Analysis of Ahpra Notifications Increase

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There was a 7.2% increase in the number of notifications made against medical practitioners in the last year (5,745 vs 5,359) and a 4.7% increase in notifications for dental practitioners.

The most common types of notifications are complaints about clinical care which accounted for 54.2% and 62.0% of notifications for medical and dental practitioners respectively. Medication and communication were the next most common types of complaints for doctors

MIPS had expected to see more modest increases in notifications given many doctors and dentists were unable to continue to practise in the same way during the pandemic. This was especially true for many dental practices and those doing elective surgery, which were forced to close or limit practice severely in some states for a protracted period.

Notifications closed

While the majority of notifications are resolved with no further action, Ahpra imposed significant conditions and restrictions on many practitioners. During the year Ahpra monitored 71 dental and 237 medical practitioners for their performance.

Ahpra notifications should be treated seriously and you should notify MIPS or your respective insurer, if you receive a letter from Ahpra to advise you that you are the subject on a notification.

Medical	Dental	Ahpra action		
5,498	730	Notifications closed		
5.5%	9.5%	Conditions imposed on registration or an undertaking accepted		
2.8%	4.7%	Received a caution or reprimand		
0.6%	0.5%	Registration suspended or cancelled		
0.1%	N/A	Fined		
19.2%	28.9%	Referred to another body or retained by a health complaints entity		
71.7%	56.4%	No further action		

Mandatory notifications

Contrary to the increase in notifications, the number of mandatory notifications dropped. Ahpra received 325 mandatory notifications about doctors during the year which included 186 concerning professional standards. In 2018/19, this was 339 matters including 234 about standards. MIPS regularly assists doctors in determining if a mandatory notification is required and our advisers are exempt from mandatory reporting, so members can discuss matters freely.

Increase in practitioners and Pandemic Subregister

The number of medical practitioners grew by 5.6% to 125,641 from 118,996 and dental practitioners increased by 2.8% to 24,406 in the previous year. This increase includes practitioners on the Pandemic Sub-register for which there are over 3,000 medical practitioners (dental professionals are not included in the Sub-register). Excluding those on the Sub-register, the change is just 2.8%.

Medical	118,996	125,641	5.6%
Dental	23,730	24,406	2.8%

As in previous years, patients, relatives and members of the public were the top notifiers with 58.9% reporting in medical and 49.4% in the dental profession.

Key updates from Ahpra

Dental Board of Australia

From July 2020, the revised Scope of practice registration standard came into effect. Refer to Know your scope online hub which has information and resources to support dental practitioners' understanding of their obligations under the revised standard.

Medical Board of Australia

Medical Training Survey

The MBA and Ahpra ran the first Medical Training Survey during 2019 with nearly 10,000 doctors participating. The provides a comprehensive view of medical training in Australia with findings to assist educators, employers and stakeholders to strengthen and improve their education and training services. Trainees rated their training, clinical supervision and teaching very highly with around 75% working more than 40 hours a week but valuing the training opportunity this provides. There are opportunities to improve trainee access to health and wellbeing support programs as bullying and harassment remains prevalent.

Professional Performance Framework

The MBA intends to implement a new framework that "will help ensure all registered medical practitioners in Australia practice competently and ethically." The five pillars are:

- 1. Strengthened CPD requirements
- 2. Active assurance of safe practice
- 3. Strengthened assessment and management of practitioners with multiple substantiated complaints
- 4. Guidance to support practitioners regularly updated professional standards that support good medical practice
- 5. Collaborations to foster a culture of medicine that is focused on patient safety, based on respect, and that encourages doctors to take care of their own health and wellbeing.

The CPD registration standard

A revised registration standard for continuing professional development (CPD) will be finalised in the next year and will seek approval from the Ministerial Council. It is built on existing arrangements and proposed strengthened CPD requirements. It proposed that medical practitioners:

- complete a minimum of 50 hours of CPD each year that includes a mix of:
 - At least 25% on activities that review performance
 - · At least 25% on activities that measure outcomes
 - At least 25% on educational activities
- have a CPD home and participate in its CPD program
- · do CPD that is relevant to their scope of practice
- base the CPD on a personal professional development plan

Health checks for late career practitioners

The Board will develop a registration standard health checks for doctors aged 70 years and over

New and revised guidelines

- Guidelines for advertising regulated health services
- Guidelines or mandatory notifications
- Guidelines for registered health practitioners and students in relation to blood-borne viruses
- Consultation on revised Good practice guidelines for the specialist international medical graduate assessment process

The Board worked with Ahpra to establish processes that deal with low risk notifications more quickly and less formally. See also our article on the use of chaperones