

AHPRA Performance Report

Victoria

April-June 2018



Australian Health Practitioner Regulation Agency

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

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Introduction

The Australian Health Practitioner Regulation Agency (AHPRA) works with the National Boards of 14 health professions to protect the public by regulating health practitioners efficiently and effectively in the public interest to facilitate access to safer healthcare. We believe in the importance of reporting regularly on our performance. This aims to provide clear information about what we do and how well we do it and to help us to continue to improve our services. Further information about our work is available at www.ahpra.gov.au.

What does this report cover?

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

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

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

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

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

How to use this report

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

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

Registration management

Practitioners in 14 health professions are registered by AHPRA across Australia. Information about the registration status of registered health practitioners is available through the online register at <http://www.ahpra.gov.au/Registration/Registers-of-Practitioners.aspx>.

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

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

AHPRA maintains a free online register of all registered health practitioners at www.ahpra.gov.au.

Registrants

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

Table 1: Total number of registrants, by profession

Profession	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP	National (incl NSW)
Aboriginal and Torres Strait Islander Health Practitioner	3	129	219	112	46	3	18	111		641
Chinese Medicine Practitioner	66	1,992	13	880	186	36	1,312	265	132	4,882
Chiropractor	70	1,813	27	863	371	51	1,417	644	164	5,420
Dental Practitioner	416	6,981	168	4,602	1,895	386	5,351	2,678	616	23,093
Medical Practitioner	2,154	35,303	1,346	23,027	8,256	2,400	28,145	11,501	2,981	115,113
Medical Radiation Practitioner	272	5,413	111	3,321	1,237	325	3,939	1,359	280	16,257
Midwife	168	1,199	87	1,057	643	34	1,377	438	206	5,209
Nurse	5,876	100,734	4,051	74,338	31,604	8,895	98,061	36,278	10,482	370,319
Nurse and Midwife	528	8,024	491	5,830	1,914	639	7,629	2,886	336	28,277
Occupational Therapist	369	5,881	182	4,079	1,631	313	5,267	2,943	310	20,975
Optometrist	87	1,857	32	1,092	315	95	1,467	426	161	5,532
Osteopath	38	582	3	216	36	45	1,358	63	48	2,389
Pharmacist	577	9,443	253	6,167	2,211	741	7,860	3,266	590	31,108
Physiotherapist	646	9,279	182	6,089	2,489	489	7,848	3,748	1,225	31,995
Podiatrist	66	1,447	23	880	454	108	1,659	459	59	5,155
Psychologist	961	11,956	231	6,503	1,772	628	9,966	3,794	565	36,376
Total	12,297	202,033	7,419	139,056	55,060	15,188	182,674	70,859	18,155	702,741

Note:

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

Applications for registration

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

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

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

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

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

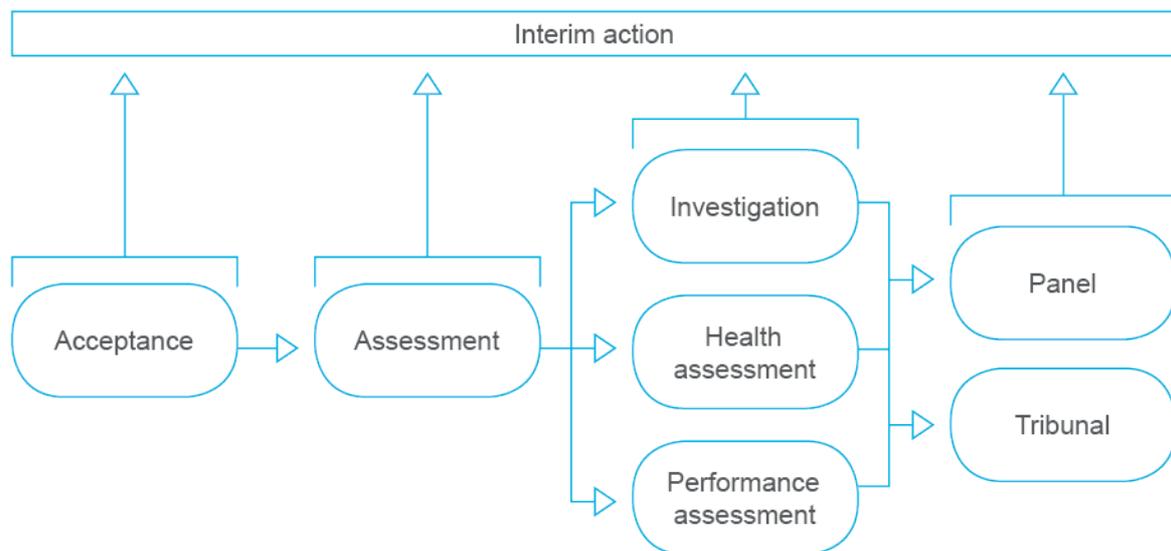
Table 2: Applications for registration finalised, by profession

Profession	Vic	National (incl NSW)	% of national
Aboriginal and Torres Strait Islander Health Practitioner	1	38	3%
Chinese Medicine Practitioner	37	138	27%
Chiropractor	6	25	24%
Dental Practitioner	35	173	20%
Medical Practitioner	423	1,936	22%
Medical Radiation Practitioner	23	161	14%
Midwife	89	286	31%
Nurse	1,807	6,454	28%
Occupational Therapist	62	228	27%
Optometrist	4	15	27%
Osteopath	17	32	53%
Pharmacist	108	383	28%
Physiotherapist	94	344	27%
Podiatrist	8	38	21%
Psychologist	386	1,224	32%
Total	3,100	11,475	27%

Table 3: Applications for registration finalised, by outcome

Outcome	Vic	National (incl NSW)	% of national
Register	2,699	9,183	29%
Register with conditions	95	404	24%
Register in a type other than applied for		17	0%
Register in a type other than applied for with conditions	1	19	5%
Refuse application	109	800	14%
Withdrawn	179	998	18%
Other	17	54	31%
Total	3,100	11,475	27%

Notifications management



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

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

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

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

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

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

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

Volume of notifications

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

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

Table 4: Notifications received, by profession

Profession	Vic	National	% of national
Aboriginal and Torres Strait Islander Health Practitioner			-
Chinese Medicine Practitioner	5	16	31%
Chiropractor	13	24	54%
Dental Practitioner	54	127	43%
Medical Practitioner	289	962	30%
Medical Radiation Practitioner	3	8	38%
Midwife	2	17	12%
Nurse	141	399	35%
Occupational Therapist	9	13	69%
Optometrist	6	14	43%
Osteopath	5	5	100%
Pharmacist	49	124	40%
Physiotherapist	8	24	33%
Podiatrist	5	21	24%
Psychologist	68	135	50%
Yet to be coded*	1	5	20%
Total	658	1,894	35%

Note:

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

Table 5: Notifications closed, by profession

Profession	Vic	National	% of national
Aboriginal and Torres Strait Islander Health Practitioner		2	0%
Chinese Medicine Practitioner	6	8	75%
Chiropractor	16	41	39%
Dental Practitioner	48	159	30%
Medical Practitioner	380	1,227	31%
Medical Radiation Practitioner	1	7	14%
Midwife	3	19	16%
Nurse	138	485	28%
Occupational Therapist	6	10	60%
Optometrist	3	7	43%
Osteopath	7	7	100%
Pharmacist	52	114	46%
Physiotherapist	15	27	56%
Podiatrist	5	16	31%
Psychologist	46	103	45%
Yet to be coded*	1	3	33%
Total	727	2,235	33%

Note:

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

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

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

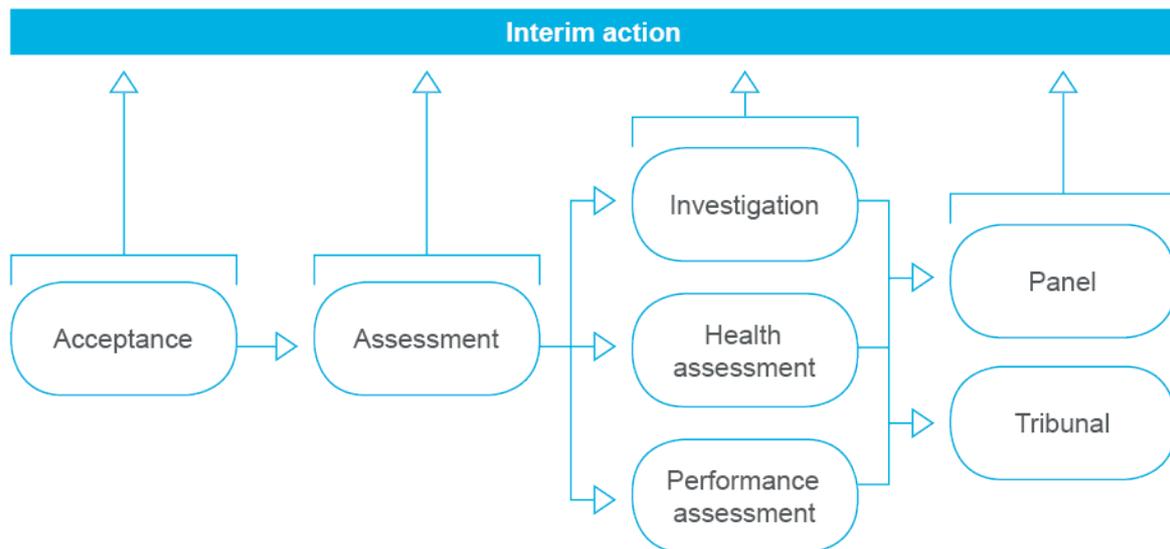
Table 6: Stage of open notifications at the end of the latest quarter

Stage	Vic	National	% of national
Assessment	379	1,110	34%
Investigation	720	2,455	29%
Health assessment	34	199	17%
Performance assessment	26	73	36%
Referred to a Panel	9	29	31%
Referred to a Tribunal	177	321	55%
Total	1,345	4,187	32%

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

Status	Vic	National
Open at start of quarter	1,412	4,528
Received	658	1,894
Closed	727	2,235
Open at end of quarter	1,345	4,187
Change (no.)	▼ 67	▼341
Change (%)	▼ 5%	▼ 8%

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



Interim actions

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

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

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

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

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

Changes to registration as a result of interim action are published to the online register of practitioners.

Table 8 shows the outcome of interim actions taken by National Boards in the latest quarter.

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

Table 8: Interim actions taken, by outcome

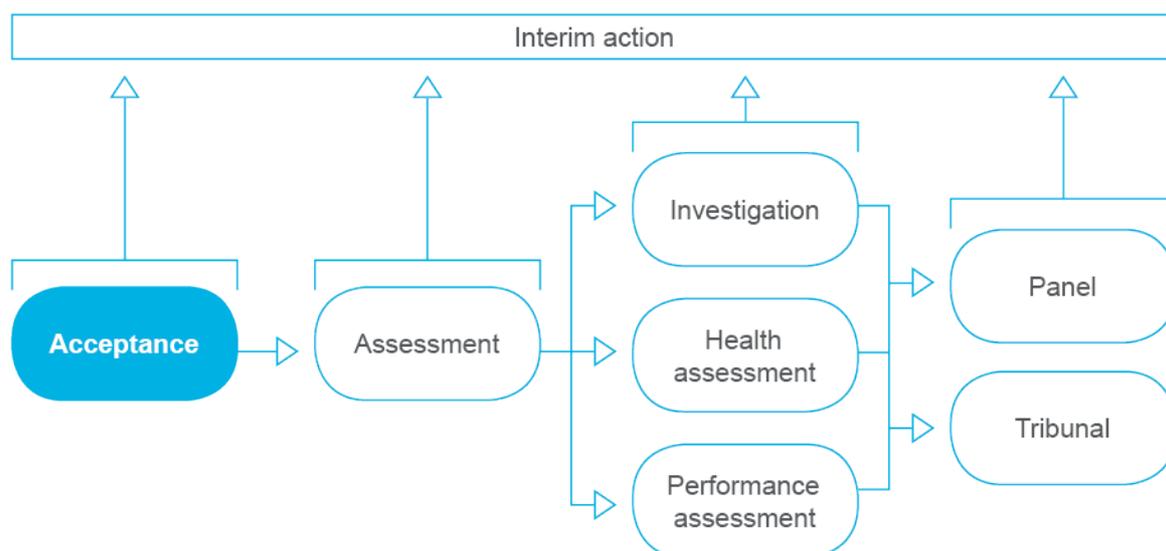
Outcome	Vic	National	% of national
Board accepts undertaking by the practitioner	8	28	29%
Board imposes conditions on practitioner's registration	10	33	30%
Board suspends practitioner	7	19	37%
Practitioner surrenders registration		1	0%
Total	25	81	31%

Table 9: Interim actions taken, by time frame

Time frame	Vic	National
Median days	7	8

Note:

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



Acceptance

When accepting a notification, AHPRA appraises:

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

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

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

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

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

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

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

Table 10: Health complaints entities in each state and territory

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

Table 11: Notifications considered for acceptance, by profession

	Vic	National	% of national
Aboriginal and Torres Strait Islander Health Practitioner			-
Chinese Medicine Practitioner	6	16	38%
Chiropractor	7	21	33%
Dental Practitioner	38	151	25%
Medical Practitioner	314	1,067	29%
Medical Radiation Practitioner	2	9	22%
Midwife	1	14	7%
Nurse	120	413	29%
Occupational Therapist	6	11	55%
Optometrist	2	7	29%
Osteopath	6	6	100%
Pharmacist	39	111	35%
Physiotherapist	12	33	36%
Podiatrist	5	19	26%
Psychologist	57	143	40%
Yet to be coded*	17	138	12%
Total	632	2,159	29%

Note:

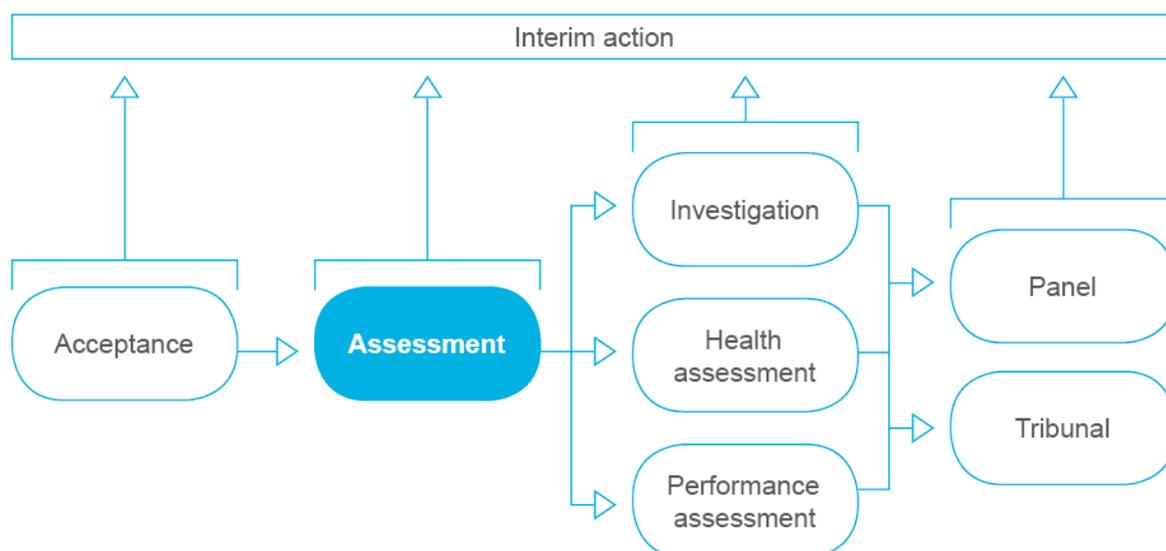
This report provides a snapshot of a point in time. Details of the notification may not have been entered into the system or were not available at that time.

Table 12: Outcome of acceptance process

Outcome	Vic	National	% of national
Accepted for management by AHPRA	662	1,882	35%
Not accepted as a notification	47	339	14%
Total	709	2,221	32%

Note:

Matters can include notifications as well as statutory offences.



Assessment

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

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

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

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

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

Information about these potential outcomes is available at www.ahpra.gov.au/Notifications/The-notifications-process/Possible-outcomes.

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

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

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

Table 15 shows the outcomes of the assessments completed.

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

Table 13: Assessments completed, by profession

Profession	Vic	National	% of national
Aboriginal and Torres Strait Islander Health Practitioner		1	0%
Chinese Medicine Practitioner	6	11	55%
Chiropractor	15	27	56%
Dental Practitioner	47	152	31%
Medical Practitioner	389	1,142	34%
Medical Radiation Practitioner	2	5	40%
Midwife	3	16	19%
Nurse	126	383	33%
Occupational Therapist	6	10	60%
Optometrist	3	6	50%
Osteopath	7	7	100%
Pharmacist	44	98	45%
Physiotherapist	14	27	52%
Podiatrist	4	15	27%
Psychologist	51	98	52%
Yet to be coded*	2	4	50%
Total	719	2,002	36%

Note:

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

Table 14: Assessments completed, by time frame

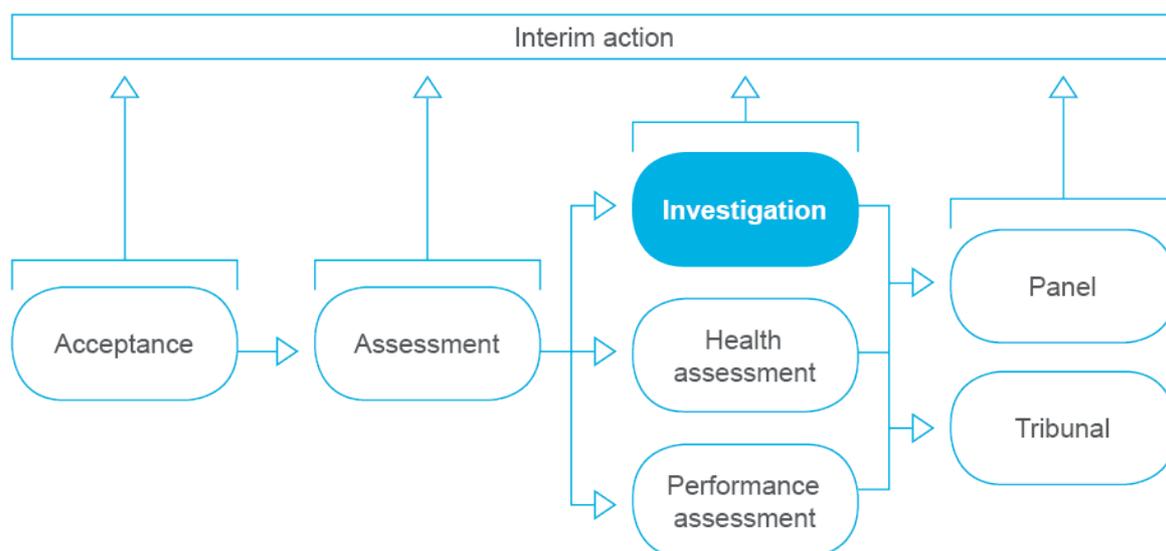
Time frame	Vic	National	% of national
Completed in ≤ 60 days	327	1,097	30%
Completed in > 60 days but ≤ 90 days	98	324	30%
Completed in > 90 days	294	581	51%
Completed following a show cause process	66	178	37%
Total	719	2,002	36%

Table 15: Assessments completed, by outcome

Outcome	Vic	National	% of national
Outcome of decision to close the notification			
No further action	459	1,172	39%
Board cautions practitioner	27	98	28%
Board accepts undertaking by the practitioner	3	5	60%
Board imposes conditions on practitioner's registration	25	55	45%
Assessment to be done by health complaints entity	2	58	3%
Other	3	10	30%
Outcome of decision to take the notification further			
Investigation by AHPRA	191	544	35%
Health or performance assessment	8	51	16%
Referral to a panel		0	
Referral to a tribunal		0	
Other	1	9	11%
Total	719	2,002	36%

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

Time frame	Vic	National	% of national*
Open for ≤ 60 days	236	681	35%
Open for > 60 days but ≤ 90 days	60	142	42%
Open for > 90 days	30	155	19%
Subject to a show cause process	53	132	40%
Total	379	1,110	34%



Investigation

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

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

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

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

After an investigation, a National Board may decide to:

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

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

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

Table 18 shows the timeliness of those completed investigations.

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

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

Table 17: Investigations completed, by profession

Profession	Vic	National	% of national
Aboriginal and Torres Strait Islander Health Practitioner		1	0%
Chinese Medicine Practitioner	1	1	100%
Chiropractor	4	21	19%
Dental Practitioner	12	44	27%
Medical Practitioner	105	384	27%
Medical Radiation Practitioner		2	0%
Midwife		11	0%
Nurse	49	199	25%
Occupational Therapist			-
Optometrist		3	0%
Osteopath	1	1	100%
Pharmacist	19	31	61%
Physiotherapist	6	13	46%
Podiatrist	2	4	50%
Psychologist	10	25	40%
Yet to be coded			-
Total	209	740	28%

Note:

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

Table 18: Investigations completed, by time frame

Time frame	Vic	National	% of national
Completed in ≤ 6 months	103	250	41%
Completed in > 6 months but ≤ 12 months	52	235	22%
Completed in > 12 months but ≤ 18 months	18	127	14%
Completed in > 18 months	36	128	28%
Total	209	740	28%

Table 19: Investigations completed, by outcome

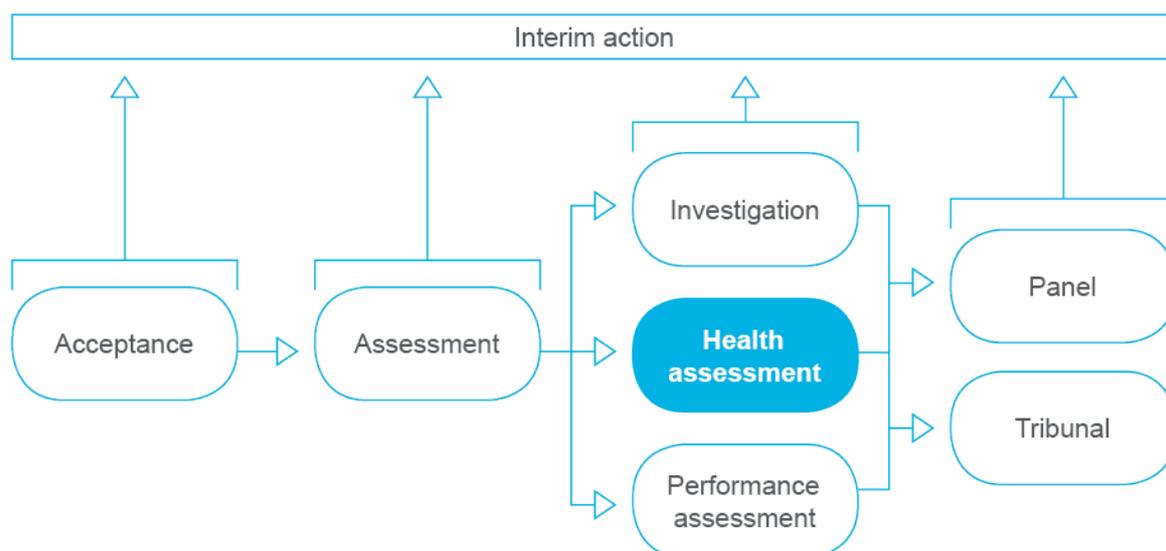
Outcome	Vic	National	% of national
Outcome of decision to close the notification			
No further action	118	435	27%
Board cautions practitioner	27	93	29%
Board accepts undertaking by the practitioner	2	23	9%
Board imposes conditions on practitioner's registration	19	73	26%
Other	2	7	29%
Outcome of decision to take the notification further			
Health or performance assessment	9	34	26%
Referral to a panel	2	8	25%
Referral to a tribunal	29	60	48%
Other	1	7	14%
Total	209	740	28%

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

Time frame	Vic	National	% of national
Open for ≤ 6 months	363	1,057	34%
Open for > 6 months but ≤ 12 months	170	665	26%
Open for > 12 months but ≤ 18 months	76	387	20%
Open for > 18 months	111	346	32%
Total	720	2,455	29%

Note:

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



Health assessment

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

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

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

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

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

Table 22 shows the timeliness of those health assessments completed.

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

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

Table 21: Health assessments completed, by profession

Profession	Vic	National	% of national
Aboriginal and Torres Strait Islander Health Practitioner			-
Chinese Medicine Practitioner			-
Chiropractor			-
Dental Practitioner	3	3	100%
Medical Practitioner	8	25	32%
Medical Radiation Practitioner		2	0%
Midwife		1	0%
Nurse	9	69	13%
Occupational Therapist		1	0%
Optometrist			-
Osteopath			-
Pharmacist		6	0%
Physiotherapist			-
Podiatrist		1	0%
Psychologist		4	0%
Total	20	112	18%

Note:

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

Table 22: Health assessments completed, by time frame

Time frame	Vic	National	% of national
Completed in ≤ 6 months	5	54	9%
Completed in > 6 months	15	58	26%
Total	20	112	18%

Table 23: Health assessments completed, by outcome

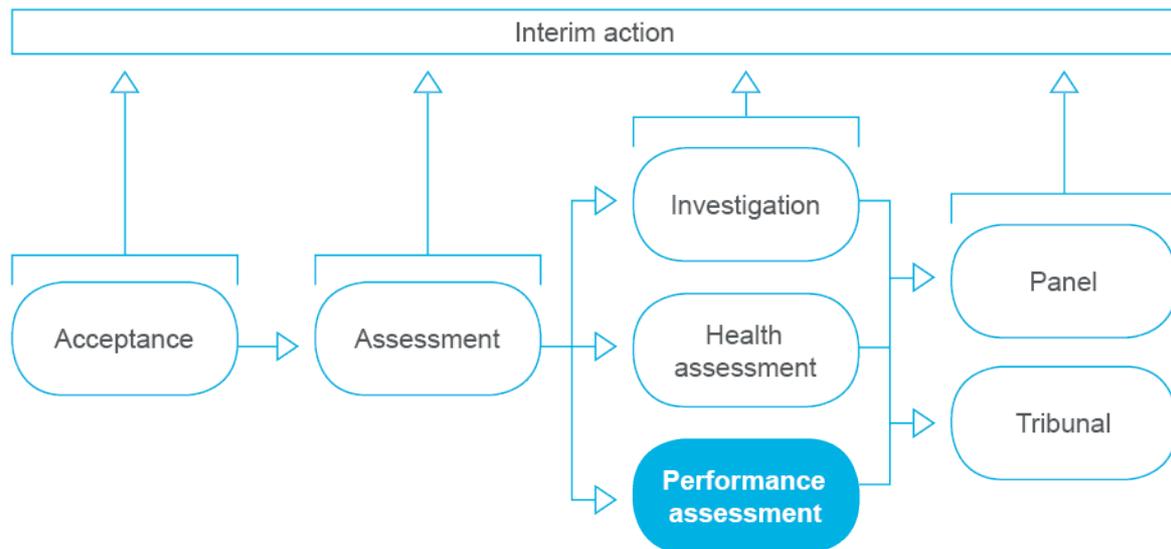
Outcome	Vic	National	% of national
Outcome of decision to close the notification			
No further action	6	35	17%
Board cautions practitioner		1	0%
Board accepts undertaking by the practitioner			
Board imposes conditions on practitioner's registration	2	9	22%
Practitioner surrenders registration	10	43	23%
Other	1	3	33%
Outcome of decision to take the notification further			
Investigation by AHPRA		14	0%
Referral to a panel			
Referral to a tribunal			
Other	1	7	14%
Total	20	112	18%

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

Time frame	Vic	National	% of national
Open for ≤ 6 months	16	133	12%
Open for > 6 months	18	66	27%
Total	34	199	17%

Note:

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



Performance assessment

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

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

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

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

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

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

Table 26 shows the timeliness of those performance assessments completed.

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

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

Table 25: Performance assessments completed, by profession

Profession	Vic	National	% of national
Aboriginal and Torres Strait Islander Health Practitioner			-
Chinese Medicine Practitioner			-
Chiropractor			-
Dental Practitioner			-
Medical Practitioner	6	12	50%
Medical Radiation Practitioner			-
Midwife			-
Nurse	3	10	30%
Occupational Therapist			-
Optometrist	1	1	100%
Osteopath			-
Pharmacist	2	2	100%
Physiotherapist			-
Podiatrist			-
Psychologist			-
Total	12	25	48%

Table 26: Performance assessments completed, by time frame

Time frame	Vic	National	% of national
Completed in ≤ 6 months	12	22	55%
Completed in > 6 months		3	0%
Total	12	25	48%

Table 27: Performance assessments completed, by outcome

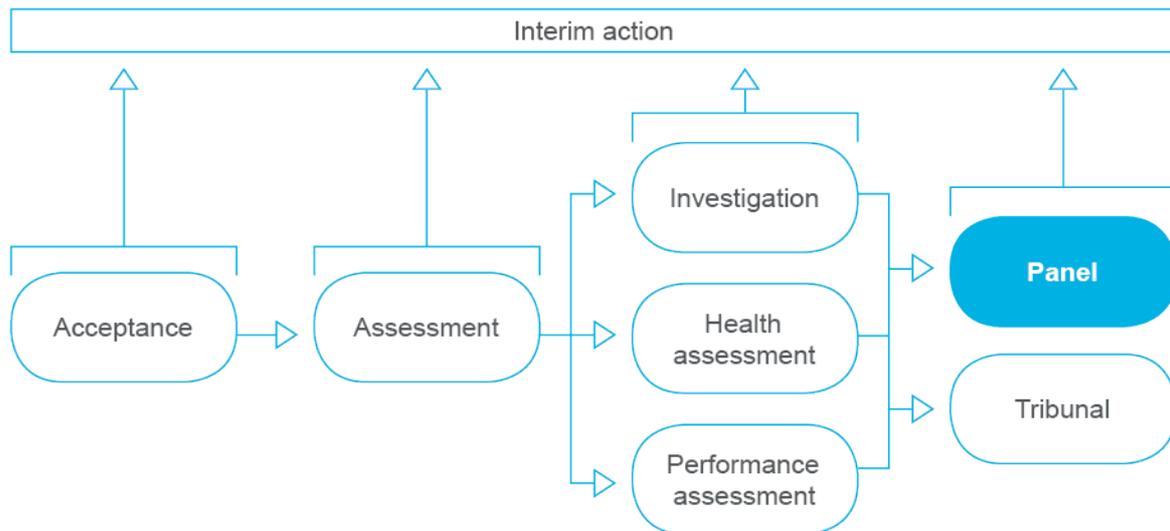
Outcome	Vic	National	% of national
Outcome of decision to close the notification			
No further action	1	3	33%
Board cautions practitioner		2	0%
Board accepts undertaking by the practitioner	2	2	100%
Board imposes conditions on practitioner's registration	9	15	60%
Other			-
Outcome of decision to take the notification further			
Investigation by AHPRA			-
Referral to a panel			-
Referral to a tribunal			-
Other		3	0%
Total	12	25	48%

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

Time frame	Vic	National	% of national
Open for ≤ 6 months	8	32	25%
Open for > 6 months	18	41	44%
Total	26	73	36%

Note:

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



Panel hearing

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

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

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

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

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

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

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

Table 29: Panel hearings completed, by profession

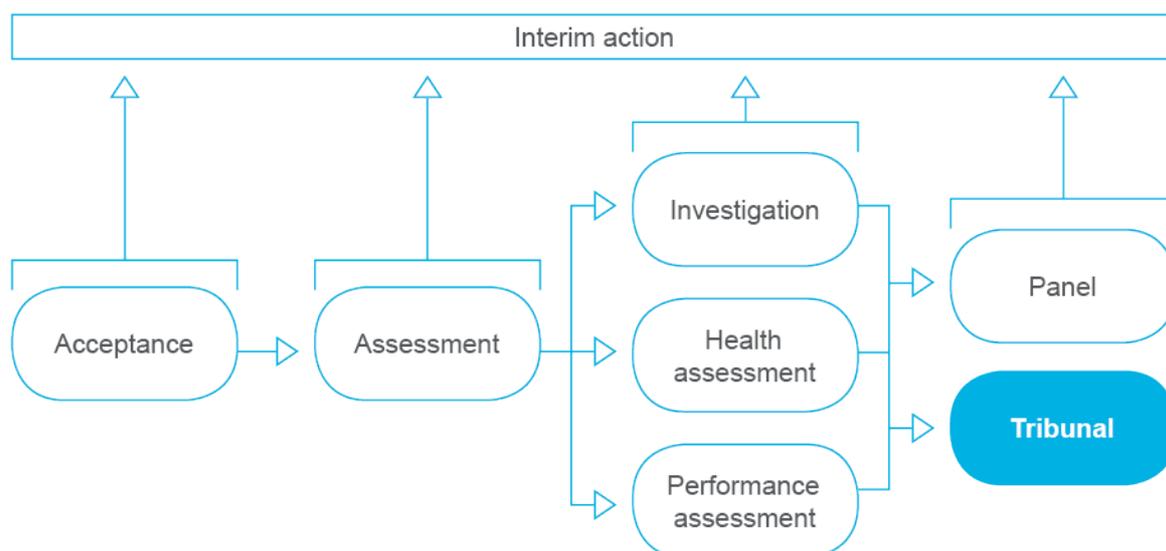
Profession	Vic	National	% of national
Aboriginal and Torres Strait Islander Health Practitioner			-
Chinese Medicine Practitioner			-
Chiropractor			-
Dental Practitioner		2	0%
Medical Practitioner	1	9	11%
Medical Radiation Practitioner			-
Midwife		2	0%
Nurse	1	3	33%
Occupational Therapist			-
Optometrist			-
Osteopath			-
Pharmacist			-
Physiotherapist			-
Podiatrist		2	0%
Psychologist			-
Total	2	18	11%

Table 30: Panel hearings completed, by time frame

Time frame	Vic	National	% of national
Completed in ≤ 6 months	1	9	11%
Completed in > 6 months	1	9	11%
Total	2	18	11%

Table 31: Panel hearings completed, by outcome

Outcome	Vic	National	% of national
Outcome of decision to close the notification			
No further action	1	3	33%
Board cautions practitioner		5	0%
Reprimand			-
Practitioner surrenders registration			-
Board suspends practitioner			-
Board accepts undertaking by the practitioner			-
Board imposes conditions on practitioner's registration		5	0%
Other			-
Outcome of decision to take the notification further			
Investigation by AHPRA	1	4	25%
Health or performance assessment			-
-Referral to a tribunal		1	0%
Other			-
Total	2	18	11%



Tribunal hearing

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

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

Table 32: Tribunals in each state and territory

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

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

Statutory offence management

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

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

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

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

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

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

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

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

Table 33: Statutory offences completed, by profession

Profession	Vic	National (incl NSW)	% of national total
Aboriginal and Torres Strait Islander Health Practitioner		1	0%
Chinese Medicine Practitioner	1	14	7%
Chiropractor	2	8	25%
Dental Practitioner	3	18	17%
Medical Practitioner	12	61	20%
Medical Radiation Practitioner	1	5	20%
Midwife			-
Nurse	7	21	33%
Occupational Therapist		2	0%
Optometrist		2	0%
Osteopath		2	0%
Pharmacist		6	0%
Physiotherapist		12	0%
Podiatrist		2	0%
Psychologist	4	42	10%
No Profession		7	0%
Total	30	203	15%

Note:

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

Table 34: Statutory offences completed, by type

Type	Vic	National (incl NSW)	% of national
Falsely claiming to be a registered health practitioner	25	152	16%
Carrying out acts that only a registered health practitioner should do		3	0%
Breach of laws on advertising	4	37	11%
Directing or inciting a health practitioner to act in an unprofessional way	1	3	33%
Other offence		8	0%
Total	30	203	15%

Note:

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

Table 35: Statutory offences completed, by outcome

Outcome	Vic	National (incl NSW)	% of national
Outcome where offence not prosecuted			
Managed under advertising compliance strategy	5	50	10%
Health practitioner complies with demand for action by Board	2	12	17%
Referred for management as a notification	1	12	8%
Board refers matter to another entity		2	0%
No action taken	22	125	18%
Outcome where offence prosecuted			
Not guilty – acquitted			-
Guilty – no conviction, not fined			-
Guilty – no conviction, fined			-
Guilty – conviction recorded, fined		2	0%
Total	30	203	15%

Table 36: Open statutory offences at the end of the latest quarter

Open	Vic	National (incl NSW)	% of national
Total	30	189	16%

Monitoring and compliance management

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

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

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

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

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

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

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

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

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

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

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

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

Further information about these streams is available at <http://www.ahpra.gov.au/Registration/Monitoring-and-compliance.aspx>.

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

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

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

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

Profession	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP	National (incl NSW)
Aboriginal and Torres Strait Islander Health Practitioner		10	4	14	2		4	28		62
Chinese Medicine Practitioner	21	544	2	119	35	2	70	67	27	887
Chiropractor		5	1	8	3		14	9		40
Dental Practitioner	3	10	3	27	15	4	35	25	1	123
Medical Practitioner	26	443	40	331	128	42	417	235	30	1,692
Medical Radiation Practitioner	3	21		34	12	4	20	11	3	108
Midwife	3	28	3	31	9	2	35	21	23	155
Nurse	24	179	23	386	222	42	420	194	33	1,523
Occupational Therapist	1	11	1	16	7	1	12	8		57
Optometrist		6		6	1		8		1	22
Osteopath		1		1			7			9
Pharmacist	3	28		31	10	5	58	20	17	172
Physiotherapist	2	8	1	8	6		20	12	1	58
Podiatrist	1	2		3	2		8	1		17
Psychologist	3	19	3	30	8	1	50	26		140
Total	90	1,315	81	1,045	460	103	1,178	657	136	5,065

Note:

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

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

Profession	Vic	National (incl NSW)	% of national total
Health	114	564	20%
Performance	198	561	35%
Conduct	107	275	39%
Prohibited Practitioner / Student	131	315	42%
Suitability / Eligibility	628	3,350	19%
Total	1,178	5,065	23%

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

Profession	Health	Performance	Conduct	Prohibited Practitioner / Student	Suitability / Eligibility	Vic Total
Aboriginal and Torres Strait Islander Health Practitioner	1				3	4
Chinese Medicine Practitioner		2	4	2	62	70
Chiropractor	1	6	3		4	14
Dental Practitioner	2	23	6	2	2	35
Medical Practitioner	47	67	42	41	220	417
Medical Radiation Practitioner	1	2		1	16	20
Midwife		2	1	1	31	35
Nurse	48	58	23	67	224	420
Occupational Therapist	1				11	12
Optometrist	1	1	1		5	8
Osteopath	1	2		1	3	7
Pharmacist	6	18	3	7	24	58
Physiotherapist	1	7	5		7	20
Podiatrist		2			6	8
Psychologist	4	8	19	9	10	50
Total	114	198	107	131	628	1,178

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