The Australian Health Practitioner Regulation Agency and the National Boards

Performance report

July 2015
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Summary

One of my functions as the Health Ombudsman of Queensland¹ is monitoring and reporting on the performance of the Australian Health Practitioner Regulation Agency (AHPRA) and the 14 national health practitioner boards in their functions relating to the health, conduct and performance of registered health practitioners in Queensland.²

Following an extended period of both informal and formal consultation on potential reporting requirements, I requested an inaugural performance report from AHPRA and the National Boards³ on their performance in the following areas:

- Managing registration information relating to the health, conduct and performance of health practitioners.
- Managing complaints relating to the health, conduct and performance of health practitioners.
- Managing registered practitioners with a health impairment.
- Monitoring practitioner compliance with restrictions imposed on their registration relating to health, conduct and performance.

This report sets out my findings from the first performance report submitted to me by AHPRA, which illustrates their performance during the reporting period 1 July 2014 to 31 March 2015.

Conclusions

Based on the information provided to me, I have formed the view that AHPRA and the National Boards have taken steps to improve their responses to complaints, specifically relating to the time taken for complaints to progress through the different stages of the complaint handling process.

Nevertheless, there remains considerable room for improvement in order for AHPRA and the National Boards to meet reasonable public expectations of an effective and professional complaints management agency.

My ability to assess the performance of AHPRA and the National Boards has been substantially constrained by the quality and range of the performance information that AHPRA and the National Boards have provided to me to date.

I am of the view that the absence of performance information for certain areas, such as monitoring of practitioner compliance, impacts on the ability of AHPRA and the National Boards to improve the accountability of their complaints handling system and processes. It also prevents AHPRA and the National Boards (and me) from providing a more robust assessment of the performance of their functions.

¹ Pursuant to sections 25(d) and (f), Health Ombudsman Act 2013
² Based on the location declared by the practitioner as the address at which they mostly practise their profession.
³ Pursuant to section 206B, Health Practitioner Regulation National Law (Queensland) 2014
Recommendations

I recommend that:

1. AHPRA continue to work with me to develop and implement a best-practice performance information framework to support AHPRA’s and the National Boards’ performance reporting.

2. AHPRA implement processes to provide me with regular information on the quantity and outcomes of health practitioner registration applications and renewals, as they relate to the health, conduct and performance of practitioners.

3. AHPRA implement processes that provide me with information that differentiates between sanctions imposed on a practitioner’s registration as the result of a complaint or disciplinary action and restrictions imposed as a standard component of the registration process.

4. AHPRA implement processes to provide me with performance information that includes complete data on registered health practitioners that have been issued with a caution as a result of a complaint or disciplinary action.

5. AHPRA review the purpose of the Public list of practitioners who have agreed not to practise and ensure this list adequately identifies the scope and limitations of the information contained within it.

6. AHPRA implement procedures to enable monitoring and reporting on the accuracy and timelines of changes to the public registers.

7. AHPRA implement processes to provide me with information on the timeliness of complaints that remain open in the assessment stage after initial consideration by the relevant National Board.

8. AHPRA and the National Boards develop and implement measures to reduce the proportion of complaints that remain open in the assessment stage of the complaints handling process for more than 60 days.

9. AHPRA and the National Boards develop and implement measures to reduce the proportion of complaints that remain open in the investigation stage of the complaints handling process for more than 12 months.

10. AHPRA and the National Boards develop and implement measures to reduce the proportion of complaints that remain open in the health and performance assessment stage of the complaints handling process for more than six months.

11. AHPRA and the National Boards work with me to improve the transparency of decisions resulting in no further action, particularly those following health or performance assessments or panel hearings.

12. AHPRA work with me to develop and implement processes to provide me with regular information on AHPRA’s and the National Boards’ management of registered health practitioners with a health impairment.

13. AHPRA work with me to develop and implement processes to provide me with regular information on AHPRA’s and the National Boards’ monitoring of the compliance of registered health practitioners with conditions or undertakings imposed on their registration.

14. AHPRA and the National Boards undertake validation of the performance information that it collates prior to its submission to me.

15. AHPRA and the National Boards dedicate targeted resources to support the recording and reporting of high quality performance information.
Response to my recommendations

Consistent with procedural fairness, I provided AHPRA and the National Boards with the opportunity to make a submission about comments in my draft report that could be construed as adverse to them.

AHPRA and the National Boards supported four recommendations (recommendations 1, 9, 10 and 13), noted five recommendations (recommendations 3, 5, 6, 14 and 15), requested clarification on two recommendations (recommendations 11 and 12) and did not support one recommendation (recommendation 2). In relation to recommendations 4 and 7, AHPRA and the National Boards indicated that they had met the intent of these recommendations.

In response to my draft report, AHPRA outlined a number of concerns about the draft that I reviewed and reflected in this report where I considered it appropriate. I have also responded directly to AHPRA and the National Boards about a number of issues raised in their submission that I considered required further comment.

Summary

I will continue to request and analyse information regularly from AHPRA and the National Boards on the performance of their functions relating to the health, conduct and performance of registered health practitioners in Queensland. As appropriate, I will report publicly on my findings.

These reports will be supplemented by targeted assurance activities undertaken into specific elements of AHPRA’s and the National Boards’ performance of their functions.

In consultation with AHPRA and the National Boards, I will develop and publish an assurance plan for 2015–16 that identifies the assurance topics and activities I intend to conduct each quarter to examine their performance regularly and systematically. This plan will be subject to review and modification to accommodate changing priorities.

I will continue to consult with AHPRA on an ongoing basis to review and refine reporting requirements and processes between our two agencies and to discuss progress by AHPRA and the National Boards in implementing the recommendations outlined in this report.

Leon Atkinson-MacEwen
Health Ombudsman

July 2015
1. Introduction

1.1 Context for this report

As the Health Ombudsman of Queensland, my functions include monitoring and reporting on the performance by the Australian Health Practitioner Regulation Agency (AHPRA) and the 14 national health practitioner boards in their functions relating to the health, conduct and performance of registered health practitioners in Queensland.

This review (and subsequent reviews) is designed to:

- encourage transparency and accountability by AHPRA and the National Boards in performance of their functions relating to the health, conduct and performance of registered health practitioners in Queensland
- recommend improvements in the performance of those functions
- provide information and assurance to the public about the performance of AHPRA and the National Boards in Queensland.

This report sets out my findings from the first performance report submitted to me by AHPRA, which illustrates their performance during the reporting period 1 July 2014 to 31 March 2015.

1.1.1 The role of the Australian Health Practitioner Regulation Agency and the National Boards

The National Registration and Accreditation Scheme (NRAS) was established in 2010 to protect the public by ensuring that only suitably trained and qualified practitioners are registered to provide healthcare.

Each of the 14 health professions registered under the scheme is represented by a national board which regulates the profession, registers practitioners and develops standards, codes and guidelines the profession must meet.

AHPRA administers the NRAS and provides administrative support to the National Boards.

AHPRA’s responsibilities include:

- publishing national registers of practitioners to ensure that critical information about the registration of individual health practitioners is available to the public
- managing the registration and renewal processes for health practitioners and students around Australia, including monitoring compliance with any conditions imposed on a practitioner’s practice of their profession
- working with state and federal health complaints entities to ensure that the most appropriate organisation deals with community concerns about individual, registered health practitioners.

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4 Pursuant to sections 25(d) and (f), Health Ombudsman Act 2013
5 Based on the location declared by the practitioner as the address at which they mostly practise their profession.
6 Pursuant to sections 3(1)(c), Health Ombudsman Act 2013
7 A condition aims to restrict a practitioner’s practice in some way to protect the public.
1.1.2 The role of the Health Ombudsman

As Health Ombudsman, I am an independent statutory officer appointed to protect the health and safety of Queenslanders. I am supported by the Office of the Health Ombudsman (the office). The office was established to improve the health service complaints management system in Queensland, delivering greater efficiency and timeliness in dealing with complaints and a high degree of accountability and transparency.

My functions include:

- receiving and investigating complaints about health services and health service providers, including registered and unregistered health practitioners
- deciding what action to take in relation to those complaints
- monitoring the health, conduct and performance functions of AHPRA and the National Boards.

From 1 July 2014, complaints about registered health practitioners in Queensland are managed under a co-regulatory arrangement between me and the National Boards.

1.2 Performance information collection process

In order to facilitate the collection and analysis of information to fulfil my responsibilities under sections 25(d) and 25(f) of the Health Ombudsman Act 2013, I identified a number of performance areas, and associated data requirements, to form the basis of regular reports to me from AHPRA.

While developing these reporting requirements, I was cognisant of the need to balance the level of detail required to enable satisfactory monitoring of the performance of AHPRA and the National Boards with the ease with which the information could be compiled by AHPRA. Consequently, I sought information that I anticipated AHPRA would collect for its own management and benchmarking purposes.

Following a period of informal consultation with AHPRA on potential reporting requirements, I commenced formal consultation in October 2014. As AHPRA raised concerns about their ability to source and provide the data I required, considerable time was spent on preliminary discussions between my staff and AHPRA prior to my formal request for performance information.

On 31 March 2015, pursuant to section 206B of the Health Practitioner Regulation National Law (Queensland) 2014 (the National Law), I requested an inaugural performance report from AHPRA and the National Boards on their performance in the following areas:

- Managing registration information relating to the health, conduct and performance of health practitioners.
- Managing complaints relating to the health, conduct and performance of health practitioners.
- Managing registered practitioners with a health impairment.
- Monitoring practitioner compliance with restrictions imposed on their registration relating to health, conduct and performance.

I requested information on levels of activity, timeliness of decisions and actions, and outcomes of the complaint management process.
The information I requested in the formal notice was due to be provided to me by 17 April 2015. After follow-up by my office, I formally received AHPRA’s response on 7 May 2015. A copy of AHPRA’s response to me is available on their website (www.ahpra.gov.au/About-AHPRA/What-We-Do/Statistics.aspx).

AHPRA were not able to provide data on all of the areas of their performance identified in my request. Appendix A provides further details of the information I requested and the information AHPRA provided.

I am mindful that the reporting relationship between AHPRA, the National Boards and me is in its initial stages and, as such, some difficulties with reporting are not unexpected. I anticipate that, as the co-regulatory arrangement develops and AHPRA gains more experience in the reporting process, issues with the provision of performance information will decrease over time. This will of course be tempered by the introduction of new reporting responsibilities as my monitoring requirements develop.

1.2.1 Limitations

The findings outlined in this report are based on examination of retrospective self-report data provided by AHPRA. This information has not been independently verified. I anticipate that, in future, I will undertake specific verification activities to enable more detailed evaluation of the integrity of the information supplied to me by AHPRA.

It should be noted that the data supplied by AHPRA has been derived primarily from administrative systems developed for operational purposes and, as such, can present difficulties when used for monitoring and quality improvement.

1.2.2 Adverse comment

Consistent with the principles of procedural fairness, I provided AHPRA with the opportunity to make a submission about the comments in this report that could be construed as adverse to them. The AHPRA National Executive Director, Regulatory Operations provided me with a submission in response, which has been reflected in this report where I consider appropriate. I have also responded directly to AHPRA and the National Boards about a number of issues raised in their submission that I considered required further comment.
2. Management of practitioner registration information

In addition to processing applications for registration to practise as a health practitioner, AHPRA and the National Boards have legislative responsibility for maintaining two publicly accessible registers of information about health practitioners.  

The Register of Practitioners, which is available online, contains information on all health practitioners that are currently registered to practise their respective profession within Australia.

The Register of Cancelled Health Practitioners contains the names of all health practitioners whose registration has been cancelled since 1 July 2010.

Although not legislatively required, AHPRA and the National Boards also maintain a public list of practitioners who have agreed not to practise.

These registers contribute to public safety by allowing the public (and potential employers) to check that a health practitioner has met the standards to practise their profession in Australia, and to identify any conditions that may have been placed on how that practitioner may practice their profession.

In order for these registers to support the provision of safe, quality healthcare effectively, it is imperative the information they contain is accurate and up-to-date.

To this end, I have examined the information provided by AHPRA to determine if the information about practitioner’s registration status is complete, relevant, accurate and managed in a timely way.

2.1 Findings and comments

I requested AHPRA and the National Boards provide me with information on their activities related to managing health practitioner registrations, including new applications for registration, renewals of existing registrations and changes to registration status such as the imposition or removal of conditions to practitioners’ registration information. I also requested information on timeframes surrounding updates to the public registers containing information about health practitioners’ registration status.

In their response to my draft report, AHPRA and the National Boards stated that ‘over 7500 transactions in relation to practitioner registrations were made in Queensland during the reporting period’.

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8 Pursuant to section 222, Health Practitioner Regulation National Law (Queensland) 2014
2.1.1 Number of applications for registration as a health practitioner

AHPRA did not provide information on:

- the number of new health practitioner registration applications or applications for renewal of practitioner registration submitted
- the number of new health practitioner registration applications or applications for renewal of practitioner registration approved (with or without conditions)
- the number of new health practitioner registration applications or applications for renewal of practitioner registration refused
- the number of new health practitioner registration applications and renewals for health practitioner registration referred to a National Board.

In response to my draft report, AHPRA stated that ‘this information is outside [my] performance reporting remit in relation to [their] performance in Queensland’. I disagree with this statement, not the least because these datasets are about numbers only and are required in order to provide necessary context in relation to the performance of AHPRA and the National Boards under part 8 of the National Law.

In particular, the absence of data on the quantity and outcomes of registration applications and renewals processed by AHPRA limits my ability to assess the management of registration information relating to the health, conduct and performance of health practitioners by AHPRA and the National Boards. Without this contextual information, I am unable to form a view (and thus report) on the number of (and, therefore, the extent of the risks posed by) registered practitioners with issues relating to health, conduct and performance.

2.1.2 Number of health practitioners in Queensland with current sanctions

I requested information on the number of registered health practitioners in Queensland whose registration was subject to some form of sanction at the time of reporting, including cautions and reprimands, suspensions, conditions, or undertakings.

As at 31 March 2015, AHPRA reported that there were 4447 registered health practitioners in Queensland whose registration was limited by a condition, undertaking, reprimand or registration requirement. This represents 3.7 per cent of all registered health practitioners in Queensland.

This figure includes practitioners who have conditions on their registration as a standard component of the registration process, not just those practitioners who have had conditions imposed as the result of a complaint or disciplinary action. As a result, it should not be taken as an indication of the level of risk to the public associated with practitioners who have restrictions on their registration or have been subject to sanctions.

For example, it is a standard requirement for all international medical graduates to have a condition on their registration requiring supervision. The skills and experience of international medical graduates varies considerably. As international medical graduates may be highly qualified professionals in their country of origin, the condition requiring supervision does not reflect concerns over the safety and quality of the healthcare they provide. Rather, it reflects the need for guided orientation to the Australian healthcare system. In contrast, conditions placed on a health practitioner’s registration as the result of a complaint or disciplinary action aim to restrict a practitioner’s practice in some way to protect the public. For example, prohibiting the practitioner from undertaking certain procedures or treating certain types of patients.
While my request for information from AHPRA and the National Boards referred to the number of practitioners with sanctions on their registration, separate figures were not provided for how many of the 4447 practitioners mentioned above only have conditions on their registration as a standard component of the registration process, as opposed to those practitioners who have had conditions imposed as the result of a complaint or disciplinary action.

In their response to my draft report, AHPRA and the National Boards stated that my ‘request did not specify that [I was] interested in a differentiation between those restrictions imposed as a result of a registration activity and those that result from a notification process’. I am of the view that the use of the term ‘sanction’ indicates my focus on the health, conduct and performance of practitioners.

Given this response, future requests for performance data from AHPRA and the National Boards will explicitly seek information that differentiates between those restrictions imposed on practitioners’ registrations as a result of a registration activity and those that result from a disciplinary activity.

Although requested, AHPRA did not include information in their performance data on the number of registered health practitioners in Queensland who had been subject to a caution by profession.

2.1.3 Number of health practitioners in Queensland with new conditions or undertakings

AHPRA advised that during the reporting period, 244 new undertakings or conditions were imposed on practitioners’ registrations as a result of either:

- the assessment or investigation of a complaint
- a health or performance assessment
- a panel or tribunal hearing.

As AHPRA and the National Boards did not provide figures on the number of registered health practitioners in Queensland with conditions on their registration as a standard component of the registration process, as opposed to conditions imposed as the result of a complaint or disciplinary action, my ability to analyse AHPRA’s data with any confidence is limited at this stage. For example, as I cannot split out standard conditions from those imposed by way of a disciplinary process, I am unable to analyse previous responses by AHPRA and the National Boards to complaints about health practitioner conduct and performance and look at whether there is consistency in the responses of National Boards to these issues.

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10 Practitioners may be required to undergo a health or performance assessment as part of AHPRA’s and the National Boards’ response to a complaint.

11 Practitioners may be required to appear before a panel or tribunal as part of AHPRA’s and the National Boards’ response to a complaint. A tribunal is a body independent of AHPRA and the National Boards established to settle certain types of disputes.
2.1.4  Changes to, or removal of, existing registration conditions and undertakings

AHPRA stated that during the reporting period, the National Boards granted 85 per cent (91 out of 107) of applications by practitioners to change or remove conditions or undertakings on their registration.\(^\text{12}\) In cases in which the board initiated a change to the practitioner’s conditions,\(^\text{13}\) the National Boards removed a condition or revoked an undertaking on 108 occasions, and changed the conditions on a practitioner’s registration on a further 16 occasions.

The high proportion of applications that are agreed to by the National Boards warrants further examination, particularly in order to gain an understanding of the triggers for change or removal, and whether they are consistently applied by each board as well as across boards.

Again, without information from AHPRA on the number of practitioners subject to conditions or undertakings independent of those with conditions on their registration as a standard component of the registration process, I am limited in my ability to assess the performance of AHPRA and the National Boards in this area, particularly as it relates to monitoring and responding to emerging trends.

2.1.5  Number of health practitioners in Queensland who surrendered their registration

AHPRA’s performance data indicated that, during the reporting period, only two matters resulted in the surrender of a practitioner’s registration, both of which came at the end of the assessment process—one in July 2014 and the other in August 2014.

However, a review of my office’s complaints database suggests that in August 2014 AHPRA dealt with a matter that resulted in the surrender of a health practitioner’s nursing and midwifery registrations following an AHPRA investigation which initially resulted in a caution and the imposition of conditions on the practitioner’s registration.

In response to my draft report, AHPRA confirmed this surrender was one of the matters reported but did not offer any explanation as to why it was reported to have occurred following assessment, as opposed to following an investigation which concluded almost two years after AHPRA received the matter. AHPRA also confirmed in their response that there was a second surrender of registration accepted by the Psychology Board of Australia on 17 June 2014 for which the file was not closed administratively until 8 July 2014. As a result, this matter appeared in the data for July 2014.

As previously mentioned, although not legislatively required, AHPRA maintains a public list of practitioners who have agreed not to practise. The information contained on AHPRA’s website is not clear about which practitioners are represented on this list.

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\(^\text{12}\) Pursuant to section 125, *Health Practitioner Regulation National Law (Queensland) 2014*

\(^\text{13}\) Pursuant to section 127, *Health Practitioner Regulation National Law (Queensland) 2014*
In one location on AHPRA’s website, it states that the ‘practitioners listed…include those who are not registered and are not able to practise because, after an investigation, they have given an undertaking to not practise or because their registration has been prohibited’. Elsewhere on AHPRA’s website, is a ‘list of health practitioners who have agreed not to practice and agreed to be placed on the register as a cancelled practitioner and who have surrendered their registration and have agreed not to practise their profession and not apply for registration, sometimes for a fixed period’.

According to AHPRA’s Annual Report 2013–14, 11 registrants across the whole of Australia surrendered their registration during that reporting year. My review of AHPRA’s public list of practitioners who have agreed not to practice identified 10 health practitioners. In addition, my review of this public list suggests that the list does not capture the two health practitioners in Queensland who surrendered their registration as a result of the assessment of a complaint during the reporting period.

In response to my draft report, AHPRA confirmed that the additional register maintained by AHPRA ‘is not intended to capture everyone who surrenders their registration … [AHPRA] will review the wording on [their] website to ensure the scope is clear’.

### 2.1.6 Number of health practitioners in Queensland who had their registration cancelled

AHPRA provided me with conflicting information on the number of health practitioners in Queensland who had their registration cancelled during the reporting period. The table containing quarterly data for the number of cancelled registrations states that no health practitioner in Queensland had their registration cancelled during that time. A separate table provided by AHPRA that displayed the outcomes of completed tribunal hearings, however, stated that one health practitioner in Queensland had their registration cancelled during the reporting period.

A search of AHPRA’s online register of cancelled health practitioners identified two Queensland medical practitioners who had their registration cancelled during that period.

In response to my draft report, AHPRA stated that ‘the enquiry run to capture data on cancellation was erroneous in that it did not count prior law matters (i.e. those that were commenced under legislation before the commencement of the National Law). Similarly, the enquiry excluded a second matter where the cancellation order was made by the New South Wales tribunal as a result of an activity undertaken by the Health Care Complaints Commission in New South Wales. The practitioner changed his principal place of practice from New South Wales to Queensland and AHPRA did not have an open tribunal matter relating to the practitioner because it was managed by the Health Care Complaints Commission…AHPRA will review and refine its business rules for counting cancellations…’.

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2.1.7 Timeliness of changes to the public registers

AHPRA were unable to provide data on the timeliness of changes to information on practitioner registration contained in the public registers. That is, for the 492 occasions on which changes were made to a practitioner’s registration as a result of a complaint or disciplinary action during the reporting period, AHPRA was unable to provide any information on the time taken to update the information contained within the public registers following the change to registration status.

In correspondence accompanying their data, AHPRA stated that the ‘system currently has some limitation [sic] in recognising that a condition published on a public register was done in response to a decision made on a specific date’.

2.1.8 Comment

As a result of the detected inaccuracies with the information on the registration status of health practitioners in Queensland and AHPRA’s failure to provide information on the time taken to update information contained within the register, I have formed the view that the AHPRA public register (and underlying management information):

- does not adequately allow me to monitor AHPRA’s management of registration information relating to health, conduct and performance
- does not provide the necessary confidence that the publicly available information on health practitioner registration acts as a measure to protect public safety.
3. Management of complaints

Any complaint handling system should be efficient. While methods of dealing with a complaint may differ from one complaint to another—depending on factors such as complexity and risk—all complaints, whether simple or complex, should receive continuing attention and be resolved as quickly as possible.

Moreover, complaints should be handled in a way that is appropriate to the substance of the complaint, with outcomes of the complaint management process proportionate to the associated risk.

To this end, I have examined the information provided to determine if the management of complaints by AHPRA and the National Boards is appropriate, timely and protects the public.

3.1 Findings and comments

As part of Queensland’s complaint management framework, AHPRA operates in a co-regulatory environment. I receive all complaints and notifications in relation to registered health practitioners and am responsible for managing serious complaints relating to their health, conduct and performance. I determine which complaints should be referred to AHPRA and the National Boards after assessing their severity (noting that I must retain all ‘serious matters’ but may refer all other matters). Serious matters are those in which the practitioner may have behaved in a way that constitutes professional misconduct, or there is another ground for the suspension or cancellation of a registered health practitioner’s registration.

In the period under review, 96 per cent of the matters I have referred to AHPRA and the National Boards to deal with underwent some form of initial assessment by my office prior to referral. That initial assessment could include the gathering of information and submissions from the practitioner—including patient health records—as well as expert clinical advice on the matter under complaint. All this material is provided to AHPRA on referral.

In response to my draft report, AHPRA and the National Boards stated that ‘there is a significant program of national work underway in relation to the development and implementation of [their] policies and processes for [complaints] management in the areas of assessment, investigations, panels, health and performance assessment’. No details of this work were provided in their submission.

3.1.1 New complaints

According to the information supplied by AHPRA and the National Boards, they received 598 new complaints from me in the reporting period, with an average of 66 new complaints per month. As AHPRA noted, due to the short timeframe under consideration, there is no identifiable pattern in the number of complaints referred by me to AHPRA.

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18 See section 91, Health Ombudsman Act 2013
19 See section 91, Health Ombudsman Act 2013 and section 127, Health Practitioner Regulation National Law (Queensland) 2014
20 Pursuant to section 91, Health Ombudsman Act 2013
AHPRA stated that ‘on early trends AHPRA is receiving 50 per cent fewer complaints for the comparable period in 2013/14’. My examination of publicly available figures suggests that, if the distribution of these complaints across 2014–15 is similar to that for 2013–14, AHPRA is receiving closer to two-thirds fewer complaints to manage than for a similar period in the previous financial year.

### 3.1.2 Timeliness and outcomes of the assessment of complaints

AHPRA conducts an assessment of all matters I refer to it to determine the most effective way to progress the complaint.

Following collection of any further information required, AHPRA refers the complaint to the relevant National Board for it to make an assessment decision about the complaint. Not every assessment leads to another form of action by AHPRA or the National Boards.

At this stage, AHPRA and the National Boards have several options post-assessment.

![Figure 1: Options following assessment of a complaint](http://www.ahpra.gov.au/Notifications/The-notifications-process/Assessment.aspx)

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23 [AHPRA Annual Report 2013-14](http://www.ahpra.gov.au/)
As a proportion of all open complaints, those in the assessment stage of the complaint process have remained relatively constant across the reporting period, with on average one in five (22.3 per cent) open complaints in the assessment stage at any point in time.

![Figure 2: Proportion of open complaints in assessment](image)

Preliminary assessments²⁵ are required to be completed within 60 days of their receipt by AHPRA.²⁶

On average, at the end of each month 2.7 per cent of matters in assessment had been open for more than 60 days. However, this figure must be considered in light of the fact that information on the length of time that complaints remained open in the assessment stage after initial consideration by the relevant National Board was not included in the data provided to me.

Although the proportion of complaints in this category has reduced substantially across the reporting period, there remains a significant proportion of open cases in the assessment stage after consideration by the relevant national board (75.5 per cent July 2014; 23.8 per cent March 2015). If included, this may significantly increase the proportion of complaints in assessment that have been open for more than 60 days.

There has been a notable increase in the proportion of assessments per month completed within 30 days (4.2 per cent Q1; 13.9 per cent Q3).

²⁵ For the purposes of this report the terms assessment and preliminary assessment should be taken to be interchangeable.
²⁶ Pursuant to section 150, Health Practitioner Regulation National Law (Queensland) 2014
There was no discernible pattern in the proportion of assessments that were completed per month within 60 days, with the proportion ranging from 29.5 per cent to 72.1 per cent. On average 47 per cent of the assessments that were completed per month took more than 60 days to be completed.

![Figure 3: Timeliness of completed assessments](image)

It is worth noting that, for cases in which the relevant board proposes to take action,\textsuperscript{27} closure of assessment cannot take place until a show cause process\textsuperscript{28} has been completed. The show cause process requires AHPRA to provide the practitioner with the opportunity to make a submission in response to the action the board is proposing to take in relation to the complaint. As AHPRA and the relevant board must allow a reasonable time for the practitioner to make such a submission, this can expand timeframes for the closure of cases.

In response to my draft report, AHPRA stated that ‘\textit{In all cases, AHPRA completes the requisite preliminary assessment within the statutory timeframe…[we] have reported…the time taken for AHPRA and the Boards to complete the preliminary assessment under section 150 of the National Law in Queensland, the assessment of the complaint under Division 5 (section 148-152 inclusive) of part 8 of the National Law in Queensland and the administrative action required to close those matters in our database…’}.’ AHPRA stated also that ‘[they] can provide the length of time that matters stay in the assessment stage in future reports’.

\textsuperscript{27} Pursuant to Division 10 of Part 8, \textit{Health Practitioner Regulation National Law (Queensland) 2014}

\textsuperscript{28} Pursuant to section 179, \textit{Health Practitioner Regulation National Law (Queensland) 2014}
I am of the view that the information provided by AHPRA and the National Boards regarding the management of the assessment stage of their complaint management process remains opaque. There appears to be a surprising lack of clarity regarding how the assessment stage is defined. There is not sufficient transparency regarding the progress of complaints through the assessment process and/or into other stages of the complaint management process due to the confluence of complaints that are:

- open in preliminary assessment under section 150 of the National Law
- open for assessment of the complaint under division 5 (section 148 to 152) of part 8 of the National Law
- open in the assessment stage post a decision by the board to take action
- open in the assessment stage awaiting administrative action to close the matter in the database or due to limitations with the database.

Following assessment, complaints may be finalised or referred to another stage of the complaint process for further management. Almost one in three (30.5 per cent) complaints were referred to another stage of the complaint process for further management once finalised in the assessment stage. Further management can include investigation, health or performance assessment, referral to a panel hearing or referral to a responsible tribunal.

Figure 4: Outcomes of completed assessments

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29 Pursuant to Part 8, Health Practitioner Regulation National Law (Queensland) 2014
Of the subset of complaints that were finalised after assessment and not referred for further management (i.e. excluding those complaints that were referred for further management), there has been a substantial decrease in the proportion of cases that resulted in no further action (72.3 per cent Q1; 49.2 per cent Q3). This may be indicative of, among other things, my office’s initial assessment and filtering of all complaints related to registered health practitioners prior to referral of relevant matters to AHPRA.

There has been a commensurate increase in the proportion of complaints completed after assessment and not referred for further management that resulted in either a caution to the health practitioner (17.6 per cent Q1; 29.2 per cent Q3), or the imposition of conditions on the practitioner’s registration (7.9 per cent Q1; 15.8 per cent Q3).

I consider that:

- the data on complaints open after consideration by the relevant board is opaque and does not permit meaningful analysis of the timeliness of open matters in assessment
- the increase in assessments completed within 30 days may be indicative of efforts by AHPRA and the National Boards to respond to complaints in a more expeditious manner
- a high proportion of assessments are taking more than 60 days to be completed
- in the context of my office’s initial assessment and filtering of all complaints, the decrease in complaints completed by AHPRA after assessment that resulted in no further action, combined with the increase in complaints completed after assessment resulting in cautions or conditions, suggests that AHPRA and the National Boards may be identifying more issues of concern in complaints that require a disciplinary response, or that AHPRA and the National Boards may have modified their response threshold.

Given the reduction in the number of complaints that AHPRA are now receiving, I would expect to see continuing improvements in the proportion of assessments completed within 30 and 60 days respectively.

### 3.1.3 Timeliness and outcomes of the investigations of complaints

A national board may decide to investigate a registered practitioner or student if it 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.

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30 Pursuant to Part 8, *Health Practitioner Regulation National Law (Queensland) 2014*
How the investigation is conducted will depend on the facts of the case. It will usually involve the investigator seeking extra information to inform the board’s decision. This may include:

- further information from the person who raised their concern with AHPRA
- responses and explanations from the practitioner about whom the complaint was made
- an examination of patient records
- information from other practitioners involved if relevant
- material relating to the care of the patient or client
- information from other relevant people (for example, family members or receptionist)
- independent opinions from experts
- police reports
- data from other sources such as pharmacy records, Medicare Australia, etc.

An investigation will also consider whether a practitioner has complied with a national board’s registration standards, codes and guidelines.

Investigations are required to be conducted as quickly as practicable, having regard to the nature of the matter being investigated.\(^3\)

As a result of a review of all active matters with the National Boards on 1 July 2014, in line with my legislative responsibility for managing serious matters related to registered health practitioners,\(^3\) I required 65 investigations to be transitioned from AHPRA to me for appropriate investigative action. In addition to these transitional investigations, during the period 1 July 2014 to 31 March 2015, the National Boards have referred 19 matters to me under s193A(4) of the National Law and 33 matters under section 193(2)(a) of the National Law.

AHPRA retained all investigations into less serious matters that were active at 1 July 2014, a substantial proportion of which had been in the investigation stage for an extended period of time.

As a proportion of all open complaints, those in the investigation stage of the complaint process with AHPRA have remained relatively constant across the reporting period with, on average, almost half (45.1 per cent) of open complaints in the investigation stage at any point in time.

The proportion of complaints that have been in the investigation stage for less than six months has remained relatively stable at 28.6 per cent of all open investigations.

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\(^3\) Pursuant to section 162, Health Practitioner Regulation National Law (Queensland) 2014

\(^3\) See section 91, Health Ombudsman Act 2013
There has been a steady decrease in the proportion of complaints that have been in the investigation stage for between 6 and 12 months (37.9 per cent Q1; 28.0 per cent Q3). However, this has been offset by an increase in the proportion of complaints that have been in the investigation stage for between 12 and 18 months (21.4 per cent Q1; 25.0 per cent Q3) and more than 18 months (11.1 per cent Q1; 19.8 per cent Q3).

While it is impractical to specify an expected timeframe for AHPRA to process their backlog of existing investigations, the decrease in the number and seriousness of matters referred to AHPRA and the National Boards should result, over time, in a decrease in the number of complaints where AHPRA takes more than 12 months to complete the investigation.

![Figure 5: Timeliness of open complaints in the investigation stage](image)

On average, 39.4 per cent of complaints in investigation have been open for more than 12 months.

Following completion of the investigation stage, more than one in three (39.9 per cent) complaints were referred to another stage for further management. Further management can include health or performance assessment, referral to a panel hearing or referral to a responsible tribunal.

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33 Pursuant to Part 8, *Health Practitioner Regulation National Law (Queensland) 2014*
For complaints that were completed after investigation and not referred for further management, there has been a substantial decrease in the proportion of cases that resulted in no further action (57.5 per cent Q1; 33.3 per cent Q3).

There has been a commensurate increase in the proportion of cases completed after investigation and not referred for further management that resulted in either a caution to the health practitioner (25 per cent Q1; 37.8 per cent Q3), or the imposition of conditions on the practitioners registration (12.5 per cent Q1; 24.4 per cent Q3).

I consider that:
- a high proportion of investigations have been open for more than 12 months
- in the context of my carriage of serious matters, the decrease in complaints completed after investigation that resulted in no further action, combined with the increase in complaints completed after investigation resulting in cautions or conditions, suggests that AHPRA and the National Boards may be identifying more issues of concern in investigations that require a disciplinary response, or that AHPRA and the National Boards have modified their response threshold.

Given the reduction in the number and seriousness of matters that AHPRA are now receiving, I would expect to see continuing improvements in the time taken by AHPRA to complete investigations.

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Pursuant to Part 8, Health Practitioner Regulation National Law (Queensland) 2014
3.1.4 Timeliness and outcomes of health and performance assessments

A national board may require a health practitioner to undergo a health assessment if it believes that the practitioner has, or may have, an impairment that may put the public at risk because it affects their ability to practice safely.

A national board may also require a health practitioner to undergo a performance assessment if it believes that the way they practice their profession is, or may be, unsatisfactory.

Although requested, AHPRA did not provide information on the timeliness and outcomes of health assessments and performance assessments separately. In response to my draft report, AHPRA stated they ‘noted [my] comment that health assessment and performance assessment have been treated as one data set and will ensure that they are separate for the next report’.

As a proportion of all open complaints, those in the health or performance assessment stage of the complaint process have remained relatively constant across the reporting period, with on average one in ten (12.3 per cent) open complaints in the health or performance assessment stage at any point in time.

The proportion of complaints that have been in the health or performance assessment stage for more than six months has remained relatively stable, with more than four in ten (40.8 per cent) complaints open in the health or performance assessment stage for more than six months.

![Figure 7: Timeliness of open complaints in the health and performance stage](image)

It is noteworthy that AHPRA and the National Boards have almost halved the number of complaints that are open in the health or performance assessment stage across the reporting period (135 at end July 2014; 71 at end March 2015). This may reflect AHPRA’s increased capacity, due to reduced incoming complaint numbers, to use staffing resources across operational areas to facilitate more timely responses.
In response to my draft report, AHPRA stated ‘that the vast majority of matters in health assessment that take longer than six months to complete are delayed because of the poor health of the relevant practitioner. In all cases, National Boards take necessary action to protect the public if a practitioner poses a serious risk to the public. However, the National Boards do not force practitioners who are acutely unwell—particularly those with a significant mental health issue—to participate in a health assessment process until they believe they are sufficiently robust to undertake the independent assessment’.

Following completion of the health or performance assessment stage, approximately one in six (16.8 per cent) complaints were referred to another stage for further management. Further management can include investigation, referral to a panel hearing or a relevant tribunal.

For complaints that were completed after a health and performance assessment and not referred for further management, the imposition of conditions was the most common action at closure (41.7 per cent). Cautioning the health practitioner occurred in one in four cases (25 per cent), while no further action was taken in almost one-third of cases (28.3 per cent). Due to the small numbers of practitioners involved in health and performance assessments, further analysis of these figures cannot be reliably undertaken.

In response to my draft report, AHPRA stated ‘no further action is taken where the outcome of an assessment suggests that a practitioner does not meet the risk threshold for regulatory action and the relevant board cannot take further regulatory action under the National Law’.

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35 Pursuant to Part 8, Health Practitioner Regulation National Law (Queensland) 2014
36 Pursuant to Part 8, Health Practitioner Regulation National Law (Queensland) 2014
I consider that:

- the reduction in the number of open complaints in the health or performance assessment stage may be indicative of efforts by AHPRA and the National Boards to progress the backlog of complaints waiting on the conduct of a health and performance assessment

- a high proportion of complaints have been in the health or performance assessment stage for more than six months, which may reflect the complexity of managing matters involving practitioners with a health impairment

- the proportion of complaints that were completed after health and performance action and resulted in no further action warrants further discussion with AHPRA to examine the National Boards’ processes and options during the health and performance assessment stage of the complaint management process.

3.1.5 Timeliness and outcomes of panel hearings

A national board may establish a health panel if it decides it is necessary or appropriate to do so and believes that a registered practitioner or student has, or may have, an impairment.

A national board may establish a performance and professional standards panel if it decides it is necessary or appropriate to do so and believes that because of a notification, or for any other reason, that:

- the way a registered practitioner practices is, or may be, unsatisfactory

- the registered practitioner’s professional conduct is, or may be, unsatisfactory.
As a proportion of all open complaints, those in the panel hearings stage of the complaint process have remained relatively constant across the reporting period, with on average one in six (15.7 per cent) open complaints in the panel hearings stage at any point in time.

There has been a substantial decrease in the proportion of open cases in the panel hearings stage for more than six months (67.5 per cent Q1; 40.7 per cent Q3), with most of the decrease occurring between January and March 2015.

Very few (5 per cent) open complaints that went to a panel hearing were referred to another stage for further management (i.e. referred to a responsible tribunal).³⁷

For complaints that were finalised after a panel hearing and not referred for further management,³⁸ the imposition of conditions was the most common action at closure (82.6 per cent). Cautioning the health practitioner occurred in one in four cases (24.8 per cent), while one in ten practitioners received a reprimand (10.7 per cent). No further action was taken in almost one in six cases (15 per cent). Due to the small numbers of practitioners involved in panel hearings, further analysis of these figures cannot be undertaken reliably. Proportions add to more than 100 per cent as the National Boards may take more than one action when progressing to closure after finalising a panel hearing.

³⁷ Pursuant to Part 8, Health Practitioner Regulation National Law (Queensland) 2014
³⁸ Pursuant to Part 8, Health Practitioner Regulation National Law (Queensland) 2014
I consider that:

- the decrease in complaints that have been in the panel hearings process for more than six months may be indicative of efforts by AHPRA and the National Boards to conduct these hearings in a more expeditious manner.

- the proportion of complaints that were completed after the panel hearings process and resulted in no further action warrants further discussion with AHPRA to examine the National Boards’ processes and options during the panel hearings stage of the complaint management process.

### 3.1.6 Timeliness and outcomes of tribunal hearings

AHPRA and the National Boards can refer a matter to the Queensland Civil and Administrative Tribunal (QCAT) for hearing. This happens, for example, when the allegations involve professional misconduct where the alleged conduct within or outside of the practice of the profession is inconsistent with the practitioner being a fit and proper person to hold registration, or in cases where a board believes suspension or cancellation of the practitioner’s registration may be warranted.

As a proportion of all open complaints, those in the QCAT hearings stage of the complaint process has remained relatively constant across the reporting period, with on average one in ten (12.3 per cent) open complaints in the tribunal hearings stage at any point in time.

The timing of the tribunal process following lodgement of a matter by AHPRA is a matter for QCAT.

There has been a substantial increase in the proportion of cases in the QCAT hearings stage for more than six months (75.6 per cent Q1; 92.1 per cent Q3). On average, following referral from AHPRA and the National Boards, QCAT takes 27 weeks to conduct disciplinary hearings against health practitioners.39

Almost one in three health practitioners (30.2 per cent) had conditions imposed on their registration as an outcome of the QCAT process, while a further one in three received a reprimand (30.2 per cent). One in five practitioners (19.8 per cent) were suspended as a result of the tribunal process.

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Figure 11: Completed tribunal hearing by outcome

Following a QCAT process, no further action was taken in fewer than one in twenty cases (4.8 per cent).

I consider that:

- the low proportion of cases that result in no further action as a result of a QCAT hearing may be indicative that AHPRA and the National Boards are responding proportionately to serious matters.
4. Management of practitioners with a health impairment

AHPRA did not provide me with the information I requested on the management of registered practitioners participating in treatment for a health impairment.

In response to my draft report, AHPRA commented that ‘AHPRA does have information about the management of practitioners with a health impairment but that is distinct from the concept of a referral to a health program’, the latter being the terminology used in my request for performance information.

AHPRA and the National Boards were provided with a number of opportunities during my consultation processes, even after receiving my formal request for data, to engage with me regarding the type and extent of information I required to meet my information needs for monitoring purposes. Therefore, it is disappointing that AHPRA did not seek clarification of the terminology I used in relation to health impairment and that AHPRA did not engage more actively to identify the information they could provide prior to the drafting of this report.

In the absence of this information, I am unable to comment on AHPRA’s performance of this aspect of their function.

5. Monitoring of practitioner compliance with conditions imposed on their registration relating to health, conduct and performance

AHPRA did not provide me with the information I requested on their monitoring of practitioners’ compliance with conditions imposed on their registration.

In response to my draft report, AHPRA stated that ‘[they] anticipated publishing reports on compliance and monitoring data following the end of the June quarter’.

In the absence of this information I am unable to comment on AHPRA’s performance of this aspect of their function at this stage.
6. Conclusion

6.1 Health Ombudsman’s comments

In summary, based on the information provided to me by AHPRA, I have formed the view that AHPRA and the National Boards have taken steps to improve their responses to complaints, specifically relating to the time taken for complaints to progress through the different stages of the complaint handling process.

Nevertheless, there remains considerable room for improvement in order for AHPRA and the National Boards to meet reasonable public expectations of an effective and professional complaints management agency.

My ability to assess the performance of AHPRA and the National Boards in Queensland has been substantially constrained by the quality and range of the performance information that AHPRA and the National Boards have provided to me to date.

I am of the view that the absence of certain performance information in the information AHPRA has provided to me, such as monitoring of practitioner compliance with conditions on their registration, detracts from the accountability and transparency of the complaints handling system and processes managed by AHPRA and the National Boards in Queensland. It also prevents a more robust assessment by me and the public of the performance of AHPRA and the National Boards in Queensland.

As part of any complaints handling arrangements, it is important to have performance measures in place that provide information on how well complaints are being managed and to guide ongoing improvements in the processing of complaints.

While I acknowledge the difficulties that may be associated with extracting information from a primarily operational information system for the purposes of performance monitoring and planning, AHPRA and the National Boards have now been operating for five years under the National Law and are solely responsible for the quality of the information they use for performance monitoring. I am of the view that AHPRA and the National Boards must accept responsibility for creating datasets and performance indicators for the entire range of functions they perform, and for improving the fitness of existing datasets for both operational and strategic use.

I have made 15 recommendations to AHPRA and the National Boards to enhance the transparency of their performance information in Queensland; these are in the areas of improved recording, monitoring, analysis and reporting of their complaints handling.
6.2 Recommendations

I recommend that:

1. AHPRA continue to work with me to develop and implement a best-practice performance information framework to support AHPRA’s and the National Boards’ performance reporting.

2. AHPRA implement processes to provide me with regular information on the quantity and outcomes of health practitioner registration applications and renewals, as they relate to the health, conduct and performance of practitioners.

3. AHPRA implement processes that provide me with information that differentiates between sanctions imposed on a practitioner’s registration as the result of a complaint or disciplinary action and restrictions imposed as a standard component of the registration process.

4. AHPRA implement processes to provide me with performance information that includes complete data on registered health practitioners that have been issued with a caution as a result of a complaint or disciplinary action.

5. AHPRA review the purpose of the Public list of practitioners who have agreed not to practice and ensure this list adequately identifies the scope and limitations of the information contained within it.

6. AHPRA implement procedures to enable monitoring and reporting on the accuracy and timelines of changes to the public registers.

7. AHPRA implement processes to provide me with information on the timeliness of complaints that remain open in the assessment stage after initial consideration by the relevant National Board.

8. AHPRA and the National Boards develop and implement measures to reduce the proportion of complaints that remain open in the assessment stage of the complaints handling process for more than 60 days.

9. AHPRA and the National Boards develop and implement measures to reduce the proportion of complaints that remain open in the investigation stage of the complaints handling process for more than 12 months.

10. AHPRA and the National Boards develop and implement measures to reduce the proportion of complaints that remain open in the health and performance assessment stage of the complaints handling process for more than six months.

11. AHPRA and the National Boards work with me to improve the transparency of decisions resulting in no further action, particularly those following health or performance assessments or panel hearings.

12. AHPRA work with me to develop and implement processes to provide me with regular information on AHPRA’s and the National Boards’ management of registered health practitioners with a health impairment.

13. AHPRA work with me to develop and implement processes to provide me with regular information on AHPRA’s and the National Boards’ monitoring of the compliance of registered health practitioners with conditions or undertakings imposed on their registration.

14. AHPRA and the National Boards undertake validation of the performance information that it collates prior to its submission to me.

15. AHPRA and the National Boards dedicate targeted resources to support the recording and reporting of high quality performance information.
6.3 Ongoing monitoring of performance

I will continue to request and analyse information regularly from AHPRA and the National Boards on the performance of their functions relating to the health, conduct and performance of registered health practitioners in Queensland. As appropriate, I will report publicly on my findings. These reports will be supplemented by targeted assurance activities undertaken into specific elements of the performance of their functions.

In consultation with AHPRA and the National Boards, I will develop and publish an assurance plan for 2015–16 that identifies the assurance topics and activities I intend to conduct each quarter to further examine the performance of their functions. This plan will be subject to review and modification to accommodate changing priorities.

I will continue to consult with AHPRA on an ongoing basis to review and refine reporting requirements and processes between our two agencies and to discuss progress by AHPRA and the National Boards in implementing the recommendations outlined in this report.

I have been—and remain—supportive of making use of the existing and developing reporting processes of AHPRA and the National Boards wherever possible to inform my monitoring of the performance of their functions. However, I am also cognisant that these processes may not always provide the information that I will require. I will continue to discuss my expectations of a transparent, comprehensive and focused range of datasets and performance indicators with AHPRA to ensure that there is transparency across both our agencies in relation to the management of health complaints in general and, in particular, the management of the risks to the health and safety of Queenslanders from registered practitioners.
### Appendix A—compliance with performance reporting requirements

#### Registration management

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<th>Number of practitioner registrations</th>
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#### Number of practitioner registrations cancelled/surrendered

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#### Number of practitioner registrations with sanctions imposed, removed or altered

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## Referrals management

### Number of referrals

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<th>Number of referrals received during the reporting period, by source of referral (Office of the Health Ombudsman, other)</th>
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<td>2</td>
<td>Number of referrals completed during the reporting period, by source of referral (Office of the Health Ombudsman, other)</td>
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<td>3</td>
<td>Number of referrals open at the end of the reporting period, by source of referral (Office of the Health Ombudsman, other)</td>
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### Number of preliminary assessments

| 1 | Number of preliminary assessments commenced during the reporting period | Not provided |
| 2 | Number of preliminary assessments completed during the reporting period | Provided |
| 3 | Number of preliminary assessments open at the end of the reporting period | Provided |

### Outcomes and timeliness of completed preliminary assessments

| 1 | Number of preliminary assessments completed during the reporting period, by outcome | Provided |
| 2 | Of those preliminary assessments completed during the reporting period, number of preliminary assessments completed in ≤ 30 days | Provided |
| 3 | Of those preliminary assessments completed during the reporting period, number of preliminary assessments completed in > 30 days but ≤ 60 days | Provided |
| 4 | Of those preliminary assessments completed during the reporting period, number of preliminary assessments completed in > 60 days | Provided |
### Timeliness of open preliminary assessments

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<td>Of preliminary assessments open at the end of the reporting period, number that have been open ≤ 30 days</td>
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<td>3</td>
<td>Of preliminary assessments open at the end of the reporting period, number that have been open &gt; 30 days but ≤ 60 days</td>
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<td>4</td>
<td>Of preliminary assessments open at the end of the reporting period, number that have been open &gt; 60 days</td>
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### Number of investigations

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<td>Number of investigations open at the end of the reporting period</td>
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### Outcomes and timeliness of completed investigations

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<td>Number of investigations completed during the reporting period, by outcome</td>
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<td>Of investigations completed during the reporting period, number completed in ≤ 6 months of National Board’s decision to investigate</td>
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<td>3</td>
<td>Of investigations completed during the reporting period, number completed in &gt; 6 months but ≤ 12 months of National Board’s decision to investigate</td>
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<td>Of investigations completed during the reporting period, number completed in &gt; 12 months but ≤ 18 months of National Board’s decision to investigate</td>
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<td>5</td>
<td>Of investigations completed during the reporting period, number completed in &gt; 18 months of National Board’s decision to investigate</td>
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### Timeliness of open investigations

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<td>Of investigations open at the end of the reporting period, number open &lt; 6 months since National Board’s decision to investigate</td>
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<td>3</td>
<td>Of investigations open at the end of the reporting period, number open &gt; 6 months but ≤ 12 months since National Board’s decision to investigate</td>
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<td>4</td>
<td>Of investigations open at the end of the reporting period, number open &gt; 12 months but ≤ 18 months since National Board’s decision to investigate</td>
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<td>Of investigations open at the end of the reporting period, number open &gt; 18 months since National Board’s decision to investigate</td>
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### Number of health assessments

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<td>Outcomes and timeliness of completed health assessments</td>
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<td>1 Number of health assessments completed during the reporting period, by outcome</td>
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<td>2 Of health assessments completed during the reporting period, number completed in &lt; 6 months of National Board’s decision to refer for health assessment</td>
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<td>3 Of health assessments completed during the reporting period, number completed in &gt; 6 months of National Board’s decision to refer for health assessment</td>
<td>Partially provided</td>
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<tr>
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<th>Number of performance assessments</th>
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<tbody>
<tr>
<td>1 Number of performance assessments commenced during the reporting period</td>
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<tr>
<td>2 Number of performance assessments completed during the reporting period</td>
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### Outcomes and timeliness of completed tribunal hearings

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</table>

### Health impairment programs

#### Number of referrals to a health impairment treatment program

<table>
<thead>
<tr>
<th></th>
<th>Number of health practitioners with conditions imposed or undertakings accepted requiring participation in a health impairment treatment program during the reporting period</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Not provided/ clarification of reporting requirements required</td>
</tr>
<tr>
<td>2</td>
<td>Number of health practitioners who commenced participation in a health impairment treatment program during the reporting period</td>
</tr>
<tr>
<td></td>
<td>Not provided/ clarification of reporting requirements required</td>
</tr>
<tr>
<td>3</td>
<td>Number of health practitioners who completed a health impairment treatment program during the reporting period</td>
</tr>
<tr>
<td></td>
<td>Not provided/ clarification of reporting requirements required</td>
</tr>
<tr>
<td>4</td>
<td>Number of health practitioners who left or withdrew from a health impairment treatment program during the reporting period</td>
</tr>
<tr>
<td></td>
<td>Not provided/ clarification of reporting requirements required</td>
</tr>
<tr>
<td>5</td>
<td>Of health practitioners with conditions or undertakings requiring participation in a health impairment treatment program during the reporting period, number of practitioners who commenced a health impairment treatment program during the reporting period</td>
</tr>
<tr>
<td></td>
<td>Not provided/ clarification of reporting requirements required</td>
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</table>
### Type of health impairment

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Reporting Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Of health practitioners participating in a health impairment treatment program at the end of the reporting period, number with a physical impairment, disability, condition or disorder</td>
<td>Not provided/clarification of reporting requirements required</td>
</tr>
<tr>
<td>2</td>
<td>Of health practitioners participating in a health impairment treatment program at the end of the reporting period, number with a mental impairment, disability, condition or disorder (excluding a substance related impairment, disability, condition or disorder)</td>
<td>Not provided/clarification of reporting requirements required</td>
</tr>
<tr>
<td>3</td>
<td>Of health practitioners participating in a health impairment treatment program at the end of the reporting period, number with a substance related impairment, disability, condition or disorder</td>
<td>Not provided/clarification of reporting requirements required</td>
</tr>
</tbody>
</table>

### Outcomes and length of time in health impairment treatment programs

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<tr>
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<tbody>
<tr>
<td>1</td>
<td>Number of health practitioners who completed a health impairment treatment program during the reporting period, by outcome</td>
<td>Not provided/clarification of reporting requirements required</td>
</tr>
<tr>
<td>2</td>
<td>Number of health practitioners participating in a health impairment treatment program at the end of the reporting period</td>
<td>Not provided/clarification of reporting requirements required</td>
</tr>
<tr>
<td>3</td>
<td>Of health practitioners participating in a health impairment treatment program at the end of the reporting period, number that have been participating for ≤ 6 months</td>
<td>Not provided/clarification of reporting requirements required</td>
</tr>
<tr>
<td>4</td>
<td>Of health practitioners participating in a health impairment treatment program at the end of the reporting period, number that have been participating for &gt; 6 months but ≤ 12 months</td>
<td>Not provided/clarification of reporting requirements required</td>
</tr>
<tr>
<td>5</td>
<td>Of health practitioners participating in a health impairment treatment program at the end of the reporting period, number that have been participating for &gt; 12 months but ≤ 24 months</td>
<td>Not provided/clarification of reporting requirements required</td>
</tr>
<tr>
<td>6</td>
<td>Of health practitioners participating in a health impairment treatment program at the end of the reporting period, number that have been participating for &gt; 24 months</td>
<td>Not provided/clarification of reporting requirements required</td>
</tr>
<tr>
<td>7</td>
<td>Of health practitioners participating in a health impairment treatment program at the end of the reporting period, longest time a health practitioner has been participating</td>
<td>Not provided/clarification of reporting requirements required</td>
</tr>
</tbody>
</table>

### Compliance monitoring programs

#### Number of practitioner monitoring cases

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Number of practitioner registrations with conditions or undertakings on their registration at the end of the reporting period, by health profession</td>
<td>Provided</td>
</tr>
<tr>
<td>2</td>
<td>Number of practitioner monitoring cases commenced during the reporting period, by health profession</td>
<td>Not provided/to be provided in July</td>
</tr>
<tr>
<td>3</td>
<td>Number of practitioner monitoring cases completed during the reporting period, by health profession</td>
<td>Not provided/to be provided in July</td>
</tr>
<tr>
<td>4</td>
<td>Number of practitioner monitoring cases open at the end of the reporting period, by health profession</td>
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</table>
### Outcomes and timeliness of completed monitoring cases

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<tbody>
<tr>
<td>1</td>
<td>Number of practitioner monitoring cases completed during the reporting period, by outcome</td>
<td>Not provided/to be provided in July</td>
</tr>
<tr>
<td>2</td>
<td>Of those practitioner monitoring cases completed during the reporting period, average number of days until completion</td>
<td>Not provided/to be provided in July</td>
</tr>
<tr>
<td>3</td>
<td>Of those practitioner monitoring cases completed during the reporting period, number completed in ≤ 6 months</td>
<td>Not provided/to be provided in July</td>
</tr>
<tr>
<td>4</td>
<td>Of those practitioner monitoring cases completed during the reporting period, number completed in &gt; 6 months but ≤ 12 months</td>
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<td>5</td>
<td>Of those practitioner monitoring cases completed during the reporting period, number completed in &gt; 12 months but ≤ 24 months</td>
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<td>Of those practitioner monitoring cases completed during the reporting period, number completed in &gt; 24 months</td>
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### Status of open monitoring cases

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<tbody>
<tr>
<td>1</td>
<td>Of practitioner monitoring cases open at the end of the reporting period, number in which practitioner was considered compliant with conditions or undertakings on their registration and non-compliance posed a normal risk of harm</td>
<td>Not provided/to be provided in July</td>
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<tr>
<td>2</td>
<td>Of practitioner monitoring cases open at the end of the reporting period, number in which practitioner was considered compliant with conditions or undertakings on their registration and non-compliance posed a high risk of harm</td>
<td>Not provided/to be provided in July</td>
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<tr>
<td>3</td>
<td>Of practitioner monitoring cases open at the end of the reporting period, number in which practitioner was suspected of being non-compliant with conditions or undertakings on their registration and non-compliance posed a normal risk of harm</td>
<td>Not provided/to be provided in July</td>
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<td>4</td>
<td>Of practitioner monitoring cases open at the end of the reporting period, number in which practitioner was suspected of being non-compliant with conditions or undertakings on their registration and non-compliance posed a high risk of harm</td>
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<tr>
<td>5</td>
<td>Of practitioner monitoring cases open at the end of the reporting period, number in which practitioner was known to be non-compliant with conditions or undertakings on their registration and non-compliance posed a normal risk of harm</td>
<td>Not provided/to be provided in July</td>
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<td>6</td>
<td>Of practitioner monitoring cases open at the end of the reporting period, number in which practitioner was known to be non-compliant with conditions or undertakings on their registration and non-compliance posed a high risk of harm</td>
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### Timeliness of open monitoring cases

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