcomes for Australia's first peoples.

For more information about the Aboriginal and Torres Strait Islander Health Practice Board of Australia's work in 2016/17, download the profession summary report from www.ahpra.gov.au/annualreport/2017.

Chinese Medicine Board of Australia in 2016/17

A snapshot of the profession

4,860 Chinese medicine practitioners

0.7% of total health practitioner registrant base

Up 2.1% from 2015/16

1,515 registered students (up 14.9% from last year)

36 notifications lodged with AHPRA about Chinese medicine practitioners

1.2% of Chinese medicine practitioners had notifications made about them

34 notifications closed this year

23.5% resulted in accepting an undertaking or conditions being imposed on a Chinese medicine practitioner's registration

8.8% resulted in a Chinese medicine practitioner receiving a caution or reprimand by the Board

67.6% resulted in no further action being taken

Immediate action was taken once

24 Chinese medicine practitioners were monitored for health, performance and/or conduct during the year

945 cases were actively monitored (4 on the grounds of conduct, 8 for performance and 933 for suitability/ eligibility for registration)

72 statutory offence complaints were made; 38 were closed

Over half of new matters related to advertising breaches, and the majority of the remaining matters related to title protection

Key works of the Board

Engaging with the profession

One of the main focuses for the Chinese Medicine Board of Australia (the Board) during the year was to ensure practitioners were aware of their professional obligations as registered practitioners. A series of quick reference guides were published, which provide concise, clear information for practitioners about safe Chinese herbal medicine practice. Minor amendments were also made to the key resource, the *Nomenclature compendium of commonly used Chinese herbal medicines*.

Following wide consultation, the Board published new guidelines for creating and maintaining health records. It also released a *Position statement on endangered species and Chinese medicine in Australia*.

Preliminary consultation with key stakeholders was undertaken on draft revised registration standards. The Board is expecting to consult publicly on the revised standards in the latter half of 2017 and will publish updated information about the consultation process on the Board's website.

International relations

A highlight for the Board this year was sending a delegation to China for the first time. The visit took place in May 2017, and was partially funded by a grant from the Australia-China Council. It presented a fantastic opportunity for the Board to engage with international regulatory counterparts. During the visit, social media updates were posted in both Chinese and English.

Listening to stakeholders

In 2016/17, the Board established the Chinese Medicine Reference Group (CMRG), comprising individual practitioner members, community members, and representatives of professional associations and education institutions. The purpose of the group is to promote a common understanding of the National Scheme, and to have members of both the community and profession share thoughts and give advice on policy and other matters. The CMRG held its first meeting in February 2017.

Find out more about the initiatives mentioned above at www.chinesemedicineboard.gov.au. Refer to Appendix 5 to view standards, codes and guidelines that were approved during the year.

For more information about the Chinese Medicine Board of Australia's work in 2016/17, download the profession summary report from www.ahpra.gov.au/annualreport/2017.

Chiropractic Board of Australia in 2016/17

A snapshot of the profession

5,284 chiropractors

0.8% of total health practitioner registrant base

Up 2.3% from 2015/16

1,614 registered students (up 30.2% from last year)

103 notifications lodged with AHPRA about chiropractors

3.1% of chiropractors had notifications made about them

88 notifications closed this year

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

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

52.3% resulted in no further action being taken

Immediate action was taken 14 times

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

45 chiropractors were monitored for health, performance and/or conduct during the year

49 cases were actively monitored (7 on the grounds of conduct, 2 for health reasons, 10 for performance, 6 prohibited practitioners/students and 24 for suitability/eligibility for registration)

162 statutory offence complaints were made; 192 were closed

The overwhelming majority of new matters related to advertising breaches

Key works of the Board

Awareness-raising campaigns

A focus for the year was providing practitioners with all the information they need to meet their obligations under the National Law. Part of this strategy included employing clear and concise communications to raise awareness within the profession about advertising requirements.

Misleading and deceptive advertising continued to be an issue for the profession in 2016/17. The Board maintained its strong position, and engaged closely with stakeholders on this issue. As a part of this work, AHPRA and the Board co-hosted a forum on advertising by chiropractors for a wide range of stakeholders, including professional bodies, community groups and representatives of AHPRA's Community Reference Group. Working closely with AHPRA, the Board also developed helpful resources to assist chiropractors in better understanding what is, and is not, allowed.

A forum on professionalism in chiropractic care was co-hosted by the Board and the Council on Chiropractic Education Australasia (CCEA), for an audience of chiropractic educators and professional bodies. Workshops were held to advance the conversation on self-regulation of learning for practitioners, particularly about continuing professional development (CPD), remediation and/or return to practice.

The Board has embraced multi-media technology to support practitioners, including the online publication of vodcasts during the renewal period, which explained revised registration standards to help chiropractors better understand their registration requirements.

Advising on the profession

Ministers called on the Board to provide advice on issues related to the potentially unsafe treatment of children and pregnant women. In addition to giving advice, the Board revised the following position statements, which were originally published in 2015: *Statement on paediatric care* and *Statement on provision of health information* (see www.chiropracticboard.gov.au/Codes-guidelines/FAQ/Position-statements). The Board has made it clear that chiropractors have a responsibility to practise in an evidence-based and patient-centred manner, and to recognise and work within the limits of their competence and scope of practice. Read the statements at www.chiropracticboard.gov.au/Codes-guidelines.

Enforcing the National Law

AHPRA and the Board successfully took strong action against a number of chiropractors on matters ranging from misleading advertising to boundary violation and sexual misconduct this year. Outcomes of these matters are published at www.chiropracticboard.gov.au/News.

Refer to Appendix 5 to view revised standards that came into effect during the year.

For more information about the Chiropractic Board of Australia in 2016/17, download the profession summary report from www.ahpra.gov.au/annualreport/2017.

Dental Board of Australia in 2016/17

A snapshot of the profession

22,383 dental practitioners

3.3% of total health practitioner registrant base

Up 3% from 2015/16

4,736 registered students (down 1.5% from last year)

526 notifications lodged with AHPRA about dental practitioners

3.8% of dental practitioners had notifications made about them

One notification was made about a student

485 notifications closed this year

14.6% resulted in accepting an undertaking or conditions being imposed on a dental practitioner's registration

20% resulted in a dental practitioner receiving a caution or reprimand by the Board

0.8% resulted in suspension or cancellation of registration

62.1% resulted in no further action being taken

Immediate action was taken 9 times

21 mandatory notifications were made (19 about standards, one about impairment and one about sexual misconduct)

199 dental practitioners were monitored for health, performance and/or conduct during the year

134 cases were actively monitored (14 on the grounds of conduct, 16 for health reasons, 64 for performance, 5 prohibited practitioners/students and 35 for suitability/eligibility for registration)

239 statutory offence complaints were made; 295 were closed

The overwhelming majority of new matters related to advertising breaches

Key works of the Board

This year, the Dental Board of Australia (the Board) submitted a proposed revised *List of recognised dental specialties, related specialist titles and definitions* for approval to the AHWMC. Though minor, these changes will align specialist titles and/or definitions with international nomenclature and better reflect the nature of work undertaken by dentists within their existing specialty.

Also in 2016/17, entry-level competencies were published on the Board website, which detail the expectations of applicants for endorsement of registration in the conscious sedation area of practice. It re-approved seven programs to extend scope of practice until 31 December 2018. The Board also reviewed the approval process of these programs and has agreed to phase out the approval of these programs.

Overseas specialist qualifications

At the start of this year, the Board commenced the assessment of all applications from overseas specialist qualifications for substantial equivalence to Australian specialist programs.

In support of these arrangements, the Board, with AHPRA, implemented a new process to assess overseas specialist qualifications for substantial equivalence to Australian specialist programs.

As part of its work program on specialist registration pathways for overseas trained dental specialists, the Board engaged the Australian Dental Council (ADC) to develop an outcome-based assessment model for overseas-trained dental specialists applying for specialist registration in Australia. The Board will utilise its Expert Reference Group – Specialists to act as liaison with the ADC to help progress the project.

Awareness-raising campaigns

In 2016/17, the Board took a new, multimedia approach to the way it communicates with the profession and the public. This culminated in the launch of two videos to raise awareness of, and for, the profession at www.dentalboard.gov.au:

- *Tips for patients* gives dental patients easy-to-remember ways to tell whether their dental practitioner is following the correct infection-control protocols.
- *Overview of your obligations as a registered dental practitioner* highlights some of the key requirements for dental practitioners to maintain registration and provides guidance about expected behaviours.

At the end of the financial year, a third video was in production, which will provide registration information for graduates of dental study.

Refer to Appendix 5 to view standards that came into effect during the year.

For more information about the Dental Board of Australia in 2016/17, download the profession summary report from www.ahpra.gov.au/annualreport/2017.

Medical Board of Australia in 2016/17

A snapshot of the profession

111,166 medical practitioners

16.4% of total health practitioner registrant base

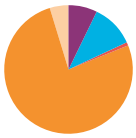
Up 3.7% from 2015/16

20,057 registered students (up 1.5% from last year)

3,617 notifications lodged with AHPRA about medical practitioners

5.1% of medical practitioners had notifications made about them

2 notifications were made about students



3,557 notifications closed this year

7.3% resulted in accepting an undertaking or conditions being imposed on a medical practitioner's registration

11% resulted in a medical practitioner receiving a caution or reprimand by the Board

0.6% resulted in suspension or cancellation of registration

76.3% resulted in no further action being taken

Most of the remaining 4.7% were retained by a health complaints entity

Immediate action was taken 102 times; 23 resulted in suspension of registration

224 mandatory notifications were made (161 about standards, 41 about impairment, 5 about alcohol or drugs, and 17 about sexual misconduct)

1,000 medical practitioners were monitored for health, performance and/or conduct during the year

1,620 cases were actively monitored (126 on the grounds of conduct, 216 for health reasons, 213 for performance, 55 prohibited practitioners/students, and 1,010 for suitability/eligibility for registration)

273 statutory offence complaints were made; 283 were closed

Over half of the new matters related to advertising breaches, and the majority of the remaining matters related to title protection

Key works of the Board

Revalidation

The Medical Board of Australia (the Board) is committed to developing a process that supports medical practitioners to maintain and enhance their professional skills and knowledge, and to remain fit to practise medicine. The term 'revalidation' has been used for this process. In 2015/16, the Board appointed an Expert Advisory Group (EAG) to advise it on options for revalidation. During 2016/17, the EAG delivered their interim report, which identified a two-part approach:

- maintaining and enhancing the performance of all doctors practising in Australia through efficient, effective, contemporary, evidence-based continuing professional development relevant to their scope of practice, and
- proactively identifying doctors at risk of poor performance and those who are already performing poorly, assessing their performance and, when appropriate, supporting remediation of their practice.

The Board consulted on the proposal in the interim report over a four-month period. The EAG has been analysing feedback and is scheduled to deliver its report in 2017/18.

Social research

In 2016/17, the Board commissioned independent social research, related to its work on revalidation, to better understand what the public expects doctors to do to demonstrate ongoing fitness and competence, and what medical practitioners believe they need to do to maintain and enhance their knowledge and skills.

The research analysed feedback from 3,000 doctors and 1,000 members of the community. Key findings were:

- 90% of the community trust doctors and nurses, 85% trust pharmacists and 7% trust politicians.
- Doctors and the community agree that the most important attributes for building confidence and trust with patients are effective communication and doctors explaining their diagnosis and treatment.
- 39% of doctors and 72% of the public think doctors' practice should be reviewed at least every five years.
- 40% of doctors and 5% of the public think doctors should only be reviewed if there are concerns about their practice.
- More than half the doctors surveyed support demonstrating their capacity to provide high-quality medical care as a requirement of their annual registration renewal.

(Continued on next page)

12th International Conference on Medical Regulation

The Board and AHPRA co-hosted this conference in Melbourne in September 2016. More than 490 participants from more than 40 countries gathered, with the aim of making a difference to patient safety through regulation. Watch a wrap-up video at www.medicalboard.gov.au/News/IAMRA-2016.

Doctors' health advisory and referral services

From 2016/17, doctors and medical students in all states and territories were able to access help and support through the expanded network of doctors' health advisory and referral services.

The national network of services is coordinated by Doctors' Health Services Pty Ltd, a wholly owned subsidiary of the Australian Medical Association (AMA), and funded by the Medical Board of Australia.

The Board has significantly boosted resources to doctors' health, sourced from within existing Board funds from registration fees paid by medical practitioners. The partnership with the AMA enables the health programs to be administered at arm's length from the Board and AHPRA. See www.doctorportal.com.au/doctorshealth.

Taking action on bullying and harassment

Bullying and harassment are serious problems in the medical profession and have a direct impact on patient safety. Setting clear standards and holding doctors to account against them is the job of regulators. Getting clear about the roles and responsibilities of colleges, employers and regulators in dealing with these problems so that everyone knows what the standard is, and what to do if someone fails to meet it is one of the things we will do with others.

The Board committed to taking action on bullying and harassment by:

- strengthening the Board's *Good medical practice – a code of conduct for doctors in Australia* about bullying and harassment and making the standards of acceptable behaviour for doctors clear
- taking the lead in developing and implementing a national, annual survey of trainees, which will give them a voice, be a safe place for them to provide feedback on their training experience and enable systemic issues such as potential hotspots of bullying and harassment to be identified. AHPRA and the Board will work with health departments, employers, medical colleges, and the Australian Medical Council to develop the governance and funding arrangements to make this happen
- commissioning research on vexatious complaints to understand how and why people are driven to make them, and what we can do about it. The data we have now indicate this is a small problem with a big impact when it happens. We will publish what we learn and act on it, and
- strengthening *Good medical practice – a code of conduct for doctors in Australia* on vexatious complaints and establishing a clear benchmark to enable the Board to take further action about a medical practitioner who makes complaints purely to damage another registered practitioner.

Independent review of the use of chaperones

In August 2016, the Board and AHPRA commissioned the *Independent review of the use of chaperones to protect patients in Australia*. The reviewer, Professor Ron Paterson, was asked to consider whether, and if so in what circumstances, it is appropriate to impose a chaperone condition on the registration of a health practitioner to protect patients while allegations of sexual misconduct are investigated.

The reviewer was also asked to recommend whether changes to regulatory practice, and the National Law, are needed to better protect patients and the public.

The report recommended three areas for regulatory reform:

- No longer using chaperones as an interim restriction while allegations of sexual misconduct are investigated
- Establishing a specialist team within AHPRA working with the MBA to improve our handling of sexual misconduct complaints, and
- Strengthening monitoring and providing more information to patients in the exceptional cases when chaperone conditions are in place.

The report recommended a number of areas for regulatory reform, and AHPRA and the Board accepted all of them. Read more at www.medicalboard.gov.au/News/2017-04-11-chaperone-report.

Review of specialist colleges

Another important piece of work commissioned by the Board this year was a review of specialist college performance in relation to the assessment of specialist international medical graduates. This work arose from a recommendation in the independent review of the National Registration and Accreditation Scheme that was accepted by Health Ministers. The Board appointed Deloitte Access Economics, who will seek input from external stakeholders including specialist international medical graduates (IMGs) and employers. The review will continue throughout 2017 and the Board will consider the report in early 2018.

Refer to Appendix 5 to view guidelines and registration standards that were approved and/or came into effect during the year.

For more information about the Medical Board of Australia in 2016/17, download the profession summary report from www.ahpra.gov.au/annualreport/2017.

Medical Radiation Practice Board of Australia in 2016/17

A snapshot of the profession

15,683 medical radiation practitioners

2.3% of total health practitioner registrant base

Up 2.5% from 2015/16

3,895 registered students (up 13% from last year)

23 notifications lodged with AHPRA about medical radiation practitioners

0.3% of medical radiation practitioners had notifications made about them during the year

29 notifications closed this year

17.2% resulted in accepting an undertaking or conditions being imposed on a medical radiation practitioner's registration

20.7% resulted in a medical radiation practitioner receiving a caution or reprimand by the Board

58.6% resulted in no further action being taken

Immediate action was taken twice

6 mandatory notifications were made (4 about standards, one about impairment, and one about drugs or alcohol)

17 medical radiation practitioners were monitored for health, performance and/or conduct during the year

88 cases were actively monitored (4 for health reasons, 3 for performance, one prohibited practitioners/students, and 80 for suitability/eligibility for registration)

4 statutory offence complaints were made; 9 were closed

3 of the new matters related to title protection, and one matter related to advertising breaches

Key works of the Board

Awareness-raising campaigns

In 2016/17, the Medical Radiation Practice Board of Australia (the Board) began a strategic communications drive that included publishing short information pieces in its newsletters to raise awareness of important considerations that will reduce the risk of harm to the public. The first in the series focused on radiation safety in paediatric imaging, while in June 2017 the Board published information on the importance of handwashing.

Using radiation safely is an essential element of good medical radiation practice. With the greater proportion of registered medical radiation practitioners using radiation in their daily practice, the potential for radiation-induced harm is always at the forefront of decision-making in clinical practice.

The Board also developed material that supports Australia's celebration of World Radiographer Day, which is an internationally recognised day that aims to build greater awareness of the value that medical radiation practitioners add to safe patient care.

Scope of practice

Scope of practice across three divisions of registration has also been an ongoing focus for the Board. Information was developed to assist practitioners in understanding the minimum requirements for practice.

The three divisions are:

- diagnostic radiographers
- radiation therapists, and
- nuclear medicine technologists.

The communications to practitioners around this included how they might expand their scope of practice through education and clinical training.

The *Professional capabilities for medical radiation practice* identifies that a significant part of medical radiation practice is common across all three divisions. Changing technology and the blending of practice areas demonstrate the need for an adaptable and flexible skill set for registered practitioners. The changes pose fundamental questions for the Board as a profession regulator. Equally, they challenge the traditional view of medical radiation practice. More work on scope of practice will continue in 2017/18.

Refer to Appendix 5 to view standards and guidelines that were approved or came into effect during the year.

For more information about the Medical Radiation Practice Board of Australia in 2016/17, download the profession summary report from www.ahpra.gov.au/annualreport/2017.

Nursing and Midwifery Board of Australia in 2016/17

A snapshot of the profession

Nursing

386,629 nurses

56.9% of total health practitioner registrant base

Up 2.8% from 2015/16

Of the 386,629 nurses, 28,928 also hold registration in midwifery

The number of dual registered nurses and midwives is down 2.6% from last year

92,145 registered students (up 2.8% from last year)

1,568 notifications lodged with AHPRA about nurses

0.6% of nurses had notifications made about them

24 notifications were made about nursing students

1,473 notifications closed this year

22.7% of matters resulted in accepting an undertaking or conditions being imposed on a nurse's registration

16.4% resulted in a nurse receiving a caution or reprimand by the Board

1.6% resulted in suspension or cancellation of registration

57% resulted in no further action being taken

Immediate action was taken 155 times

471 mandatory notifications were made (338 about standards, 88 about impairment, 26 about alcohol or drugs, and 19 about sexual misconduct)

1,233 nurses were monitored for health, performance and/or conduct during the year

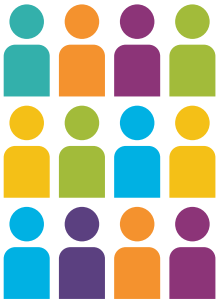
1,553 cases about nurses were actively monitored (116 on the grounds of conduct, 288 for health reasons, 164 for performance, 158 prohibited practitioners/students, and 827 for suitability/eligibility for registration)

76 statutory offence complaints were made; 80 were closed

The majority of new matters related to title protection

A snapshot of the profession

Midwifery



33,552 midwives

4.9% of total health practitioner registrant base

Down 0.8% from 2015/16

Of the 33,552 midwives, 4,624 hold registration as a midwife only (up 12.2% from last year)

3,985 registered students (up 0.9% from last year)

75 notifications lodged with AHPRA about midwives

0.3% of midwives had notifications made about them

86 notifications closed this year

22.1% of matters resulted in accepting an undertaking or conditions being imposed on a midwife's registration

26.7% resulted in a midwife receiving a caution or reprimand by the Board

1.2% resulted in suspension or cancellation of registration

47.7% resulted in no further action being taken

Immediate action was taken twice

17 mandatory notifications were made (14 about standards and 3 about impairment)

52 midwives were monitored for health, performance and/or conduct during the year

155 cases about midwives were actively monitored (6 on the grounds of conduct, 3 for health reasons, 10 for performance, 3 prohibited practitioners/students and 133 for suitability/eligibility for registration)

8 statutory offence complaints were made; 35 were closed

6 of the new matters related to title protection and 2 related to advertising breaches

Key works of the Board

The launch of a national support service for nurses and midwives

The Nursing and Midwifery Board of Australia (NMBA) launched Australia's first national health support service for nurses and midwives on 8 March 2017. Nurse & Midwife Support offers a 24-hour telephone service as well as online support, providing advice and referral on health issues for Australia's nurses, midwives and nursing and midwifery students.

The service is an NMBA initiative that supports nurses and midwives with health issues in order to contribute to safe care for the public. It was developed following NMBA-commissioned research into the role a regulator might play in supporting national health programs in relation to health impairment under the National Law.

Nurse & Midwife Support is run independently by Turning Point, a leading health treatment, research and education organisation in Australia. See www.nmsupport.org.au.

Partnerships, collaboration and consistency

The NMBA hosted its national conference in March, bringing together members of the national, state and territory boards, AHPRA staff and key regulatory partners such as the HPCA, the Midwifery Council of New Zealand and the Nursing Council of New Zealand.

The conference theme was *Partnerships, collaboration and consistency*, with the aim of better experiences and outcomes in the regulation of nurses and midwives across Australia.

Public consultation on revised codes of conduct

The NMBA opened public consultation in January 2017 on the revised *Code of conduct for nurses* and *Code of conduct for midwives* (the codes).

The codes are important documents that set out the legal requirements, professional behaviour and conduct expectations for nurses and midwives in all practice settings. The codes describe the principles of professional behaviour that guide safe practice, and clearly outline the conduct expected of nurses and midwives by their colleagues and the broader community.

The draft revised codes were developed by the NMBA through extensive consultation with key stakeholders and the nursing and midwifery professions, as well as literature and evidence reviews.

The consultation had 3,000 responses and this feedback was incorporated into the final codes, which will be released later in 2017 to take effect in 2018.

Midwife standards for practice

Deakin University was appointed in June 2016 to develop the NMBA's *Midwife standards for practice*, including a review of the existing *National competency standards for the midwife* (2006).

The current *National competency standards for the midwife* are the core competency standards by which a midwife's performance is assessed to obtain and retain registration to practise in Australia. Since these standards were published in 2006, the role and scope of practice for midwifery throughout Australia, the model of education and training, and the regulatory framework within which registration of midwives occurs, have developed substantially.

Throughout the year, Deakin University undertook research and analysis on behalf of the NMBA to draft the new *Midwife standards for practice* to be suitable for midwives in all contexts of practice. Research included literature reviews, observations of midwives in practice, preliminary consultation with key stakeholders, and workshops with an expert advisory group.

The *Midwife standards for practice* are expected to be released in 2018.

Raising awareness of changes to standards and guidelines

In 2016/17, the NMBA held information forums for nurses and midwives nationally, to engage with members of the professions in person about changes to standards and guidelines. Forums were offered at 31 venues, such as hospitals, and over 90 additional venues joined via videoconference. Over 95% of attendees rated their session as 'good' or 'excellent' and said that it had increased their understanding of their professional obligations.

Keeping nurses and midwives up to date

E-newsletters are one of the key communications channels for the NMBA to be able to keep nurses and midwives up to date with the standards of their professions. In February 2017, the NMBA launched a new monthly newsletter developed in-house to provide nurses and midwives with more timely and engaging updates. The relaunched newsletter has received positive feedback, with open rates of approximately 60% – far higher than industry standards. To read the Board's newsletters, visit www.nursingmidwiferyboard.gov.au/News/Newsletters.

Refer to Appendix 5 for guidelines that took effect during the year.

For more information about the Nursing and Midwifery Board of Australia in 2016/17, download the professions' summary report from www.ahpra.gov.au/annualreport/2017.

Occupational Therapy Board of Australia in 2016/17

A snapshot of the profession

19,516 occupational therapists

2.9% of total health practitioner registrant base

Up 6.6% from 2015/16

7,917 registered students (down 0.1% from last year)

37 notifications lodged with AHPRA about occupational therapists

0.3% of occupational therapists had notifications made about them

2 notifications were made about occupational therapy students

39 notifications closed this year

7.7% resulted in accepting an undertaking or conditions being imposed on an occupational therapist's registration

12.8% resulted in an occupational therapist receiving a caution or reprimand by the Board

79.5% resulted in no further action being taken

4 mandatory notifications were made; all were about standards

12 occupational therapists were monitored for health, performance and/or conduct during the year

51 cases were actively monitored (one on the grounds of conduct, 2 for health reasons, one prohibited practitioner/student, and 47 for suitability/eligibility for registration)

9 statutory offence complaints were made; 13 were closed

6 of the new matters related to title protection and the remaining 3 related to advertising breaches

Key works of the Board

Occupational therapy was the fastest-growing profession in the National Scheme this year, with 6.6% more registrants than last year.

Reviewing competency standards

A priority for the Occupational Therapy Board of Australia (the Board) was to review competency standards for the profession. The Board was keen to ensure that the revised competency standards could be used for regulatory purposes. Given the impact of revised standards on all areas of practice, the Board was committed to ensuring a wide-ranging process for public consultation.

Preliminary consultation included profession-specific consultation with key stakeholders, such as the Board's Competency Standards Reference Group and the Competency Standards Advisory Panel. Public consultation involved focus groups in most states and territories, webinars and an online survey. The Board expects to release the standards in mid-2017/18.

Returning to practice

The Board has also continued to work on its return-to-practice pathways project. The Board analysed data from comparable overseas regulators, other professions within the National Scheme and existing literature to understand alternative models for re-entry.

In late 2016, the Board also consulted with the profession to better understand the constraints and barriers to re-entry into the profession. This engagement has highlighted the need for the Board to improve the explanatory material that is currently on its website to provide greater guidance to practitioners as to how they can meet the Board's *Recency of practice* registration standard. Work on this project will continue in 2017/18, when the Board hopes to release new guidance material for the profession.

Engaging with stakeholders

Throughout the year, the Board held a series of forums with education providers, the Board's accrediting authority and AHPRA representatives. These forums presented a valuable opportunity to discuss the Board's project work and how it effects educators, and to explore obligations required of educators under the National Law.

The Board also connected with students – particularly those in their final year – to discuss the role of the Board, AHPRA and the process and requirements of registration. Continuing on the Board's successful use of webinars to engage with practitioners, it hosted a *Graduating soon?* webinar in September 2016, which was attended by over 200 students across Australia. A video to support final year students was also published on the Board's website.

Also in March 2017, the Board met with representatives of the Occupational Therapy Council of New South Wales to discuss matters of mutual interest.

For more information about the Occupational Therapy Board of Australia, download the profession summary report from www.ahpra.gov.au/annualreport/2017.

Optometry Board of Australia in 2016/17

A snapshot of the profession

5,343 optometrists

0.8% of total health practitioner registrant base

Up 3.9% from 2015/16

1,516 registered students (down 8.2% from last year)

33 notifications lodged with AHPRA about optometrists

1.1% of optometrists had notifications made about them

27 notifications closed this year

22.2% resulted in accepting an undertaking or conditions being imposed on an optometrist's registration

18.5% resulted in an optometrist receiving a caution or reprimand by the Board

55.6% resulted in no further action being taken

Immediate action was taken once

One mandatory notification was made (about standards)

9 optometrists were monitored for health, performance and/or conduct during the year

15 cases were actively monitored (one on the grounds of conduct, one for health reasons, 2 for performance, one prohibited practitioners/students and 10 for suitability/eligibility for registration)

23 statutory offence complaints were made; 24 were closed

All but one of the new matters related to advertising breaches; the remaining one related to title protection

Key works of the Board

Enforcing the National Law

The Optometry Board of Australia (the Board) focuses on protecting the public by ensuring that only registered health practitioners who are suitably trained and qualified are able to use the protected title 'optometrist'. The importance of this was demonstrated by a conviction in early 2017, when a man was convicted of falsely holding himself out to be a registered optometrist. The National Law lists a number of offences under a protection of title and practice model to prevent unregistered or unauthorised persons using profession titles. It is a necessary safeguard for the public.

Collaborating with National Boards

The Board supports cross-profession collaboration with the National Boards, continuing its preliminary consultation on the review of the *Registration standard for continuing professional development* and *Guidelines for continuing professional development for endorsed and non-endorsed optometrists* in late 2016.

In early 2017, the Board continued its public consultation on the revised *Endorsement for scheduled medications registration standards* and revised *Guidelines for use of scheduled medicines*.

Engaging with the profession

Active engagement with practitioners and stakeholders continues to be a priority. The Board Chair presented to optometrists at a 'Future of Optometry' event hosted by Optometry NSW/ACT in May 2017. The presentation educated optometrists about the different roles of the Board and Optometry Australia, their influence on the profession and how optometrists can play their part in shaping the future of eye care through optometry regulation and public consultations.

The Board led its annual Optometry Regulatory Reference Group in August 2016 to discuss matters relating to the registration of optometrists and accreditation of optometry programs. It also fostered understanding of different regulatory and accreditation issues between Australia and New Zealand.

Global stakeholder engagement

The Board has continued to strengthen its links with international optometry regulators. Representatives from the Optometrists and Dispensing Opticians Board of New Zealand attended the Board's August 2016 meeting and the Board Chair attended the Association of Regulatory Boards of Optometry in the United States in July 2016.

Refer to Appendix 5 to view revised standards that came into effect during the year.

For more information about the Optometry Board of Australia in 2016/17, download the profession summary report from www.ahpra.gov.au/annualreport/2017.

Osteopathy Board of Australia in 2016/17

A snapshot of the profession

2,230 osteopaths

0.3% of total health practitioner registrant base

Up 6.5% from 2015/16

1,929 registered students (up 9.7% from last year)

14 notifications lodged with AHPRA about osteopaths

1.1% of osteopaths had notifications made about them

13 notifications closed this year

15.4% resulted in accepting an undertaking or conditions being imposed on an osteopath's registration

15.4% resulted in an osteopath receiving a caution or reprimand by the Board

69.2% resulted in no further action being taken

Immediate action was taken once

7 osteopaths were monitored for health, performance and/or conduct during the year

6 cases were actively monitored (one on the grounds of conduct, one for performance and 4 for suitability/eligibility for registration)

252 statutory offence complaints were made; 24 were closed

Almost all of the new matters related to advertising breaches; 2 related to title protection

Key works of the Board

Awareness-raising campaigns

The major focus of the Osteopathy Board of Australia (the Board) in 2016/17 was to enhance understanding about practitioners' obligations under the National Law. This included rolling out detailed messaging about advertising osteopathy services, and publishing a position statement on providing care to children.

You can read osteopathy-specific examples about the *Guidelines for advertising regulated health services* on the AHPRA website at www.ahpra.gov.au/Publications/Advertising-resources/Check-and-correct.aspx.

The *Statement on paediatric care* is published on the Board website at www.osteopathyboard.gov.au/Codes-Guidelines/Position-statements.aspx.

Reviewing standards

The Board also commenced preliminary stakeholder consultation on a revised *Capabilities for osteopathic practice* in 2016.

Also in the year, a memorandum of understanding was signed between the Board, the Australasian Osteopathic Accreditation Council (AOAC), the General Osteopathic Council in the UK, and the Osteopathic Council of New Zealand.

The AOAC completed a scheduled review of the profession's accreditation standards, and in 2016/17 the Board approved these revised *Accreditation Standards for osteopathic courses in Australia* (also available on the Board website).

Sharing knowledge

Board members and representatives from Australian and New Zealand osteopathy councils attended the Strategic Education Forum on 20 October in Brisbane, which was hosted by the AOAC. The forum focused on the new accreditation standards; current university programs and implications for the future; competencies; mentoring; and continuing professional education and development.

The Board Chair and Executive Officer attended the Osteopathic International Alliance conference in Anaheim in September 2016 and met with international regulators in osteopathy to share ideas, initiatives and research.

Refer to Appendix 5 to view revised standards that came into effect during the year.

For more information about the Osteopathy Board of Australia in 2016/17, download the profession summary report from www.ahpra.gov.au/annualreport/2017.

Pharmacy Board of Australia in 2016/17

A snapshot of the profession

30,360 pharmacists

4.5% of total health practitioner registrant base

Up 2.2% from 2015/16

7,540 registered students (up 3.6% from last year)

373 notifications lodged with AHPRA about pharmacists

1.8% of pharmacists had notifications made about them during the year

One notification was made about a pharmacy student

355 notifications closed this year

18% resulted in accepting an undertaking or conditions being imposed on a pharmacist's registration

30.1% resulted in a pharmacist receiving a caution or reprimand by the Board

1.7% resulted in suspension or cancellation of registration

49.3% resulted in no further action being taken

Immediate action was taken 21 times

51 mandatory notifications were made (44 about standards; 6 about impairment and one about alcohol or drugs)

200 pharmacists were monitored for health, performance and/or conduct during the year

175 cases were actively monitored (25 on the grounds of conduct, 14 for health reasons, 42 for performance, 15 prohibited practitioners/students and 79 for suitability/ eligibility for registration)

53 statutory offence complaints were made; 48 were closed

Most of the new matters related to advertising breaches; 13 related to title protection

Key works of the Board

Risk-based regulation

Research was the theme of the year for the Pharmacy Board of Australia (the Board). On behalf of the Board, AHPRA's Risk-Based Regulation Unit completed a study of notifications (complaints) about pharmacists, which aimed to provide an evidence base to better inform the development of regulatory standards for pharmacists in line with the regulatory principles of the National Scheme (see page 9). The study entailed a quantitative analysis of complaints about pharmacists received between 1 July 2010 and 30 June 2016. In the coming year, the Board will also develop a series of communication tools to inform the profession, the public and other stakeholders of the outcomes of the research.

Consultations, reviews and pilots

The Board continued its extensive consultation into proposals for revised guidance on the compounding of sterile injectable medicines, which will replace the currently postponed section 'Expiry of compounded parenteral medicines' of the Board's *Guidelines on compounding of medicines*. The revised guidance will be published at www.pharmacyboard.gov.au in 2017/18.

A pilot survey of interns and preceptors was also conducted to investigate issues relevant to the quality of the intern training experience. The survey, which was developed by AHPRA with involvement from representatives of pharmacy stakeholders, will inform the development of a larger-scale study which the Board will conduct during the next year.

The Board and pharmacy stakeholders funded and participated in the review of the *National competency standards framework for pharmacists in Australia 2016*. The Board subsequently endorsed the revised framework and provided funding for the development of tools to support pharmacists to engage with the revision. The tools will be made available during the next reporting period.

Raising awareness

A number of awareness-raising activities took place for pharmacists. Revised website information was developed for graduates applying for provisional registration to meet the requirements for general registration, which included a revised oral examination candidate guide.

Other activities during the year included participation in the Life Long Learning in Pharmacy Conference 2016, the World Congress on Pharmacy and Pharmaceutical Sciences Education 2017, the National Australian Pharmacy Students' Association Congress 2017 and the Australian Pharmacy Professional Conference and Trade Exhibition 2017, and conducting a panel discussion on 'Emerging areas of pharmacy practice' in Adelaide.

Refer to Appendix 5 to view revised standards that came into effect during the year.

For more information about the Pharmacy Board of Australia in 2016/17, download the profession summary report from www.ahpra.gov.au/annualreport/2017.

Physiotherapy Board of Australia in 2016/17

A snapshot of the profession

30,351 physiotherapists

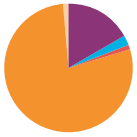
4.5% of total health practitioner registrant base

Up 5.2% from 2015/16

8,357 registered students (down 6.6% from last year)

80 notifications lodged with AHPRA about physiotherapists

0.4% of physiotherapists had notifications made about them during the year



83 notifications closed this year

16.9% resulted in accepting an undertaking or conditions being imposed on a physiotherapist's registration

2.4% resulted in a physiotherapist receiving a caution or reprimand by the Board

1.2% resulted in suspension or cancellation of registration

78.3% resulted in no further action being taken

Immediate action was taken once

8 mandatory notifications were made (5 about standards, 2 about impairment and one about sexual misconduct)

35 physiotherapists were monitored for health, performance and/or conduct during the year

64 cases were actively monitored (9 on the grounds of conduct, 7 for health reasons, 7 for performance, 2 prohibited practitioners/students and 39 for suitability/eligibility for registration)

940 statutory offence complaints were made; 657 were closed

Almost all of the new matters related to advertising breaches; 35 related to title protection

Key works of the Board

Having been regulated for many years prior to the commencement of the National Scheme, physiotherapists know that the professional obligations they are required to meet, as set out in the National Law and as administered by the Physiotherapy Board (the Board) and AHPRA, help patients understand what they should expect when they visit a physiotherapist. Importantly, these requirements help protect the public from harm.

Collaborating with stakeholders

It is with public safety in mind that over the past year the Board has continued to work collaboratively with its stakeholders, including its appointed accreditation authority, the Australian Physiotherapy Council (APC), and the Australian Physiotherapy Association, which is physiotherapy's professional body.

In partnership with the Physiotherapy Board of New Zealand, the Board developed *Physiotherapy practice thresholds in Australia and Aotearoa New Zealand*. This work was conducted between 2012 and 2015 and delivered the threshold competencies for registration as a physiotherapist in Australia and New Zealand. The practice thresholds have now been rolled out by the APC, and are published online at www.physiotherapyboard.gov.au/Accreditation. The practice thresholds have also been offered to international physiotherapy bodies for their consideration to promote consistency of entry-level requirements for the physiotherapy profession and workforce mobility.

The Board also worked on cross-profession activities including continuing discussions on prescribing rights for physiotherapists and other professions that do not have those rights, a review of the *Code of conduct*, and giving input into a strategy for closing the gap on Aboriginal and Torres Strait Islander health outcomes.

Approved standards and programs of study

After broad-ranging consultation with stakeholders, at its December 2016 meeting the Board approved the revised *Accreditation standard*, which is the instrument that the APC uses to measure programs of study for the purposes of registration.

The Board also approved three new Australian physiotherapy programs of study, bringing the total number of approved programs of study for physiotherapists to 40, across 20 education providers.

Refer to Appendix 5 to view revised standards and guidelines that came into effect during the year.

For more information about the Physiotherapy Board of Australia in 2016/17, download the profession summary report from www.ahpra.gov.au/annualreport/2017.

Podiatry Board of Australia in 2016/17

A snapshot of the profession[1]

4,925 podiatrists

0.7% of total health practitioner registrant base

Up 5.8% from 2015/16

1,559 registered students (down 9.3% from last year)

42 notifications lodged with AHPRA about podiatrists

1.3% of podiatrists had notifications made about them during the year

47 notifications closed this year

10.6% resulted in accepting an undertaking or conditions being imposed on a podiatrist's registration

17% resulted in a podiatrist receiving a caution or reprimand by the Board

68.1% resulted in no further action being taken

Immediate action was taken once

4 mandatory notifications were made (3 about standards, and one about alcohol or drugs)

16 podiatrists were monitored for health, performance and/or conduct during the year

14 cases were actively monitored (3 for health reasons, 2 for performance, 2 prohibited practitioners/students and 7 for suitability/eligibility for registration)

20 statutory offence complaints were made; 19 were closed

Almost all of the new matters related to advertising breaches and the remaining 3 related to title protection

Key works of the Board

Sharing information with stakeholders

Over the past year, the Podiatry Board of Australia (the Board) reinforced its commitment to active engagement with the profession and key podiatry stakeholders. The Board shared the outcomes of an analysis of notifications (complaints) data received about podiatrists and podiatric surgeons between July 2010 and June 2014. Key themes reflected in the notifications included infection prevention and control systems and processes, and issues relating to poor communication by practitioners to patients.

Results have been shared with the profession via the Board's newsletter and in forums and conference presentations, including the Australasian Podiatry Conference 2017. The Board's aim is to encourage podiatrists and podiatric surgeons to consciously reflect on their own practice, identify areas for improvement and undertake professional development activities.

Risk-based regulation

Another study was carried out by AHPRA's Risk Based Regulation Unit, once again using regulatory data generated by the National Scheme. This analysis focused on notifications about podiatric surgeons received from the start of the Scheme on 1 July 2010, until 30 June 2015. The research will inform regulatory policy and future planning by the Board.

Consultation and review

A key focus in the past year was progressing the review of the Board's requirements for endorsement for scheduled medicines for the podiatry profession. The Board consulted on a proposed revised endorsement for scheduled medicines registration standard and related guidelines in October 2016. If approved, the revised standard will introduce a new contemporary pathway to endorsement, which will enable future graduates from an accredited and approved podiatry program of study to be qualified for endorsement for scheduled medicines.

To complement this work, the Board hosted a national forum in Adelaide in October 2016, bringing together heads of podiatry schools and representatives from podiatric surgery programs of study; national and state podiatry associations; the Australian and New Zealand Podiatry Accreditation Council (ANZPAC); Chief Allied Health Officers; health departments and the Podiatrists Board of New Zealand. The forum discussed what it would take to successfully change the podiatry curriculum so that students can acquire the necessary competencies to safely prescribe scheduled medicines and be qualified for an endorsement for scheduled medicines on graduation.

Also in 2016/17, the accreditation authority for the profession, ANZPAC, commenced a project to develop a national competency framework for podiatric surgeons.

For more information about the Podiatry Board of Australia in 2016/17, download the profession summary report from www.ahpra.gov.au/annualreport/2017.

1 'Podiatrists' includes podiatric surgeons throughout this report, unless stated otherwise.

Psychology Board of Australia in 2016/17

A snapshot of the profession

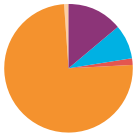
34,976 psychologists

5.2% of total health practitioner registrant base

Up 3.2% from 2015/16

360 notifications lodged with AHPRA about psychologists

1.6% of psychologists had notifications made about them during the year



344 notifications closed this year

14% resulted in accepting an undertaking or conditions being imposed on a psychologist's registration

8.7% resulted in a psychologist receiving a caution or reprimand by the Board

1.7% resulted in suspension or cancellation of registration

74.7% resulted in no further action being taken

Immediate action was taken 10 times

27 mandatory notifications were made (20 about standards, 4 about impairment and 3 about sexual misconduct)

153 psychologists were monitored for health, performance and/or conduct during the year

143 cases were actively monitored (46 on the grounds of conduct, 17 for health reasons, 23 for performance, 7 prohibited practitioners and 50 for suitability/eligibility for registration)

116 statutory offence complaints were made; 110 were closed

Over 70% of the new matters related to title protection; 23 related to advertising breaches

Key works of the Board

The Psychology Board of Australia (the Board) continued to contribute significant resources towards reforming the education and training model for psychology in 2016/17. To reduce regulatory burden and the complexity of psychology training, the Board is working on viable options to retire the 4+2 internship pathway to registration.

The Board has partnered with the Australian Psychological Society (APS), the Australian Psychology Accreditation Council (APAC), and the Heads of Departments and Schools of Psychology Association (HODSPA) and established a Collaborative Working Party (CWP) to investigate mechanisms to reform psychology education and training. Over the past year, the Board engaged in stakeholder consultation with the major employers of 4+2 interns across government, education, health services, and the profession to better understand the issues with this pathway in the contemporary context, and to explore solutions that maximise benefits to interns, employers, supervisors, education providers and the public.

A workforce survey was conducted during the year to build an evidence base to support a number of regulatory initiatives. Psychologists who renewed their general registration online were asked to answer a number of questions focusing on key supply and demand issues within the psychology workforce, including issues relating to supervision and area of practice endorsement. Approximately 25,000 (94% of the psychology registrant base) participated in the survey, providing useful insights to inform the Board's immediate and long-term policy review and training reform initiatives.

The Board hosted public forums in Sydney and Brisbane to discuss contemporary issues in psychology practice, and presented on topics including psychology regulation and workforce reform, online communications with clients, the complexities of private practice and reconciliation for Aboriginal and Torres Strait Islander health.

As part of the National Registration and Accreditation Scheme Conference in Melbourne August 2016, the Board hosted representatives from the New Zealand Psychologists Board.

Refer to Appendix 5 to view standards and guidelines that were approved and/or came into effect during the year.

For more information about the Psychology Board of Australia in 2016/17, download the profession summary report from www.ahpra.gov.au/annualreport/2017.

Accreditation
in 2016/17

Accreditation

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

Accreditation and the National Scheme

Effective delivery of the accreditation function ensures that:

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

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

Accreditation authorities may be external entities or they may be committees established by the relevant National Board. They must provide six-monthly reports to their relevant National Board. In 2016/17, AHPRA continued to work with the National Boards to implement an integrated approach to monitoring the reports.

Each year, the National Boards contribute funding to accreditation authorities (see Table 1).

For more information, see www.ahpra.gov.au/Education/Accreditation-Authorities.

Developing accreditation standards

AHPRA's procedures for the development of accreditation standards are an important governance mechanism. They inform on matters that:

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

The procedures are published at www.ahpra.gov.au/Publications/Procedures.

Table 1: National Board funding contributions to accreditation

National Board	2016/17 $'000[1]	2015/16 $'000
Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA)	173	158
Chinese Medicine Board of Australia (CMBA)	133	218
Chiropractic Board of Australia (ChiroBA)	176	207
Dental Board of Australia (DBA)	430	473
Medical Board of Australia (MBA)	3,600	3,446
Medical Radiation Practice Board of Australia (MRPBA)	202	306
Nursing and Midwifery Board of Australia (NMBA)	2,659	2,619
Occupational Therapy Board of Australia (OTBA)[2]	0	0
Optometry Board of Australia (OptomBA)	297	297
Osteopathy Board of Australia (OsteoBA)	190	219
Pharmacy Board of Australia (PharmBA)	550	530
Physiotherapy Board of Australia (PhysioBA)	260	365
Podiatry Board of Australia (PodBA)	164	162
Psychology Board of Australia (PsyBA)	853	754
Total	**9,687**	**9,754**

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

2 The accreditation authority for occupational therapy did not request any funding from the Board.

Accreditation Committees

Three of the 14 National Boards exercise accreditation functions through a committee established by the Board:

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

AHPRA's role in supporting the accreditation committees provides an opportunity for more consistent approaches to the accreditation function across professions. This year, AHPRA continued to support the accreditation committees to assess and accredit programs of study and to monitor approved programs.

As at 30 June 2017, the accreditation committees had assessed and accredited 36 programs of study across the three professions, as per Table 2 below.

Table 2: Accreditation programs in 2016/17

Accreditation committee	Programs accredited as at 30/06/2017	New accreditation applications received in 2016/17	New programs accredited in 2016/17	Programs monitored in 2016/17
ATSIHPAC	12	4	7	6
CMAC	6	3	0	7
MRPAC	18	7	4	22
Total	**36**	**14**	**11**	**35**

Applications for accreditation

In 2016/17, AHPRA received 14 new applications for accreditation assessment across the three professions. We also received 35 responses from education providers to conditions and specific monitoring requirements imposed by accreditation committees at the time of their accreditation decisions.

This year, we implemented a secure, cloud-based application for education providers to electronically submit accreditation applications and responses to monitoring. It also allows secure access to assessors, who use the application to review education provider documents and to submit reports. As education providers and accreditation assessors are located all around Australia, this technology has delivered efficiencies by reducing handling and postage costs.

The focus of our work with accreditation committees is moving away from initial accreditation assessments that evaluate all accreditation standards, towards monitoring approved programs of study against higher risk standards.

A risk-based approach to monitoring approved programs

During 2016/17, we continued to support the three committees to develop and implement a risk-based approach to their monitoring activities. The National Law supports a flexible, risk-based model and AHPRA works with the committees to tailor the methods and frequency of activities to monitor education providers' compliance with the accreditation standards based on specific issues and risk profiles.

This year, we supported the committees to build on their learnings from last year's cross-profession workshop to identify specific risk indicators and implement new monitoring methods.

Approved programs of study

Accreditation authorities and the National Boards have complementary roles. An accreditation authority's role is to decide whether or not to accredit a program of study based on the findings of its accreditation assessment. It reports its decision to the relevant National Board.

A National Board decides whether or not to approve an accredited program of study as providing a qualification suitable for registration in their profession. The National Board may also decide to apply conditions to an approval.

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

Policy, process and systems

This year, AHPRA revised the accreditation application forms and streamlined the lodgement process across the three professions. We also continued to work with assessment teams to refine the content and format of accreditation reports for education providers and the National Boards. There was enhanced collaboration between the three accreditation committees in deciding approaches to routine monitoring of approved programs of study through annual data collection. This enabled us to develop and implement a consistent cross-profession process in 2017.

AHPRA supported the implementation of a new approach to accreditation assessment by the Aboriginal and Torres Strait Islander Health Practice Accreditation Committee. The profession no longer requires a site visit as part of the accreditation assessment. A monitoring visit is scheduled within 12 months of the accreditation decision. Monitoring visits to seven registered training organisations with accredited programs are planned for 2017/18.

Cross-profession policy

A collaborative, consensus-building approach is taken to cross-profession policy work on accreditation issues. This work reflects the model of independent decision-making by accreditation authorities that was agreed upon before the National Scheme started.

An Accreditation Liaison Group (ALG), comprising members of the National Boards, accreditation authorities and AHPRA, meets to provide advice and guidance on accreditation issues that are common across professions.

In 2015/16, AHPRA appointed a joint policy and project officer to support collaborative work on priority accreditation issues across the National Scheme, and in particular, the development of reports on accreditation costs and international benchmarking. The role has continued in 2016/17, with the focus of work shifting to how accreditation can contribute to improving Aboriginal and Torres Strait Islander health.

See accreditation publications at www.ahpra.gov.au/Publications/ Accreditation-publications.

The Health Professions Accreditation Collaborative Forum

In early 2017, the Health Professions Accreditation Councils Forum was renamed the Health Professions Accreditation Collaborative Forum, reflecting that it had been reconfigured from a body of external accreditation councils to become the peak body for all accreditation entities in the National Scheme. From March 2017, the three accreditation committees have participated in the Collaborative Forum, accompanied by AHPRA. This change has increased the Forum's multi-profession and multi-entity nature, and its capacity to consider issues affecting all accreditation entities.

Accreditation Systems Review

Acting on recommendations from the *Independent Review of the National Registration and Accreditation Scheme for health professionals* (NRAS Review), the Australian Health Workforce Ministerial Council asked the Australian Health Ministers' Advisory Council (AHMAC) to commission an independent review of accreditation systems[1] (AS Review). Professor Michael Woods was appointed by AHMAC as the independent reviewer in late 2016. During 2016/17, AHPRA worked with National Boards and the Agency Management Committee to support participation in the review, including developing submissions to a discussion paper in May 2017. The AS Review is due to the AHMAC in October 2017.

Future accreditation activities

Current accreditation standards and processes have been used to assess nearly 40 programs over the past three years. In 2017/18, AHPRA will support accreditation committees to undertake a joint review of their accreditation standards and processes.

The joint review aims to develop revised accreditation standards that are consistent across the three professions, reflect current and emerging trends in education and practice, and address the objectives and requirements of the National Law. The project will also cover a review of accreditation processes and professional capabilities for Chinese medicine and medical radiation practice. The joint review of accreditation standards will involve wide-ranging public consultation in 2017/18.

Spotlight on: Developing the Aboriginal and Torres Strait Islander health workforce

As stated in the summary of works by the Aboriginal and Torres Strait Islander Health Practice Board of Australia on page 15, one of the main barriers to registration in the profession, particularly for people working in remote communities, is the ability to access an accredited program of study.

Last year's annual report highlighted our work to support the Aboriginal and Torres Strait Islander Health Practice Accreditation Committee to accredit programs of study that provide a qualification for registration. This work continued in 2016/17, with the Committee accrediting seven programs of study. As at 30 June 2017, there were 12 accredited training programs in Aboriginal and Torres Strait Islander Health Practice, delivered at 19 locations.

AHPRA continued to strengthen its connections with Aboriginal community-controlled health services and registered training organisations to increase awareness of the benefits of registration under the National Scheme and offering accredited programs.

We worked closely with training providers to encourage them to apply for accreditation and to help them understand and fulfil the rigorous requirements of the accreditation process. Some providers sent trainers to deliver accredited programs in remote communities, making training more accessible.

This work supports the Australian Government's *National Aboriginal and Torres Strait Islander health plan 2013–2023* and the *National Aboriginal and Torres Strait Islander health workforce strategic framework (2016–2023)*. It contributes to national *Closing the gap on Indigenous health issues* targets, which address the disparity between non-Indigenous and Indigenous Australians in areas such as life expectancy, child mortality and employment.

For more information on the role AHPRA and the National Boards are playing in closing the gap, see page 10.

1 For more information, see www.coaghealthcouncil.gov.au/Projects/Accreditation-Systems-Review.

Registration of health practitioners in 2016/17

Registration of health practitioners in 2016/17

Performance snapshot

678,938 practitioners across all 14 professions were registered in 2016/17 (up **3.2%** from 2015/16)

5.7% increase in new applications

6,314 random audits conducted

Median time to decide the outcome an application: **10** days (down from **16** in 2015/16)

Registered practitioners

The number of registered health practitioners in the National Scheme grew by 3.2% this year, to 678,938. This is consistent with growth trends since the Scheme began in July 2010 (see Figure 3, to the right). Of the registrant base, 97.8% hold some form of practising registration. The proportion of registrants who hold an expanded scope of practice due to an approved specialty is 9.3%, and due to an endorsement is 2.7%.

Each profession has different categories of registration. For more information, visit www.ahpra.gov.au, choose the relevant National Board, then click the 'Registration' tab.

Figure 3: Registration numbers, year by year, since the National Scheme began

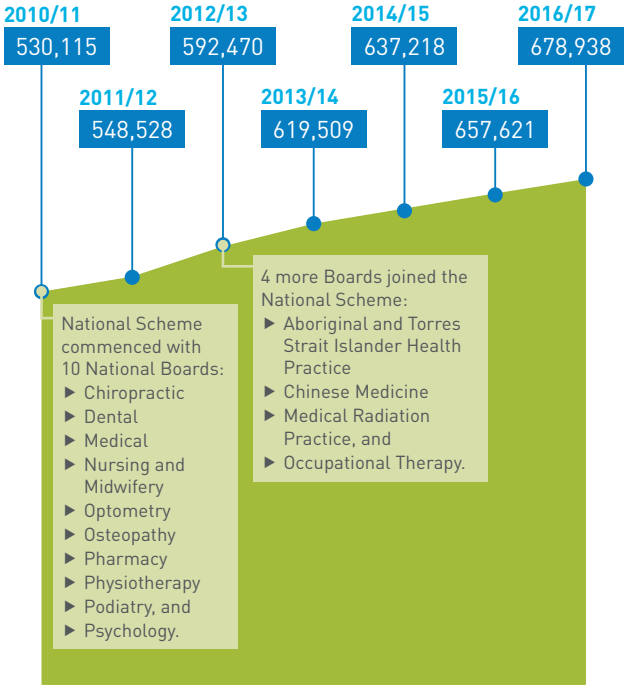


Table 3: Registered practitioners by profession, by principal place of practice, as at 30 June 2017

Profession	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP[1]	Total 2016/17	Total 2015/16	% change 2015/16-2016/17
Aboriginal and Torres Strait Islander Health Practitioner	3	120	211	108	45	3	13	105		608	587	3.6%
Chinese medicine practitioner	68	1,984	14	872	182	36	1,308	264	132	4,860	4,762	2.1%
Chiropractor	69	1,771	27	844	370	54	1,371	623	155	5,284	5,167	2.3%
Dental practitioner	411	6,765	156	4,478	1,840	371	5,139	2,608	615	22,383	21,741	3.0%
Medical practitioner	2,097	34,255	1,259	22,109	8,046	2,298	27,030	11,135	2,937	111,166	107,179	3.7%
Medical radiation practitioner	261	5,217	107	3,167	1,178	312	3,844	1,335	262	15,683	15,303	2.5%
Midwife	141	1,043	83	907	572	24	1,272	408	174	4,624	4,122	12.2%
Nurse	5,671	98,130	3,887	70,904	30,989	8,429	94,114	35,396	10,181	357,701	346,387	3.3%
Nurse and midwife[2]	543	8,371	497	5,890	2,023	646	7,695	2,937	326	28,928	29,699	-2.6%
Occupational therapist	339	5,516	169	3,780	1,531	296	4,857	2,766	262	19,516	18,304	6.6%
Optometrist	76	1,807	29	1,061	294	93	1,396	422	165	5,343	5,142	3.9%
Osteopath	35	564	3	209	38	41	1,231	63	46	2,230	2,094	6.5%
Pharmacist	548	9,270	225	6,000	2,175	738	7,608	3,219	577	30,360	29,717	2.2%
Physiotherapist	591	8,900	170	5,696	2,377	474	7,383	3,598	1,162	30,351	28,855	5.2%
Podiatrist[3]	69	1,370	19	826	439	105	1,577	457	63	4,925	4,655	5.8%
Psychologist	923	11,522	227	6,252	1,724	602	9,516	3,676	534	34,976	33,907	3.2%
Total 2016/17	11,845	196,605	7,083	133,103	53,823	14,522	175,354	69,012	17,591	678,938		3.2%
Total 2015/16	11,362	190,986	6,913	127,376	53,119	14,123	169,478	67,384	16,880		657,621	

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

2 Registrants who hold dual registration as both a nurse and a midwife.

3 Throughout this report, the term 'podiatrist' refers to both podiatrists and podiatric surgeons unless otherwise stated.

The Aboriginal and Torres Strait Islander health workforce in 2016/17

AHPRA and the National Boards recognise the importance of contributing to improving the health and wellbeing of Aboriginal and Torres Strait Islander peoples, and the growth and development of the Indigenous workforce that provides healthcare within the community.

One way the National Scheme contributes to this is by facilitating the collection of data on the number of registered health practitioners who identify as being of Aboriginal and/or Torres Strait Islander origin. We began reporting on these data in our annual report in 2015/16.

This information is used for workforce policy and planning purposes. For example, it helps with implementing and measuring outcomes of the *National Aboriginal and Torres Strait Islander health workforce strategic framework (2016–2023)*, which prioritises Commonwealth, state and territory government initiatives to increase participation by Indigenous peoples in the health workforce.

In 2016, Australia's estimated resident Aboriginal and Torres Strait Islander population was 2.8% of the total population. Table 4 indicates that Aboriginal and Torres Strait Islander participation across all 14 of the health professions was 0.7% of the national health workforce in 2016, which is consistent with the previous three years. Besides Aboriginal and Torres Strait Islander Health Practitioners, where all registrants must identify as Aboriginal and/or Torres Strait Islander, the highest participation rate in 2016 was for nurses and midwives, where Aboriginal and/or Torres Strait Islanders made up 1% of the workforce.

During 2017/18, AHPRA and the National Boards will consider additional ways to ensure that the health and cultural needs of Indigenous peoples are addressed through the policies, standards and operation of the National Scheme.

Table 4: Health practitioners who identified as being Aboriginal and/or Torres Strait Islander in 2016/17

Profession[1]	2013 registrants	%	2014 registrants	%	2015 registrants	%	2016 registrants	%
Aboriginal and Torres Strait Islander Health Practitioner	310	100%	322	100%	514	100%	**549**	**100%**
Chinese medicine practitioners	13	0.3%	17	0.4%	19	0.4%	**19**	**0.4%**
Chiropractors	12	0.3%	17	0.4%	17	0.3%	**17**	**0.3%**
Dental practitioners[2]	58	0.3%	68	0.3%	73	0.3%	**79**	**0.4%**
Medical practitioners[2]	247	0.3%	283	0.3%	302	0.3%	**348**	**0.3%**
Medical radiation practitioners	46	0.3%	49	0.3%	64	0.4%	**60**	**0.4%**
Nurses and midwives[2]	2,833	0.8%	3,196	0.9%	3,428	1%	**3,740**	**1%**
Occupational therapists	62	0.4%	67	0.4%	76	0.4%	**77**	**0.4%**
Optometrists	7	0.2%	5	0.1%	16	0.3%	**13**	**0.3%**
Osteopaths	10	0.5%	11	0.6%	16	0.8%	**15**	**0.7%**
Pharmacists	46	0.2%	59	0.2%	68	0.2%	**73**	**0.2%**
Physiotherapists	113	0.4%	123	0.5%	142	0.5%	**157**	**0.5%**
Podiatrists	14	0.4%	66	1.5%	30	0.7%	**35**	**0.7%**
Psychologists	137	0.5%	142	0.5%	167	0.5%	**192**	**0.6%**
Total, and percentage of overall health workforce[3]	**3,908**	**0.6%**	**4,425**	**0.7%**	**4,932**	**0.7%**	**5,374**	**0.7%**

Source: National Health Workforce Data Set (NHWDS) 2013–2016. Information on heath workforce data and the Health Workforce Online Data Tool are available at: data.hwa.gov.au.

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

2 Numbers of Aboriginal and/or Torres Strait Islanders in 'Dental practitioners 2015', 'Nurses and midwives 2013' and 'Medical practitioners 2013, 2014' have changed since the 2015/16 annual report because the NHWDS was subsequently updated.

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

Student registration

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

The accuracy of the student registration information AHPRA receives depends on the quality of data supplied to us by education providers. We continue to work with more than 130 education providers to improve the exchange of information and identify the status of students to ensure that information is accurate, particularly in relation to completion/cessation of students who may have otherwise remained on the student register.

New applications for registration

AHPRA receives applications for registration on behalf of the National Boards. Before a practitioner can practise and use a title protected under the National Law, applicants must provide evidence that they are eligible to hold registration, and registration must be granted.

This year, AHPRA received 68,989 applications, up 5.7% from 2015/16. Of these, 94.3% sought practising registration. There was a 17.4% increase in practitioners applying for non-practising registration (see the Glossary for an explanation of 'registration types').

To improve the registration experience, planning began in 2016/17 to digitise registration forms so that a wider range of applicants can apply online. This work will continue in 2017/18.

Table 5: Student registration numbers in 2016/17

Profession[1]	Approved program of study[2] students by expected completion date	Clinical training[3] students by expected completion date	Total 2016/17	Total 2015/16
Aboriginal and Torres Strait Islander Health Practitioner	411	37	**448**	**292**
Chinese medicine practitioner	1,515		**1,515**	**1,318**
Chiropractor	1,614		**1,614**	**1,240**
Dental practitioner	4,736		**4,736**	**4,810**
Medical practitioner	19,708	349	**20,057**	**19,760**
Medical radiation practitioner	3,676	219	**3,895**	**3,447**
Midwife	3,985		**3,985**	**3,949**
Nurse	91,702	443	**92,145**	**89,620**
Occupational therapist	7,916	1	**7,917**	**7,922**
Optometrist	1,514	2	**1,516**	**1,652**
Osteopath	1,929		**1,929**	**1,759**
Pharmacist	7,497	43	**7,540**	**7,280**
Physiotherapist	7,981	376	**8,357**	**8,943**
Podiatrist	1,554	5	**1,559**	**1,718**
Total 2016/17	**155,738**	**1,475**	**157,213**	
Total 2015/16	**151,055**	**2,655**		**153,710**

1 These student figures are based on the number of students reported as undertaking an approved program of study/clinical training program within the relevant financial year. This may include ongoing students or students with a completion date falling within the period. These data reflect the information received from education providers.

2 Approved programs of study refer to those students enrolled in a course that has been approved by a National Board and leads to general registration. These courses can be found on the AHPRA website: www.ahpra.gov.au/Education/Approved-Programs-of-Study.

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

Outcomes for applications finalised

In partnership with the National Boards, we consider every application for registration carefully and assess it against requirements for registration set by each Board. Only those practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered. Where appropriate to protect the public, and in accordance with the regulatory principles of the National Scheme, National Boards may decide to impose conditions on a practitioner's registration or refuse the application entirely.

There were 68,305 decisions made about applications for registration in 2016/17. Of these, 6.5% resulted in conditions being imposed on a practitioner's registration, or a refusal of registration, in the public interest.

Centralised management and assessment of supporting evidence was trialled for a number of application types, such as new graduates or applicants applying under Trans Tasman Mutual Recognition from New Zealand. This enabled greater consistency and improved efficiency in the way applications are processed, and built expertise in relation to these types of application.

The average time taken to manage an application for registration this year was 28 days, which is an improvement from the previous year (33.8 days). This timeframe remains within our service commitment to manage the majority of complete applications within 4–6 weeks.

Examinations

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

The following examinations were held in 2016/17:

- **Pharmacy Board of Australia**
  AHPRA administered the oral examination (practice) in October 2016, February 2017 and June 2017. Trained examiners assessed 1,800 candidates.
- **Psychology Board of Australia**
  613 candidates sat the national psychology examination. This exam is delivered at test centres in each capital city on a quarterly basis.
- **Medical Radiation Practice Board of Australia**
  20 candidates sat the national exam. All were applying for registration where their primary qualification was not undertaken in Australia or where the program of study was not accredited in Australia. The digital platform of the examination allows it to be hosted in other countries, and to date, the Board has held exams in South Africa, the United States and Singapore. The pass rate on first attempt is 30%, which is similar to international benchmarks.

Table 6: Applications finalised in 2016/17 by profession and outcome

Profession	Register	Register with conditions	Refuse application[1]	Withdrawn	Total 2016/17	Total 2015/16
Aboriginal and Torres Strait Islander Health Practitioner	97	9	9	48	**163**	**356**
Chinese medicine practitioner	512	193	75	83	**863**	**1,324**
Chiropractor	363	10		23	**396**	**389**
Dental practitioner	1,536	20	8	66	**1,630**	**1,532**
Medical practitioner	15,555	477	70	818	**16,920**	**15,968**
Medical radiation practitioner	1,468	31	8	83	**1,590**	**1,692**
Midwife	1,597	97	28	121	**1,843**	**1,785**
Nurse	25,137	609	2,589	2,394	**30,729**	**29,019**
Occupational therapist	2,124	31	1	58	**2,214**	**2,196**
Optometrist	313	5		7	**325**	**364**
Osteopath	245	3		11	**259**	**199**
Pharmacist	3,170	61	3	111	**3,345**	**3,325**
Physiotherapist	2,593	30	3	77	**2,703**	**2,429**
Podiatrist	437	5		12	**454**	**441**
Psychologist	4,529	54	6	282	**4,871**	**4,766**
Total 2016/17	**59,676**	**1,635**	**2,800**	**4,194**	**68,305**	
Total 2015/16	**57,410**	**1,846**	**2,706**	**3,823**		**65,785**

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

Criminal history checks

AHPRA requested 70,544 domestic and international criminal record checks of practitioners this year, an increase of 5.8% since 2015/16 (see Table 7).

Overall, 3.8% of the results indicated that the applicant had a disclosable court outcome. All disclosable court outcomes are assessed in accordance with the *Criminal history registration standard*, which is common across all 14 National Boards. See www.ahpra.gov.au/Registration/Registration-Standards/Criminal-history.

In the majority of cases, the applicant was granted registration because the nature of an individual's disclosable court outcome had little relevance to their ability to practise safely and competently.

There were no applicants who had conditions imposed on their registration due to their disclosable court outcome, compared with 10 in 2015/16. No applicants were refused registration, compared with one in 2015/16.

How we check criminal history

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

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

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

Table 7: Domestic and international criminal history checks and disclosable court outcomes

State/territory[1]	Number of CHCs[2]	Number of DCOs[3]
ACT	1,145	26
NSW	17,920	719
NT	786	63
QLD	12,723	582
SA	4,674	295
TAS[4]	1,153	172
VIC	16,453	377
WA	6,987	444
No PPP[5]	8,703	26
Total 2016/17	**70,544**	**2,704**
Total 2015/16	**66,698**	**3,275**

1 Data is by principal place of practice.

2 Criminal history checks. Refers to both domestic and international CHCs submitted. International criminal history checks started in 2014/15.

3 Disclosable court outcomes.

4 The National Law requires that all criminal history be released. In Tasmania, police include traffic offences such as speeding and seatbelt use in their definition of 'criminal history', while other states do not. This can give a false impression of criminal activity in the state.

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

The *Register of practitioners*

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

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

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

The *Register of practitioners* was built with data from multiple sources when the National Scheme began. This year, AHPRA undertook extensive data remediation on the *Register* for medical, nursing and midwifery renewal campaigns to fix inconsistencies in the recording of practitioners' qualifications and date of first registration. This resulted in 7.5% of medical practitioners and 13% of nurses and midwives providing further information that enabled AHPRA to improve the accuracy of our data. This remediation work will continue in 2017/18 and extend to all other health professions.

Search the register at www.ahpra.gov.au/registration/registers-of-practitioners.

Renewing registration in 2016/17

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

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

In 2016/17, AHPRA renewed registration for 625,362 health practitioners across Australia. As with new applications for registration, National Boards may impose conditions on a practitioner's registration or refuse renewal entirely.

To improve processes, this year we conducted an awareness campaign about renewal, which included an updated, plain-language form that was rolled out across all professions. More than 163,000 practitioners in 12 professions, who were due to renew their general specialist or non-practising registration by 30 November 2016, were sent new-look reminder emails. The emails included a link to a video that explains how to renew online and other helpful links about renewal. See www.ahpra.gov.au/Registration/Practitioner-Services/Tips-for-renewing-online.

This year, we saw the highest online renewal rate ever achieved, with 98.5% of all eligible health practitioners renewing their registration online (19,119 more practitioners than last year, an increase of 0.4%). The continued high rate of online renewals is a significant achievement as it enhances the practitioner experience and reduces costs associated with mailing out hard-copy reminders. AHPRA surveyed practitioners at the end of the renewal campaign to get feedback about their experience. We are committed to continuously improving systems and processes to make it easier for health practitioners to use our online services.

Table 8: Proportion of practitioners who renewed their registration online

Profession	2016/17				2015/16			
	Online	Other	Total	Online %	Online	Other	Total	Online %
Aboriginal and Torres Strait Islander Health Practitioner	503	17	**520**	**96.7%**	371	34	**405**	**91.6%**
Chinese medicine practitioner	4,470	108	**4,578**	**97.6%**	4,209	143	**4,352**	**96.7%**
Chiropractor	4,842	114	**4,956**	**97.7%**	4,701	143	**4,844**	**97.1%**
Dental practitioner	20,593	416	**21,009**	**98.0%**	19,969	525	**20,494**	**97.4%**
Medical practitioner	95,359	1,629	**96,988**	**98.3%**	91,176	2,115	**93,291**	**97.7%**
Medical radiation practitioner	14,011	234	**14,245**	**98.4%**	13,622	160	**13,782**	**98.8%**
Midwife	4,337	26	**4,363**	**99.4%**	3,855	27	**3,882**	**99.3%**
Nurse	333,194	5,280	**338,474**	**98.4%**	324,107	6,678	**330,785**	**98.0%**
Nurse and midwife[1]	27,298	404	**27,702**	**98.5%**	28,161	529	**28,690**	**98.2%**
Occupational therapist	17,556	62	**17,618**	**99.7%**	16,373	85	**16,458**	**99.5%**
Optometrist	5,063	64	**5,127**	**98.8%**	4,795	73	**4,868**	**98.5%**
Osteopath	1,971	34	**2,005**	**98.3%**	1,886	46	**1,932**	**97.6%**
Pharmacist	26,842	252	**27,094**	**99.1%**	26,185	334	**26,519**	**98.7%**
Physiotherapist	27,617	220	**27,837**	**99.2%**	26,289	296	**26,585**	**98.9%**
Podiatrist	4,442	67	**4,509**	**98.5%**	4,168	88	**4,256**	**97.9%**
Psychologist	27,974	363	**28,337**	**98.7%**	27,086	482	**27,568**	**98.3%**
Total	**616,072**	**9,290**	**625,362**	**98.5%**	**596,953**	**11,758**	**608,711**	**98.1%**

1 Practitioners who hold dual registration as both a nurse and a midwife.

Practitioner audits

Auditing compliance with registration standards

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

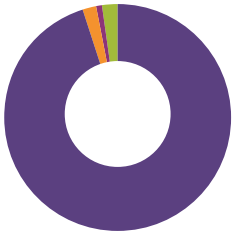
Since we began conducting audits in 2012, the vast majority of practitioners subject to an audit have been found to comply with registration standards. In that time, 3% of those audited have either surrendered their registration or moved to non-practising registration while being audited. Analysis of the circumstances of those practitioners demonstrates two clear groups:

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

In 2016/17, AHPRA audited 6,314 practitioners across all 14 professions. All National Boards audited compliance with one or more of the registration standards.

For all audits initiated and completed this year, 95% of practitioners were found to be in full compliance with the registration standards being audited. We analysed the audit outcomes to better understand why non-compliance occurs. In some professions, practitioners were not always fully aware of the specific requirements they needed to meet for continuing professional development. This is being addressed through increased communication about what is required for practitioners in those professions to comply with professional development standards.

Figure 4: Audit outcomes for 2016/17



95% Compliant: fully compliant with the registration standards

2% Compliant (education): compliant through education in one or more standard

1% Non-compliant: non-compliant with one or more standard

2% No audit action required: practitioners who changed registration type to non-practising or surrendered their registration after being advised that they were subject to audit

How our audit process works

All registered practitioners are required to comply with national 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. Our auditing function provides additional assurance to the public, Boards and practitioners that the requirements of the National Law are understood and that practitioners are compliant with their Board's registration standards. During an audit a practitioner is required to provide evidence of the declarations they made in the previous year's renewal of registration.

The standards that may be audited are:

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

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

Practitioners who have not quite met, but are very close to meeting, their registration standard are given the chance to achieve full compliance by undertaking education during the audit period. These practitioners are recorded as being 'compliant (education)'. In 2016/17, this contingent represented 2% of completed audits across the 14 professions. See Figure 4 for a breakdown of audit outcomes.

What if a practitioner is non-compliant?

When an audit finds that a practitioner has not met the required registration standards, all Boards take an approach consistent with the regulatory principles outlined on page 9, and work with the practitioner to ensure compliance before the next renewal period.

This work may include formally cautioning the practitioner about the importance of complying with registration standards. All matters that involve issuing a caution or placing conditions on a registration are subject to a 'show-cause' process, which alerts the practitioner of the Board's intended action and gives the practitioner an opportunity to respond before a final decision is made.

Notifications: complaints or concerns about health practitioners in 2016/17

Notifications: complaints or concerns about health practitioners in 2016/17

Performance snapshot

6,898 total notifications were received by AHPRA in 2016/17 (up **13.9%** from 2015/16)

52.4% of all notifications made during the year were about medical practitioners (up from **52.0%** in 2015/16)

Mandatory notifications about registered health practitioners are those that pose the most serious risk to the public. This year:

- **73.1%** were about a significant departure from standards of clinical care (619 complaints)
- **17.5%** were about a severe health impairment (148 complaints)
- **5.4%** were about sexual misconduct (46 complaints), and
- **4%** were about practising while under the influence of drugs or alcohol (34 complaints).

1.6% of all registered practitioners were the subject of a notification

32.1% increase in mandatory notifications from 2015/16

80.8% of finalised 'immediate actions' – for matters that posed serious risk to the public – led to suspension or restrictions on registration

98.1% of preliminary assessments were completed within our 60-day target

AHPRA closed **6,669** matters in 2016/17

For an explanation of the data included in this report, see page 45, 'An important note about our data'.

Figure 5: Total notifications received by AHPRA, year by year, since the National Scheme began

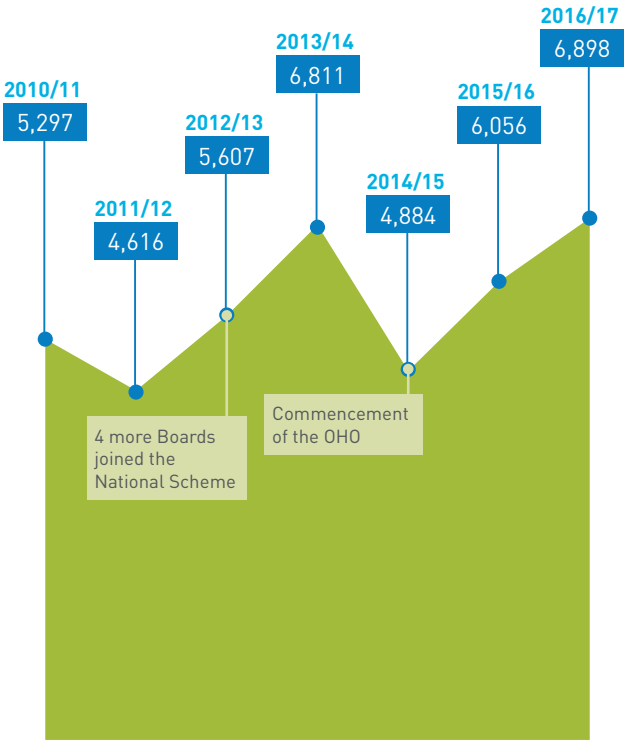
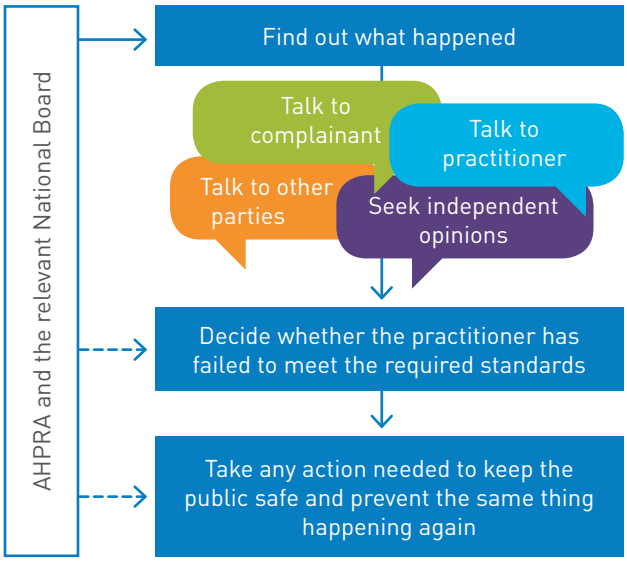


Figure 6: How AHPRA and the National Boards manage complaints about health practitioners



An important note about our data

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

The notification process is different in NSW and Queensland:

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

Wherever possible in the tables in this report, HPCA data are given in separate columns and the data have been checked by the HPCA (correct as at time of publication). Please refer to the HPCA's 2016/17 annual report on their website, as data may have been subsequently reconciled.

Queensland became a co-regulatory jurisdiction on 1 July 2014 with the commencement of the Health Ombudsman Act. The OHO receives all health complaints in Queensland, including those about registered health practitioners, and decides whether the complaint:

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

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

However, for the first time, Tables 10 and 11 on page 48 include data given to us by both the HPCA and the OHO.

As part of our ongoing focus to improve processes, we have continued to refine our data collection and reporting. This may mean that comparisons between years may not directly coincide. This year, notifications data are based on the practitioner's principal place of practice (PPP). This is consistent with 2015/16, but different to previous years, when data were captured based on the jurisdiction where a notification was received and managed.

For more information on how health complaints are managed in Australia, see page 8.

What is a notification?

In the National Scheme, a complaint or concern about a registered health practitioner or student is called a *notification*. They are called notifications because we are notified about a concern or complaint, which AHPRA manages in partnership with the National Boards. Most of the complaints and concerns we receive about individual practitioners are managed through Part 8 of the National Law, which can lead to decisions that affect a practitioner's registration.

Some complaints are treated differently under the National Law, as they are considered *statutory offences*. AHPRA can prosecute individuals who commit these offences. For information about statutory offences in 2016/17, go to page 61.

Keeping the public safe is our primary focus when AHPRA and the National Boards make decisions about notifications.

Anyone can notify us about a registered health practitioner's health, performance or conduct. While registered health practitioners and employers have mandatory reporting obligations under the National Law, many of the complaints or concerns we receive are made voluntarily by patients or their families. See Figure 7.

Standards of clinical care continue to be the primary issue notified to National Boards, but increases in volume were also recorded for communication and pharmacy/medication issues. See Figure 8.

We also receive some notifications about students who are enrolled in courses that lead to registration as a health practitioner. Usually, these complaints and concerns are made by education providers or places at which students undertake clinical training. See Table 12, on page 49.

Figure 7: Who makes a complaint?

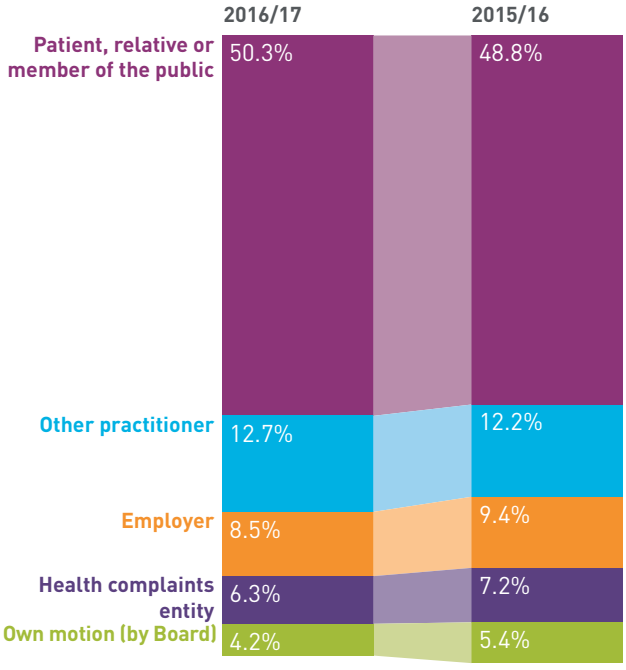


Figure 8: The most common types of complaint in 2016/17

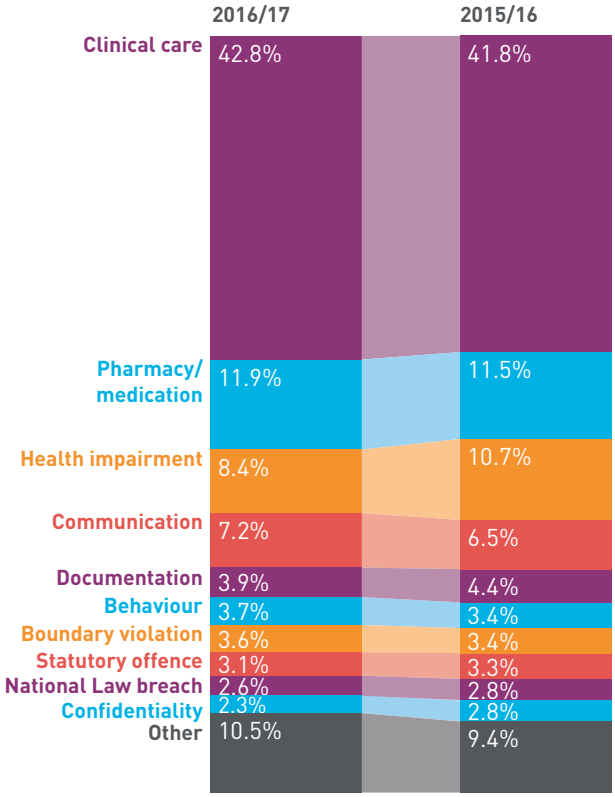


Figure 9: The notifications process

How we manage complaints

We are committed to ensuring that the complaints process is completed in a timely manner, taking into account the complexities of individual notifications. Every complaint or concern we receive is assessed for potential risk to the public by both AHPRA and an appropriate committee appointed by the National Boards. When there is a concern about risk and we require more information, we can investigate further.

When we identify that a practitioner poses a serious risk, there are interim actions that the National Boards take. See Figure 9 for an outline of the notifications process.

Improving the notifier and practitioner experience

Notifier and practitioner surveys

Since November 2016, individuals who have made a notification and practitioners who have had a notification made about them have been asked to provide feedback about their experience via an online survey.

Preliminary results of the surveys show positive responses to our initial correspondence and telephone contact. The timeliness of our notification process and the regularity of our updates on the progress of a notification are identified by both notifiers and practitioners as key areas for improvement. Feedback from those directly involved in a notification has been incredibly valuable and will inform ongoing improvements to systems and processes for the management of notifications in future.

We supplement information we receive in these surveys with follow-up interviews with some notifiers and practitioners to better understand their feedback. We use the interviews to train our notifications staff and develop new systems to support a better experience.

Launch of the online portal for lodging complaints or concerns

In direct response to feedback, an online complaints portal was launched on the AHPRA website in January 2017. This portal offers a clearer, simpler process for people to lodge a notification about registered health practitioners or students. It guides users to provide us with supporting information to more readily enable proper assessment of their concern, as well as real-time confirmation of the receipt of their complaint and a service promise to be contacted by a member of the AHPRA team. During consultations, we were told that the term 'notification' is not commonly understood by the broader community. In response to this, the phrase 'complaint or concern' replaces the term 'notification' in the portal and the website content.

The portal is supported by website content about the way AHPRA manages complaints and concerns about health practitioners and students. As it is a digital tool, it enables us to collect data about a notifier's experience, which can be used to improve the portal over time.

Notifications received in 2016/17

This year, AHPRA received the highest number of notifications we've received in any single financial year since the commencement of the National Scheme (see Table 9, below). This equates to 6,898 notifications received, which is 13.9% more than the number we received in 2015/16 (a total of 6,056 notifications) and 41.2% more than in 2014/15 (a total of 4,884 notifications).

Victoria received 2,230 new notifications and Queensland received 2,046. Together, these states accounted for 62% of all notifications received by AHPRA in 2016/17.

On page 48, you will find data about health practitioners with notifications made about them in 2016/17 (Tables 10 and 11), which are segmented by the percentage of the registrant base with notifications made about them, and the number of practitioners in each profession who have had complaints made about them. These two tables not only contain AHPRA data, but data supplied to us by the HPCA for NSW and the OHO for Queensland (correct at time of print; see footnotes over the page.)

For information about students with notifications made about them during the year, see Tables 12 and 13 (page 49).

Table 9: Notifications received in 2016/17 by profession and state or territory

	AHPRA[1]												
Profession	ACT	NSW[3]	NT	QLD[4]	SA	TAS	VIC	WA	No PPP[5]	AHPRA subtotal 2016/17	HPCA[6]	Total 2016/17	Total 2015/16
Aboriginal and Torres Strait Islander Health Practitioner			5	1	1					**7**		**7**	**5**
Chinese medicine practitioner				20	1		15			**36**	25	**61**	**54**
Chiropractor	1	1	2	35	12		27	24	1	**103**	68	**171**	**146**
Dental practitioner	24	13	7	185	51	11	166	66	3	**526**	403	**929**	**1,025**
Medical practitioner	114	51	84	1,141	393	185	1,140	476	33	**3,617**	2,296	**5,913**	**5,371**
Medical radiation practitioner	2			6	1		10	4		**23**	29	**52**	**48**
Midwife	3	1	7	35	9		7	10	3	**75**	38	**113**	**103**
Nurse	49	19	51	422	240	93	457	201	36	**1,568**	642	**2,210**	**1,942**
Occupational therapist	2		1	13	7	2	8	2	2	**37**	16	**53**	**59**
Optometrist	2	1		8	4	1	14	2	1	**33**	27	**60**	**39**
Osteopath				2	1		10		1	**14**	11	**25**	**23**
Pharmacist	18	6	1	84	31	24	167	37	5	**373**	272	**645**	**570**
Physiotherapist		1	1	20	14	1	34	9		**80**	41	**121**	**102**
Podiatrist	3			9	6	2	10	12		**42**	19	**61**	**57**
Psychologist	24	3	10	65	29	10	161	57	1	**360**	224	**584**	**528**
Not identified[2]							4			**4**		**4**	**10**
Total 2016/17	**242**	**96**	**169**	**2,046**	**800**	**329**	**2,230**	**900**	**86**	**6,898**	**4,111**	**11,009**	
Total 2015/16	**206**	**94**	**123**	**1,919**	**808**	**242**	**1,886**	**718**	**60**	**6,056**	**4,026**		**10,082**

1 Based on state or territory of the practitioners' principal place of practice.

2 Profession of registrant is not always identifiable in the early stages of a notification.

3 Matters managed by AHPRA where the conduct occurred outside NSW.

4 Based on the number of matters referred by the Office of the Health Ombudsman to AHPRA and the National Boards.

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

6 Notifications received and managed by the Health Professional Councils Authority (HPCA).

Table 10: Percentage of all registered health practitioners with notifications made about them in 2016/17, by profession and state or territory

Profession[1]	ACT	NSW[4]	NT	QLD[5]	SA	TAS	VIC	WA	No PPP[6]	Total 2016/17
Aboriginal and Torres Strait Islander Health Practitioner			2.4%	0.9%	2.2%					1.2%
Chinese medicine practitioner		1.1%		2.5%	0.5%		1.1%			1.2%
Chiropractor	2.9%	3.3%	7.4%	5.7%	2.2%		1.6%	3.4%	1.3%	3.1%
Dental practitioner	5.1%	4.7%	3.2%	5.6%	2.4%	3.0%	2.9%	2.1%	0.3%	3.8%
Medical practitioner	5.2%	5.5%	5.9%	7.7%	4.4%	6.8%	3.7%	3.8%	1.1%	5.1%
Medical radiation practitioner	0.8%	0.4%		0.3%	0.1%		0.3%	0.3%	0.4%	0.3%
Midwife[2]	0.4%	0.1%	1.0%	0.7%	0.3%		0.1%	0.3%	0.6%	0.3%
Nurse[3]	0.7%	0.5%	1.1%	0.7%	0.7%	0.8%	0.4%	0.5%	0.3%	0.6%
Occupational therapist	0.6%	0.3%	0.6%	0.5%	0.5%	0.7%	0.2%	0.1%	0.4%	0.3%
Optometrist	2.6%	1.4%		1.1%	1.0%	1.1%	0.9%	0.5%		1.1%
Osteopath		1.2%		2.4%	2.6%		0.8%		4.3%	1.1%
Pharmacist	2.4%	1.9%	0.4%	1.8%	1.6%	3.0%	2.0%	1.1%	0.7%	1.8%
Physiotherapist		0.4%	0.6%	0.7%	0.5%	0.2%	0.4%	0.3%		0.4%
Podiatrist	2.9%	1.1%		2.1%	1.1%	1.9%	0.6%	2.6%		1.3%
Psychologist	2.2%	1.6%	4.4%	2.0%	1.7%	1.8%	1.5%	1.4%	0.6%	1.6%
Total 2016/17	**1.9%**	**1.7%**	**2.2%**	**2.2%**	**1.3%**	**1.9%**	**1.1%**	**1.2%**	**0.5%**	**1.6%**

1 Percentages for each state and profession are based on registrants whose profession has been identified and whose principal place of practice (PPP) is an Australian state or territory. Notifications where the profession of the registrant has not been identified are represented only in the profession totals above. Registrants whose PPP is not in Australia are represented in the 'No PPP' section.

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

5 Queensland data include matters managed by the Office of the Health Ombudsman (OHO), as well as those referred to AHPRA by the OHO.

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

Table 11: Number of practitioners with notifications made about them in 2016/17, by profession and state or territory

Profession[1]	ACT	NSW[4]	NT	QLD[5]	SA	TAS	VIC	WA	No PPP[6]	Total 2016/17
Aboriginal and Torres Strait Islander Health Practitioner			5	1	1					7
Chinese medicine practitioner		22		22	1		15			60
Chiropractor	2	59	2	48	8		22	21	2	164
Dental practitioner	21	316	5	251	45	11	147	55	2	853
Medical practitioner	109	1,872	74	1,703	351	156	989	426	31	5,711
Medical radiation practitioner	2	21		9	1		10	4	1	48
Midwife[2]	3	12	6	46	9		6	10	3	95
Nurse[3]	46	573	50	551	220	76	408	191	36	2,151
Occupational therapist	2	15	1	20	7	2	8	2	1	58
Optometrist	2	25		12	3	1	12	2		57
Osteopath		7		5	1		10		2	25
Pharmacist	13	175	1	109	34	22	151	36	4	545
Physiotherapist		39	1	40	11	1	32	9		133
Podiatrist	2	15		17	5	2	9	12		62
Psychologist	20	181	10	124	29	11	142	51	3	571
Total 2016/17	**222**	**3,332**	**155**	**2,958**	**726**	**282**	**1,961**	**819**	**85**	**10,540**

1 Data for each state and profession are based on registrants whose profession has been identified and whose principal place of practice (PPP) is an Australian state or territory. Notifications where the profession of the registrant has not been identified are represented only in the profession totals above. Registrants whose principal place of practice is not in Australia are represented in the 'No PPP' section.

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

5 Queensland data include matters managed by the Office of the Health Ombudsman, as well as those referred to AHPRA by the OHO.

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

Table 12: Student notifications received (mandatory and voluntary) by AHPRA in 2016/17

Profession	AHPRA[1]									AHPRA subtotal 2016/17	HPCA	Total 2016/17	Total 2015/16
	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP[2]				
Aboriginal and Torres Strait Islander Health Practitioner										0		0	0
Chinese medicine practitioner										0	1	1	1
Chiropractor										0	1	1	1
Dental practitioner				1						1		1	5
Medical practitioner		1							1	2	7	9	22
Medical radiation practitioner										0	2	2	0
Midwife										0		0	2
Nurse				3	3	1	1		16	24	19	43	43
Occupational therapist									2	2		2	1
Optometrist										0		0	0
Osteopath										0	1	1	0
Pharmacist									1	1		1	2
Physiotherapist										0		0	1
Podiatrist										0	1	1	0
Psychologist										0		0	0
Total 2016/17	0	1	0	4	3	1	1	0	20	30	32	62	
Total 2015/16	0	0	1	1	3	1	3	0	24	33	45		78

1 Based on state or territory of the students' principal place of practice.

2 No principal place of practice (No PPP) will include students with an overseas address.

Table 13: Outcomes of notifications (mandatory/voluntary) about students by stage at closure

Outcome	Managed by	Stage at closure					Total 2016/17	Total 2015/16
		Assessment	Health or performance assessment	Investigation	Panel hearing	Tribunal hearing		
No further action	AHPRA	15	3	3			21	18
	HPCA[1]	6	6	1	3		16	15
Impose conditions	AHPRA	2	1	3			6	0
	HPCA				13		13	8
Accept undertaking	AHPRA			1			1	1
	HPCA						0	0
Caution	AHPRA	2		2			4	1
	HPCA						0	0
Cancel registration	AHPRA					1	1	0
	HPCA						0	0
No jurisdiction	AHPRA						0	0
	HPCA	2		1	2		5	6
Refer to other entity	AHPRA						0	0
	HPCA	1					1	2
Discontinue	AHPRA						0	0
	HPCA	3					3	3
Counselling	AHPRA						0	0
	HPCA						0	2
Surrender	AHPRA						0	0
	HPCA		1				1	0
Withdrawn	AHPRA						0	0
	HPCA	1					1	0
Total 2016/17		32	11	11	18	1	73	
Total 2015/16		26	17	0	13	0		56

1 Notifications managed by the Health Professional Councils Authority (HPCA).

Mandatory notifications

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

Notifiable conduct by registered health practitioners is defined as:

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

AHPRA received 847 mandatory notifications in 2016/17, up by 32.1% (641 notifications) compared with 2015/16. More than 82% of mandatory notifications received were about medical practitioners or nurses, which is consistent with long-term trends. More than 48% of mandatory notifications completed resulted in some form of regulatory action being taken against a health practitioner.

This is consistent with trends from previous years and suggests a continued maturation in the understanding of the mandatory notification requirements under the National Law. That is, notifiers are making more appropriate mandatory notifications, having reasonably assessed that the risk to the public warrants the notification being made. See Tables 14, 15 and 16.

Table 14: Mandatory notifications received by profession and state or territory (including HPCA)

Profession	AHPRA[1]									Subtotal 2016/17	HPCA	Total 2016/17	Total 2015/16
	ACT	NSW	NT	QLD[2]	SA	TAS	VIC	WA	No PPP[3]				
Aboriginal and Torres Strait Islander Health Practitioner			1		1					2		2	1
Chinese medicine practitioner										0	1	1	4
Chiropractor			1		2		4	4		11	4	15	10
Dental practitioner	1	2			3	1	9	5		21	8	29	27
Medical practitioner	6	2	4	4	65	20	86	35	2	224	70	294	272
Medical radiation practitioner					1		5			6	2	8	7
Midwife			3		7		3	4		17	4	21	16
Nurse	16	2	6	6	155	36	190	57	3	471	168	639	519
Occupational therapist					3	1				4	2	6	2
Optometrist								1		1		1	1
Osteopath										0	1	1	1
Pharmacist	4	1		2	9	13	19	2	1	51	14	65	38
Physiotherapist					5	1	2			8	4	12	5
Podiatrist	1				1		1	1		4	1	5	5
Psychologist	4			1	3	1	16	2		27	16	43	72
Total 2016/17	32	7	15	13	255	73	335	111	6	847	295	1,142	
Total 2015/16	44	9	1	15	205	35	224	100	8	641	339		980

1 Based on state or territory of the practitioners' principal place of practice.

2 Based on the number of matters referred by the Office of the Health Ombudsman to AHPRA and the National Boards.

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

Table 15: Outcomes of mandatory notifications closed, by profession

Outcome	Managed by	Profession															Total 2016/17	Total 2015/16
		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		
Discontinued/ proceedings withdrawn	AHPRA																0	2
	HPCA					7			16					1		6	30	33
Changed to non-practising	AHPRA																0	0
	HPCA					3											3	2
Other/no jurisdiction	AHPRA																0	0
	HPCA[1]					2	1		15				1				19	51
Counselling	AHPRA																0	0
	HPCA		1						19				1	1		1	23	14
No further action	AHPRA	1	1	3	15	128	3	7	204	2			20	3	2	19	408	314
	HPCA		1		2	25	1		73	1		1	5	2	1	15	127	100
Refer all or part of the notification to another body	AHPRA					3			1								4	5
	HPCA					6	1						1			2	10	10
Fine registrant	AHPRA			4													4	4
	HPCA																0	0
Finding – no orders	AHPRA																0	0
	HPCA								2								2	1
Caution or reprimand	AHPRA			4	2	41	2	3	78				10		1	1	142	84
	HPCA					2			1								3	9
Accept undertaking	AHPRA					15			34				1	1		1	52	65
	HPCA																0	0
Impose conditions	AHPRA		1	1	5	29	1	7	94				9	1	1	3	152	127
	HPCA[2]			1	2	13	1		41	1		1	4			1	65	74
Accept surrender of registration	AHPRA							1	1								2	0
	HPCA					6			1							2	9	9
Suspend registration	AHPRA					4		1	5								10	17
	HPCA					1											1	2
Cancel registration/ disqualify	AHPRA				3	1			9				2			3	18	11
	HPCA					1			9								10	8
Not permitted to reapply for registration for 12 months or more	AHPRA																0	3
	HPCA																0	0
Total 2016/17	**AHPRA**	**1**	**2**	**12**	**25**	**221**	**6**	**19**	**426**	**2**	**0**	**0**	**42**	**5**	**4**	**27**	**792**	
	HPCA	**0**	**2**	**1**	**4**	**66**	**4**	**0**	**177**	**2**	**0**	**2**	**12**	**4**	**1**	**27**	**302**	
Total 2015/16	**AHPRA**	**1**	**0**	**7**	**23**	**196**	**6**	**14**	**309**	**2**	**0**	**0**	**28**	**4**	**5**	**37**		**632**
	HPCA	**0**	**1**	**2**	**7**	**66**	**1**	**4**	**193**	**1**	**0**	**1**	**6**	**0**	**1**	**30**		**313**

1 Includes practitioners who failed to renew.

2 Includes conditions by consent.

Table 16: Grounds for mandatory notification by profession (including HPCA) in 2016/17

Profession	Standards		Impairment		Alcohol or drugs		Sexual misconduct		Not classified[1]		Total 2016/17		Total 2015/16	
	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA
Aboriginal and Torres Strait Islander Health Practitioner	2										2	0	1	0
Chinese medicine practitioner		1									0	1	2	2
Chiropractor	4	1	2	3			5				11	4	8	2
Dental practitioner	19	3	1	5			1				21	8	22	5
Medical practitioner	161	36	41	16	5	6	17	12			224	70	187	85
Medical radiation practitioner	4	1	1	1	1						6	2	5	2
Midwife	14	3	3	1							17	4	13	3
Nurse	338	114	88	31	26	18	19	5			471	168	332	187
Occupational therapist	4			2							4	2	2	0
Optometrist	1										1	0	1	0
Osteopath				1							0	1	0	1
Pharmacist	44	8	6	4	1	2					51	14	34	4
Physiotherapist	5		2	2		1	1	1			8	4	1	4
Podiatrist	3			1	1						4	1	4	1
Psychologist	20	6	4	5		2	3	3			27	16	29	43
Total 2016/17	**619**	**173**	**148**	**72**	**34**	**29**	**46**	**21**	**0**	**0**	**847**	**295**		
Total 2015/16	**457**	**210**	**134**	**94**	**25**	**16**	**18**	**19**	**7**	**0**			**641**	**339**

1 On receipt of a mandatory notification, grounds are not always apparent until further assessment and/or investigation has taken place.

Immediate action

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

In 2016/17, the National Boards took immediate action on 320 occasions. Despite the increase in new notifications received, the number of immediate actions taken was lower than in previous year. Immediate action was taken on 4.6% of all notifications received this year, compared with 6.2% of all notifications received in 2015/16.

Table 17: Immediate action taken to protect the public

Type of immediate action taken	2016/17	2015/16
Registration surrendered	0.3%	1.6%
Accept undertaking	21.6%	17.8%
Impose conditions	45.9%	60.9%
Suspended	32.2%	19.7%

Timeliness in managing risk is crucial when dealing with a matter where immediate action may be required. The median time to take immediate action was seven days in 2016/17, compared with eight the previous year. The median time continues to compare favourably to health practitioner regulators in the United Kingdom.

Nine National Boards established a multi-profession immediate action committee this year, partly in response to recommendations made by the independent review of the National Scheme. This initiative will improve consistency in thresholds for taking immediate action, promote multi-profession decision-making and make processes more efficient, which is an ongoing focus for National Boards and AHPRA in the coming year.

AHPRA established a National Immediate Action team to support the Multi-profession Immediate Action Committee and the Pharmacy Board of Australia's Immediate Action Committee. See the appendices in this report for information about meetings of these committees. For more information about our work on cross-profession collaboration, refer to 'Multi-profession policy' on page 74.

Table 18: Immediate action cases (including HPCA)

Profession	No action taken		Action taken[1]										Total 2016/17		Total 2015/16	
			Suspend registration		Accept surrender of registration		Impose conditions		Accept undertaking		Decision pending[2]					
	AHPRA	HPCA[3]	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA
Aboriginal and Torres Strait Islander Health Practitioner													0	0	0	0
Chinese medicine practitioner								1	1				1	1	2	2
Chiropractor	1	1	10	3			2	1	2				15	5	8	1
Dental practitioner	3	3	1	6			7	8	1		3		15	17	44	34
Medical practitioner	48	17	23	22		8	45	52	34		10		160	99	167	101
Medical radiation practitioner			1					2	1				2	2	6	1
Midwife	2						1	1	1				4	1	10	0
Nurse	18	20	55	3	1		77	69	22		9		182	92	188	103
Occupational therapist													0	0	0	0
Optometrist	1		1										2	0	1	0
Osteopath							1	2					1	2	0	1
Pharmacist	1	21	5	3			11	25	5				22	49	20	26
Physiotherapist			1	1				1					1	2	6	1
Podiatrist				1					1				1	1	2	0
Psychologist	2	1	6	3			3	5	1		1		13	9	10	15
Total 2016/17	76	63	103	42	1	8	147	167	69	0	23	0	419	280		
Total 2015/16	74	65	74	32	6	7	229	176	67	0	14	5			464	285

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 HPCA data exclude matters that were considered for immediate action but did not proceed to a hearing.

Investigations

Sometimes, the information available to a National Board when assessing a complaint or concern is not sufficient to enable a risk-informed decision. In such cases, a National Board can conduct an investigation to gather more information that is relevant to the case. A decision to investigate is not an indication that a National Board has accepted an allegation made in a notification as true.

During an investigation, information can be gathered from sources such as:

- the person who raised their concern with the Board (the notifier)
- the practitioner being investigated
- contents of patient records
- information or statements from other practitioners who may have been involved in the care of a patient
- information or statements from witnesses (for example, family members, other patients or staff members)
- independent opinions from experts or information from professional bodies
- police reports, and/or
- information from other sources such as pharmacy records, health insurers or Medicare Australia.

In 2016/17, National Boards began 2,471 investigations; 9% more than in the previous year. Despite the increased volume of notifications, the proportion that progressed to investigation was 33.2%, a decrease compared with 36.4% in 2015/16. This suggests that we are closing more matters in the early stages of the process.

In addition to regular updates on the progress of individual investigations, AHPRA routinely audits older investigations as a quality-assurance mechanism to identify ways we can reduce the time it takes for AHPRA and the Boards to investigate matters. We continue to refine processes to ensure timely outcomes for notifiers and practitioners, and have reduced the average number of days to complete an investigation from 398 in 2015/16, to 392 in 2016/17.

This year, AHPRA released a revised investigators manual and focused heavily on developing investigation strategies to gather evidence that establishes a level of risk, and ensures timely and appropriate clinical input.

AHPRA and the National Boards aim to have no more than 15% of investigations open for longer than 12 months. At 30 June 2017, 25.5% of investigations exceeded 12 months, up from 20% the previous year (see Figure 10). Strategies to improve these results are being refined.

Outcomes and timeliness of notifications closed

We assessed and completed 27.6% more notifications in 2016/17 than in 2015/16. Despite the high volume of new notifications received, this represents the highest number of closures (6,669) since the start of the National Scheme. More than 28% of notifications that were closed resulted in some form of regulatory action being taken by a National Board (see Figure 11).

The average time taken to complete an assessment and to close matters in assessment is shown in Table 19.

Tables 20 and 21 segment data by notifications closed by profession and outcome, while Table 22 contains data provided to us by the HPCA about notifications closed in NSW. Tables 23 and 24 (on page 57) contain data about 4,016 notifications that are currently being managed by AHPRA and remained open as at 30 June 2017.

Table 19: Timeframes for matters in assessment

Average time (in days) to:	2016/17	2015/16	% change
Close matters in assessment	84	82	2% increase
Complete assessments and move to another stage	51	48	6% increase

The average time taken to close a notification in 2016/17 is shown in Figure 10. The majority (64.9%) closed within six months, which is consistent with the previous year (64.0%).

Figure 10: Closed notifications by average time taken to complete the matter

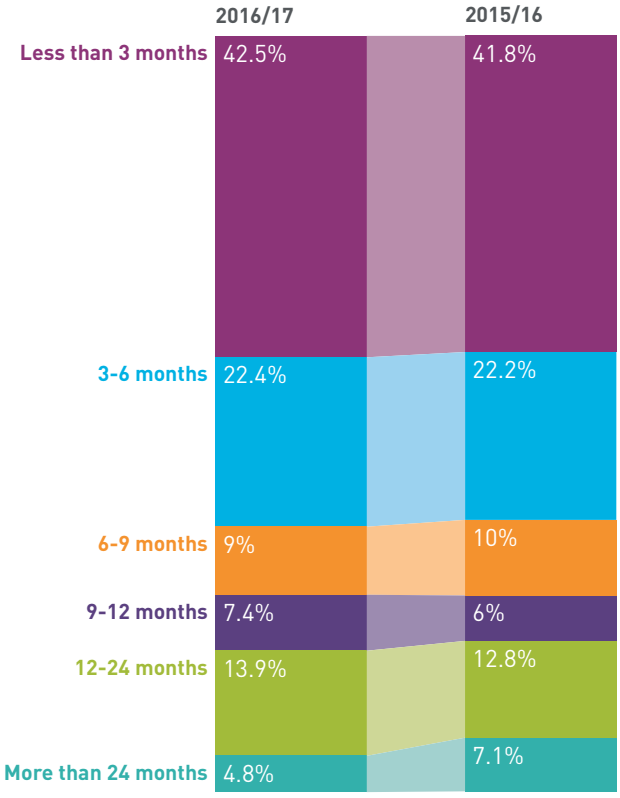
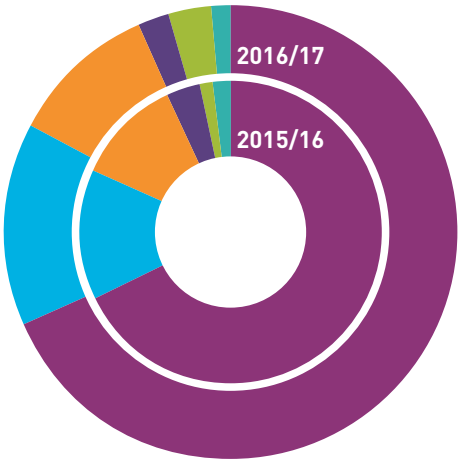


Figure 11: Closed notification outcomes



- **No further action** **2016/17** 68.6%, **2015/16** 66.5%
- **Caution or reprimand** **2016/17** 14.2%, **2015/16** 13.8%
- **Impose conditions** **2016/17** 10.6%, **2015/16** 11.1%
- **Accept undertaking** **2016/17** 2.2%, **2015/16** 3.5%
- **Refer to a HCE or other entity** **2016/17** 3.2%, **2015/16** 3.3%
- **Registration surrendered, suspended or cancelled**[1] **2016/17** 1.2%, **2015/16** 1.9%

1 Includes the outcomes 'fine registrant' and 'not permitted to re-apply'.

Table 20: Notifications closed in 2016/17 by profession, stage at closure (including HPCA)

Profession	Assessment		Investigation		Health or performance assessment		Panel hearing		Tribunal hearing		Subtotal 2016/17		Total 2016/17	Total 2015/16
	AHPRA	HPCA[1]	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA		
Aboriginal and Torres Strait Islander Health Practitioner	5		1								6	0	6	9
Chinese medicine practitioner	24	25	10			1		4		1	34	31	65	36
Chiropractor	44	58	33	1	2	2	3	1	6	2	88	64	152	101
Dental practitioner	303	327	166	2	10	19	1	35	5	3	485	386	871	794
Medical practitioner	2,438	1,810	919	55	94	111	25	96	81	25	3,557	2,097	5,654	4,714
Medical radiation practitioner	15	19	9		5			1			29	20	49	38
Midwife	31	31	38	1	8	10	2	3	7	4	86	49	135	83
Nurse	708	448	491	1	207	9	24	107	43	12	1,473	577	2,050	1,762
Occupational therapist	27	13	4		5		3	3			39	16	55	56
Optometrist	18	22	9			1					27	23	50	44
Osteopath	8	4	5					1			13	5	18	27
Pharmacist	225	166	98		14	11	2	35	16	5	355	217	572	537
Physiotherapist	47	30	28		3	2	4	1	1		83	33	116	93
Podiatrist	29	21	16	1	2	1					47	23	70	49
Psychologist	216	171	92	1	12	21	8	6	16	4	344	203	547	484
Not identified[2]	3										3	0	3	12
Total 2016/17	4,141	3,145	1,919	62	362	188	72	293	175	56	6,669	3,744	10,413	
Total 2015/16	3,147	2,436	1,386	144	341	633	179	342	174	49	5,227	3,612		8,839

1 Notifications managed by the Health Professional Councils Authority (HPCA).

2 Practitioner profession may not have been identified in notifications closed at an early stage.

Table 21: Notifications closed in 2016/17, by outcome (AHPRA)

Profession	No further action	Refer all or part of the notification to another body	HCE to retain[1]	Accept undertaking	Caution or reprimand	Fine registrant	Impose conditions	Accept surrender of registration	Suspend registration	Cancel registration	Not permitted to reapply for registration for 12 months or more	Proceedings withdrawn	Total 2016/17[2]	Total 2015/16
Aboriginal and Torres Strait Islander Health Practitioner	3				1		2						6	9
Chinese medicine practitioner	23				3		8						34	25
Chiropractor	46			1	23	6	12						88	49
Dental practitioner	301	6	6	7	97		64		1	3			485	393
Medical practitioner	2,714	31	130	62	393	3	199		13	9	3		3,557	2,718
Medical radiation practitioner	17		1		6		5						29	27
Midwife	41	1		2	23		17	1	1				86	76
Nurse	840	11	17	65	241	2	269	4	11	13			1,473	1,174
Occupational therapist	31			1	5		2						39	28
Optometrist	15	1			5		6						27	17
Osteopath	9				2		2						13	9
Pharmacist	175		3	4	107		60		1	5			355	301
Physiotherapist	65	1		2	2		12		1				83	55
Podiatrist	32	2			8		5						47	27
Psychologist	257	1	2	5	30		43		2	4			344	307
Not identified	3												3	12
Total 2016/17	4,572	54	159	149	946	11	706	5	30	34	3	0	6,669	
Total 2015/16	3,466	53	120	181	719	5	580	6	46	34	8	9		5,227

1 Health complaints entity.

2 A matter may result in more than one outcome. Only the most serious outcome from each closed notification has been noted.

Table 22: Notifications closed in 2016/17, by outcome (HPCA)

Profession	No further action[1]	No jurisdiction[2]	Discontinued	Withdrawn	Make a new complaint	Refer all or part of the notification to another body	Caution	Reprimand	Orders – no conditions	Finding – no orders	Counselling /Interview	Resolution/Conciliation by HCCC	Fine	Refund/Payment/Withhold fee/Retreat	Conditions by consent	Order – impose conditions; would be conditions if registered	Accept surrender	Accept registration type change to non-practising	Suspend	Cancelled registration /Disqualified from registering	Total 2016/17	Total 2015/16
Aboriginal and Torres Strait Islander Health Practitioner																					0	0
Chinese medicine practitioner	14		6			3	1	1			4					3					32	11
Chiropractor	31	9	8	1		6		1			6					2				1	65	53
Dental practitioner	147	3	169	8		9	9	5	8		21				2	19	5			1	406	421
Medical practitioner	488	17	1,328	55		57	6	11	5		11	18				61	21	5	5	23	2,111	2,016
Medical radiation practitioner	9	1	6			2					1					1					20	11
Midwife	20	1	13	1							7				2	1				4	49	7
Nurse	217	35	180	3		3	1	7		2	28				59	32	2			17	586	592
Occupational therapist	2		11			1					1					1					16	28
Optometrist	7		11	1							4										23	27
Osteopath	1		2			1										1					5	18
Pharmacist	87	1	66	2		16	1	5			13				2	27	2	1		2	225	242
Physiotherapist	9		19			2					3										33	38
Podiatrist	8		8			5					2										23	22
Psychologist	68	10	79	7		14					13				1	3	2	1		5	203	178
Total 2016/17	**1,108**	**77**	**1,906**	**78**	**0**	**119**	**18**	**30**	**13**	**2**	**114**	**18**	**0**	**0**	**66**	**151**	**32**	**7**	**5**	**53**	**3,797**	
Total 2015/16	**1,191**	**135**	**1,563**	**102**	**0**	**127**	**16**	**39**	**16**	**3**	**108**	**59**	**0**	**2**	**67**	**133**	**30**	**6**	**19**	**48**		**3,664**

Source: The data in this table were supplied by the Health Professional Councils Authority. NSW legislation provides for a range of different outcomes for complaints in NSW. Some of these map to outcomes available under the National Law; others are specific to the NSW jurisdiction. Note that each notification may have more than one outcome; all outcomes have been included.

1 Includes: Resolved before assessment, Apology, Advice, Council Letter, Comments by Health Care Complaints Commission (HCCC), Deceased, Interview.

2 Includes practitioners who failed to renew.

Table 23: Open notifications at 30 June 2017 by profession and state and territory (including HPCA)

Profession	AHPRA[1]									AHPRA subtotal 2016/17	HPCA[4]	Total 2016/17	Total 2015/16
	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP[3]				
Aboriginal and Torres Strait Islander Health Practitioner			1		1					2		2	1
Chinese medicine practitioner				7	1		8			16	13	29	33
Chiropractor	1	1	2	27	36		24	16	1	108	31	139	126
Dental practitioner	12	13	6	169	19	5	81	57		362	306	668	621
Medical practitioner	34	26	38	710	223	67	547	250	10	1,905	1,175	3,080	2,882
Medical radiation practitioner	2			7	4		3	1		17	14	31	27
Midwife	5	1	3	33	5		10	7	1	65	12	77	82
Nurse	28	14	29	337	153	46	252	116	17	992	375	1,367	1,226
Occupational therapist			1	8	3	1	3	1		17	4	21	25
Optometrist	1			5	3	1	5	1	1	17	8	25	15
Osteopath				2			5		1	8	9	17	9
Pharmacist	4			45	21	15	80	35	2	202	197	399	330
Physiotherapist			1	16	6		17	6		46	23	69	67
Podiatrist	1			6		2	6	2		17	2	19	28
Psychologist	19	5	9	59	17	4	83	45		241	113	354	316
Not identified[2]							1			1		1	1
Total 2016/17	107	60	90	1,431	492	141	1,125	537	33	4,016	2,282	6,298	
Total 2015/16	110	49	68	1,288	564	106	1,082	495	25	3,787	2,002		5,789

1 Based on state or territory of the practitioners' principal place of practice.

2 Profession of registrant is not always identifiable in the early stages of a notification.

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

4 Notifications managed by the Health Professional Councils Authority (HPCA).

Table 24: Open notifications managed by AHPRA as at 30 June 2017, by length of time at each stage

Current stage of open notification	Less than 3 months	3–6 months	6–9 months	9–12 months	12–24 months	More than 24 months	Total 2016/17	Total 2015/16
Assessment	869	136	57	5	4	8	1,079	1,029
Health or performance assessment	96	95	44	39	34	2	310	311
Investigation	609	468	362	278	509	78	2,304	2,131
Panel hearing	18	17	9	3	8	2	57	56
Subtotal 2016/17	1,592	716	472	325	555	90	3,750	3,527
Subtotal 2015/16	1,618	761	402	274	364	108	3,527	3,527
Tribunal hearing[1]	49	18	44	39	48	68	266	260
Total 2016/17	1,641	734	516	364	603	158	4,016	
Total 2015/16	1,659	772	422	299	412	223		3,787

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

Legal services

AHPRA's regulatory legal services team supports risk-based decision-making and gives advice on policy and procedure across our regulatory functions. The team's primary role is to manage complex or high-risk notifications that progress to a panel or tribunal. It also manages appeals and complaints about alleged statutory offences.

Tribunals

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

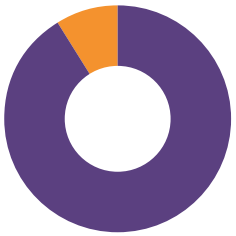
Tribunal proceedings are conducted in accordance with timetables set by the responsible tribunal in each jurisdiction.

Tribunals in each state and territory:

- **New South Wales** Civil and Administrative Tribunal
- **Australian Capital Territory** Civil and Administrative Tribunal
- **Northern Territory** Civil and Administrative Tribunal
- **Queensland** Civil and Administrative Tribunal
- **South Australia** Health Practitioners Tribunal
- **Tasmania** Health Practitioners Tribunal
- **Victoria** Civil and Administrative Tribunal
- **Western Australia** State Administrative Tribunal

There were 266 notifications open in the tribunal stage as at 30 June 2017, compared with 260 at the same time last year. Of the 173 National Board matters decided by tribunals in the year, more than 91% of matters resulted in some form of disciplinary action or the surrender of registration, while there was a reduction in matters withdrawn or resulting in no further action. This demonstrates that the National Boards' decisions are better identifying the thresholds for referring a matter to tribunal in order to protect the public.

Figure 12: National Board matters decided by tribunals in 2016/17



91.3% resulted in disciplinary action

8.7% resulted in no further action

Since 2010, all health practitioners who have had their registration cancelled by a court or tribunal, been disqualified from applying for registration, or prohibited from using a specified title or providing a specified health service appear on the cancelled health practitioners register. See www.ahpra.gov.au/registration/registers-of-practitioners.

We also publish summaries of tribunal outcomes at www.ahpra.gov.au/publications/tribunal-decisions.

Panels

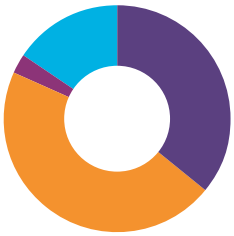
A National Board has the power to establish two types of panel depending on the type of notification:

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

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

Of the 72 National Board matters decided by panels during the year, more than 84% resulted in some form of disciplinary action being taken.

Figure 13: National Board matters decided by panels in 2016/17



36.1% resulted in conditions being imposed or an undertaking being accepted

45.8% resulted in a caution or reprimand

2.8% resulted in a suspension

15.3% resulted in no further action

We publish information about panel decisions online at www.ahpra.gov.au/publications/panel-decisions.

Appeals against decisions made under the National Law

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

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

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

There were 82 appeals lodged nationally about decisions made by National Boards under the National Law in 2016/17 (see Table 25). This represents a national reduction of 7.9% when compared with the previous year.

Figure 14: Appeals managed by AHPRA in 2016/17

43.9% related to a decision to impose or change a condition on a person's registration or endorsement

24.4% related to a decision to refuse registration, refuse renewal of registration or refuse an endorsement on registration

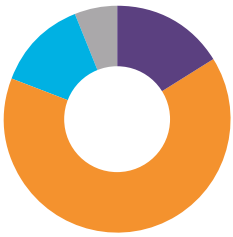
3.7% related to a decision to refuse to change or remove a condition imposed on a person's registration or the endorsement of a person's registration

9.8% related to a decision to suspend a person's registration

18.2% related to appeals against other decisions

The majority of these appeals related to the professions with higher regulatory decision volumes, such as medical practitioners (28), and nursing and midwifery practitioners (22). There were 68 appeals finalised in 2016/17.

Figure 15: Appeals finalised by AHPRA in 2016/17



16.2% had the original decision confirmed

64.7% were withdrawn by the appellant and did not proceed, meaning the original decision remained in place

13.2% resulted in the original decision being substituted with a new decision (6 matters) or the original decision being amended (3 matters)

There were 57 appeals still pending as at 30 June 2017.

The National Scheme's regulatory principles apply to all regulatory decision-making. The principles are designed to encourage a responsive, risk-based approach to regulation across all professions to ensure the public is safe. The low proportion of successful appeals that resulted in an amended/substituted decision demonstrates that the regulatory principles continue to have a positive impact on regulatory decision-making.

More information about appeals in 2016/17 is available in the supplementary tables published online at www.ahpra.gov.au/annualreport/2017.

Table 25: Appeals lodged in 2016/17 by profession and jurisdiction

Profession	AHPRA[1]									AHPRA subtotal 2016/17	HPCA[2]	Total 2016/17	Total 2015/16
	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP				
Aboriginal and Torres Strait Islander Health Practitioner										0		0	0
Chinese medicine practitioner				2			1			3		3	1
Chiropractor								1		1		1	2
Dental practitioner		3					2	1		6		6	12
Medical practitioner		1	1	13	5	2	5	8		35	2	37	40
Medical radiation practitioner					1					1		1	3
Midwife										0		0	1
Nurse		4	2	1	4		10	2	1	24	2	26	30
Nurse and midwife							1			1		1	0
Occupational therapist										0		0	1
Optometrist										0		0	0
Osteopath										0	1	1	0
Pharmacist				2			1			3	3	6	4
Physiotherapist							1			1		1	1
Podiatrist								1		1		1	0
Psychologist	1	1		1			2	1		6		6	6
Total 2016/17	1	9	3	19	10	2	23	14	1	82	8	90	
Total 2015/16	3	17	4	21	9	3	20	12	0	89	12		101

1 Based on state or territory of the practitioners' principal place of practice (PPP).

2 Matters managed by the Health Professional Councils Authority (HPCA).

Table 26: Nature of decisions appealed where the appeal was finalised through consent orders or a contested hearing by jurisdiction

Nature of decision appealed	Original decision confirmed		Original decision amended		Original decision substituted for a new decision		Withdrawn		Dismissed – administrative		Total 2016/17		Total 2015/16	
	AHPRA[1]	HPCA[2]	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA
Appeal against a tribunal decision	1						1				2	0	0	0
Decision to impose conditions on a person's registration under section 178											0	0	2	0
Decision to impose or change a condition on a person's registration or the endorsement of the person's registration	2	1	2		5	1	21	2	1		31	4	22	4
Decision to refuse to change or remove a condition imposed on the person's registration or the endorsement of the person's registration	1	2					3		1		5	2	4	2
Decision to refuse to endorse a person's registration							1				1	0	1	0
Decision to refuse to register a person	3						9		1		13	0	14	1
Decision to refuse to renew a person's registration	1						2				3	0	4	0
Decision to reprimand a person					1	1					1	1	1	0
Decision to suspend a person's registration	3	6	1				4				8	6	4	2
Other		1									0	1	2	0
Not an appellable decision									1		1	0	0	0
Judicial review							3				3	0	0	0
Total 2016/17	11	10	3	0	6	2	44	2	4	0	68	14		
Total 2015/16	19	2	2	2	2	1	31	4	0	0			54	9

1 AHPRA manages appeals of decisions about NSW registrations.

2 Matters managed by the Health Professional Councils Authority (HPCA).

Statutory offences

Performance snapshot

2,297 statutory offence complaints were received this year; a **70.4%** increase compared with those received in 2015/16.

Complaints about advertising health services rose by **87.1%** and accounted for **82.5%** of all offence complaints.

This increase was largely due to bulk complaints lodged by a number of external organisations, rather than individual complaints lodged by consumers.

1,885 statutory offence complaints were considered and closed. A further **1,390** were referred for management under our *Advertising compliance and enforcement strategy*.

355 open statutory offence complaints were still under review as at 30 June 2017.

There was a **26.1%** increase in the number of complaints about serious-risk offences, including: unlawfully using a protected title, holding out as a health practitioner and practice-protection offences.

16 prosecutions were completed in the Magistrates' or Local Court for statutory offences under the National Law.

What are statutory offences?

Breaches of the National Law that constitute a statutory offence can put individuals and the community at risk. These offences may be committed by registered health practitioners, unregistered individuals or corporate entities and are covered under Part 7 of the National Law. See www.ahpra.gov.au/Notifications/Make-a-complaint/What-is-an-offence.

Types of statutory offence

The National Law sets out four types of statutory offences.

Unlawful use of protected titles

The National Law restricts the use of protected titles (sections 113, 114 and 115). It is unlawful for someone to knowingly or recklessly use a title to make someone believe they are registered in one of the 14 regulated health professions, or other practices including using a specialist title when the person does not have specialist registration.

A breach of this type carries a maximum fine of $60,000 for a corporate entity, or $30,000 for an individual, per offence.

Unlawful claims by individuals or organisations as to registration

It is unlawful to knowingly or recklessly claim to be a registered health practitioner under the National Law (sections 116, 117, 118, 119 and 120). This can include using a title, name, initial, symbol, word or description that could be reasonably understood to indicate that an individual is a health practitioner or is qualified to practise in a health profession. The National Law also states that a person must not claim that another individual is a registered health practitioner.

A breach of this 'holding out' provision is an offence and carries a maximum fine of $60,000 for a corporate entity, or $30,000 for an individual, per offence.

Performing a restricted act

The National Law (sections 121, 122 and 123) restricts certain practices:

- restricted dental acts
- restricted prescription of optical appliances, and
- restricted spinal manipulation.

A breach of the restricted act provisions in the National Law carries a maximum fine of $60,000 for a corporate entity, or $30,000 for an individual, per offence.

Unlawful advertising

Under the National Law (section133), you may not advertise a regulated health service or a business providing a regulated health service in a way that:

- is false, misleading or deceptive or is likely to be misleading or deceptive
- offers a gift, discount or other inducement to attract a person to use the service or the business, unless the advertisement also states the terms and conditions of the offer
- uses a testimonial or purported testimonial about the service or business
- creates an unreasonable expectation of beneficial treatment, or
- directly or indirectly encourages the indiscriminate or unnecessary use of regulated health services.

A breach of the advertising provisions of the National Law is an offence and carries a maximum fine of $10,000 for a corporate entity, or $5,000 for an individual, per offence.

Statutory offences received and closed in 2016/17

We received a significant number of advertising offences in bulk complaints during 2016/17, and undertook substantial work to assess how they should be managed in line with risk-based regulatory principles.

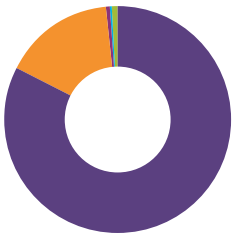
AHPRA received 2,297 new offence complaints during 2016/17, which is an increase of more than 70% when compared with 2015/16. It is also the highest number of new offence complaints we have received since the commencement of the National Scheme in 2010. The increase was largely due to a series of bulk complaints that were made by a number of external organisations about alleged advertising breaches – particularly in relation to advertising chiropractic, physiotherapy and osteopathy services.

Most jurisdictions experienced an increase in offence complaints received when compared with the previous year, with NSW and Victoria accounting for more than 63% of all new offence complaints. Of the offence complaints received nationally, more than 82% related to concerns about advertising. For this reason, AHPRA devised a new team to look after alleged advertising breaches (see page 67), which meant 1,390 advertising offence complaints were transitioned to this team for ongoing management.

Noting the significant increase in the volume of complaints received nationally, there were 355 statutory offence complaints still under review as at 30 June 2017. Of these, some advertising-related complaints (just over 30% of all open complaints) were serious in nature and appropriate for prosecution. These remained with the legal services team.

This year, there was a 214.2% increase in the number of offence complaints closed (1,885, up from 600 in 2015/16).

Figure 16: Offence complaints received in 2016/17



82.5% related to advertising offences

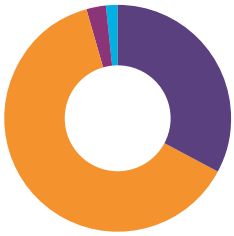
16% related to title protection offences

0.6% related to practice protection offences

0.3% related to directing or inciting unprofessional conduct/professional misconduct

0.6% related to other offences

Figure 17: Offence complaints open at 30 June 2017



32.7% related to advertising offences

62.8% related to title protection offences

2.8% related to practice protection offences

1.4% related to other offences

Managing offence complaints

Our focus is on managing risk to the public and resolving issues quickly and efficiently. All new offence complaints are assessed for risk, and this dictates the course of action required to ensure public safety. Issues raised in an offence complaint are investigated by an inspector.

At the conclusion of an investigation, recommendations are made as to whether further action is required, such as a prosecution, or whether the offending has ceased or is unproven.

In consultation with the relevant National Board, offences will be prosecuted where there is a legitimate public-interest concern and/or where there has been repeated or ongoing offending despite warning. In certain cases, AHPRA and the National Board may decide to prosecute a corporate entity.

It is important to note that offences under the National Law are not treated in the same way as notifications. For notifications that progress to disciplinary proceedings, specific powers have been conferred on decision-making entities (the National Board or their delegates), and procedures have been established to take action in these proceedings. The National Law makes no such provision for statutory offences and the only way to achieve an outcome is to prosecute in the Magistrates' Court.

There are also instances where, for a registered health practitioner who has committed a breach, it is determined that a Part 8 action under the National Law (about health, performance or conduct) is preferable to criminal prosecution or is pursued in addition to a prosecution (section 243).

In some circumstances, AHPRA has the power to apply to the Magistrates' or Local Court for a warrant to search premises and seize evidence. A Magistrate may grant an application for a search warrant when there is evidence to support the belief that an offence under the National Law is being committed at a specific location.

Offences under the National Law are 'summary offences' and are prosecuted in the Magistrates' or Local Court of the relevant state or territory. All offences under the National Law carry penalties of fines that may be imposed by a court on a finding of guilt.

Advertising requirements

The 14 National Boards have published *Guidelines for advertising regulated health services* on each of their websites to help all advertisers, including registered health practitioners, meet their legal obligations when advertising. You can click through to each Board's website from www.ahpra.gov.au. A summary of the guidelines is also published on the AHPRA website.

The advertising guidelines are the best source of information to help practitioners understand their obligations when advertising their services to the public.

An *Advertising compliance and enforcement strategy for the National Scheme* was also developed and launched this year with supporting resources. For more information about advertising and the National Law, see www.ahpra.gov.au/Publications/Advertising-resources.

Table 27: Statutory offence complaints received and closed, by type of offence and profession

Profession	Title protections (s.113 – 120)		Practice protections (s.121 – 123)		Advertising breach (s.133)		Directing or inciting unprofessional conduct/ professional misconduct (s.136)		Other offence		Total 2016/17[1]		Total 2015/16	
	Received	Closed	Received	Closed	Received	Closed[2]	Received	Closed	Received	Closed	Received	Closed	Received	Closed
Aboriginal and Torres Strait Islander Health Practitioner	2	1							1	1	3	2	0	0
Chinese medicine practitioner	23	21	2	3	47	13				1	72	38	26	12
Chiropractor	8	12	1		153	178		1		1	162	192	601	68
Dental practitioner	30	37	3	3	205	251			1	4	239	295	196	157
Medical practitioner	97	108	4	9	164	157	3	4	5	5	273	283	202	128
Medical radiation practitioner	3	8			1	1					4	9	8	7
Midwife	6	32			2	3					8	35	33	6
Nurse	53	65			20	12	1	1	2	2	76	80	54	40
Occupational therapist	6	9			3	4					9	13	6	5
Optometrist	1	3			22	20				1	23	24	9	9
Osteopath	2	9			250	15					252	24	12	25
Pharmacist	13	7			40	39		2			53	48	13	13
Physiotherapist	35	33	1		903	623	1	1			940	657	66	40
Podiatrist	3	1			17	18					20	19	26	17
Psychologist	85	74	3	3	23	31	1	1	4	1	116	110	83	64
Unknown[3]	1	2			45	51			1	3	47	56	13	9
Total 2016/17	**368**	**422**	**14**	**18**	**1,895**	**1,416**	**6**	**10**	**14**	**19**	**2,297**	**1,885**		
Total 2015/16	**288**	**194**	**15**	**15**	**1,013**	**374**	**12**	**6**	**20**	**11**			**1,348**	**600**

1 This table includes all offences from sections 113-136 of the Health Practitioner Regulation National Law, not only offences about advertising, title and practice protection. The National Law is published online at www.ahpra.gov.au/About-AHPRA/What-We-Do/Legislation.

2 From 29 May 2017, 1,390 advertising complaints were transferred for ongoing management under our new *Advertising compliance and enforcement strategy* (see page 67) and are therefore excluded from the offences closed dataset. This column reflects only those advertising-related matters that were closed independently of this strategy.

3 AHPRA also received offence complaints about unregistered persons.

Prosecutions under the National Law

There have been a number of significant prosecutions this year that demonstrate the importance of the statutory offence function for the protection of the public.

AHPRA completed 16 proceedings in the Magistrates' and Local Courts for offences under the National Law across four jurisdictions. Of these, 94% resulted in a successful prosecution outcome (one proceeding's charges were withdrawn), which demonstrates that AHPRA continues to identify appropriate thresholds for referring offence complaints for prosecution in order to protect the public.

A further 10 prosecutions commenced and are ongoing before the courts as at 30 June 2017. Further information about these matters is outlined in Table 29. Some prosecutions that started in 2016/17 were concluded after the financial year and have been reported here for completeness. Information about AHPRA's prosecutions is available at www.ahpra.gov.au/News.

Figure 18: Prosecution outcomes in 2016/17

56.3% resulted in a conviction recorded against the individual, and an order to pay a fine and/or complete a period of community service or good behaviour.

37.5% resulted in a finding of guilt with 'no conviction recorded' (see page 114, Glossary), but the individuals were still ordered to pay a fine and/or complete a period of community service or good behaviour.

6.3% resulted in all the charges being withdrawn.

Table 28: Completed prosecutions as at 30 June 2017

Defendant	Date of decision	Jurisdiction	Relevant Board[1]	Relevant section of National Law[2]	Type of offence	Outcome
Marquinez, Orlando	7 July 2016	NSW	NMBA	s. 113, s 116	• Use of protected title • Holding out as a registered health practitioner	Conviction
De-identified[3]	15 August 2016	NSW	OTBA	s. 113	• Use of protected title	No conviction recorded[4]
Crawford, Nicholas	29 September 2016	Qld	NMBA	s. 113, s 116	• Use of protected title • Holding out as a registered health practitioner	Conviction
Gachon, Robert	10 October 2016	NSW	PsyBA	s. 113, s 116	• Use of protected title • Holding out as a registered health practitioner	Conviction
De-identified		Vic	DBA	s. 116, s 121	• Holding out as a registered health practitioner • Restricted dental acts	Charges withdrawn
De-identified	28 November 2016	Vic	PsyBA	s. 113, s 116	• Use of protected title • Holding out as a registered health practitioner	No conviction recorded
De-identified	6 February 2017	NSW	MBA	s. 116(1)(b)(ii)	• Holding out as a registered health practitioner	No conviction recorded
Limboro, Hance	15 February 2017	NSW	ChiroBA	s. 113(1)(a), s. 133(1)(c)	• Use of protected title • Breach of advertising provisions	Conviction
De-identified	22 February 2017	WA	PharmBA	s. 116, s. 113	• Use of protected title • Holding out as a registered health practitioner	Conviction
Donegan, Brian	3 March 2017	WA	PharmBA	s. 113, s.116	• Use of protected title • Holding out as a registered health practitioner	Conviction
De-identified	23 March 2017	WA	ChiroBA	s. 113, s. 116, s. 123	• Use of protected title • Holding out as a registered health practitioner • Restriction on spinal manipulation	Spent conviction
Acharya, Shyam	3 April 2017	NSW	MBA	s. 116	• Holding out as a registered health practitioner	Conviction
Cashman, Anthony	5 May 2017	WA	OptomBA	s. 116, s. 122	• Holding out as a registered health practitioner • Restriction on prescription of optical appliances	Conviction
De-identified	30 May 2017	Vic	PsyBA	s. 113(1)(a), s. 116(1)(b), s. 116(1)(c)	• Use of protected title • Holding out as a registered health practitioner	Conviction
De-identified	19 June 2017	Vic	NMBA	s. 116	• Holding out as a registered health practitioner	No conviction recorded
De-identified	20 June 2017	Vic	NMBA	s. 113, s. 116	• Use of protected title • Holding out as a registered health practitioner	No conviction recorded

1 For a list of Board acronyms, see page 112.

2 The Health Practitioner Regulation National Law, as in force in each state and territory. Find it online at www.ahpra.gov.au/About-AHPRA/What-We-Do/Legislation.

3 Prosecutions are de-identified when the court makes a finding of guilt with 'no conviction recorded' or a spent conviction, or when the charges are withdrawn. Cases may also be de-identified where the court grants a suppression order.

4 See page 114 of the Glossary.

Table 29: Current prosecutions as at 30 June 2017

Jurisdiction	Relevant Board	Relevant section of National Law[1]	Alleged offence, by type
Vic	MBA	s. 116(2)	• Holding out another person as being a registered health practitioner
Vic	NMBA	s. 113, s. 116	• Use of titles and holding out as a registered health practitioner
Vic and Qld	MBA	s. 115, s. 116, s. 118	• Unlawful use of specialist title • Holding out as a registered health practitioner • Unlawful use of specialist registration
NSW	DBA	s. 116(1)(c)	• Holding out as a registered health practitioner
SA	PsyBA, MBA	s. 116, s. 118, s. 133	• Holding out as a registered health practitioner • Unlawful use of a specialist title • Breach of advertising provisions
Vic	DBA	s. 116, s. 118, s. 121	• Holding out as a registered health practitioner • Unlawful use of a specialist title • Carrying out restricted dental acts
Qld	NMBA	s. 113, s. 116	• Use of title • Holding out as a registered health practitioner
Vic	MBA	s. 116(1)(c)	• Holding out as a registered health practitioner
Vic	MBA, PsyBA	s. 113(1)(a), s. 116(1)(c), s. 118(1)(b)(ii), s. 118(1)(c)	• Use of title • Holding out as a registered health practitioner • Unlawful claim to specialist registrations
Qld	ChiroBA	s. 113, s. 116	• Use of title • Holding out as a registered health practitioner

1 The Health Practitioner Regulation National Law, as in force in each state and territory. You can find the National Law online at www.ahpra.gov.au/About-AHPRA/What-We-Do/Legislation.

Case studies: statutory offences

Holding out: Mr Shyam Acharya was prosecuted on 3 April 2017

Mr Shyam Acharya falsely claimed to be a UK-based doctor while practising as a medical practitioner in Australia. AHPRA successfully prosecuted Mr Acharya for knowingly and recklessly holding out as a medical practitioner. During proceedings, the court heard how he had used a doctor's identity to falsely gain registration.

AHPRA started an investigation into Mr Acharya after being alerted by the General Medical Council in the UK on 28 September 2016. Mr Acharya's former employer, Novotech, had queried the fact that Mr Acharya had been claiming to be a medical practitioner and using another doctor's name, medical qualifications and UK registration number.

AHPRA took quick action to commence an investigation and laid charges against Mr Acharya in January 2017.

Mr Acharya was convicted in a NSW Local Court and fined $30,000, and was ordered to pay AHPRA's legal costs of $22,000.

Advertising offence: Dr Hance Limboro convicted of false advertising on 15 February 2017

A NSW chiropractor was convicted of false advertising after he claimed to be able to prevent, treat and cure cancer in his advertising.

Dr Hance Limboro pleaded guilty to 13 charges filed by AHPRA in relation to false advertising and unlawful use of testimonials in the advertising of regulated health services.

In a landmark ruling, Dr Limboro was convicted and fined $29,500 by the court and was also ordered to pay AHPRA's legal costs.

Compliance

Performance snapshot

5,084 cases were actively monitored by AHPRA in 2016/17.

These cases related to **4,952** registered practitioners.

65.8% of cases were about suitability/eligibility for registration.

29.2% were about conduct, health or performance.

5% of cases related to prohibited practitioners/students.

As at 30 June 2017, there were **71** restrictions (conditions or undertakings) in the *National restrictions library*.

How AHPRA monitors compliance

On behalf of the National Boards, AHPRA monitors health practitioners and students with restrictions (conditions or undertakings) placed on their registration, as well as those with suspended or cancelled registration. By identifying any non-compliance with restrictions and acting swiftly and appropriately, AHPRA supports Boards to manage risk to public safety.

To find out about active monitoring cases in 2016/17, please refer to the Tables 30 and 31. Table 30 reports on active monitoring cases by state and territory. Table 31 reports on these cases by each profession. Restrictions are placed on a practitioner's registration through a number of mechanisms, including as an outcome of a notification (complaint), or when a practitioner applies for registration or renewal of registration.

Each monitoring case is assigned to one of five streams:

Health: A practitioner or student is being monitored because they have a physical or mental impairment, disability, condition or disorder (including substance abuse or dependence).

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

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

Suitability/eligibility: A practitioner is being monitored because they:

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

Prohibited practitioner/student: A practitioner or student is being monitored because they:

- are subject to a cancellation order, suspension or restriction not to practise, or
- have surrendered registration or changed to non-practising registration, in lieu of further action, under Part 8 of the National Law or suspension.

This year, the number of active monitoring cases nationally remained comparable to 2015/16, with a slight increase of 2.4%. These cases relate to the monitoring of 4,952 individual health practitioners. The majority were in relation to monitoring of eligibility/suitability requirements. Interestingly, despite increasing volumes of notifications received and high closure rates, this has not translated into a peak in active monitoring cases.

Since the introduction of compliance performance reporting in the last financial year, we have continued our focus on service improvement. This has continued to assist in managing risks associated with monitoring cases and identifying opportunities to improve the quality, timeliness and accuracy of our compliance work. Performance has remained strong across all key performance indicators in all quarters.

The *National restrictions library*

Restrictions are conditions and undertakings that are imposed upon a practitioner's registration while a notification about them is being investigated or as the result of a disciplinary procedure. Restrictions are a key regulatory tool used to protect the public. In 2015, AHPRA recognised the need for a nationally consistent set of conditions or undertakings, which were published on the AHPRA website as the National Restrictions Library (the library). See www.ahpra.gov.au/Registration/Monitoring-and-compliance/National-Restrictions-Library.

Since the initial launch of the library in 2015/16, considerable work has gone into improving its functionality and user-friendliness for decision-makers, registrants and the general public. Two key pieces of feedback informed improvements for the release of Stage 2 of the library on 5 December 2016. Feedback was that:

- restrictions were too long and wordy, and
- recommendations being made to National Boards and committees were repetitious.

Since then, we have reduced the overall word count across all restrictions and reduced the common restrictions from four to two.

The library also contains forms that capture monitoring requirements and form part of the restriction with which a registrant must comply.

Sharing knowledge about restrictions

In 2016/17, AHPRA contributed significant expertise and data about restrictions and monitoring to support the independent review on the use of chaperone restrictions sponsored by the Medical Board of Australia. The compliance team developed a new gender-based restriction and related protocol to implement recommendations of the review. In addition, the team has updated AHPRA's processes and developed a new practice monitor restriction and related protocol. This is to deal with any situations where a decision-maker may decide to impose a practice monitor restriction.

You can read more about the independent review and the response from the Medical Board of Australia at www.medicalboard.gov.au/News/2017-04-11-chaperone-report.

Advertising compliance and enforcement

AHPRA's compliance and legal divisions managed the implementation of the enforcement aspects of our new *Advertising compliance and enforcement strategy* (the strategy) for the National Scheme. It has established an advertising compliance team, which is responsible for the triaging of all offence complaints, the assessment of all advertising offence complaints and the ongoing management of low- and moderate-risk advertising complaints under the strategy.

The strategy was developed and published this year to ensure advertising about regulated health services is done responsibly in order to keep the public safe from false or misleading claims and to help them make informed choices about their healthcare. It explains how:

- our risk-based approach is applied to advertising compliance and enforcement
- we encourage voluntary compliance and deal with non-compliant advertising, and
- we plan to evaluate and refine this strategy.

Responsible advertising is a professional and legal obligation. We recognise that most health practitioners want to comply with the law and their professional obligations, and we aim to make compliance as easy as possible.

You can read the *Advertising compliance and enforcement strategy* at www.ahpra.gov.au/Publications/Advertising-resources/Legislation-guidelines.

Improving access to Medicare data

This year, AHPRA implemented an agreement with the Department of Human Services (DHS) Information Release Branch for accessing Medicare data. This was necessary as delays in receiving data were impacting both the timely completion of investigations and monitoring of compliance.

Medicare data can be an important source of evidence in the investigation of health practitioners for unprofessional conduct and professional misconduct. It also enables the effective monitoring of practitioners with restrictions placed on their registration.

The agreement with DHS provides a centralised process for lodging requests for data, a system for categorising the urgency for release of that data (routine, high and critical) and a facility to report on timeliness of data release. This strategy ensures this information is available to AHPRA in order to manage any risk to the public associated with a registrant subject to monitoring.

Since implementing the agreement, data have been received in a timely way, consistent with agreed timeframes.

Table 30: Active monitoring cases at 30 June 2017 by state or territory (including HPCA)

Stream	AHPRA									2016/17			2015/16		
	ACT	NSW[2]	NT	QLD	SA	TAS	VIC	WA	No PPP[3]	AHPRA subtotal[4]	HPCA[5]	Total	AHPRA	HPCA	Total
Conduct	11	2	1	91	59	8	125	54	5	**356**	331	**687**	**402**	309	**711**
Health	15	8	15	252	73	18	116	71	9	**577**	319	**896**	**663**	330	**993**
Performance	18	4	11	171	77	21	170	78	2	**552**	132	**684**	**550**	128	**678**
Prohibited practitioner/student	10	5	1	46	37	16	97	39	5	**256**		**256**	**219**		**219**
Suitability/eligibility[1]	59	1,334	25	509	204	44	630	424	114	**3,343**		**3,343**	**3,129**		**3,129**
Total 2016/17	**113**	**1,353**	**53**	**1,069**	**450**	**107**	**1,138**	**666**	**135**	5,084	**782**	5,866			
Total 2015/16	**117**	**1,381**	**55**	**1,078**	**452**	**105**	**1,032**	**635**	**108**				**4,963**	**767**	**5,730**

1 AHPRA performs monitoring of compliance cases in 'suitability/eligibility' matters for NSW registrations.

2 Includes cases to be transitioned from AHPRA to Health Professional Councils Authority (HPCA) for conduct, health and performance streams.

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

4 It should be noted that the AHPRA data structure provides reports by monitoring cases established rather than by registrants being monitored. This is because a registrant may have a set of restrictions (conditions or undertakings) in more than one stream. For 2016/17, the 5,084 AHPRA monitoring cases relate to 4,952 registrants. The data provided by HPCA report the number of registrants being monitored.

5 The HPCA monitors conduct in relation to health, performance and conduct in NSW.

Table 31: Active monitoring cases at 30 June 2017 by profession and stream

Profession	Conduct		Health		Performance		Prohibited practitioner/ student	Suitability/ eligibility[1]	Total 2016/17		Total 2015/16	
	AHPRA	HPCA	AHPRA	HPCA	AHPRA	HPCA	AHPRA	AHPRA	AHPRA[2]	HPCA	AHPRA	HPCA
Aboriginal and Torres Strait Islander Health Practitioner			4		3			65	**72**	**0**	**73**	**0**
Chinese medicine practitioner	4	1			8	1		933	**945**	**2**	**954**	**3**
Chiropractor	7	7	2	2	10		6	24	**49**	**9**	**46**	**10**
Dental practitioner	14	25	16	12	64	23	5	35	**134**	**60**	**141**	**53**
Medical practitioner	126	184	216	124	213	31	55	1,010	**1,620**	**340**	**1,767**	**320**
Medical radiation practitioner			4	3	3		1	80	**88**	**3**	**109**	**1**
Midwife	6	1	3	1	10		3	133	**155**	**2**	**144**	**8**
Nurse	116	57	288	137	164	57	158	827	**1,553**	**251**	**1,274**	**258**
Occupational therapist	1		2	4			1	47	**51**	**4**	**36**	**2**
Optometrist	1		1	1	2		1	10	**15**	**1**	**17**	**2**
Osteopath	1	2		2	1			4	**6**	**4**	**9**	**1**
Pharmacist	25	41	14	21	42	14	15	79	**175**	**76**	**178**	**58**
Physiotherapist	9	1	7	1	7	1	2	39	**64**	**3**	**60**	**9**
Podiatrist			3		2		2	7	**14**	**0**	**21**	**3**
Psychologist	46	11	17	11	23	5	7	50	**143**	**27**	**134**	**39**
Total 2016/17	**356**	**331**	**577**	**319**	**552**	**132**	**256**	**3,343**	5,084	**782**		
Total 2015/16	**402**	**309**	**663**	**330**	**550**	**128**	**219**	**3,129**			**4,963**	**767**

1 AHPRA performs monitoring of compliance cases in 'suitability/eligibility' matters for NSW registrations.

2 It should be noted that the AHPRA data structure provides reports by monitoring case established rather than by registrants being monitored. This is because a registrant may have a set of restrictions (conditions or undertakings) in more than one stream. For 2016/17, the 5,084 AHPRA monitoring cases relate to 4,952 registrants. The data provided by HPCA report the number of registrants being monitored.

Boards governance and secretariat

Supporting Boards

AHPRA provides policy advice and executive and secretariat support to all 14 National Boards, and to our state, territory and regional boards and national committees, as well as to the Agency Management Committee. The key tools in ensuring that Board and committee operations remain effective, efficient and support good decision-making under the National Law include:

- the Board members' manual, which is a guide for all members to assist them in understanding their roles and discharging their regulatory responsibilities, and which outlines key policy, procedural and administrative arrangements for the calling, conduct and management of meetings
- standard formats for key Board and committee documentation and meeting papers, and
- consistent procedural arrangements for secretariat and meeting management processes.

The Board Services unit has portfolio responsibility for the development and oversight of the orientation, induction and professional development program for Board and committee members.

All new National Board members are provided with an orientation to the National Scheme and to the Board/s to which they have been appointed, usually before they attend their first meeting. This is a full-day session aimed at giving members an overview of the National Scheme, its legislative and governance frameworks, the interplay between the entities in the Scheme and the role of regulatory boards in that environment. This is complemented by further Board-specific orientation activities and briefings, coordinated through the Board's Executive Officer (employed by AHPRA to act as liaison to the Board).

In 2016/17, orientation sessions were delivered to nine new National Board members who took up their appointments during that period.

With the assistance of external provider Effective Governance (see www.effectivegovernance.com.au), a customised two-day professional development program, *Governance and decision-making in the NRAS,* has been developed and is now offered and delivered to members, usually within 6-12 months of their appointment. Key AHPRA staff engaged in working with Boards are also invited to attend to further strengthen our collaboration and partnership.

In 2016/17, 15 National Board members and six AHPRA staff attended the two sessions offered.

Secretariat support for Boards and committees

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

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

Looking to the future

Two key initiatives are underway for 2017/18. We will implement a robust, reliable replacement electronic meeting document delivery platform which meets the service needs of Board and Committee members. Preliminary product evaluation has been concluded and, subject to final due diligence and contractual arrangements, a roll-out date of October 2017 is projected.

To further support the professional development of state, territory and regional board and committee members, a one-day version of the *Governance and decision-making in the NRAS* program is being developed, with a focus on the specific decision-making and regulatory responsibilities of those delegates. It is anticipated that the program will be piloted through the state and territory boards of the Medical Board of Australia in late 2017.

To find out more about the National Boards' structure, meetings of Boards and committees and National Board consultations in 2016/17, refer to the appendices from page 107.

Communication and engagement

Performance snapshot

52 newsletters were issued.

There was a **70%** median open rate for National Board newsletters.

We received and responded to **418** media enquiries.

99 media releases were issued.

87 court and tribunal summaries were published.

105 communiqués were published.

24.7% increase in Facebook followers.

17% increase in Twitter followers.

22.3% increase in LinkedIn followers.

We responded to **744** social media enquiries.

Communication

Strategic communications play an important role in making sure that the public has access to safe and reliable healthcare. The National Scheme relies on both members of the public coming forward with their concerns about practitioners, and also on employers and practitioners making mandatory reports. Proactive awareness-raising campaigns allow the professions and the broader community to understand our regulatory role, and trust that AHPRA and the National Boards are working in their best interest.

The focus for our strategic communications this year – and into the future – was to be easy to find, easy to deal with and helpful. Our three main strategies to support this goal were to:

- use plain language
- be more proactive in our media relations, and
- grow our presence on social media.

Campaigns

This year, AHPRA implemented the final phase of our 'Be safe in the knowledge' campaign for consumers about the importance of checking the public online *Register of practitioners* to make sure their health practitioner is registered to practise. Among other activities, we distributed promotional postcards to 1,600 locations nationally and an information brochure to over 3,250 GP practices and hospitals to help educate patients about the National Scheme. The campaign's website attracted 152,000 unique visitors, helped us increase our social media following, and drove an increase in searching the *Register of practitioners*. Earlier phases of the campaign, which began in 2015/16, informed health practitioners and their employers about requirements to advertise health services responsibly.

A key initiative for the year was to produce interesting and informative online content, with the National Boards and AHPRA hosting seven webinars. The webinars were hosted by the Occupational Therapy Board of Australia, who presented on their competency standards review consultation, the Pharmacy Board of Australia on continuing professional development requirements and the Dental Board of Australia on infection control tips. We also produced eight videos, including an overview of the National Scheme and another on how practitioners can renew their registration. These videos are available on our YouTube channel (search 'AHPRA').

Media relations

We took a more proactive approach to media relations in 2016/17. In some circumstances, we are restricted by law on what we are able to publicly disclose. We focused on being clearer about what information we can legally provide to the media, and how our processes work.

This year, we received and responded to 418 media enquiries and issued 99 media releases. We also published 87 court and tribunal summaries, which outline each matter and its outcome. The summaries provide an important educational opportunity for registered practitioners about acceptable and unacceptable standards of practice and behaviour, and for consumers about what they should expect from their practitioner. Tribunal and court outcomes are shared via social media and in newsletters, and are some of our most viewed online content.

Publications

We sent 52 newsletters via email to AHPRA stakeholders and National Board registrants this year. The percentage of recipients who opened the email and clicked through to read a news article was exceptionally high when compared with international benchmarks.[1] The highest open rate was 80%, for a Chiropractic Board of Australia newsletter. The best click-through rate was 33.7%, for an Aboriginal and Torres Strait Islander Health Practice Board of Australia newsletter.

We published 105 communiqués on the AHPRA and National Boards' websites. Communiqués are published after meetings held by the Boards and some advisory groups, and they outline topics covered in the meeting.

AHPRA and the National Boards have a statutory reporting requirement and we again successfully tabled our annual report within the required timeframe. The report includes extensive information about our work and data relating to the registered health professions. As at 30 June 2017, the 2015/16 annual report was downloaded 4,257 times from the AHPRA website. In addition to publishing digital and print versions of the main report, we also produced 22 summary reports (one for each profession and one for each jurisdiction), which were also published online.

Online presence

An ongoing task is to make the information on our website, and the 14 Board websites, clearer and easier to understand. This year, we refreshed the notifications and advertising resources sections on the AHPRA website to make them easier to navigate.

National Boards' web content has also been reviewed and refreshed, including information about the future Paramedicine Board of Australia and regulation of paramedics, graduate information pages for the Medical Radiation Practice Board of Australia, and internship pages for the Pharmacy Board of Australia.

Our campaigns helped us reach more people on social media than ever before (see page 3). The most active engagement came in October 2016, when we shared a news item posted by the Nursing and Midwifery Board of Australia on Facebook. The post emphasised the NMBA's position to take action on anti-vaccination promotion and reached 15,928 people. It gained 1,066 reactions, shares and comments over one week.

Engagement

Public and professional forums

Meeting with other regulators allows us to share our experiences and learn from others. This year, we engaged in a range of meetings and forums, including hosting the International Association of Medical Regulatory Authorities' (IAMRA) International Conference on Medical Regulation. During this event, the health news blog *Croakey* generated eight news articles that reported from the conference on issues in medical regulation. AHPRA and the Medical Board of Australia curated the @WePublicHealth Twitter account, which engaged 279 participants in a discussion about key issues in medical regulation and generated 1,227 tweets about #IAMRA2016 over a space of just three days.

Another important event was the biannual combined National Scheme meeting, which brings together National Boards, committee members, our co-regulatory partners, AHPRA leaders, accreditation authorities and members from our advisory groups. The theme was *Partnerships, engagement and inclusion*. For the first time, we also hosted a National Scheme Research Summit. This event brought together health practitioner regulation leaders to discuss how future work could result in safer healthcare.

We also participate in the Consumer health regulators group, with other regulators including the Australian Competition and Consumer Commission and the Therapeutic Goods Authority.

Stakeholder engagement

Working towards closing the gap on health outcomes for Aboriginal and Torres Strait Islander people became a major focus for us this year. Our work included establishing a strategy group to lead this work.

Our two key advisory groups, the Community Reference Group (CRG) and Professions Reference Group (PRG), continue to provide useful advice on how to better engage with consumers and the regulated professions, respectively. Communiqués for both groups are published on the AHPRA website.

AHPRA works closely with our co-regulatory partners including the OHO in Queensland, and the HCCC, health professional councils and the HPCA in NSW, as well as health complaints entities in each state and territory. We attend and host regular meetings and speak to students who are studying to become registered health practitioners. On a local level, our staff in each capital city engage with health services, employers, professional associations and health practitioners.

What's next?

We will continue to develop a strategy to improve Aboriginal and Torres Strait Islander health outcomes, build engagement with Aboriginal and Torres Strait Islander people and health leaders, and develop a reconciliation action plan for AHPRA and the Boards.

We will also continue to raise awareness of the National Scheme by using plain language, producing easy-to-use resources and working to increase our online presence through digital and social media channels.

1 For government organisations, the *MailChimp* international benchmark rate for email open rates is 26% and for click-through rates it is 3.6%.

Strategy and research

AHPRA's strategy and research team supports and facilitates the implementation of our corporate strategy, (see page 9). The team also provides research and evaluation of the regulatory data collected by the National Scheme as well as some external data sources.

The team is responsible for delivering a framework for best practice in implementing strategy, supporting continuous improvement of strategic decision-making, and providing guidance on how to execute scheme strategy with all entities in the National Scheme.

National Board regulatory plans

Supported by AHPRA's strategy and research team, each of the 14 National Boards carries out annual planning to develop regulatory initiatives within its functions under the National Law, and in alignment with AHPRA's strategic objectives. Wherever possible, these initiatives are consolidated into a multi-profession, Scheme-wide approach.

Health Profession Agreements

Under the National Law, each year AHPRA must enter into a Health Profession Agreement with each National Board, which outlines the services provided by AHPRA to the Board, the Board's regulatory plan, and the budget and fees charged to practitioners for the coming year.

To find out more, visit www.ahpra.gov.au/Publications/Health-profession-agreements.

Risk-based regulation

Within the Strategy and Research team, the Risk-based Regulation Unit has a specific objective of identifying and reducing the risk of harm to the public and facilitating safe workforce reform. It does this by conducting and supporting data analysis, evaluation and research to inform regulatory policy and decision-making.

Support for policy development

This unit supports National Boards with research and evaluation activities, including investigating relevant regulatory data and facilitating surveys of registered practitioners to support the development of regulatory policy, standards, codes and guidelines. In 2016/17, this work included:

- an analysis of hot spots in notifications (complaints) data, including performance, conduct and health/impairment, which was commissioned by the Pharmacy Board of Australia
- a profession-specific taxonomy to ensure correct classification of regulatory data, commissioned by the Dental Board of Australia
- an analysis of notifications data regarding podiatric surgeons for the Podiatry Board of Australia
- providing advice to the expert committee of the Medical Board of Australia Revalidation Project, and completing an analysis comparing Australian Medical Council data with notifications data for the Medical Board, and
- beginning work on a literature review and analysis of notifications data to develop a regulatory risk profile for the Chinese Medicine Board of Australia.

A number of multi-professional regulatory risk analyses were carried out during the year, including literature reviews for planned reviews of shared standards and codes, and a longitudinal investigation into the effectiveness of specific regulatory actions across a range of professions.

Research partnerships

The Risk-based Regulation Unit maintains and facilitates formal strategic data and research partnerships, including with the following external organisations:

- The National Health and Medical Research Council (NHMRC) project team at the University of Melbourne, who are investigating hotspots of risk using regulatory data collected by the National Scheme since 2015. This year, the project team's second paper, 'Outcomes of notifications to health practitioner boards: a retrospective cohort study,' was published in *BMC Medicine*. The paper looked at data from 10 professions since the Scheme began in 2010. Read it at www.biomedcentral.com/1741-7015/14/198. Further findings are expected to be released in 2017/18, the final year of the project.
- The Australian Research Council (ARC) linkage project team at the University of Sydney, which is conducting five related studies under the title *National registration of health practitioners: a comparative study of the complaints and notification system under the national system and in NSW*. This partnership has resulted in three publications since it started in 2011, including 'Health complaints and regulatory reform: implications for vulnerable populations,' which was published in the *Journal of Law and Medicine* in March 2017. While the project formally concluded in January 2017, further publications are expected in the coming year.

The Health Workforce Survey

Each year at renewal, a survey is completed by registered health practitioners to collect critical demographic information about Australia's health workforce. Over the past year, the risk-based regulation unit has continued to liaise with the Department of Health (DoH) to facilitate the secure and timely transfer of survey data and to resolve any issues with data quality.

In 2016/17, the DoH published workforce data analyses for all professions regulated by the National Scheme, including profession-specific fact sheets and high-level workforce summaries. You can find the workforce data obtained from the survey at data.hwa.gov.au.

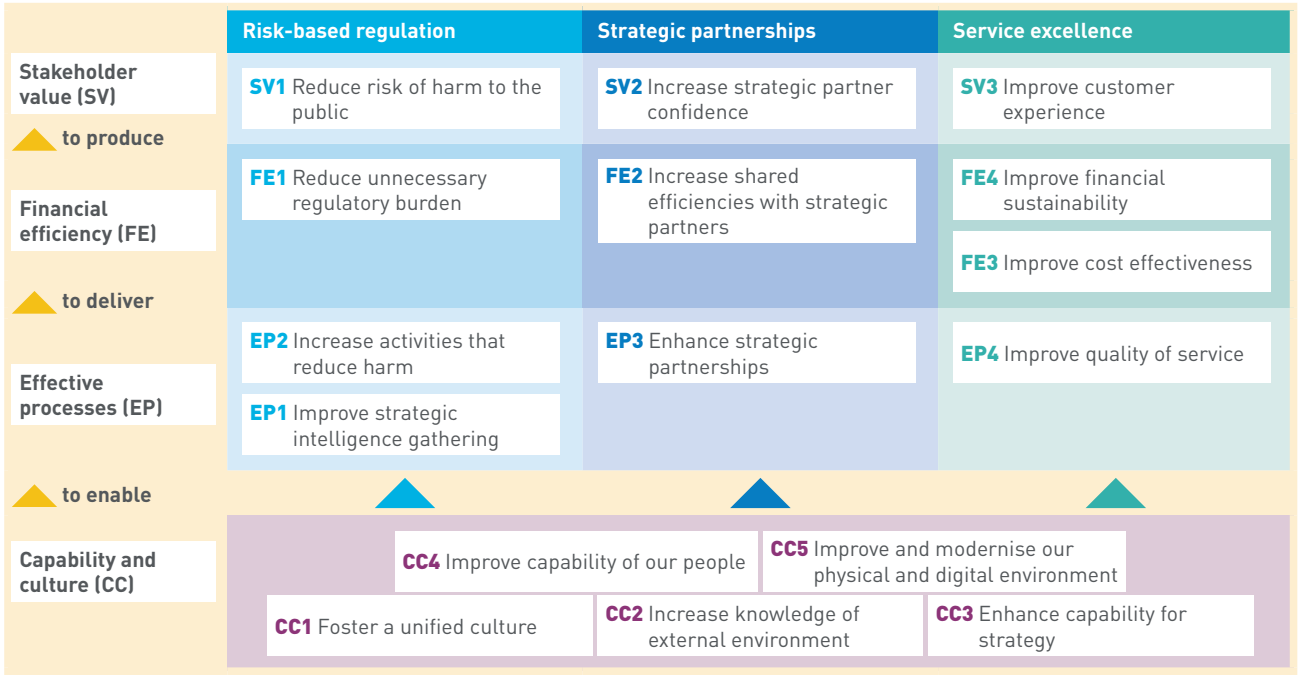
Future work for the strategy and research team

Planning is underway to prepare the first National Scheme strategic performance reports in 2017/18, which will measure AHPRA and the Boards' performance against our strategic objectives. These reports are expected to lead to refinements in the implementation of our strategy, including the Aboriginal and Torres Strait Islander health strategy (see page 10).

The National Scheme research framework is in its final stages of development and is expected to be ready for publication in 2017/18. It will include a set of agreed research priorities and principles to guide the development of future research and evaluation activities that use regulatory data. The framework will apply to all key entities across the National Scheme, including National Boards, AHPRA and external research partners.

Figure 19: Strategy implementation map

The below map should be read from the bottom up. Once achieved, each of the objectives described in this map will deliver our vision (to be a leading risk-based regulator) through our mission (safer healthcare for all Australians). Our strategy builds from a firm foundation of capability and culture within the organisation, which strengthens risk-based regulation, strategic partnerships and service excellence.



Multi-profession policy

Overview

National Boards regularly collaborate on shared policy issues, where the issue involves the same or similar impacts across professions. Maximising consistency in the regulatory framework across professions facilitates understanding and supports best practice. It has benefits for consumers by simplifying the regulatory landscape and helping clarify reasonable expectations of all registered health professions.

Shared policy issues include:

- developing or reviewing common or shared registration standards, codes and guidelines where appropriate across National Boards
- coordinating reviews of registration standards and guidelines which involve a mix of multi-profession and profession-specific issues, and
- developing joint submissions to relevant external consultations.

Common standards and guidelines have the same content for all National Boards and include the *Criminal History Registration Standard*, *Guidelines for advertising regulated health services* and *Guidelines for mandatory notifications*.

Shared standards and guidelines have very similar content across National Boards and include the *English language skills registration standards* for 12 National Boards[1] and the *Code of conduct* shared by seven National Boards and used by an additional four with minor profession-specific variations.

Joint policy initiatives

In 2016/17, substantial work was carried out on advertising policy issues, including:

- leading the development and implementation of a new *Advertising compliance and enforcement strategy* for the National Boards and AHPRA with a strengthened risk- and evidence-based approach and an emphasis on how compliant advertising helps to keep the public safe
- work to support the strategy, including developing and publishing new common and profession-specific guidance on compliant and non-compliant advertising to help practitioners understand their obligations and facilitate compliance, and
- planning for the joint review of the *Guidelines for advertising regulated health services*.

We continued coordinating a joint review of continuing professional development (CPD), recency of practice (ROP) and professional indemnity insurance (PII) registration standards for three National Boards (Aboriginal and Torres Strait Islander Health Practice, Chinese medicine and Occupational Therapy), and for Chiropractic and Optometry (CPD only) and Psychology (PII only).

We commenced work on a joint review was also undertaken of the *Code of conduct* shared by seven National Boards and used by an additional four National Boards with minor profession-specific variations (Aboriginal and Torres Strait Islander Health Practice, Chinese Medicine, Chiropractic, Dental, Medical Radiation Practice, Occupational Therapy, Optometry, Osteopathy, Pharmacy, Physiotherapy and Podiatry).

We continued work to review supervised practice guidelines used by a number of National Boards, and to establish a clearer, simpler regulatory framework for supervised practice where it is used in the exercise of the registration and notification functions (other than supervision in the context of internships).

Multi-profession work was carried out on a scheduled medicines endorsements policy, including preparing to implement additional guidance for National Boards, developing a submission to Ministerial Council for approval of endorsement for scheduled medicines. The inaugural meeting of our Scheduled Medicines Expert Committee will take place on 27 July 2017.

Policy resources and tools

Our multi-profession policy team develops policy resources and tools to provide policy advice to National Boards. In 2016/17, this included:

- working with other directorates to establish a policy framework as an internal resource for AHPRA staff. The framework aims to provide clarity about our policy environment to help staff better understand the relationship between different types of policies and the governance principles which apply, and
- refining the internal *Policy manual*, which is a reference for Executive Officers and other policy staff working with National Boards.

Policy coordination

Also in the year, we developed and coordinated responses for external policy consultations, including:

- a submission to the Queensland Department of Health on the development of a workforce strategy for Queensland
- providing information to the Commonwealth Department of Education and Training's mapping of professional accreditation in Australian Higher Education
- the Therapeutic Goods Administration's review of the regulatory framework for advertising therapeutic goods, and
- the annual update of the Skilled Occupations List.

What's next?

A focus for 2017/18 will be to evaluate the *Advertising compliance and enforcement strategy*, continue the joint reviews of the shared *Code of conduct*, *Guidelines for advertising regulated health services* and core registration standards and plan for the next review of English language skills registration standards.

1 Except the Nursing and Midwifery Board of Australia standard, which has some profession-specific differences to reflect the characteristics of the nursing and midwifery professions, and the Aboriginal and Torres Strait Islander Health Practice Board of Australia, which has a different standard reflecting the unique characteristics of this profession.

Corporate governance in 2016/17

Performance summary

This year, we focused on:

- improving regulatory performance and building capacity of our people, performance reporting and further organising for optimal performance
- using data and other information to shape behaviour and practice, and to strengthen research and analysis to improve upon our regulatory effectiveness, and
- proactively communicating and engaging with stakeholders and the public for better understanding, collaboration, outcomes and to build confidence in AHPRA and the National Boards.

Financial management

The finance function ensures that our financial systems and records are well managed, accurate and compliant with legislation, and provide financial reporting and guidance to AHPRA and the National Boards. The Finance, Audit and Risk Committee is the principal committee of the Agency Management Committee that oversees finance, audit and risk at the enterprise level. This committee reviewed the quarterly, half-year and annual financial reports and projections with management, focusing on the integrity and clarity of disclosure, compliance with relevant legal and financial reporting standards, and the application of accounting policies and judgements.

AHPRA's income for the full financial year to the 30 June 2017 was $173.2 million. Our income for the full year includes the following components:

Table 32: Income type 2016/17

Income type	Full year $'000
Registration income	154,676
Application income	8,833
Interest income	5,218
Legal fee recoveries	1,154
Exam fees	1,006
Late fees and fast-track fees	619
Certificates of registration status	438
Accreditation income	277
Application for registrar program	208
Other income	807
Total	**173,236**

AHPRA and the National Boards work in partnership to deliver financial performance. AHPRA and the National Boards recorded a net deficit of $6.001 million this year.

The financial statements section of the annual report, from page 81, describes the performance in more detail, including the net result and equity position for each National Board.

Table 33: National Board registration fees for each profession

	Fee in $						
Profession	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Aboriginal and Torres Strait Islander Health Practice	n/a	n/a	100	100	100	100	120
Chinese medicine	n/a	n/a	550	563	579	579	579
Chiropractic	495	510	518	530	545	552	566
Dentists and specialists	545	563	572	586	603	610	628
Dental prosthetists	485	501	509	521	536	542	558
Dental hygienists and therapists	270	279	283	290	298	301	310
Medical	650	670	680	695	715	724	724
Medical radiation	n/a	n/a	325	295	250	180	180
Nursing and midwifery	115	160	160	160	150	150	150
Occupational therapy	n/a	n/a	280	230	160	130	110
Optometry	395	408	415	395	365	325	300
Osteopathy	480	496	504	516	416	386	376
Pharmacy	295	305	310	317	317	320	328
Physiotherapy	190	196	199	179	159	120	110
Podiatry	350	362	368	377	388	378	378
Psychology	390	403	409	419	431	436	449

Note: Practitioner fees in NSW may be subject to a rebate or surplus.

AHPRA's organisational structure and resources

Three directorates govern AHPRA's corporate activities:

Regulatory Operations: This directorate is responsible for the efficient and effective delivery of our core regulatory functions under the National Law (Registration, Notifications, Compliance and Legal Services). It provides leadership and strategic direction in the development and delivery of operational policy and procedures that support decision-making across the regulatory functions.

Offices in each state and territory deal directly with local stakeholders and support the decision-making of local boards and committees. This directorate is accountable for operational performance across the regulatory functions. It is committed to continuous improvement and quality assurance of our regulatory processes, through the continued refinement of the service model.

Strategy and Policy: This directorate is responsible for engaging with national and international stakeholders, consumers, practitioners, and partners in regulation of other regulatory bodies. It manages our communication and media services, and coordinates and manages intergovernmental relationships.

Policy and governance advice is this directorate's responsibility, as is oversight of accreditation to the National Boards and their committees. It delivers an enduring program of research and analysis that ensures an empirical basis for health practitioner regulation.

Other areas of focus include: strategic analysis and planning, and management and support of the community and professions reference groups (CRG and PRG, see Common Acronyms on page 112).

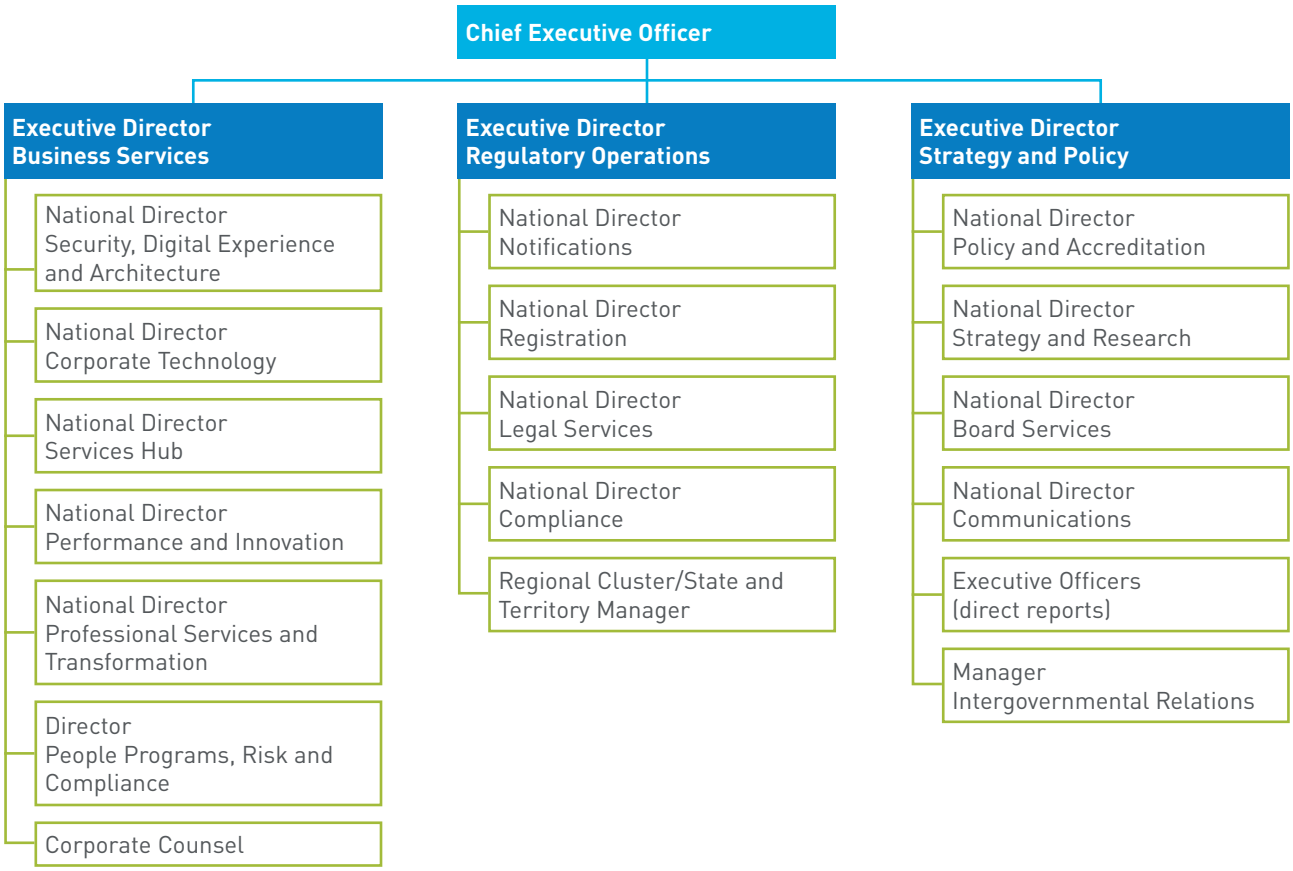
Business Services: This directorate delivers corporate support, providing effective and efficient business systems and processes to reach our strategic objectives. It coordinates business planning processes and the performance reporting platform to help ensure continuous improvement.

The directorate delivers information technology architecture, finance and human resources functions to support AHPRA's people and culture. It delivers an ongoing and transparent corporate risk profile to ensure the organisation manages risk well.

Table 34: Full-time equivalent resourcing as at 30 June 2017

Directorate	Full-time equivalent staff
Regulatory Operations	597.6
Strategy and Policy	95.1
Business Services (including CEO office)	195.5
Total	888.2

Figure 20: Our organisational structure



Enterprise agreement

In December 2016, AHPRA employees voted in favour of the *Australian Health Practitioner Regulation Agency Enterprise Agreement 2016–2019*. Following approval by the Fair Work Commission, the new Enterprise Agreement (EA) became operational on 16 March 2017. The EA brings the benefits of national coverage of AHPRA employees within classification levels 1 to 9. Related salary grade steps replace a multitude of individual state-based enterprise agreements. Implementation of the agreed terms and conditions is planned in line with the EA requirements.

Statutory appointments

The Statutory Appointments Unit (SAU) provides strategic, governance and compliance advice and operational support across AHPRA in relation to statutory appointments. The SAU facilitated and managed 439 vacancies over 2016/17, which included National Boards, national committees, state/territory/regional boards, local committees, advisory groups, assessors' panels, and List of Approved Panel (LAP) appointments.

Getting value from our data

The National Scheme represents a significant statistical asset that can be leveraged to inform policy, planning and research. In addition to the information on the *Register of practitioners*, each year AHPRA administers a workforce survey in conjunction with the National Boards, which is made available to all practitioners at the time of renewal.

This year, 96.5% of practitioners responded to the survey they received during renewal. These data are critical to support workforce policy and planning through the National Health Workforce Dataset.

Corporate legal services

AHPRA's legal advisers operate in two broad streams:

- Lawyers in the Regulatory Operations directorate are located in offices in each state and territory. They provide day-to-day legal advice and services in relation to the operation and application of the National Law as in force in each state and territory, and the obligations of AHPRA and the National Boards under that Law.
- Lawyers in the Business Services directorate are located in our national office in Melbourne. They provide corporate legal services, such as contract negotiation and drafting, privacy analysis and advice, legislative compliance testing and advice regarding AHPRA's general compliance obligations as a statutory corporation.

Our lawyers work closely and cooperatively to ensure that decisions are made efficiently and in a timely manner under the National Law, and are consistent with legal requirements. The legal advisers manage legal risks relating to the administration of the National Law and the complex business of operating a number of entities (including AHPRA and the National Boards) that operate nationally under the National Law.

AHPRA's legal advisers, in conjunction with our panel of external legal services providers, conduct matters relating to decisions under the National Law, as in force in each state and territory, and the performance of functions under the National Law.

Data access and research

AHPRA collects comprehensive national data on health practitioner regulation. While these data have registration, workforce planning, demographic, commercial and research value, the National Law, as in force in each state and territory, and the *Privacy Act 1988 (Commonwealth)* impose strict limits on their use. Our *Data access and research policy* focuses on assisting researchers and other parties to better understand the framework for considering requests for data and research. In addition, we have developed robust processes on data governance, access and release of National Scheme data.

In January 2017, AHPRA placed a temporary hold on discretionary[1] external data requests. This hold was to allow AHPRA to develop more efficient processes for managing data requests. It should be noted that since then many data requests were still able to be fulfilled by directing the requester to publicly available data sources, or to other organisations that held requested information.

AHPRA and the National Boards understand the need for transparency and availability of data within the National Law and the *Privacy Act 1988 (Commonwealth)*, and we are working to streamline processes and systems to make appropriate data available externally.

Table 35: Data access requests by type in 2016/17

Data request	Number of requests received
Request to contact or survey practitioners	5
Copies or extracts of the *Register of practitioners*	18
Quantitative statistics (regulatory data)	27
Other (general information and how we collect and store data)	16
Total	**66**

Practitioner information exchange program

Table 35 (above) excludes requests to participate in our practitioner information exchange (PIE) program, as well as any requests for extracts or copies of the national *Register of practitioners* that are received directly by the PIE mailbox. PIE provides information to employers about the registration of the health practitioners they employ, including any restrictions that a Board might have placed on a practitioner's registration.

PIE is a secure web-based system. It can assist employers with connecting human resources, clinical management, risk management, IT security and customer management systems into an effective health practitioner registration data source.

1 Discretionary data requests are those that are not required to be fulfilled under the National Law.

This year, there were 60 subscribers to the PIE service from government departments, public and private hospitals, and the educational and research sector.

For more on PIE, see www.ahpra.gov.au/Registration/Employer-Services/Practitioner-information-exchange.

Administrative complaints

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 our *Complaint handling policy and procedure*. See www.ahpra.gov.au/About-AHPRA/Complaints.

If anyone believes that they have been treated unfairly in our administrative processes or in our handling of Freedom of Information (FOI) requests, a complaint can also be lodged with the independent National Health Practitioner and Privacy Ombudsman (NHPOPC), who will receive complaints and help people who believe they have been treated unfairly by the bodies within the National Scheme. The NHPOPC 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. Find out more at nhpopc.gov.au.

AHPRA is committed to resolving complaints and to learning from what has happened and, when 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. A database records all complaints received by AHPRA and all complaints directed to AHPRA from the NHPOPC.

In the year ending 30 June 2017, AHPRA received a total of 341 administrative complaints, a reduction from 2015/16, when we received 378 complaints. Of the 341 received, 238 were received directly by AHPRA and 103 formal complaints were received from the NHPOPC. Issues raised in complaints included:

- communication issues
- time to process a new registration application
- time to process an overseas registration application, and
- dissatisfaction with a Board decision.

This year, nine complaints were received about Board matters (policy-related issues), two less than last year. For the year, 161 registration complaints were received (a reduction from the 186 registration-related complaints received last year). Of these:

- 32 complaints were about the period taken to process a new registration application (down from 91 similar complaints last year).
- 48 complainants expressed dissatisfaction with the registration requirements not being clearly conveyed to them.
- There were seven registration renewal-related complaints that were concerned with the time taken to finalise a registration renewal application (four less than last year expressing a similar concern).
- Four complainants were concerned with the time taken to register an overseas applicant.

There were 164 notification-related complaints received this year (an increase from the 139 received last year). The overwhelming majority of the complainants expressed dissatisfaction with Boards deciding to take no further action in relation to their notification.

Five campaign-related complaints were made this year (down from 35 in 2015/16). The majority of these related to conditions placed on practitioners' registration.

See Table 36 for more information about administrative complaints.

Table 36: Nature of administrative complaints by profession in 2016/17

National Board	Board complaint	Registration complaint	Notification complaint	Other complaint	Campaign	Privacy complaint	Total
Aboriginal and Torres Strait Islander Health Practice							**0**
Chinese medicine		4	1				**5**
Chiropractic	2	1					**3**
Dental	1	5	7				**13**
Medical	4	46	111			**1**	**162**
Medical radiation practice		4					**4**
Nursing and/or midwifery		56	19		1		**76**
Occupational therapy		3	1				**4**
Optometry		1					**1**
Osteopathy		1	2				**3**
Pharmacy		6	5				**11**
Physiotherapy		6	3				**9**
Podiatry	1	3					**4**
Psychology	1	25	15		4	**1**	**46**
Total	**9**	**161**	**164**	**0**	**5**	**2**	**341**

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, as modified by regulations made under that Law.

In the year to 30 June 2017, AHPRA received 187 Freedom of Information (FOI) applications. During the 2016/17 reporting period, 183 applications were finalised, as detailed in Table 37, below.

It is important to note that approximately 62% of applications who received an 'access refused' decision were applicants seeking practitioner contact details under the *FOI Act*. During the year, there were 23 applications for internal review and three applications for tribunal/court review. In total, 37,549 pages were assessed in responding to FOI applications.

Table 37: Finalised FOI applications in 2016/17

Outcome	Amount
Granted in full	36
Granted in part	74
Access refused	60
Access request was transferred in whole to another agency	0
Access request was transferred in part to another agency	0
Access request withdrawn	13
Total	**183**

Information governance

AHPRA has continued to advance its information governance during the 2016/17 reporting period. The Information Governance group was also responsible for:

- delivering a more risk-based approach to managing information-governance outcomes such as being able to apply the right security on our information assets
- ongoing staff awareness campaigns that include information about security, privacy, records management and data access
- implementing a compulsory privacy compliance training module for all staff
- continuing to review and improve AHPRA's information policies and procedures, and
- initiating an Information Asset Ownership project, which will identify, classify and establish appropriate control requirements for AHPRA's information assets. Following a pilot program in the Regulatory Operations directorate, the project will roll out across the entire organisation over the next 18 months.

AHPRA has an established information security assurance program which incorporates a number of reviews of our cyber preparedness and cybersecurity posture. Those reviews have confirmed continuous improvement in relation to our information security and cyber threat programs. We acknowledge the volatility of the digital environment and continue to treat the threat level as high to ensure it is treated as a priority in our future planning process. We continue to maintain and improve an active information security program, which is informed by the results of the most recent assurance outcomes.

How AHPRA manages its activities and risks

Corporate Assurance Framework

AHPRA has an agreed business plan that assigns responsibility to each of the three Executive Directors for managing risks on a day-to-day operational level for their directorates. Each directorate has an assurance plan that records the risks relevant to that directorate.

Risks are identified, assessed, monitored and managed at a directorate level, but escalated in accordance with the requirements of the Corporate Assurance Framework and recorded in the Corporate Assurance Plan for review and monitoring by the CEO.

The Corporate Assurance Plan reports the escalated risks and risk ratings, along with the key controls and assurances put in place to mitigate the risks. The plan is reviewed by the Finance, Audit and Risk Management Committee (FARMC) to monitor the effective management and reporting of risks to the Agency Management Committee and the National Boards.

The FARMC is designed to ensure that systems are in place so AHPRA effectively and appropriately manages risk, and oversees the operation of those systems. AHPRA's internal audit function forms part of the review process, provides assurance on the risk management process, and advises the committee accordingly. The internal audit work undertaken during the year provided an independent assessment of this to the committee.

Data handling

AHPRA handles significant volumes of sensitive and personal information relating to registered health practitioners, students and notifiers. We recognise our obligation to protect this information, and have established a program of work to strengthen our current practices to minimise the risk of data loss, and to ensure data are collected, held and used in accordance with law and best practice. This work is owned by the Executive Director, Business Services, and is coordinated through the Information Governance Assurance Group (IGAG).

IGAG has a comprehensive annual work program that includes reviewing and updating all of AHPRA's current policies and procedures for information management, including incident reporting processes and ensuring that all staff complete information security training.

During 2016/17, a project was initiated to develop and implement information-asset ownership within AHPRA. The Information Asset Ownership Project is intended to identify, locate, categorise and allocate ownership and accountability for key information assets. A pilot was conducted focusing on one business unit during 2016/17, with the full project to be rolled out in 2018/19. The outcomes of the project will be progressively implemented into business as usual.

The system of internal control

The CEO is responsible for reviewing the effectiveness of the system of internal control, which has continued in place at AHPRA from 1 July 2016 to 30 June 2017, and up to the date of approval of the annual report and accounts, in accordance with guidance from the Victorian Auditor-General's Office (VAGO).

The review is informed by the work of internal auditors and the senior managers within AHPRA, who are responsible for the development and maintenance of the internal control framework, and comments made by external auditors in their management letter and other reports. We have been advised of the implications of the result of the review of the effectiveness of the system of internal control by the FARMC. Plans are in place to address identified weaknesses and ensure continuous improvements are in place.

The managers responsible for the system of internal control provided the CEO, through the Executive Director Business Services, with assurance that AHPRA's system of internal control is subject to consistent monitoring, review and improvement, and that AHPRA's key risks are being identified, assessed and managed appropriately to ensure the goals and objectives of the National Scheme are achieved.

The Corporate Assurance Framework itself provides us with evidence that we have reviewed the effectiveness of controls that manage the risks to AHPRA to allow the organisation to effectively and efficiently perform its functions. Particular aspects of AHPRA's activities are, from time to time, the subject of independent external review by entities such as the Victorian Auditor-General's Office (VAGO).

The effectiveness of the system of internal control has been subject to review by AHPRA's financial and risk management staff, who, in liaison with internal auditors, plan and carry out a FARMC-approved program of work to review the design and operation of the systems of internal control. Action plans are developed to address opportunities for improvement that were identified through the audit process. Status of those action plans are monitored by FARMC.

We are not aware of any significant internal control issues affecting AHPRA that do not have an effective management plan in place. We are satisfied the system of internal control has operated effectively and has identified risks that AHPRA is managing. We are also satisfied that significant work is continuing to better identify, assess and appropriately manage AHPRA's risks in the future. Importantly, AHPRA is committed to constant improvement in the way it manages risk to ensure the goals and objectives of the National Scheme are delivered.

Our risk mitigation strategy includes the appropriate and proportional placement of insurances. Throughout the financial year, our insurance portfolio was up-to-date and has been renewed and reviewed for a further 12-month period on 30 June 2017. The insurance program is overseen by the FARMC.

Capacity to handle risk

The Executive Director Business Services is the designated director with operational responsibility for maintaining and developing the organisation-wide system of internal control. The CEO is the designated executive with operational responsibility for the system of risk management and risk reporting.

The Agency Management Committee takes an active role in risk management, receiving periodic reports and reviewing the Corporate Assurance Framework.

The FARMC has the role of overseeing AHPRA's governance processes and has reviewed the Corporate Assurance Framework at its meetings, together with movements in the risks identified through that framework and the management of them.

We are not aware of any significant risk management issues that would prevent AHPRA from delivering the National Scheme's goals and objectives that have not been identified, assessed and which do not have an appropriate plan. We are satisfied that work is underway that is designed to ensure AHPRA identifies, assesses, monitors and manages risks appropriately.

Compliance with state and territory laws

AHPRA is subject to a wide range of Commonwealth, state and territory legislation and subordinate rules made under that legislation, such as regulations and obligations under the general law. We are committed to constantly reviewing and improving our procedures and activities to comply with these laws and to promote a culture of compliance. In particular, we have undertaken a range of activities, described below, to instil the principles set out in *Australian Standard 3806-2006: Compliance programs* into AHPRA's everyday activities.

We have compiled a register of Commonwealth, state and territory legislation that applies to AHPRA and the National Boards. Responsibility for compliance with particular legal obligations has been allocated to relevant AHPRA staff, who have been advised of their compliance responsibilities. We monitor compliance with applicable legislation and note when legislation is amended.

When compliance concerns have been identified through monitoring, or applicable legislation is amended, relevant staff have been allocated responsibility to take practical steps to ensure compliance. Responsible officers regularly report to AHPRA's senior executives and the FARMC on the compliance steps they propose to take or have taken.

AHPRA engages a number of contractors to assist with administering the National Law. AHPRA's standard contract terms require contractors to comply with applicable legislation and policies, including confidentiality, privacy, employment law and proper record-keeping obligations. Where it is appropriate, AHPRA requires contractors to permit AHPRA audits to ensure their compliance. We maintain a contract register, which is designed to assist with monitoring contractor performance.

Australian Health Practitioner Regulation Agency

Financial statements

for the year ended 30 June 2017

Agency Management Committee's report

Overview of results for 2016/17

Financials

The Australian Health Practitioner Regulation Agency (AHPRA), working in partnership with the 14 National Boards, recorded a deficit of $6.001 million for the financial year 2016/17, which is in accordance with expectations.

Equity

Equity held by AHPRA on behalf of the 14 National Boards as at 30 June 2017 was $80.755 million, a decrease of $6.001 million from 30 June 2016. The last received contributed capital was in 2012/13 and related to the 2012 addition of four professions to the National Registration and Accreditation Scheme (the National Scheme). The contributed capital component of equity was $43.895 million, and is attributed to the National Boards.

It is expected that the National Boards will have reasonable and sufficient equity to cover their commitments. To reduce equity levels, some National Boards have deliberately utilised these funds to cover operational expenditure, including funding the replacement of core business infrastructure during 2016/17, and we expect this to continue during 2017/18.

Income

Total income from transactions was $173.236 million during the 2016/17 financial year; an increase of $2.307 million from 2015/16. The growth was due to an increase in the number of registrants throughout the year and indexed fee increases for four of the National Boards, with the remaining National Boards reducing or maintaining their registration fees during the year.

Expenditure

Total expenses from transactions were $179.237 million; an increase of $10.160 million from the 2015/16 financial year. This was driven by accreditation costs, notification volumes and changes to our core business infrastructure.

Balance sheet

AHPRA's net assets decreased by $6.001 million during the year to $80.755 million. Cash and cash equivalents combined with investments remained similar to the previous year ($174.136 million to 30 June 2017, compared with $174.421 million at 30 June 2016). The most significant change was that investments classified as non-current decreased from $119 million to $60 million, reflecting the change in maturity timeframes for a number of the investments due to the cash flow requirements of the business.

Overall, the balance sheet is healthy and the largest contributor to this is both cash and cash equivalents, and investments held by AHPRA.

The year ahead

AHPRA planned strategic initiatives will continue during 2017/18 and will require the partial use of accumulated surpluses from previous years. Overall, after several years of increased equity, we expect equity to decrease from its current level of $80.755 million again in 2017/18.

It is expected that AHPRA, in partnership with the National Boards, will continue to be solvent throughout 2017/18, including the Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA). The five-year financial strategy, which commenced from 2017, is important to ensure the long-term financial sustainability to fund the work of the National Scheme.

Declaration by Chair, Agency Management Committee, Chief Executive Officer, Executive Director, Business Services and Finance Professional Lead

We certify that the attached financial statements for AHPRA have been prepared in accordance with Schedule 3, Part 3 of the Health Practitioner Regulation National Law Act (the National Law), as in force in each state and territory, Australian Accounting Standards and Interpretations, and other mandatory professional reporting requirements.

We further state that, in our opinion, the information set out in the *Comprehensive income statement*, *Statement of financial position*, *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 2017 and the financial position of AHPRA as at 30 June 2017.

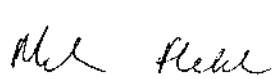
We are not aware of any circumstance which would render any particulars included in the financial statements to be misleading or inaccurate.

We were authorised by the Agency Management Committee to issue the attached financial statements on this day.

Michael Gorton AM

Chair, Agency Management Committee

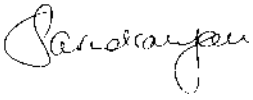
11 September 2017



Martin Fletcher

Chief Executive Officer

11 September 2017



Sarndrah Horsfall

Executive Director, Business Services

11 September 2017

Anthony DeJong

Finance Professional Lead

11 September 2017

Independent Auditor's Report

Victorian Auditor-General's Office

To the Agency Management Committee of the Australian Health Practitioner Regulation Agency

Opinion	I have audited the financial report of the Australian Health Practitioner Regulation Agency (the agency) which comprises the: • statement of financial position as at 30 June 2017 • statement of comprehensive income for the year then ended • statement of changes in equity for the year then ended • statement of cash flows for the year then ended • notes to the financial statements, including a summary of significant accounting policies • declaration by chair, agency management committee, chief executive officer, executive director, business services and finance professional lead. In my opinion the financial report presents fairly, in all material respects, the financial position of the agency as at 30 June 2017 and their financial performance and cash flows for the year then ended in accordance with the financial reporting requirements of Part 3 of the *Health Practitioner Regulation National Law Act* and applicable Australian Accounting Standards.
Basis for Opinion	I have conducted my audit in accordance with the *Audit Act 1994* which incorporates the Australian Auditing Standards. My responsibilities under the Act are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of my report. My independence is established by the *Constitution Act 1975.* My staff and I are independent of the agency in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to my audit of the financial report in Australia. My staff and I have also fulfilled our other ethical responsibilities in accordance with the Code. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.
Agency Management Committee's responsibilities for the financial report	The Agency Management Committee is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the *Health Practitioner Regulation National Law Act*, and for such internal control as the Agency Management Committee determines is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error. In preparing the financial report, the Agency Management Committee is responsible for assessing the agency's ability to continue as a going concern, and using the going concern basis of accounting unless it is inappropriate to do so.

Level 31 / 35 Collins Street, Melbourne Vic 3000
T 03 8601 7000 enquiries@audit.vic.gov.au www.audit.vic.gov.au

Auditor's responsibilities for the audit of the financial report	As required by the *Audit Act 1994,* my responsibility is to express an opinion on the financial report based on the audit. My objectives for the audit are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report. As part of an audit in accordance with the Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also: • identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. • obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the agency's internal control • evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Agency Management Committee • conclude on the appropriateness of the Agency Management Committee's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the agency's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the agency to cease to continue as a going concern. • evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation. I communicate with the Agency Management Committee regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

MELBOURNE
14 September 2017

Charlotte Jeffries
as delegate for the Auditor-General of Victoria

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Australian Health Practitioner Regulation Agency
Statement of comprehensive income for the year ended 30 June 2017

Continuing operations	Notes	2017 $'000	2016 $'000
Income from transactions			
Registration fee income	*A1*	164,127	161,038
Interest income	*A2*	5,218	5,861
Other income	*A3*	3,891	4,030
Total income from transactions		**173,236**	**170,929**
Expenses from transactions			
Board and committee sitting fees	*A4*	5,801	5,467
Legal and notification costs	*A4*	12,706	11,543
Office of the Health Ombudsman (the OHO, in Queensland)	*E5*	2,260	4,202
Refund of prior year OHO expense	*E5*	(3,748)	0
Accreditation expenses (external)	*A4*	9,113	6,880
Staffing costs	*A4*	103,128	95,665
Travel and accommodation	*A4*	6,681	5,821
Systems and communications	*A4*	9,861	7,622
Property expenses	*A4*	9,508	9,530
Strategic and project consultant costs	*A4*	3,493	3,543
Depreciation and amortisation	*B5(1)*	4,764	4,912
Administration expenses	*A4(1)*	15,670	13,892
Total expenses from transactions		**179,237**	**169,077**
Net result for the year		**(6,001)**	**1,852**

The statement of comprehensive income should be read in conjunction with the accompanying notes.

Australian Health Practitioner Regulation Agency
Statement of financial position as at 30 June 2017

	Notes	2017 $'000	2016 $'000
Current assets			
Cash and cash equivalents	C1	7,136	3,421
Investments	C2	107,000	52,000
Prepayments	E5	3,802	2,360
Receivables	B2	1,247	1,259
Accrued income	A2	2,578	2,414
Total current assets		**121,763**	**61,454**
Non-current assets			
Long-term investments	C2	60,000	119,000
Plant and equipment	B4	7,187	5,755
Intangible assets	B5	3,172	5,577
Total non-current assets		**70,359**	**130,332**
Total assets		**192,122**	**191,786**
Current liabilities			
Payables and accruals	B3	11,504	9,685
Income in advance	A1	80,041	76,973
Equity in advance	A1	202	0
Employee benefits	D1	12,338	11,992
Make good provision	C4(1)	246	306
Total current liabilities		**104,331**	**98,956**
Non-current liabilities			
Employee benefits	D1	3,459	2,728
Lease liability	C4	3,084	2,975
Make good provision	C4(1)	493	371
Total non-current liabilities		**7,036**	**6,074**
Total liabilities		**111,367**	**105,030**
Net assets		**80,755**	**86,756**
Equity			
Contributed capital	C3	43,895	43,895
Accumulated surplus	C3	36,860	42,861
Total equity		**80,755**	**86,756**
Commitments	C5		
Contingent assets and liabilities	B6		

The statement of financial position 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 2017

	Notes	Contributed capital $'000	Accumulated surplus $'000	Total $'000
Balance at 1 July 2015		**43,895**	**41,009**	**84,904**
Net result for the year		0	1,852	1,852
Balance at 30 June 2016		**43,895**	**42,861**	**86,756**
Net result for the year		0	(6,001)	(6,001)
Balance at 30 June 2017	*C3*	**43,895**	**36,860**	**80,755**

The statement of changes in equity should be read in conjunction with the accompanying notes.

Australian Health Practitioner Regulation Agency
Statement of cash flows for the year ended 30 June 2017

	Notes	2017 $'000	2016 $'000
Cash flows from operating activities			
Payments to suppliers, employees and others		(178,930)	(169,207)
Receipts relating to registrant fees		167,397	162,378
Net Goods and Services Tax (GST) received from the Australia Taxation Office (ATO)		6,506	6,098
Other receipts		3,903	4,183
Interest received		5,054	6,175
Net cash flows from operating activities	*B1*	**3,930**	**9,627**
Cash flows from investing activities			
Payments for leasehold improvement, plant and equipment		(4,215)	(2,474)
Proceeds from the disposal of assets	*B4(2)*	0	51
Return/(purchase) of investments		4,000	(10,000)
Net cash flows used in investing activities		**(215)**	**(12,423)**
Net increase/(decrease) in cash and cash equivalents		**3,715**	**(2,796)**
Cash and cash equivalents at the beginning of the year		3,421	6,217
Cash and cash equivalents at the end of the year	*C1*	**7,136**	**3,421**

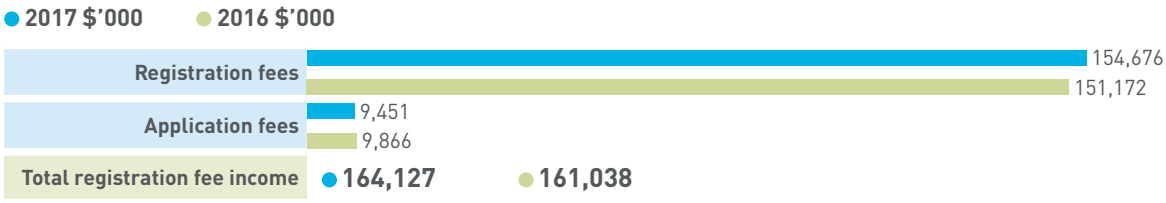
All amounts are inclusive of GST.

The statement of cash flows should be read in conjunction with the accompanying notes.

Note A: Agency financial performance

Income is recognised to the extent that it is probable that the economic benefits will flow to AHPRA and it can be reliably measured.

Note A1: Registration fee income



What is income in advance?

Registrations are payable periodically in advance. Only those registration fees that are attributable to the current financial year are recognised as income. Registration fees that relate to future periods are recorded as income in advance within the statement of financial position. When a person pays an application fee, the fee is recognised in the financial year in which it is received. The annual registration period generally concludes on 31st May for the Nursing and Midwifery Board of Australia, 30th September for the Medical Board of Australia and 30th November for all other boards.

Income in advance	2017 $'000	2016 $'000
Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA)	31	19
Chinese Medicine Board of Australia (CMBA)	853	813
Chiropractic Board of Australia (ChiroBA)	1,000	958
Dental Board of Australia (DBA)	4,108	3,871
Medical Board of Australia (MBA)	15,985	15,171
Medical Radiation Practice Board of Australia (MRPBA)	970	944
Nursing and Midwifery Board of Australia (NMBA)	44,666	43,357
Occupational Therapy Board of Australia (OTBA)	792	861
Optometry Board of Australia (OptomBA)	583	618
Osteopathy Board of Australia (OsteoBA)	294	285
Pharmacy Board of Australia (PharmBA)	3,310	3,136
Physiotherapy Board of Australia (PhysioBA)	1,131	1,187
Podiatry Board of Australia (PodBA)	678	640
Psychology Board of Australia (PsyBA)	5,640	5,113
Total income in advance	**80,041**	**76,973**

Equity in advance	2017 $'000	2016 $'000
Paramedicine Board of Australia	202	0

AHPRA is anticipating that the paramedicine profession will join the National Scheme in 2018 (Paramedicine Board of Australia).

AHPRA received $211,874 from the Australian Health Ministers' Advisory Council (AHMAC) in the financial year 2016/17, subject to legislative amendment, for the costs of establishing the regulation of paramedics and the new Paramedicine Board of Australia. A further amount (to be determined) for the financial year 2017/18 will also be received from AHMAC for a similar purpose. Unspent funds at 30 June 2017 are committed and will be spent in 2017/18. At 30 June 2017, unspent funds are recorded on the statement of financial position as equity in advance.

Note A2: Interest income

Interest income is accrued by reference to the principal of a financial asset at the effective interest rate when earned.

Interest income	2017 $'000	2016 $'000
Interest on term deposits	5,218	5,861
Total interest income	**5,218**	**5,861**

Interest earned but not received in the bank is recorded as accrued income in the statement of financial position.

Accrued income	2017 $'000	2016 $'000
Accrued interest on term deposits	2,554	2,410
Other accrued income	24	4
Total accrued income[1]	**2,578**	**2,414**

1. For more information, see *Note E2(b)*

Note A3: Other income

Other income includes income that is not registration fees or interest. Key items of other income include certificates of registration status requested by registrants, legal fee recoveries and fees related to the Pharmacy Board of Australia's examinations.

	2017 $'000	2016 $'000
Accreditation	277	145
Certificate of registration status	438	464
Government grants	20	260
Legal fee recovery	1,165	1,708
Pharmacy Board of Australia examinations	756	928
Other	1,235	525
Total other income	**3,891**	**4,030**

Note A4: Expenses from transactions

Expenses from transactions are recognised in the statement of comprehensive income when they are incurred.

Board and committee sitting fees

Board and committee sitting fee costs include national, state and regional board expenditure relating to meetings held by the boards and their committees.

Legal and notification costs

Legal costs include external costs relating to managing the notification (complaint) process by AHPRA. These costs include legal fees paid to external firms and costs of civil tribunals. They do not include the costs associated with AHPRA staff in the assessment and investigation of notifications, or the cost of legal staff employed by AHPRA.

Accreditation expenses (external)

Accreditation expenses (external) relate to payments to external accreditation bodies to exercise accreditation functions, as defined in Section 42 of the National Law. Staff costs and committee sitting fees when these functions are carried out by board committees are not included.

ATSIHPBA, CMBA and MRPBA have assigned accreditation functions under Section 42 of the National Law to accreditation committees administered by AHPRA.

Accrediting activities relating to registration of health practitioners under Section 52 of the National Law are disclosed separately. During 2016/17, funding for accrediting activities of $966k (2016: $957k) were incurred for intern training accreditation authorities (refer to *Note A4(1)*).

Pooled costs

AHPRA incurs the following expenses and then proportionally allocates the expenditure to the National Boards, based on an agreed formula. The formula is based on an analysis of historical and financial data to estimate the proportion of AHPRA costs required to regulate each profession. Costs include salaries, systems and communication, property and administration costs. AHPRA supports the work of the National Boards by employing all staff and providing systems and infrastructure to manage registration, compliance and notification functions, as well as the support services necessary to run a national organisation with eight state and territory offices.

Staffing costs

Staffing costs relate to AHPRA employee costs including on-costs and contractors.

Travel and accommodation

Travel and accommodation relates to flights, taxis and hotel costs incurred by AHPRA, National Boards and their committees for travel attending scheduled board and committee meetings.

Systems and communication

Systems and communication costs relate to the technology systems of AHPRA.

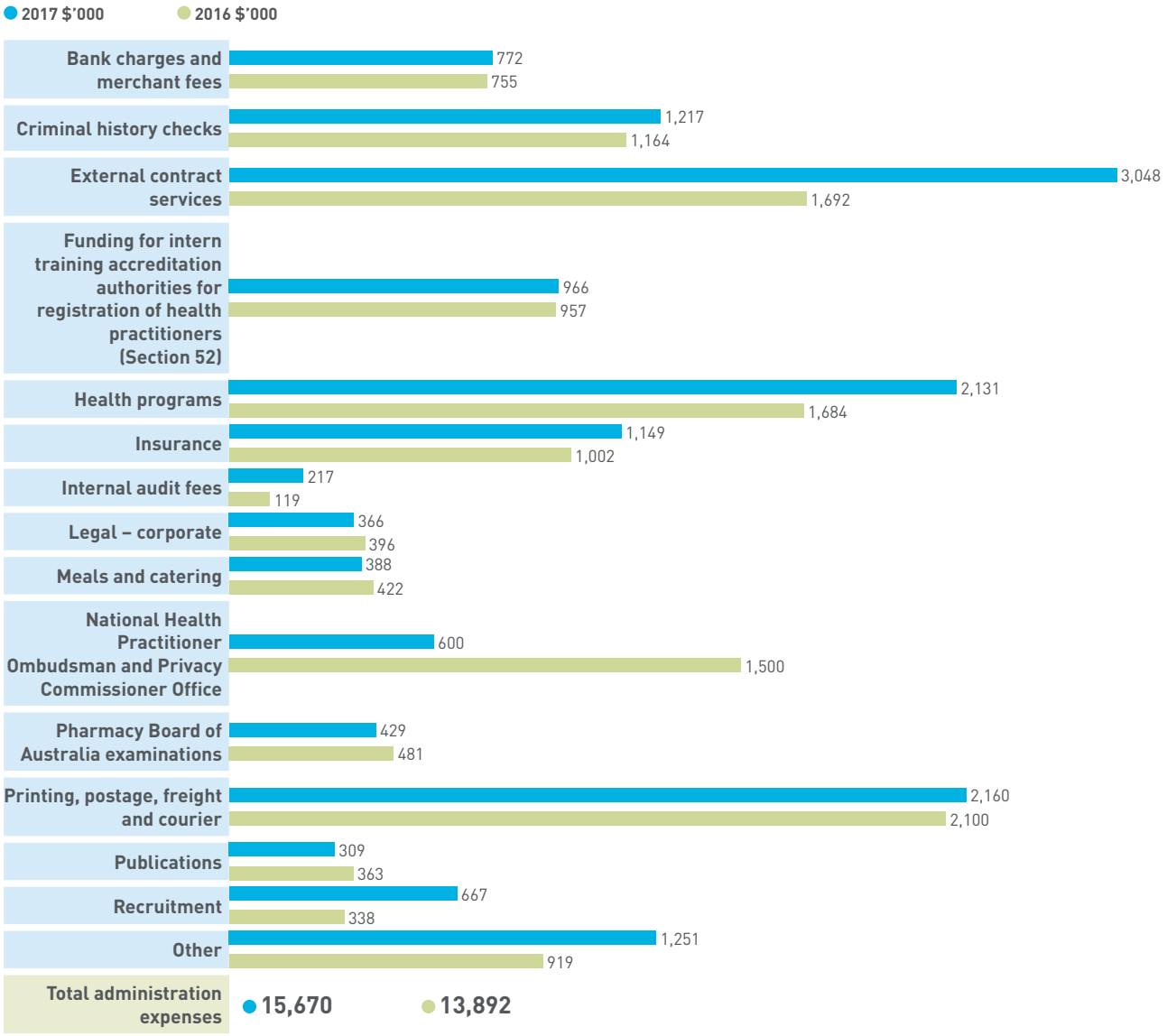
Property expenses

Property expenses include rental, outgoings and maintenance of all properties.

Strategic and project consultant costs

Strategic and project consultant costs relate to project costs incurred in the year for both National Boards and AHPRA projects.

Note A4(1): Administration expenses



Note A4(2): Summary of income and expenses by board

The AHPRA annual financial statements are a report of the Agency Fund under the National Law and include transactions of all 14 National Boards administered by AHPRA.

Under the National Law, the National Boards are unable to enter into transactions themselves, with AHPRA administering all income and expenditure transactions on behalf of each National Board, as set out in each Health Profession Agreement.

The total amount transacted is reflected in the comprehensive statement of income and accompanying financial statements. The aggregated total income and total expenditure transacted and attributed to each National Board is shown in the table opposite for 2016/17.

Summary of income and expenses by board

Board	Income $'000	Expenses $'000	Total $'000
ATSIHPBA	119	440	(321)
CMBA	2,366	1,619	747
ChiroBA	2,606	2,091	515
DBA	10,486	10,063	423
MBA	66,069	65,572	497
MRPBA	2,900	3,374	(474)
NMBA	55,227	61,233	(6,006)
OTBA	2,462	3,159	(697)
OptomBA	1,571	1,535	36
OsteoBA	813	788	25
PharmBA	9,276	9,869	(593)
PhysioBA	3,320	4,304	(984)
PodBA	1,769	1,398	371
PsyBA	14,054	13,594	460
Other	198	198	0
Total	173,236	179,237	(6,001)

Deficits are funded from equity, as outlined in Note C3.

Note A5: Events occurring after the balance sheet date

Assets, liabilities, income or expenses arise from past transactions or other past events.

Where the transactions result from an agreement between AHPRA and other parties, the transactions are only recognised when the agreement is irrevocable at or before the end of the reporting period.

For events that occur between the end of the reporting period and the date when the financial statements are authorised for issue, where those events provide information about conditions that existed at the reporting date, adjustments are made to amounts recognised in the financial statements.

Note that disclosure is made about events between the end of the reporting period and the date the financial statements are authorised for issue where the events relate to conditions that arose after the end of the reporting period, which are considered to be of material interest.

No subsequent events are identified for disclosure in this report.

Note B: Operating assets and liabilities

Note B1: Reconciliation of net result for the year to operating cash flows

	2017 $'000	2016 $'000
Net result for the year	**(6,001)**	**1,852**
Adjustments for depreciation and amortisation	4,764	4,912
Loss/(gain) on adjustments for disposal of assets	0	(15)
Adjustments for write off work in progress/assets	425	870
Adjustments for recognition of lease assets	0	577
Adjustments for make good provision	62	617
Adjustments for provision for doubtful debts	102	370
Changes in assets and liabilities		
(Increase) in receivables	(90)	(217)
(Increase) in prepayments	(1,443)	(559)
(Increase)/decrease in accrued income	(164)	314
Increase in income in advance	3,270	1,340
Increase/(decrease) in payables and accruals	1,819	(2,229)
Increase in employee benefits	1,077	2,145
Increase/(decrease) in lease liability	109	(350)
Net cash flows from operating activities	**3,930**	**9,627**

Note B2: Receivables

Receivables consist of:

- contractual receivables, such as debtors in relation to goods and services, and
- statutory receivables, such as GST input tax credits recoverable.

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. Receivables are subject to annual impairment testing. A provision for doubtful receivables is recognised when collection of the full amount is no longer probable. Bad debts are written off when identified, and recognised as an expense in the statement of comprehensive income.

	2017 $'000	2016 $'000
Trade receivables[1]	1,443	1,255
Less allowances for doubtful debts	(783)	(681)
GST receivable	587	685
Total receivables	**1,247**	**1,259**

1. For more information, see *Note E2*

Movement in the allowance for doubtful debts	2017 $'000	2016 $'000
Balance at beginning of year	681	311
Increase in allowance recognised in net result for the year	102	381
Decrease in amounts written off as uncollectable	0	(11)
Balance at end of year	**783**	**681**

Note B3: Payables and accruals

Payables are recognised at fair value. Payables represent liabilities for goods and services provided to AHPRA prior to the end of the financial year that are unpaid, and arise when AHPRA is obliged to make future payments in respect of the purchase of goods and services. Terms of settlement are generally 30 days from the date of invoice.

	2017 $'000	2016 $'000
Trade creditors[1]	5,453	1,885
Accrued expenses[1]	6,051	7,800
Total payables and accruals	**11,504**	**9,685**

1. For more information, see *Note E2*

Note B4: Plant and equipment

Plant and equipment is measured at cost less accumulated depreciation and impairment. These assets are depreciated at rates based on their expected useful lives, using the straight-line method, which is reviewed annually. The annual depreciation rates used for major assets in each class are as follows:

	2017	2016
Furniture and fittings	13%	13%
Computer equipment	20-40%	20-40%
Office equipment	15%	15%

Leasehold improvements are amortised over the term of the lease, or the life of the assets, whichever is shorter.

Work in progress is not depreciated until it reaches service delivery capacity.

At cost	Leasehold improvements $'000	Furniture and fittings $'000	Computer equipment $'000	Office equipment $'000	Total plant and equipment $'000
Balance at 30 June 2015	**8,479**	**651**	**2,004**	**228**	**11,362**
Additions	753	58	724	13	1,548
Disposals/write offs	0	0	(321)	0	(321)
Balance at 30 June 2016	**9,232**	**709**	**2,407**	**241**	**12,589**
Additions	3,187	198	526	44	3,955
Disposals/write offs	(1,416)	(145)	(9)	(5)	(1,575)
Balance at 30 June 2017	**11,003**	**762**	**2,924**	**280**	**14,969**
Accumulated depreciation					
Balance at 30 June 2015	**(3,409)**	**(310)**	**(1,543)**	**(104)**	**(5,366)**
Depreciation charge during the year	(1,102)	(86)	(530)	(35)	(1,753)
Disposals/write offs	0	0	285	0	285
Balance at 30 June 2016	**(4,511)**	**(396)**	**(1,788)**	**(139)**	**(6,834)**
Depreciation charge during the year	(1,435)	(99)	(527)	(38)	(2,099)
Disposals/write offs	1,013	127	7	4	1,151
Balance at 30 June 2017	**(4,933)**	**(368)**	**(2,308)**	**(173)**	**(7,782)**
Net book value					
At 30 June 2016	**4,721**	**313**	**619**	**102**	**5,755**
At 30 June 2017	**6,070**	**394**	**616**	**107**	**7,187**

Note B4(1): Written down value of non-financial assets written off

All non-financial assets are assessed annually for indications of impairment. If there is an indication of impairment, the asset concerned is tested as to whether its carrying amount exceeds its possible recoverable amount. The difference is written off as an expense (Administration expenses – other) except to the extent that the write down can be debited to an asset revaluation surplus account applicable to that same class of asset.

	2017 $'000	2016 $'000
Computer equipment	2	0
Office equipment	1	0
Furniture and fittings	18	0
Leasehold improvement	404	0
Intangible assets	0	870
Total written down value of non-current assets written off	**425**	**870**

Note B4(2): Net result on disposal of non-financial assets

The net gain or loss arising from the sale of non-current assets is included as revenue (Other income) or expenses (Administration expenses – other) at the date control passes to the buyer, usually when an unconditional contract of sale is signed.

The net gain or loss on disposal is calculated as the difference between the carrying amount of the asset at the time of the disposal and the net proceeds on disposal.

	2017 $'000	2016 $'000
Proceeds from disposals of non-current computer equipment	0	51
Total proceeds from disposal of non-current assets	**0**	**51**
Written down value of non-current computer equipment sold	0	(36)
Net result on disposal of non-financial assets	**0**	**15**

Note B5: Intangible assets and amortisation

When the recognition criteria in AASB138 *Intangible Assets* is met, internally generated intangible assets are recognised and measured at cost less accumulated amortisation and accumulated impairment.

An internally generated intangible asset arising from development (or from the development phase of an internal project) is recognised if, and only if, all of the following are demonstrated:

1. the technical feasibility of completing the intangible asset so that it will be available for use or sale
2. an intention to complete the intangible asset and use it
3. the ability to use the intangible asset
4. the intangible asset will generate probable future economic benefits
5. the availability of adequate technical, financial and other resources to complete the development and to use the intangible asset, and
6. the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Intangible assets are amortised annually at a rate of between 10% and 40% depending on their useful life.

Expenditure on research activities is recognised as an expense in the period in which it is incurred.

At cost	Computer software $'000	Work in progress $'000	Total $'000
Balance at 30 June 2015	**9,303**	**3,919**	**13,222**
Additions	2,831	750	3,581
Disposals/write offs	0	(870)	(870)
Transfer to additions	0	(2,655)	(2,655)
Balance at 30 June 2016	**12,134**	**1,144**	**13,278**
Additions	204	152	356
Disposals/write offs	0	0	0
Transfer to additions	0	(96)	(96)
Balance at 30 June 2017	**12,338**	**1,200**	**13,538**
Accumulated amortisation			
Balance at 30 June 2015	**(4,542)**	**0**	**(4,542)**
Amortisation during the year	(3,159)	0	(3,159)
Balance at 30 June 2016	**(7,701)**	**0**	**(7,701)**
Amortisation charge during the year	(2,665)	0	(2,665)
Balance at 30 June 2017	**(10,366)**	**0**	**(10,366)**
Net book value			
At 30 June 2016	**4,433**	**1,144**	**5,577**
At 30 June 2017	**1,972**	**1,200**	**3,172**

Note B5(1): Depreciation and amortisation

	2017 $'000	2016 $'000
Depreciation		
Leasehold improvements	1,435	1,102
Furniture and fittings	99	86
Computer equipment	527	530
Office equipment	38	35
Amortisation		
Computer software	2,665	3,159
Total depreciation and amortisation	**4,764**	**4,912**

Note B6: Contingent assets and liabilities

Contingent assets and contingent liabilities are not recognised in the statement of financial position, but are disclosed by way of note and, if quantifiable, are measured at nominal value. For 2016/17, there were no contingent assets or liabilities.

During 2016/17, there were five occurrences for which a form or claim against AHPRA/National Boards has been made. Each of these claims is denied and is in the process of being defended. The matters are ongoing and the extent to which an outflow of funds is required in excess of insurance is dependent on the case outcomes being less favourable than currently expected, with any exposure to outflows estimated to be limited to the deductible amount.

Note C: Equity, investment and commitments

Note C1: Cash and cash equivalents

Cash and cash equivalents include cash on hand and cash at bank, deposits held at call, and other short-term liquid deposits with an original maturity of three months or less, which are readily convertible to known amounts of cash with an insignificant risk of changes in value.

	2017 $'000	2016 $'000
Cash and cash equivalents, at bank	7,136	3,421
Total cash and cash equivalents[1]	**7,136**	**3,421**

[1] For more information, see *Note E2*

Note C2: Investments

Investments include term deposits for which AHPRA has the positive intent and ability to hold to maturity at fixed or repricing interest rates.

	2017 $'000	2016 $'000
Current		
Term deposits less than 90 days	37,000	15,000
Bank term deposits more than 90 days but less than 1 year	70,000	37,000
	107,000	**52,000**
Non-current		
Bank term deposits greater than 1 year	60,000	119,000
Total investments[1]	**167,000**	**171,000**

[1] For more information, see *Note E2*

Note C3: Equity by board

Consistent with the requirements of AASB 1004 *Contributions*, contributions by owners (that is, contributed capital) are treated as equity transactions and, therefore, do not form part of the income and expenses of AHPRA.

Additions to net assets which have been designated as contributions by government or statutory bodies are recognised as contributed capital.

Summary of contributed capital, equity and net result by board ($'000)

Board	Contributed capital	Accumulated net result to 30 June 2016	Equity at 30 June 2016	2016/17 net result	2016/17 result funded from equity	Accumulated net result to 30 June 2017	Equity at 30 June 2017
ATSIHPBA	276	46	**322**	0	(321)	(275)	**1**
CMBA	1,293	2,507	**3,800**	747	0	3,254	**4,547**
ChiroBA	1,164	507	**1,671**	515	0	1,022	**2,186**
DBA	3,120	492	**3,612**	423	0	915	**4,035**
MBA	12,257	10,658	**22,915**	497	0	11,155	**23,412**
MRPBA	2,218	3,639	**5,857**	0	(474)	3,165	**5,383**
NMBA	12,816	9,043	**21,859**	0	(6,006)	3,037	**15,853**
OTBA	3,574	4,222	**7,796**	0	(697)	3,525	**7,099**
OptomBA	1,061	842	**1,903**	36	0	878	**1,939**
OsteoBA	996	176	**1,172**	25	0	201	**1,197**
PharmBA	2,716	2,491	**5,207**	0	(593)	1,898	**4,614**
PhysioBA	2,728	3,722	**6,450**	0	(984)	2,738	**5,466**
PodBA	420	1,672	**2,092**	371	0	2,043	**2,463**
PsyBA	2,194	(94)	**2,100**	460	0	366	**2,560**
Other	(2,938)	2,938	**0**	0	0	2,938	**0**
Total	**43,895**	**42,861**	**86,756**	**(6,001)**		**36,860**	**80,755**

(a) Contributed capital	2017 $'000	2016 $'000
Balance at the beginning of the financial year	43,895	43,895
Capital contributions from former boards	0	0
Balance at end of the financial year	**43,895**	**43,895**

(b) Accumulated surplus	2017 $'000	2016 $'000
Balance at the beginning of the financial year	42,861	41,009
Net result for the year	(6,001)	1,852
Balance at end of the financial year	**36,860**	**42,861**

Note C4: Leased assets and liabilities

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. AHPRA is not party to a finance lease.

In the event that lease incentives are received to enter into operating leases, the aggregate cost of incentives are recognised as a reduction of rental expense over the lease term on a straight-line basis.

During 2016/17, AHPRA entered into a new 10-year underlease office agreement. The lease contract includes a $476k lease incentive clause. AHPRA has recognised this as a lease liability which is reduced over the term of the lease. The lease incentive comprised reimbursement for the fit out of the new premises.

	2017 $'000	2016 $'000
Lease liabilities	3,084	2,975

Note C4(1): Make good provision

	2017 $'000	2016 $'000
Opening balance	**677**	**60**
Additional provisions required	53	617
Reductions arising from payments	9	0
Closing balance	**739**	**677**
Current	246	306
Non-current	493	371
Total	**739**	**677**

Note C5: Commitments

Commitments include operating and capital commitments arising from non-cancellable contractual or statutory obligations. All amounts shown in the commitments note are inclusive of GST.

Operating lease commitments

Commitments (including GST) in relation to operating leases are payable as:

Non-cancellable	2017 $'000	2016 $'000
Not later than 1 year	9,051	8,979
Later than 1 year but not later than 5 years	18,804	15,347
Later than 5 years	14,997	8,508
Total operating leases	**42,852**	**32,834**

Note D: Employee benefits

Note D1: Employee benefits and on-costs

(a) Annual leave

Employee benefits including non-monetary benefits and annual leave are recognised in the provision for employee benefits as current liabilities.

When the annual leave is expected to wholly settle within 12 months of the reporting date, it is measured at its nominal value. Those liabilities not expected to be wholly settled within 12 months of the reporting date are measured at the present value of the amounts expected to be paid when the liabilities are settled using remuneration rates expected to apply at the time of settlement.

(b) Long service leave

The long service leave entitlement under existing arrangements is recognised from an employee's 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 recognised as a non-current liability.

Part of the current liability is measured at nominal value when it is expected to wholly settle within 12 months of the reporting date. When liabilities are not expected to wholly settle within 12 months of the reporting date, it is measured at the present value of the expected future payments to be made in respect of services provided by employees up to the reporting date. Consideration is given to expected future wage and salary levels, experience of employee departures, and periods of service. 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.

(c) 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.

(d) Employee benefits on-costs

Employee benefits on-costs include payroll tax, workcover insurance premium and superannuation entitlements. The benefits on-costs are recognised as liabilities when the employee benefits to which they relate are recognised.

	2017 $'000	2016 $'000
Current employee benefits and on-costs		
Unconditional annual leave expected to be settled within 12 months	5,733	5,645
Unconditional annual leave expected to be settled after 12 months	1,682	1,754
Unconditional long service leave expected to be settled within 12 months	4,923	4,593
Total current employee benefits and on-costs	**12,338**	**11,992**
Non-current employee benefits and on-costs		
Conditional long service leave entitlements expected to be settled after 12 months	3,459	2,728
Total non-current employee benefits and on-costs	**3,459**	**2,728**
Total employee benefits and on-costs	**15,797**	**14,720**

	2017 $'000	2016 $'000
Current employee benefits		
Annual leave	6,316	6,302
Long service leave	4,154	3,876
Non-current employee benefits		
Long service leave	2,919	2,302
Total employee benefits	**13,389**	**12,480**
Current on-costs	1,868	1,814
Non-current on-costs	540	426
Total on-costs	**2,408**	**2,240**
Total employee benefits and on-costs	**15,797**	**14,720**

(e) Movement in employee benefit provision

	Annual leave $'000	Long service leave $'000	Total $'000
Opening balance	**7,399**	**7,321**	**14,720**
Additional provisions required	7,619	2,205	9,824
Reductions arising from payments	(7,603)	(1,144)	(8,747)
Closing balance	**7,415**	**8,382**	**15,797**
Current	7,415	4,923	12,338
Non-current	0	3,459	3,459
Total	**7,415**	**8,382**	**15,797**

Note D2: Accountable officer and executive director remuneration

Remuneration of Chief Executive Officer and Executive Directors

The Chief Executive Officer (CEO) is Mr Martin Fletcher who held the position throughout the period 1 July 2016 to 30 June 2017.

The aggregate compensation made to the CEO and Executive Directors is set out below.

	2017	2016
Short-term employee benefits	1,226,762	1,194,882
Long-term employee benefits	19,582	19,582
Post-employment benefits	86,141	84,422
	1,332,485	**1,298,886**
Total number of executives	**4**	**4**
Total annualised employee equivalents	**4**	**4**

Note D3: Superannuation

The amount expensed in respect of superannuation represents AHPRA contributions for members of both defined benefit and defined contribution superannuation plans that are paid or payable during the reporting period.

Employees of AHPRA are entitled to receive superannuation benefits and AHPRA contributes to both defined benefit and defined contribution plans. The defined benefit plans provide benefits based on years of service and final average salary.

AHPRA does not recognise any defined benefit liability in respect of the plans because it has no legal or constructive obligation to pay future benefits relating to its employees; its only obligation is to pay superannuation contributions as they fall due.

Superannuation contributions paid or payable for the reporting period are included as part of staffing costs in AHPRA's statement of comprehensive income.

The name, details and amounts expensed in relation to the major employee superannuation funds and contributions made by AHPRA are as follows.

	Paid contribution for the year		Contribution outstanding at year end	
	2017 $'000	2016 $'000	2017 $'000	2016 $'000
Defined benefit plans				
Gold State Super	236	106	8	10
QSuper	223	227	7	9
Other	31	89	1	3
Defined contribution plans				
AGEST Super	95	1,354	4	48
Australian Super	2,825	1,361	112	66
First State accumulation fund	403	278	17	6
QSuper accumulation V2	381	369	12	30
VicSuper FutureSaver	474	394	18	16
Sunsuper superannuation	399	316	13	14
Other	5,176	4,097	186	180
Total	**10,243**	**8,591**	**378**	**382**

Note E: Other

Note E1: Summary of significant accounting policies

Statement of compliance

These financial statements are referred to as a general purpose financial report which has been prepared in accordance with Australian Accounting Standards (AAS) and interpretations and other mandatory requirements. AAS include Australian equivalents to the International Financial Reporting Standards.

The financial statements have also been prepared in accordance with the relevant requirements of the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory.

For the purpose of preparing the financial statements, it is a not-for-profit entity.

These financial statements were authorised to be issued by the Agency Management Committee on 11 September 2017.

(a) Reporting entity

AHPRA is the organisation responsible for the administration of the National Scheme across Australia.

AHPRA's operations are governed by the National Law, which came into effect on 1 July 2010 and on 18 October 2010 in Western Australia. This law means that registered health professions are regulated by nationally consistent legislation.

AHPRA supports the National Health Practitioner Boards in the administration of the National Scheme. National Boards are responsible for regulating their respective health professions. The primary role of the National Boards is to protect the public and set standards and policies that all registered health practitioners must meet.

The Agency Management Committee oversees the work of AHPRA. The Chair of the Agency Management Committee is Mr Michael Gorton. The Chief Executive Officer is Mr Martin Fletcher.

The financial statements include the controlled activities of AHPRA.

AHPRA's corporate address is 111 Bourke Street, Melbourne, Victoria, 3000.

(b) Basis of accounting preparation and measurement

Accounting policies are selected and applied in preparing the financial statements for the year ended 30 June 2017 in a manner that ensures that the resulting financial information satisfies the concepts of relevance and reliability, thereby ensuring that the substance of the underlying transactions or other events is appropriately reported.

The financial statements have been prepared using the accrual basis of accounting. Under the accrual basis, items are recognised as assets, liabilities, equity, income or expenses when they satisfy the definition and recognition criteria for those items, that is they are recognised in the reporting period to which they relate.

The financial report is prepared in accordance with the historical cost convention.

The estimates and underlying assumptions used in preparing these financial statements are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised and also in future periods that are affected by the revision. Judgements and assumptions made by management in the application of AAS that have significant effects on the financial statements and estimates relate to:

- assumptions for employee benefit provisions based on likely tenure of existing staff, patterns of leave claims, future salary movements and future discount rates, and
- the fair value of intangible assets.

(c) Corporate structure

AHPRA is a statutory body governed by the National Law.

(d) Goods and service tax (GST)

All application, registration and late fees are exempt from GST legislation. Income, expenses and assets are recognised net of GST except where the amount of GST incurred is not recoverable, in which case it is recognised as part of the cost of acquisition of an asset or part of an item of expense or revenue. GST receivable from or payable to the Australian Taxation Office (ATO) is included in the statement of financial position. The GST component of a receipt or payment is recognised on a gross basis in the cash flow statement in accordance with AASB 107 *Statement of Cash Flows*.

(e) 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.

(f) Functional and presentation currency

All amounts specified in these statements are presented in Australian dollars.

(g) Rounding of amounts

Amounts in the financial statements have been rounded to the nearest thousand dollars unless otherwise stated. Figures in the financial statements may not equate due to rounding.

(h) Changes in accounting policy

Subsequent to the 2015/16 reporting period, no new and revised AAS or AHPRA accounting policies have been adopted in the current period.

(i) New accounting standards and interpretations

Certain new Australian accounting standards and interpretations that are not mandatory for the 30 June 2017 reporting period have been published.

As at 30 June 2017, the following standards and interpretations had been issued but were not mandatory for the financial year ended 30 June 2017. AHPRA has not adopted, 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 in the table opposite.

Standard/ interpretation[1]	Summary	Applicable for annual reporting periods beginning on	Impact on AHPRA financial statements
AASB 9 *Financial instruments*	The key changes include the simplified requirements for the classification and measurement of financial assets, a new hedging accounting model, and a revised impairment loss model to recognise impairment losses earlier, as opposed to the current approach that recognises impairment only when incurred.	1 January 2018	While the preliminary assessment has not identified any material impact arising from AASB 9, it will continue to be monitored and assessed.
AASB 2010-7 *Amendments to Australian Accounting Standards arising from AASB 9* (December 2010)	The requirements for classifying and measuring financial liabilities were added to AASB 9. The existing requirements for the classification of financial liabilities and the ability to use the fair value option have been retained. However, where the fair value option is used for financial liabilities the change in fair value is accounted for as follows: • the change in fair value attributable to changes in credit risk is presented in other comprehensive income (OCI), and • other fair value changes are presented in profit and loss. If this approach creates or enlarges an accounting mismatch in the profit or loss, the effect of the changes in credit risk are also presented in profit or loss.	1 January 2018	The assessment has identified that the amendments are likely to result in earlier recognition of impairment losses and at more regular intervals.
AASB 2014-7 *Amendments to Australian Accounting Standards arising from AASB 9*	Amends various AASs to incorporate the consequential amendments arising from the issuance of AASB 9.	1 January 2018	The assessment has indicated that there will be no significant impact for the public sector.
AASB 15 *Revenue from contracts with customers*	The core principle of AASB 15 requires an entity to recognise revenue when the entity satisfies a performance obligation by transferring a promised good or service to a customer.	1 January 2018	The changes in revenue recognition requirements in AASB 15 may result in changes to the timing and amount of revenue recorded in the financial statements. A potential impact will be the upfront recognition of revenue from registrations that cover multiple reporting periods. Revenue that was deferred and amortised over a period may now need to be recognised immediately as a transitional adjustment against the opening accumulated surplus if there are no former performance obligations outstanding.
AASB 2015-8 *Amendments to Australian Accounting Standards – Effective Date of AASB 15*	This standard defers the mandatory effective date of AASB 15 from 1 January 2017 to 1 January 2018.	1 January 2018	This amending standard will defer the application period of AASB 15 to the 2018/19 reporting period in accordance with the transition requirements.
AASB 2016-3 *Amendments to Australian Accounting Standards – Clarifications to AASB 15*	This standard amends AASB 15 to clarify the requirements on identifying performance obligations, principal versus agent considerations and the timing of recognising revenue from granting a licence. The amendments require: • a promise to transfer to a customer a good or service that is 'distinct' to be recognised as a separate performance obligation • for items purchased online, the entity is a principal if it obtains control of the good or service prior to transferring to the customer, and • for licences identified as being distinct from other goods or services in a contract, entities need to determine whether the licence transfers to the customer over time (right to use) or at a point in time (right to access).	1 January 2018	The impact will be the same as identified in AASB 15.
AASB 2014-1 *Amendments to Australian Accounting Standards* [Part E *financial instruments*]	Amends various AASs to reflect the AASB's decision to defer the mandatory application date of AASB 9 to annual reporting periods beginning on or after 1 January 2018 as a consequence of Chapter 6 Hedge accounting, and to amend reduced disclosure requirements.	1 January 2018	This amended standard will defer the application period of AASB 9 to the 2018/19 reporting period in accordance with the transition requirements.
AASB 16 *Leases*	The key changes introduced by AASB 16 include the recognition of most operating leases (which are currently not recognised) on the balance sheet.	1 January 2019	The assessment has indicated that as most operating leases will come on balance sheet, recognition of lease assets and lease liabilities will cause net debt to increase. Depreciation of lease assets and interest on lease liabilities will be recognised in the income statement with marginal impact on the operating surplus. The amounts of cash paid for the principal portion of the lease liability will be presented within financing activities and the amounts paid for the interest portion will be presented within operating activities in the cash flow statement.
AASB 1058 *Income of not-for-profit entities*	This standard replaces AASB 1004 Contributions and establishes revenue recognition principles for transactions where the consideration to acquire an asset is significantly less than fair value to enable to not-for-profit entity to further its objectives.	1 January 2019	The assessment has indicated that revenue from capital grants that are provided under an enforceable agreement that have sufficiently specific obligations, will now be deferred and recognised as performance obligations are satisfied. As a result, the timing recognition of revenue will change. AHPRA is assessing if this standard will impact the recognition of registration income in future years.

1. AHPRA does not anticipate early adoption of any of the above Australian Accounting Standards or interpretations. However, further analysis of these standards will occur during 2017/18.

Note E2: Financial instruments

Financial instruments arise out of contractual agreements that give rise to a financial asset of one entity and a financial liability or equity instrument of another entity. Due to the nature of AHPRA's activities, certain financial assets and financial liabilities arise under statute rather than contract. Such financial assets and financial liabilities do not meet the definition of financial instruments in AASB 132 *Financial Instruments: Presentation*.

Where relevant, for note disclosure purposes, a distinction is made between those financial assets and financial liabilities that meet the definition of financial instruments in accordance with AASB 132 and those that do not.

Categories of financial instruments include:

- cash and cash equivalents
- investments, and
- receivables.

Receivables are financial instrument assets with fixed and determinable payments that are not quoted on an active market. These assets are initially recognised at fair value plus any directly attributable transaction costs. Subsequent to initial measurement, receivables are measured at amortised cost using the effective interest method, less any impairment.

Contractual receivables are classified as financial instruments and categorised as receivables. Statutory receivables are recognised and measured similarly to contractual receivables (except for impairment), but are not classified as financial instruments because they do not arise from a contract.

The receivables category includes cash and deposits (refer to *Note C1*), term deposits with maturity greater than three months, trade receivables and other receivables, but not statutory receivables such as GST.

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 are subject to annual review for impairment. Any impairment loss is recognised in the statement of comprehensive income.

Financial liabilities at amortised cost

Financial instrument liabilities are initially recognised on the date they originate. They are initially measured at fair value plus any directly attributable transaction costs. Subsequent to initial recognition, these liabilities are measured at amortised cost with any difference between the initial recognised amount and the redemption value being recognised in the income statement over the period of the interest bearing liability, using the effective interest rate method.

Financial instrument liabilities measured at amortised cost include all of AHPRA's contractual payables.

(a) Financial risk management

AHPRA's principal financial instruments consist of at call variable interest deposits, fixed and repricing term deposits and trade receivables and payables. AHPRA has no exposure to foreign exchange rate risk.

(b) Credit risk exposure

Credit risk is the risk that a party will fail to fulfil its obligations to AHPRA resulting in financial loss. The maximum exposure to credit risk, excluding the value of any collateral or other security at balance date, is the carrying amount, net of any provisions for impairment of those assets, as disclosed in the statement of financial position and notes to the financial statements. 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 2017 (2016: $Nil).

Credit risk is managed by the entity and reviewed regularly. It arises from exposures to debtors as well as through deposits with major financial institutions.

AHPRA 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

2017 financial assets	Financial institutions (AA- credit rating)[1] $'000	Other $'000	Total $'000
Cash and cash equivalents	7,136	0	**7,136**
Investments	167,000	0	**167,000**
Receivables	0	660	**660**
Accrued income	2,554	24	**2,578**
Total	**176,690**	**684**	**177,374**

1. Fitch Ratings and Standard & Poor's both rate AA-. Moody's Investors Service rate Aa3.

2016 financial assets	Financial institutions (AA- credit rating) $'000	Other $'000	Total $'000
Cash and cash equivalents	3,421	0	**3,421**
Investments	171,000	0	**171,000**
Receivables	0	574	**574**
Accrued income	2,410	4	**2,414**
Total	**176,831**	**578**	**177,409**

Ageing analysis of financial assets

2017 financial assets	Carrying amount $'000	Not past due and not impaired $'000	Past due but not impaired				Impaired financial assets $'000
			Less than 1 month $'000	1–3 months $'000	3 months– 1 year $'000	More than 1 year $'000	
Cash and cash equivalents	7,136	7,136	0	0	0	0	0
Investments	167,000	0	0	37,000	70,000	60,000	0
Receivables	1,443	206	181	45	224	787	(783)
Accrued income	2,578	2,578	0	0	0	0	0
Total	**178,157**	**9,920**	**181**	**37,045**	**70,224**	**60,787**	**(783)**

2016 financial assets	Carrying amount $'000	Not past due and not impaired $'000	Past due but not impaired				Impaired financial assets $'000
			Less than 1 month $'000	1–3 months $'000	3 months–1 year $'000	More than 1 year $'000	
Cash and cash equivalents	3,421	3,421	0	0	0	0	0
Investments	171,000	0	0	15,000	37,000	119,000	0
Receivables	1,255	288	6	13	442	506	(681)
Accrued income	2,414	2,414	0	0	0	0	0
Total	**178,090**	**6,123**	**6**	**15,013**	**37,442**	**119,506**	**(681)**

(c) Liquidity risk exposure

Liquidity risk is the risk that AHPRA will encounter difficulty in meeting obligations associated with financial liabilities. AHPRA manages liquidity risk by monitoring cash flows' forecast and ensuring that adequate liquid funds are available to meet current obligations.

The following tables disclose the maturity analysis of AHPRA's financial liabilities.

2017 payables	Carrying amount $'000	Maturity dates		
		Less than 1 month $'000	1–3 months $'000	3 months–1 year $'000
Trade creditors	5,453	5,114	352	(13)
Accrued expenses	6,051	6,051	0	0
Total	**11,504**	**11,165**	**352**	**(13)**

2016 payables	Carrying amount $'000	Maturity dates		
		Less than 1 month $'000	1–3 months $'000	3 months–1 year $'000
Trade creditors	1,885	1,701	153	31
Accrued expenses	7,800	7,800	0	0
Total	**9,685**	**9,501**	**153**	**31**

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 2017 or at 30 June 2016

Equity price risk

AHPRA has no exposure to equity price risk at 30 June 2017 or at 30 June 2016.

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[1].

1 Fitch Ratings and Standard & Poor's both rate AA-. Moody's Investors Service rate Aa3.

Interest rate exposure of financial instruments

2017	Weighted average interest rate $'000	Non-interest bearing $'000	Floating interest rate $'000	Fixed interest rate $'000	Total $'000
Financial assets					
Cash and cash equivalents	1.50%	0	0	7,136	**7,136**
Investments	2.98%	0	69,000	98,000	**167,000**
Receivables	0.00%	660	0	0	**660**
Accrued income	0.00%	2,578	0	0	**2,578**
Total		**3,238**	**69,000**	**105,136**	**177,374**
Financial liabilities					
Payables	0.00%	5,453	0	0	**5,453**
Accrued expenses	0.00%	6,051	0	0	**6,051**
Total		**11,504**	**0**	**0**	**11,504**

2016	Weighted average interest rate $'000	Non-interest bearing $'000	Floating interest rate $'000	Fixed interest rate $'000	Total $'000
Financial assets					
Cash and cash equivalents	1.75%	0	0	3,421	**3,421**
Investments	3.14%	0	72,000	99,000	**171,000**
Receivables	0.00%	574	0	0	**574**
Accrued income	0.00%	2,414	0	0	**2,414**
Total		**2,988**	**72,000**	**102,421**	**177,409**
Financial liabilities					
Payables	0.00%	1,885	0	0	**1,885**
Accrued expenses	0.00%	7,800	0	0	**7,800**
Total		**9,685**	**0**	**0**	**9,685**

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 +1.0 % and -0.5% (2016: +0.5% and -1.0%) in market interest rates (AUD) from year-end rates of 1.5% and 2.98%.

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.

2017	Carrying amount $'000	At +1.0% $'000	At +1.0% $'000	At -0.5% $'000	At -0.5% $'000
Financial assets		**Surplus**	**Equity**	**Surplus**	**Equity**
Cash and cash equivalents	7,136	71	71	(36)	(36)
Investments	167,000	1,157	1,157	(579)	(579)
Receivables	1,443	0	0	0	0
Accrued income	2,578	0	0	0	0
Financial liabilities					
Payables	5,453	0	0	0	0
Accruals	6,051	0	0	0	0
Total		**1,228**	**1,228**	**(614)**	**(614)**

2016	Carrying amount $'000	At -1.0% $'000	At -1.0% $'000	At +0.5% $'000	At +0.5% $'000
Financial assets		**Surplus**	**Equity**	**Surplus**	**Equity**
Cash and cash equivalents	3,421	(34)	(34)	17	17
Investments	171,000	(752)	(752)	376	376
Receivables	1,255	0	0	0	0
Accrued income	2,414	0	0	0	0
Financial liabilities					
Payables	1,885	0	0	0	0
Accruals	7,800	0	0	0	0
Total		**(786)**	**(786)**	**393**	**393**

Other market risk

AHPRA has no exposure to other market risk at 30 June 2017 or at 30 June 2016.

(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.
- Level 3 – the fair value is determined in accordance with generally accepted pricing models based on discounted cash flow analysis using unobservable market inputs.

AHPRA considers that the carrying amount of financial instrument assets and liabilities recorded in the financial statements to be a fair approximation of their fair values, because of the short-term nature of the financial instruments and the expectation that they will be settled in full.

The following table shows that the fair values of the contractual financial assets and liabilities are the same as the carrying amounts.

Comparison between carrying amount and fair value

	Carrying amount 2017 $'000	Fair value 2017 $'000	Carrying amount 2016 $'000	Fair value 2016 $'000
Contractual financial assets				
Cash and cash equivalents	7,136	7,136	3,421	3,421
Investments	167,000	167,000	171,000	171,000
Receivables	1,443	660	1,255	574
Accrued income	2,578	2,578	2,414	2,414
Total contractual financial assets	**178,157**	**177,374**	**178,090**	**177,409**
Contractual financial liabilities				
Payables	5,453	5,453	1,885	1,885
Accrued expenses	6,051	6,051	7,800	7,800
Total contractual financial liabilities	**11,504**	**11,504**	**9,685**	**9,685**

Note E3: Related party disclosures

(a) Australian Health Workforce Ministerial Council

The Ministerial Council comprises Ministers of the governments of the participating jurisdictions and the Commonwealth with portfolio responsibility for health. The following Ministers were members of the Australian Health Workforce Ministerial Council during the year 1 July 2016 to 30 June 2017, unless otherwise noted.

Name	Portfolio	Jurisdiction
The Hon Sussan Ley MP	Minister for Health and Aged Care (19 July 2016 to 24 January 2017) Minister for Aged Care (to 19 July 2016) Minister for Sport (to 24 January) Minister for Health (to 19 July 2016)	Commonwealth
The Hon Greg Hunt MP	Minister for Health (from 24 January 2017) Minister for Sport (from 24 January 2017) Minister for the Environment (to 19 July 2016) Minister for Industry, Innovation and Science (19 July 2016 to 24 January 2017)	Commonwealth
The Hon Jillian Skinner MP	Minister for Health (to 23 January 2017)	New South Wales
The Hon Brad Hazzard MP	Minister for Health (from 30 January 2017) Minister for Medical Research (from 30 January 2017) Minister for Family and Community Services (to 23 January 2017) Minister for Social Housing (to 23 January 2017)	New South Wales
The Hon Jill Hennessey MP	Minister for Health Minister for Ambulance Services Chair, Australian Health Workforce Ministerial Council	Victoria
The Hon Cameron Dick MP	Minister for Health Minister for Ambulance Services	Queensland
The Hon Jack Snelling MP	Minister for Health Minister for the Arts Minister for Health Industries	South Australia
The Hon Michael Ferguson MLA	Minister for Health Minister for Information Technology and Innovation	Tasmania
The Hon John Day MLA	Minister for Health, Culture and the Arts (to 17 March 2016)	Western Australia
The Hon Roger Cook MLA (from 17 March 2017)	Deputy Premier Minister for Health; Mental Health	Western Australia
Mr. Simon Corbell MLA (to October 2016)	Minister for Health Deputy Chief Minister Attorney-General	Australian Capital Territory
Ms Meegan Fitzharris MLA (from October 2016)	Minister for Higher Education, Training and Research Minster for Transport Canberra and City Services Minister for Health	Australian Capital Territory
The Hon Johan (John) Wessel Elferink MLA	Attorney-General and Minister for Justice (to 26 July 2016) Minister for Health (to 27 August 2016) Minister for Disability Services (to 27 August 2016) Minister for Mental Health Services (to 27 August 2016) Minister for Correctional Services (to 26 July 2016)	Northern Territory
The Hon Natasha Fyles MLA (from 12 September 2016)	Attorney-General and Minister for Justice Minister for Health	Northern Territory

Amounts relating to responsible Ministers' remuneration are reported in the financial statements of the relevant Minister's jurisdiction.

(a) Agency Management Committee members

Name	Period
Mr Michael Gorton AM, Chair	1/07/16 – 30/06/17
Ms Karen Crawshaw PSM	1/07/16 – 30/06/17
Professor Merrilyn Walton AM	1/07/16 – 11/04/17
Mr Ian Smith PSM	1/07/16 – 30/06/17
Ms Jenny Taing	1/07/16 – 30/06/17
Mr David Taylor	1/07/16 – 11/04/17
Ms Barbara Yeoh AM	1/07/16 – 30/06/17
Dr Peggy Brown	1/07/16 – 30/06/17
Dr Susan Young	14/06/17 – 30/06/17
Ms Philippa Smith AM	15/06/17 – 30/06/17

(b) Related party transactions

Key management personnel (KMP) of AHPRA include the responsible Minister in each jurisdiction that forms parts of the Ministerial Council under the National Law, members of the Agency Management Committee, Chief Executive Officer and members of the National Executive team, which includes:

- Executive Director, Regulatory Operations, Kym Ayscough
- Executive Director, Strategy and Policy, Chris Robertson, and
- Executive Director, Business Services, Sarndrah Horsfall.

Other than the responsible Ministers, the remuneration for KMP is disclosed as follows.

	2017	2016
Short-term employee benefits	1,318,533	1,280,251
Long-term employee benefits	19,582	19,582
Post-employment benefits	94,859	93,150
Total	**1,432,974**	**1,392,983**

Outside of normal citizen type transactions with AHPRA, there were no related party transactions that involved KMP, their close family members and their personal business interests other than those disclosed below. No provision has been required, nor any expense recognised, for impairment of receivables from related parties.

All other transactions that have occurred with KMP and their related parties have not been considered material for disclosure. In this context, transactions are only disclosed when they are considered necessary to draw attention to the possibility that AHPRA's financial position and profit or loss may have been affected by the existence of related parties, and by transactions and outstanding balances, including commitments, with such parties.

Mr Michael Gorton AM is a principal of Russell Kennedy Solicitors which provides legal services on notification matters to AHPRA on normal commercial terms and conditions.

Mr Michael Gorton is also a board member of Melbourne Health. During 2015/16, AHPRA engaged in transaction with Melbourne Health on normal commercial terms.

	2017 $'000	2016 $'000
Russell Kennedy Solicitors	140	419
Melbourne Health	0	2

The following transactions have involved the Ministerial Council during 2016/17.

Funding of $211k in 2016/17 was provided by Australian Governments to support the start of implementation of national regulation of paramedics under the National Scheme. Australian Health Ministers decided that paramedicine is to be regulated under the National Scheme, and the initial grant is to support AHPRA start its works in partnership with the soon to be established Paramedicine Board of Australia.

Note E4: Remuneration of external auditor

	2017 $'000	2016 $'000
Victorian Auditor-General's Office	159	155
Total	**159**	**155**

Note E5: Co-regulatory jurisdictions

The Health Practitioner Regulation National Law (NSW) No. 86a and the Queensland Health Ombudsman Act 2013 allow for co-regulation of registered health practitioners at the discretion of the respective member jurisdictions. Both New South Wales (NSW) and Queensland (QLD) have determined that co-regulation applies.

NSW Health Professional Councils Authority (HPCA)

In NSW, the Health Minister informs AHPRA and the National Boards of the amount to be collected per registrant on behalf of the NSW Health Professional Councils Authority (HPCA), for the purpose of handling notifications related to NSW-based practitioners. AHPRA collects these amounts and passes them onto the various Health Profession Councils, via HPCA. As this amount is set per registrant and collected by AHPRA and remitted to the HPCA within seven days after the end of the month, it is treated as an administered item in these financial statements. These amounts are not recorded within the statement of comprehensive income or statement of financial position.

Transactions relating to this activity are reported as administered (non-controlled) items as per the table to the right.

Summary of HPCA fee collected and payable

National Board	2017 $'000	2016 $'000
ATSIHPBA	4	4
CMBA	490	477
ChiroBA	209	195
DBA	3,437	2,385
MBA	13,379	12,997
MRPBA	348	393
NMBA	8,015	7,828
OTBA	233	218
OptomBA	219	196
OsteoBA	194	194
PharmBA	1,848	1,778
PhysioBA	595	563
PodBA	304	277
PsyBA	1,596	1,228
Total	**30,871**	**28,733**

Office of the Health Ombudsman (Queensland)

In Queensland, the Health Minister informs AHPRA and the National Boards of the amount to be paid to the Office of the Health Ombudsman (Queensland). This payment is included in the statement of comprehensive income as an expense. In 2016/17, AHPRA was required to pay $2.26 million to the Office of the Health Ombudsman (Queensland) under these arrangements.

In March 2017, AHPRA received advice from Queensland's Health Minister about a decision to refund AHPRA $3.748 million arising from payments made to the OHO in 2014/15 and 2015/16. This refund is recorded as a prepayment on the statement of financial position at 30 June 2017. The breakdown of the payment is shown in the table below.

National Board	2017 $'000	2016 reported $'000	2016 adjusted $'000	2015 reported $'000	2015 adjusted $'000	2015 and 2016 total refund $'000
ATSIHPBA	0	0	0	0	0	0
CMBA	19	37	28	12	13	(8)
ChiroBA	88	30	120	38	74	126
DBA	151	253	152	502	179	(424)
MBA	1,125	2,032	1,120	2,008	1,347	(1,573)
MRPBA	19	26	39	13	2	2
NMBA	648	1,300	604	1,198	817	(1,076)
OTBA	3	13	4	48	2	(55)
OptomBA	11	16	9	9	15	(1)
OsteoBA	2	7	2	1	2	(3)
PharmBA	89	244	108	428	88	(476)
PhysioBA	29	47	52	41	11	(26)
PodBA	4	10	3	17	5	(19)
PsyBA	72	187	77	186	81	(215)
Total	**2,260**	**4,202**	**2,318**	**4,500**	**2,636**	**(3,748)**

Appendices

Appendix 1: Structure of the National Boards

National Board	National committees	Regional boards	State and territory boards	State and territory/regional committees
ATSIHPBA	Immediate Action Committee[1] Registration and Notifications Committee	N/A	N/A	N/A
CMBA	Immediate Action Committee[1] Policy, Planning and Communications Committee Registration and Notifications Committee	N/A	N/A	N/A
ChiroBA	Immediate Action Committee[1] Registration, Notifications and Compliance Committee When required: • Accreditation, Assessment and Education Working Group • Communications and Relationships Working Group • CPD Working Group • Governance, Finance and Administration Working Group • Regulatory Policy and Standards Working Group • Statutory Offences Unit Liaison Group	N/A	N/A	N/A
DBA	Accreditation Committee Conscious Sedation Advisory Panel Equivalence Assessment Panel for overseas trained dental specialists Expert Reference Group – Specialist Oral Surgery Advisory Panel Recency of Practice Advisory Panel Review Panel for endorsement for conscious sedation refresher programs	N/A	N/A	Immediate Action Committee (excluding NSW) Registration Committee (NSW only) Registration and Notifications Committee (excluding NSW)
MBA	Finance Committee	N/A	All states and territories	Health Committee in Vic and WA Immediate Action Committee (excluding NSW) Notifications Committees (excluding NSW) Registration Committee (all jurisdictions)
MRPBA	Immediate Action Committee[1] National Examination Committee Overseas Qualifications Assessment Committee Registration and Notifications Committee Strategy and Policy Committee	N/A	N/A	N/A
NMBA	Finance, Governance and Communications Committee Policy, Compliance and Notifications Committee Registration and Accreditation Committee State and Territory Chairs' Committee	N/A	All states and territories	Immediate Action Committee (exc. NSW) When required: • Notifications Committee (exc. NSW) • Registration Committee
OTBA	Accreditation and Assessment Working Group Communications and Relationships Working Group Finance and Governance Working Group Immediate Action Committee[1] Registration and Notifications Committee	N/A	N/A	N/A
OptomBA	Finance and Risk Committee Immediate Action Committee[1] Policy and Education Committee Registration and Notifications Committee Scheduled Medicines Advisory Committee Statutory Offences Unit Liaison Group	N/A	N/A	N/A

1 As part of the Multi-profession Immediate Action Committee network from December 2016.

National Board	National committees	Regional boards	State and territory boards	State and territory/regional committees
OsteoBA	Immediate Action Committee[1] Registration and Notifications Committee Statutory Offences Unit Liaison Group	N/A	N/A	N/A
PharmBA	Finance, Risk and Governance Committee Immediate Action Committee Notifications Committee Policies, Codes and Guidelines Committee Registration and Examinations Committee	N/A	N/A	N/A
PhysioBA	Continuous Improvement Committee Immediate Action Committee[1] Registration and Notifications Committee	N/A	N/A	N/A
PodBA	Immediate Action Committee[1] Registration and Notifications Committee Strategic Planning and Policy Committee	N/A	N/A	N/A
PsyBA	Examination Committee Governance Working Group (including Finance) Regulatory Reform Working Group Regulatory Risk Working Group	ACT, Tas and Vic NT, SA and WA	NSW Qld	ACT/Tas/Vic Immediate Action Committee NT/SA/WA Immediate Action Committee Qld Immediate Action Committee

Appendix 2: Meetings of Boards and Committees in 2016/17

The table below details the number of National Board, national committee, state board and state committee meetings held during 2016/17. Each Board has different committee structures to support their day-to-day regulatory decision-making and policy work, largely determined by both the volume and risk profile of the tasks (see Appendix 1).

The purpose of committees vary, and include decision-making about individual practitioners (e.g. registration, notifications, immediate action and compliance matters) and policy-oriented committees looking at standards, codes and guidelines for the profession.

All of the meetings listed below as either state board or state committee, along with the majority of national committee meetings, were engaged in regulatory decision-making affecting individual practitioners. Numbers include out-of-sessions and immediate action committee meetings where those occurred.

National Board	National Board meetings	National committee meetings	Total national meetings	State Board meetings	State committee meetings	Total state meetings	Total
ATSIHPBA	6	8	**14**	0	0	**0**	**14**
CMBA	10	31	**41**	0	0	**0**	**41**
ChiroBA	12	47	**59**	0	0	**0**	**59**
DBA	11	28	**39**	0	126	**126**	**165**
MBA	14	13	**27**	108	701	**809**	**836**
MRPBA	12	37	**49**	0	0	**0**	**49**
NMBA	18	59	**77**	114	482	**596**	**673**
OTBA	15	33	**48**	0	0	**0**	**48**
OptomBA	9	30	**39**	0	0	**0**	**39**
OsteoBA	13	24	**37**	0	0	**0**	**37**
PharmBA	13	115	**128**	0	0	**0**	**128**
PhysioBA	12	42	**54**	0	0	**0**	**54**
PodBA	15	27	**42**	0	0	**0**	**42**
PsyBA	11	13	**24**	40	47	**87**	**111**

1 As part of the Multi-profession Immediate Action Committee network from December 2016.

Appendix 3: Attendance at meetings of the Agency Management Committee and its subcommittees

The table below sets out how many meetings of the Agency Management Committee and its subcommittees each member attended in the 2016/17 financial year, compared with the total number of meetings those members were eligible to attend. Agency Management Committee members who left or joined during the financial year have a smaller number of meetings that they were eligible to attend. Not all Agency Management Committee members are members of each subcommittee. Non-Agency Management Committee members have also been appointed to its subcommittees, including National Board Chairs and members.

Meeting attendance

Name	Number of meetings attended/eligible to attend
Agency Management Committee	
Mr Michael Gorton AM, Chair	07/10
Professor Merrilyn Walton AM	07/10
Ms Karen Crawshaw PSM	08/10
Ms Jenny Taing	10/10
Ms Barbara Yeoh AM	09/10
Mr Ian Smith PSM	08/10
Dr Peggy Brown	10/10
Mr David Taylor	08/10
Dr Susan Young	01/01
Ms Philippa Smith AM	01/01
Finance, Audit and Risk Management Committee	
Ms Barbara Yeoh AM, Chair	06/06
Ms Prudence Ford (until Nov 2016)	03/03
Mr David Taylor	04/06
Mr David Balcombe	06/06
Ms Kim Jones (from Nov 2016)	04/06
Mr Ian Smith PSM	03/04
Performance Committee	
Mr Ian Smith PSM, Chair (from until Aug 2016)	01/01
Mr Michael Gorton AM, Chair (from Nov 2016)	03/03
Professor Merrilyn Walton AM	04/04
Dr Joanna Flynn AM	04/04
Ms Jenny Taing	04/04
Dr Peggy Brown	03/04
Dr John Lockwood AM	03/04
Mr Ian Bluntish	04/04
Remuneration Committee	
Mr Michael Gorton AM, Chair	02/02
Ms Karen Crawshaw PSM	02/02
Mr Ian Smith PSM	02/02
Ms Jenny Taing	02/02
Dr John Lockwood AM	02/02

Appendix 4: National Board consultations in 2016/17

National Board	Consultations completed July 2016–June 2017[1]
ATSIHPBA	Nil
CMBA	Nil
ChiroBA	Nil
DBA	*Proposed entry-level competencies for endorsement for conscious sedation* Released: 11 November 2016, closed: 13 January 2017
MBA	*Revalidation* Released: 16 August 2016, closed: 30 November 2016
MRPBA	Nil
NMBA	*Codes of conduct for nurses and midwives* Released: 23 January 2017, closed: 10 March 2017
OTBA	*Revised competency standards for occupational therapists* Released: 16 January 2017, closed: 30 March 2017
OptomBA	*Revised registration standard – endorsement for scheduled medicines registration standard* *Revised guidelines for use of scheduled medicines* Released: 1 February 2017, closed: 31 March 2017
OsteoBA	Nil
PharmBA	Nil
PhysioBA	Nil
PodBA	*Review of the registration standard and guidelines for endorsement for scheduled medicines* Released: 14 October 2016, closed: 9 December 2016
PsyBA	*Proposed guideline for transitional programs* Released: 13 July 2016, closed: 7 September 2016

1 There were no all-boards consultations in 2016/17.

Appendix 5: Approved registration standards, codes and guidelines

For the reporting period 1 July 2016 to 30 June 2017, a number of registration standards for the 14 currently regulated health professions were submitted for approval by the Australian Health Workforce Ministerial Council (AHWMC) in accordance with the National Law.

Codes and guidelines were also developed and approved by the relevant National Boards.

Prior to approval, there must be public consultations on the proposed registration standards, codes and guidelines.

Registration standards, codes and guidelines are developed by the relevant National Board in accordance with the National Law and AHPRA's *Procedures for the development of registration standards, codes and guidelines*. You can find out more about these procedures at www.ahpra.gov.au/Publications/Procedures.

National Board	Registration standard	Approved by	Date of approval	Status
• ChiroBA • DBA • OptomBA • OsteoBA • MRPBA • PharmBA • PhysioBA • PodBA • PsyBA	Professional indemnity insurance (PII) arrangements registration standard (revised standard)	AHWMC	27 August 2015	To commence on 1 July 2017 (PharmBA, OsteoBA, ChiroBA, DBA, OptomBA, MRPBA, PhysioBA, PodBA)
	Recency of practice (RoP) registration standard (revised standard)	AHWMC	27 August 2015	Commenced 1 December 2016 (MRPBA, PhysioBA, PodBA, PsyBA)

Chinese Medicine Board of Australia

Registration standard, code or guidelines	Approved by	Date of approval	Status
Patient health record guidelines	CMBA	25 May 2016	Commenced 16 August 2016

For more information about registration standards, codes and guidelines for Chinese medicine, go to www.chinesemedicineboard.gov.au/Codes-Guidelines.

Medical Board of Australia

Registration standard, code or guidelines	Approved by	Date of approval	Status
Registration standard for limited registration for area of need	AHWMC	7 September 2015	Commenced on 1 July 2016
Registration standard for limited registration for postgraduate training or supervised practice	AHWMC	7 September 2015	Commenced on 1 July 2016
Registration standard for limited registration for teaching or research	AHWMC	7 September 2015	Commenced on 1 July 2016
Registration standard for limited registration in public interest	AHWMC	7 September 2015	Commenced on 1 July 2016
Registration standard for continuing professional development	AHWMC	7 September 2015	Commenced on 1 October 2016
Registration standard for recency of practice	AHWMC	7 September 2015	Commenced on 1 October 2016
Guidelines – Short-term training in a medial specialty for international medical graduates who are not qualified for general or specialist registration	MBA	24 September 2014[1]	Commenced on 1 July 2016
Guidelines for registered medical practitioners who perform cosmetic medical and surgical procedures	MBA	23 March 2016	Commenced on 1 October 2016

For more information about registration standards for the medical profession, go to www.medicalboard.gov.au/Registration-Standards.

For more information about codes, guidelines and policies for the medical profession, go to www.medicalboard.gov.au/Codes-Guidelines-Policies.

1 This guideline is linked to the registration standard for limited registration for postgraduate training and its start date relied on the registration to be approved and come into effect..

Medical Radiation Practice Board of Australia

Registration standard, code or guidelines	Approved by	Date of approval	Status
Guidelines: Professional Indemnity Insurance arrangements	MRPBA	25 August 2015	Commenced on 1 July 2016
Guidelines: Recency of practice	MRPBA	25 August 2015	Commenced on 1 December 2016

For more information about codes and guidelines for medical radiation practice, go to www.medicalradiationpracticeboard.gov.au/Codes-Guidelines/Codes-and-Guidelines.

Nursing and Midwifery Board of Australia

Registration standard, code or guidelines	Approved by	Date of approval	Status
Guidelines: For midwives applying for endorsement for scheduled medicines	NMBA	15 December 2016	Commenced on 1 January 2017
Safety and quality guidelines for privately practising midwives	NMBA	30 July 2015	Commenced on 1 January 2017

For more information about codes and guidelines for nursing and midwifery, go to www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.

Physiotherapy Board of Australia

Registration standard, code or guidelines	Approved by	Date of approval	Status
Guidelines on recency of practice	PhysioBA	25 August 2015	Commenced on 1 December 2016

For more information about codes and guidelines for physiotherapy, go to www.physiotherapyboard.gov.au/Codes-Guidelines.

Podiatry Board of Australia

Registration standard, code or guidelines	Approved by	Date of approval	Status
Guidelines: Recency of practice	PodBA	25 August 2015	Commenced on 1 December 2016

For more information about codes and guidelines for podiatry, go to www.podiatryboard.gov.au/Policies-Codes-Guidelines.

Psychology Board of Australia

Registration standard, code or guidelines	Approved by	Date of approval	Status
Provisional registration standard	AHWMC	22 November 2016	Commenced on 1 June 2017
Guidelines for the 4+2 internship program	PsyBA	26 February 2016	Commenced on 1 June 2017
Guidelines: transitional programs for overseas qualified applicants	PsyBA	15 December 2016	Commenced on 10 April 2017

For more information about standards and guidelines for psychology, go to www.psychologyboard.gov.au/Standards-and-Guidelines.

Common acronyms

Acronyms used for National Boards

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

AHPRA

The Australian Health Practitioner Regulation Agency, established by section 23(1) of the National Law. See www.ahpra.gov.au.

AHWMC

The Australian Health Workforce Ministerial Council (or the Ministerial Council), comprising Commonwealth, state and territory health ministers, which oversees the National Scheme. See www.coaghealthcouncil.gov.au.

COAG

Council of Australian Governments. See www.coag.gov.au.

CRG

Community Reference Group. See www.ahpra.gov.au/About-AHPRA/Advisory-groups.

HCE

Health Complaints Entity. An entity that is established by or under an Act of a participating jurisdiction, and whose functions include conciliating, investigating and resolving complaints made against health service providers and investigating failures in the health system. See www.ahpra.gov.au/Notifications/Further-information/Health-complaints-organisations.

HPCA

Health Professional Councils Authority. Manages complaints and concerns about practitioners in NSW. See page 8 or go to www.hpca.nsw.gov.au.

NHPOPC

National Health Practitioner Ombudsman and Privacy Commissioner. See nhpopc.gov.au.

NRAS

The National Registration and Accreditation Scheme (also referred to as the National Scheme). See www.ahpra.gov.au/About-AHPRA/What-We-Do/FAQ.

OHO

Office of the Health Ombudsman. Manages complaints in Queensland. See www.oho.qld.gov.au.

PRG

Professions Reference Group. See www.ahpra.gov.au/About-AHPRA/Advisory-groups.

Glossary

A comprehensive list of definitions is available on the AHPRA website at www.ahpra.gov.au/support/glossary.

Accreditation

Accreditation ensures that the education and training leading to registration as a health practitioner is rigorous and prepares the graduates to practise a health profession safely. The accreditation authority may be a committee of a National Board, or a separate organisation.

Caution

A formal caution may be issued by a National Board or an adjudication body. A caution is intended to act as a deterrent so that the practitioner does not repeat the conduct. A caution is not usually recorded on the *Register of practitioners*. However, a National Board can require a caution to be recorded on the *Register of practitioners*.

Condition

A National Board or an adjudication body can impose a condition on the registration of a practitioner or student, or on an endorsement of registration. A condition aims to restrict a practitioner's practice in some way, to protect the public.

Current conditions which restrict a practitioner's practice of the profession are published on the *Register of practitioners*. When a National Board or adjudication body decides the conditions are no longer required to ensure safe practice, they are removed and no longer published.

Examples of conditions include requiring a practitioner to:

- complete specified further education or training within a specified period
- undertake a specified period of supervised practice
- do, or refrain from doing, something in connection with the practitioner's practice
- manage their practice in a specified way
- report to a specified person at specified times about the practitioner's practice, or
- not employ, engage or recommend a specified person, or class of persons.

There may also be conditions related to a practitioner's health (such as psychiatric care or drug screening).

The details of health conditions are not usually published on the *Register of practitioners*. Also see the definition of Undertaking.

Division

Part of a health profession. A practitioner can be registered in more than one division within a profession. Not all professions have divisions.

For more information, please refer to the list published online at www.ahpra.gov.au/Registration/Registers-of-Practitioners/Professions-and-Divisions.

Education provider

The name of the university, tertiary education institution, specialist medical or other health-profession college that provides a program of study.

Endorsement

An endorsement of registration recognises that a person has an extended scope of practice in a particular area because they have an additional qualification that is approved by the National Board.

There are a number of different types of endorsement available under the National Law, including:

- scheduled medicines
- nurse practitioner
- acupuncture, and
- approved area of practice.

In psychology, these are divided into 'subtypes' which describe additional qualifications and expertise. An endorsement can include more than one 'subtype'.

Health impairment

Physical or mental impairment, disability, condition or disorder (including substance abuse or dependence), that detrimentally affects or is likely to detrimentally affect a registered health practitioner's capacity to safely practise the profession or a student's capacity to undertake clinical training.

Immediate action

Immediate action can be taken as an interim step to restrict a practitioner's registration while a complaint is investigated. Immediate actions include:

- the suspension of, or imposition of a condition on, a registered health practitioner's or student's registration
- accepting an undertaking from a registered health practitioner or student, and
- accepting the surrender of a registered health practitioner's or student's registration.

Mandatory notifications

Notification that an entity is required to make to AHPRA under Division 2 of Part 8 of the National Law. It is mandatory that colleagues, employers or education providers of a registered practitioner or student submit a notification about them if they have behaved in a way that constitutes notifiable conduct. Refer to each Board's website for *Guidelines for mandatory notifications*.

National Board

Appointed by the Ministerial Council to regulate the profession in the public interest and meet the responsibilities set down in the National Law. National Board members and/or state board members and/or committee members are delegated the functions/powers of the National Board.

National Law

The Act, adopted in each state and territory, setting out the provisions of the Health Practitioner Regulation National Law. The National Law has been adopted by the parliament of each state or territory through adopting legislation. The National Law is generally consistent in all states and territories. NSW did not adopt Part 8 of the National Law. See page 8 to find out about health regulation in Australia.

National Scheme

The National Registration and Accreditation Scheme for registered health practitioners, established by the Council of Australian Governments (COAG). In 2010, under the National Law, 10 professions became nationally regulated by a corresponding National Board. In 2012, four additional professions joined the National Scheme.

No conviction recorded

No conviction recorded is an outcome that is available to a court after either a plea or finding of guilt. This is a common outcome for first offenders for 'low level' offences, which reflects the willingness of the legislature and the community to provide first offenders, in certain circumstances, a second chance to maintain a reputation of good character.

No further action

No further action is taken when, based on the available information, the Board determines there is no risk to the public that requires regulatory action.

Notation

Records a limitation on the practice of a registrant. Used by National Boards to describe and explain the scope of a practitioner's practice by noting the limitations on that practice. The notation does not change the practitioner's scope of practice but may reflect the requirements of a registration standard.

Notifiable conduct

When registered health practitioner has:

- practised the practitioner's profession while intoxicated by alcohol or drugs
- engaged in sexual misconduct in connection with the practice of the practitioner's profession
- placed the public at risk of substantial harm in the practitioner's practice of the profession because the practitioner has an impairment, or
- placed the public at risk of harm because the practitioner has practised the profession in a way that constitutes a significant departure from accepted professional standards.

Notification

Anyone can make a notification (lodge a complaint or raise a concern) about a registered health practitioner. This is the way to raise a concern about a practitioner's professional conduct, performance or health.

Notifications can be made by contacting AHPRA on 1300 419 495 or visiting our complaints portal at www.ahpra.gov.au/Notifications.

Notifications may be investigated by National Boards. A National Board may decide to take action about a notification if:

- the practitioner has been found to have engaged in unprofessional conduct or professional misconduct
- the practitioner has been found to have engaged in unsatisfactory professional performance, or
- the practitioner's health is impaired and their practice may place the public at risk.

The Boards are 'notified' of an issue. The word 'notification' is deliberate and reflects that the Boards are not complaint resolution agencies. However, to make the experience of making a complaint easier to follow, we have simplified the language used on the AHPRA website over the past year.

Health practitioner regulation is a protective jurisdiction. The role of the National Boards is 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.

Practice

This definition of practice is used in a number of National Board registration standards. It means any role, whether remunerated or not, in which an individual uses their skills and knowledge as a practitioner in their regulated health profession. Practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with patients or clients, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that impact on safe, effective delivery of health services in the health profession.

Some National Boards have also issued guidance about when practitioners need to be registered.

Principal place of practice

The location declared by a practitioner as the address at which they mostly practise the profession. If the practitioner is not practising, or not practising mostly at one address, then the practitioner's principal place of residence is used.

If the location of the principal place of practice is in Australia, the following information is displayed on the *Register of practitioners*:

- suburb
- state
- postcode, and
- country.

If the location is outside Australia, the following information is displayed on the *Register of practitioners*:

- international state/province
- international postcode, and
- country.

In rare cases, when a practitioner has demonstrated that their health and safety may be at risk from the publication of this information about their principal place of practice, a National Board may choose to not publish this information.

Qualifications

Professional qualifications for which a practitioner must have to meet the requirements for registration in a profession. Undergraduate and postgraduate Australian qualifications recognised by National Boards are published on the National Boards' websites. Individual practitioners' approved qualifications are published on the *Register of practitioners*.

Register of practitioners

Also known as the public register, the *Register of practitioners* is a publicly accessible database of all currently registered health practitioners with a principal place of practice in Australia. AHPRA also maintains a list of cancelled practitioners and a list of practitioners who have an undertaking not to practise. You can search these databases at www.ahpra.gov.au/registration/registers-of-practitioners.

Registered health practitioner

An individual who is registered under the National Law to practise a health profession, other than as a student, or who holds a non-practising registration in a health profession under the National Law.

Registration expiry date

Date when a practitioner's current registration expires. Practitioners must apply to renew their registration annually. If the practitioner's name appears on the register, they are registered and can practise within the scope of their registration, consistent with any conditions or undertakings that apply.

Under the National Law, registrants who apply to renew on time are able to practise while their annual renewal application is being processed. Practitioners remain registered for one month after their registration expiry date. If they apply to renew their registration during this period, they are required to pay a late fee and are able to continue to practise while their application is being processed.

Registration number

Since March 2012, practitioners have been allocated one unique registration number for each profession in which they are registered. This number stays with the practitioner for life, even if they have periods when they are not registered. Practitioners registered in more than one profession have one registration number for each profession.

Registration status

The status of a registration can be:

Registered: The practitioner is registered to practise.

Suspended: The registration has been suspended and the practitioner is not permitted to practise while suspended. The practitioner's name is published on the *Register of practitioners*.

Cancelled: The registration has been cancelled and the practitioner is not permitted to practise. The practitioner's name is not published on the *Register of practitioners* but is published on the list of cancelled practitioners.

Registration type

The National Law defines the type of registration that a National Board can grant to an eligible practitioner. More information is available on the AHPRA website at www.ahpra.gov.au/Publications/AHPRA-FAQ-and-Fact-Sheets.

Reprimand

A reprimand is a chastisement for conduct; a formal rebuke. Reprimands issued since the start of the National Scheme (1 July 2010 or 18 October 2010 in WA) are published on the *Register of practitioners*.

Specialty

There are currently three professions with specialist registration under the National Law: podiatry, dental and medical. The Ministerial Council is responsible for approving a list of specialties for each profession and for approving one or more specialist titles for each specialty on the list. The National Boards each decide the requirements for specialist registration in their profession.

Requirements for specialist registration vary across the professions that have specialist recognition (medical, dental and podiatry).

Student

A person whose name is entered in a student register as being currently registered as a student practitioner under the National Law.

Suspension

If a practitioner's registration is suspended, they are not eligible to practise. A tribunal has the power to suspend a practitioner's registration as a result of a hearing. A National Board also has the power to suspend a practitioner's registration pending other assessment or action, if it believes there is serious risk to the health and safety of the public from the practitioner's continued practice of the profession, and that suspension is necessary to protect the public from that risk.

A health panel can suspend a practitioner's registration if the panel finds that the practitioner (or student) has an impairment and it is necessary to suspend the practitioner's registration to protect the public.

Undertaking

National Boards can seek and accept an undertaking from a practitioner to limit the practitioner's practice in some way if this is necessary to protect the public. The undertaking means the practitioner agrees to do, or to not do, something in relation to their practice of the profession. Current undertakings which restrict a practitioner's practice of the profession are published on the *Register of practitioners*. When a National Board or adjudication body decides the undertakings are no longer required to ensure safe practice, they are revoked and are no longer published. Current undertakings which relate to a practitioner's health are mentioned on the National register but details are not provided.

An undertaking is voluntary, whereas a condition is imposed on a practitioner's registration.

Unprofessional conduct

Unprofessional conduct is conduct that is of a lesser standard than that which might reasonably be expected of a health practitioner by the public or the practitioner's professional peers. A more extensive definition is available under section 5 of the National Law.

Each profession has a set of standards and guidelines which clarify the acceptable standard of professional conduct.

Unsatisfactory professional performance

This is when the knowledge, skill or judgement possessed, or care exercised by, a practitioner in the practice of the health profession in which the practitioner is registered is below the standard reasonably expected for a health practitioner with an equivalent level of training or experience.

Voluntary notification

A notification made on a voluntary basis. The grounds for a voluntary notification are set out in section 144 of the National Law.

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Contacts

To request print copies of this report or to offer feedback, write to:

Publications Manager
AHPRA National Office
GPO Box 9958
Melbourne VIC 3000

Phone

1300 419 495

Email

Via the online enquiry form at the AHPRA website at www.ahpra.gov.au

Download the report

This annual report and summary reports for the 14 Boards and eight jurisdictions are available to download at www.ahpra.gov.au/annualreport

Useful links

Register of practitioners: www.ahpra.gov.au/registration/registers-of-practitioners

Complaints portal: www.ahpra.gov.au/About-AHPRA/Complaints

Court and tribunal outcomes: www.ahpra.gov.au/Publications/Tribunal-Decisions

National restrictions library: www.ahpra.gov.au/Registration/Monitoring-and-compliance/National-Restrictions-Library

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Australian Health Practitioner Regulation Agency

GPO Box 9958 in your capital city

www.ahpra.gov.au

Australian Capital Territory
Level 2
103-105 Northbourne Ave
Turner ACT 2612

New South Wales
Level 51
680 George Street
Sydney NSW 2000

Northern Territory
Level 5
22 Harry Chan Ave
Darwin NT 0800

Queensland
Level 18
179 Turbot St
Brisbane QLD 4000

South Australia
Level 11
80 Grenfell St
Adelaide SA 5000

Tasmania
Level 5
99 Bathurst St
Hobart TAS 7000

Victoria
Level 8
111 Bourke St
Melbourne VIC 3000

Western Australia
Level 1
541 Hay St
Subiaco WA 6008

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