

Osteopathy regulation at work in Australia

2014/15

Regulating osteopaths in the National
Registration and Accreditation Scheme

Managing risk to the public
Regulating osteopaths



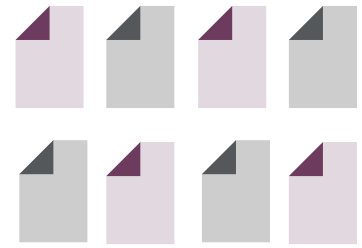
Osteopathy
Board of Australia | AHPRA

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Osteopathy Board in 2014/15
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Highlights



Finalised consultations on review of the five core registration standards



20 applications for provisional registration through the competent authority pathway

Risk-based planning to prioritise regulatory work

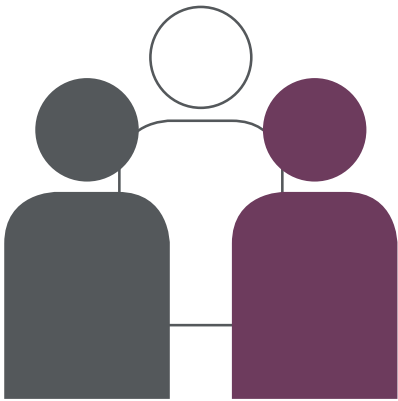
2,000

registered osteopaths in Australia on 30 June 2015

52% of osteopaths based in Victoria

Prosecuted a person for holding out as an osteopath while unregistered

7.24% increase in number of registered osteopaths compared to 2013/14



62.5% of osteopaths are aged under 40

13 notifications received about osteopaths



Notifications lodged relate to **0.7%** of the registrant base

Seven notifications closed outside of NSW, **four** following assessment, **two** following investigation and **one** following a tribunal hearing

No immediate action cases, compared to one last year

16 registered osteopaths under active monitoring on 30 June 2015 – **63%** due to suitability/eligibility

About this report

This report provides a profession-specific view of the Osteopathy Board of Australia's work to manage risk to the public and regulate the profession in the public interest.

The Board has worked in close partnership with the Australian Health Practitioner Regulation Agency (AHPRA) to bring out the best of the National Registration and Accreditation Scheme (National Scheme) for all Australians.

The data in this report are drawn from data published in the 2014/15 [annual report](#) of AHPRA and the National Boards, reporting on the National Registration and Accreditation Scheme.

This report looks at these data through a profession-specific lens. Wherever possible, historical data are provided to show trends over time, as well as comparisons between states and territories.

For completeness and wider context about the National Scheme, as well as analysis across professions, this report should be read in conjunction with 2014/15 [annual report](#) of AHPRA and the National Boards.

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Message from the Chair, Osteopathy Board of Australia

During this last year the Osteopathy Board of Australia (the Board) finalised consultations on the review of the five core registration standards that have been in place since the start of the National Scheme. Reviews started of the capabilities for osteopathic practice and the accreditation standards for osteopathic programs of study. Twenty applications for provisional registration were received through the competent authority pathway, and an evaluation of the pathway began.

We undertook risk-based planning to prioritise our regulatory work, based on identified areas of higher risk to the public, and to ensure that any regulatory response we give is evidence-based, appropriate and proportionate. Advertising was identified as a priority area, and recommendations from a meeting of an advisory group resulted in communication with all practitioners through an advertising bulletin and letters to practitioners who were the subject of advertising complaints.

AHPRA, in consultation with the Board, successfully prosecuted a person for holding out as an osteopath while unregistered, which is an offence under the Health Practitioner Regulation National Law (the National Law).

Stakeholder and co-regulatory relationships were also areas of focus for the Board this year. The Osteopathy Board and Osteopathy Council of New South Wales met in July 2014, with a follow-up meeting in June 2015, to discuss issues of mutual interest, notification management and ongoing

engagement. The Board also held two meetings with Osteopathy Australia in Sydney, in addition to bi-monthly teleconferences, with a focus on enhanced communication and consultation.



Dr Nikole Grbin
Chair, Osteopathy Board of Australia

Message from the Agency Management Committee Chair and the AHPRA CEO

The National Boards, with the support of AHPRA, maintain professional standards for practitioners and manage risk to patients. This past year we have seen huge steps taken to ensure we are fulfilling our core purpose of protecting the public in the most effective and efficient ways possible.

We have seen the introduction of new co-regulatory arrangements in Queensland this year, and the National Boards and AHPRA have built positive working relationships with the Office of the Health Ombudsman to ensure the protection of the health and safety of the Queensland public.

The National Boards have worked to help improve the experience of notifiers, and to ensure timely outcomes for notifiers and practitioners. This has resulted in a significant reduction in the time it takes AHPRA and the National Boards to assess notifications.

In July 2014 the National Boards and AHPRA launched refreshed regulatory principles that underpin our work in regulating Australia's health practitioners, in the public interest. The principles encourage a responsive, risk-based approach to regulation across all professions within the National Scheme.

A key strength of the National Scheme has been the regular interaction between all National Boards, particularly through their Chairs. This has facilitated cross-profession approaches to common regulatory issues, and cross-profession consultation and collaboration. The National Boards and AHPRA have continued to work closely together this year to test and implement better ways of working together.

We have had some significant achievements during the past year, through the hard work and dedication of board and committee members, and AHPRA staff. More information is detailed in the 2014/15 [annual report](#) of AHPRA and the National Boards.



Mr Martin Fletcher
Chief Executive Officer,
AHPRA



Mr Michael Gorton AM
Chair, Agency
Management
Committee

Major outcomes/achievements 2014/15

Board meetings

The Osteopathy Board of Australia met 11 times in the past year.

Accreditation

During the year, the Australasian Osteopathic Accreditation Council (AOAC) provided accreditation advice that informed the Board's work, including: finalising an evaluation of the competent authority pathway; submitting a review of the accreditation standards for osteopathy programs; a review of the capabilities for osteopathic practice; monitoring the accreditation of osteopathic courses in Australia; assessing the qualifications and skills of overseas-trained osteopaths on behalf of the Board; and undertaking skills assessments of some local practitioners who were applying for general registration for osteopathic practice after a significant absence.

Consultations

This year the Board conducted a public consultation on the review of the continuing professional development (CPD) guidelines.

Registration standards

The following registration standards were approved by the Australian Health Workforce Ministerial Council (AHWMC) during the year:

- ▶ English language skills registration standard (*revised standard*)
- ▶ Criminal history registration standard (*revised standard*)

Stakeholder engagement

The Chair and the Executive Officer meet regularly with the accreditation authority, AOAC, and also met six times via teleconference with the professional associations, Osteopathy Australia (OA) and the Chiropractic and Osteopathic College of Australasia (COCA), to discuss issues of concern to all bodies relating to the osteopathy profession. The Board also held two meetings with Osteopathy Australia in Sydney.

The Osteopathy Board and Osteopathy Council of New South Wales met in July 2014, with a follow-up meeting in June 2015, to discuss issues of mutual interest, notification management and ongoing engagement.

The Board is a partner member of the Osteopathic International Alliance (OIA). In September 2014, the Chair of the Board attended the annual regulators' forum of the OIA in London, and met with international regulators.

The Chair presented information about the regulation of the osteopathic profession to final-year students from Victoria University, RMIT University and Southern Cross University.

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

Priorities for the coming year

The Board will publish revised registration standards for the following:

- ▶ English language skills
- ▶ Criminal history
- ▶ Continuing professional development (and associated guidelines)
- ▶ Recency of practice
- ▶ Professional indemnity arrangements (and fact sheet).

The Board has a number of guidelines which will be the subject of wide-ranging consultation, including:

- ▶ sexual and professional boundaries
- ▶ clinical records
- ▶ infection control
- ▶ informed consent, and
- ▶ supervised practice.

We will continue to work to increase public awareness and understanding of the Board's role and focus on communications. The Board plans to publish a video for osteopathy graduates about what they need to do before they can register and practise as osteopaths, and what they need to do to renew their registration each year once they are registered.

The memorandum of understanding with the United Kingdom and New Zealand osteopathy regulators will be refreshed, with a focus on international stakeholder relations, and there will be teleconferences on issues of mutual interest during the year.

The Board will trial a reduction in the number of additional committee meetings in order to reduce costs, namely the finance and registration and notification committees.

Work will continue on ongoing projects and the review of current documents with the AOAC, including:

- ▶ reviewing the competent authority pathway
- ▶ approving revised accreditation standards
- ▶ reviewing the capabilities for osteopathic practice, and
- ▶ considering approval of accredited programs of study at Victoria University.

The Board will continue to build on its risk assessment work; audit practitioners; undertake regulatory planning for 2015/16; and undergo a Board evaluation with an outside facilitator.

Board-specific registration, notifications, and monitoring and compliance data 2014/15

Registration

On 30 June 2015, there were 2,000 registered osteopaths in Australia and most (1,046) cited Victoria as their principal place of practice.

Compared with the previous 12 months, the number of registered practitioners has increased by 7.24%. The majority of practitioners (1,250 registrants or 62.5%) are aged under 40.

Notifications

In 2014/15, 13 notifications were received across Australia about osteopaths. Five of the notifications received in 2014/15 were lodged outside New South Wales (NSW). Notifications lodged related to 0.7% of the registrant base.

It is important to note that for matters considered jointly by health complaints entities and AHPRA, only matters within the National Boards' jurisdiction have been included in this report. Note also that Queensland became a co-regulatory jurisdiction on 1 July in 2014, with the commencement of the Health Ombudsman Act. AHPRA only has access to data relating to matters referred by the Office of the Health Ombudsman. We are unable to report on all complaints about registered health practitioners in Queensland.

Thirteen cases were closed in 2014/15; seven of these were notifications made outside of NSW. Of these seven, four were closed after assessment, two were closed after investigation and one was closed following a tribunal hearing.

In four of the cases closed in 2014/15, the Board determined that no further action was required (three cases) or that the notification should be handled by the health complaints entity that had received the notification (one case). In two cases, conditions were imposed on the practitioner's registration and in one case the registration of the practitioner was suspended.

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

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

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

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

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

There was no immediate action initiated during 2014/15. Integrated data for all professions including outcomes of immediate actions are published from page 36 in the 2014/15 [annual report](#) of AHPRA and the National Boards. More information about immediate action is published on our website under [Notifications](#).

Monitoring and compliance

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

At 30 June 2015, there were 16 registrants under active monitoring.

Osteopath	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP*	Total
2014/15	36	558	1	183	36	43	1,046	60	37	2,000
2013/14	34	529	1	166	34	40	979	56	26	1,865
% change from prior year	5.88%	5.48%	0.00%	10.24%	5.88%	7.50%	6.84%	7.14%	42.31%	7.24%

*Principal place of practice

Osteopath	U - 25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80 +	Total
2014/15	88	387	417	358	251	133	102	100	89	38	22	10	5	2,000
2013/14	54	338	402	345	230	129	102	105	87	33	25	9	6	1,865

Osteopath	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2014/15	1		1	1		2		5	8	13
2013/14				1		4		5	6	11

Osteopath	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2014/15	2.8%	0.0%	0.5%	2.8%	0.0%	0.2%	0.0%	0.4%	1.4%	0.7%
2013/14				2.9%		0.4%		0.4%	1.1%	0.6%

Osteopath	VIC	Total
2014/15		
2013/14	1	1

Osteopath	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2014/15	1			2		4		7	6	13
2013/14			1			7		8	6	14

Stage at closure	Total 2014/15	Total 2013/14
Assessment	4	3
Health or performance assessment		3
Investigation	2	2
Panel hearing		
Tribunal hearing	1	
Total	7	8

Outcome at closure	Total 2014/15	Total 2013/14
No further action	3	2
Health complaints entity to retain	1	2
Caution		
Reprimand		
Impose conditions	2	4
Suspend registration	1	
Total	7	8

Profession	Conduct	Health	Performance	Suitability / eligibility ¹	Total 2014/15
Osteopath	4		2	10	16

Note:

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

Keeping the public safe: monitoring

Health practitioners and students may have restrictions placed on their registration for a range of reasons including as a result of a notification, the assessment of an application for registration or a renewal of registration, or after an appeal lodged with a tribunal. Types of restrictions being monitored include:

Drug and alcohol screening – requirements to provide biological samples for analysis for the presence of specified drugs and/or alcohol.

Health – requirements to attend treating health practitioner(s) for the management of identified health issues (including physical and psychological/psychiatric issues).

Supervision – restrictions that allow the practice of a health profession to occur only under the supervision of another health practitioner (usually registered in the same profession).

Mentoring – requirements to engage a mentor to provide assistance, support and guidance in addressing issues, behaviours or deficiencies identified in skills, knowledge, performance or conduct.

Chaperoning – restrictions that allow patients generally, or specific groups of patients, to be treated or examined only when a suitable third party is present.

Audit – requirements for a health practitioner to submit to an audit of their practice, which may include auditing records and/or the premises from which they practise.

Assessment – requirements that a health practitioner or student submits to an assessment of their health, performance, knowledge, skill or competence to practise their profession.

Practice and employment – requirements that a practitioner or student does, or refrains from doing, something in connection with their practice of their profession (for example, restrictions on location, hours or scope of practice, or rights in respect of particular classes of medicines).

Education and upskilling – requirements to attend or complete a (defined) education, training or upskilling activity, including prescribed amounts of continuing professional development.

Character – requirements that a health practitioner or student remain of good character for a specified period of time (for example, that no further notifications are received regarding them).

A health practitioner or student may simultaneously have restrictions of more than one type and/or category in place on their registration at any time.

Statutory offences: advertising, practice and title protection

Concerns raised about advertising, title and practice protection during the year were managed by AHPRA's statutory compliance team. AHPRA, in consultation with the Board, successfully prosecuted a person for holding out as an osteopath while unregistered, which is an offence under the National Law.

Concerns raised about advertising during the year were managed by AHPRA's statutory compliance team and are reported on page 55 of the [2014/15 annual report](#) of AHPRA and the National Boards.

More detail about our approach to managing statutory offences is reported from page 54 of the [2014/15 annual report](#) of AHPRA and the National Boards.

Criminal history checks

Under the National Law, applicants for initial registration must undergo criminal record checks. National Boards may also require criminal record

checks at other times. Applicants seeking registration must disclose any criminal history information when they apply for registration, and practitioners renewing their registration are required to disclose if there has been a change to their criminal history status within the preceding 12 months.

While a failure to disclose a criminal history by a registered health practitioner does not constitute an offence under the National Law, such a failure may constitute behaviour for which the Board may take health, conduct or performance action. The criminal record check is undertaken by an independent agency, which provides a criminal history report. AHPRA may also seek a report from a police commissioner or an entity in a jurisdiction outside Australia that has access to records about the criminal history of people in that jurisdiction. The criminal history reports are used as one part of assessing an applicant's suitability to hold registration.

More detailed information about criminal record checks is published from page 32 of the [2014/15 annual report](#) of AHPRA and the National Boards.

Working across the professions

A key strength of the National Scheme is the regular interaction between National Boards. This has facilitated cross-profession approaches to common regulatory issues and supported joint consultation and collaboration.

While the National Scheme is a multi-profession scheme operating within a single statutory framework and with one supporting organisation (AHPRA), a range of regulatory approaches – which are tailored to professions with different risk profiles and professional characteristics – are being explored with National Boards.

Policy development to address the objectives and guiding principles of the National Law is an important part of AHPRA's support for National Boards, including development and review of registration standards, codes and guidelines, and the coordination of cross-profession policy projects, where appropriate, such as a revised approach to international criminal history checks.

Standards, codes and guidelines

The core registration standards (English language skills, professional indemnity insurance, criminal history, recency of practice and CPD) required under the National Law, together with each Board's code of conduct or equivalent, are the main way National Boards define the minimum national standards they expect of practitioners, regardless of where they practise in Australia.

Five core registration standards for all 14 health professions regulated under the National Scheme

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

National Boards have developed common guidelines for advertising regulated health services and for mandatory notifications. Most National Boards have a similar code of conduct. This commonality facilitates the National Law's guiding principles of efficiency, effectiveness and fairness. It also helps consumers to understand what they can expect from their health practitioners.

The standards, together with the code of conduct and guidelines developed by National Boards to provide guidance to the professions, bring consistency across geographic borders; make the Boards' expectations clear to the professions and the community; and help inform Board decision-making when concerns are raised about practitioners' conduct, health or performance. An approved registration standard, code or guideline may be used in disciplinary proceedings as evidence of what constitutes appropriate professional conduct for the profession.

Our work on professional standards in 2014/15

During 2014/15, there were 15 public consultations undertaken by National Boards on 17 registration standards and 13 guidelines.

All National Boards consulted on draft guidelines for the regulatory management of registered health practitioners and students infected with blood-borne viruses. The consultation was open from July to September 2014. A Twitter chat was held on this consultation.

A number of registration standards for the 14 currently regulated health professions were submitted for approval by the Australian Health Workforce Ministerial Council (AHWMC) during 2014/15, in accordance with the National Law.

The revised criminal history registration standard for all 14 Boards and the revised English language skills registration standard for 13 Boards were approved by the AHWMC in March 2015, as well as standards and guidelines for some of the individual Boards.

This work has focused on continuing to build the evidence base for National Board policy and reviewing the structure and format of registration standards, guidelines and codes consistent with good practice.

See Appendix 3 of the 2014/15 [annual report](#) of AHPRA and the National Boards for a full list of registration standards approved by Ministerial Council during 2014/15.

Stakeholder engagement and improving our communications

The National Boards and AHPRA continue to work closely with two external advisory groups, the Community Reference Group and the Professions Reference Group. Communiqués from both groups are published on the AHPRA website after each meeting. Both groups provide feedback on how we can continue improving the way we communicate so that we can engage more effectively with our stakeholders.

AHPRA refreshed the homepages across all 15 National Board and AHPRA websites to make important information easier to find, and included new information for employers and practitioners as tabs on the login window. Following feedback from the Community Reference Group, AHPRA included the *Register of practitioners* search on the

homepage, and introduced brightly coloured 'tiles' to highlight important topics.

The National Boards and AHPRA continue to strengthen work with governments on matters of shared interest relevant to the National Scheme. The work with governments covers a broad spectrum of activities, including contributing to public and regulatory policy development through making joint AHPRA and National Board submissions as much as possible to government consultations, including the independent review of the operation of the National Scheme. We also brief health ministers on local and national issues relevant to the regulation of health practitioners in Australia, and raise issues with, and receive the collective views of, the Australian Health Ministers' Advisory Council's (AHMAC) Health Workforce Principal Committee (HWPC) on draft regulatory policies, guidelines and standards, and other matters to inform advice to health ministers.

This year the National Boards and AHPRA have strengthened partnerships with regulatory counterparts, including health complaints entities, co-regulatory bodies and accreditation councils, to ensure more consistent and effective regulatory decision-making and outcomes that are responsive to the national and local environment, and we learn from and share our experience with international regulators.

Establishing a shared set of regulatory principles

In July 2014 the National Boards and AHPRA launched refreshed regulatory principles that underpin our work in regulating Australia's health practitioners, in the public interest. The principles encourage a responsive, risk-based approach to regulation across all professions within the National Scheme.

We invited feedback on the principles in a formal consultation, which included surveying members of the public and practitioners, as well as board and committee members, and AHPRA staff. The response to the surveys was overwhelming, with more than 800 members of the public providing feedback to the online survey, in addition to more than 140 board/committee members and AHPRA staff members. The vast majority of respondents supported the principles. In the coming year we will continue to work to embed the regulatory principles in all that we do.

The regulatory principles are set out in Appendix 1 of the 2014/15 [annual report](#) of AHPRA and the National Boards.

Collaboration to improve accreditation

The National Boards, AHPRA and the accreditation authorities have worked collaboratively to identify opportunities for improvement, aspects of accreditation that need greater consistency of approach (such as reporting of accreditation decisions), as well as areas within accreditation that lend themselves to cross-professional approaches. Steady progress continues and further cross-profession initiatives – such as work on inter-professional learning and embedding models for simulated learning environments in clinical training – are being implemented or are planned, with the aim of further demonstrating good practice in accreditation of health profession education. The Accreditation Liaison Group (ALG) is the primary vehicle for collaboration on accreditation.

Managing risk through improved international criminal history checks

In February 2015, a new procedure for checking international criminal history, which provides greater public protection, was introduced.

Under the National Law, National Boards must consider the criminal history of an applicant who applies for registration, including any overseas criminal history. The new approach requires certain applicants and practitioners to apply for an international criminal history check from an AHPRA-approved supplier.

More than 4,200 international criminal history checks across the 14 health professions were undertaken since the procedure changed. From these, 10 positive criminal history results were identified. When a positive criminal history is identified, the National Board or its delegate considers whether the health practitioner's criminal history is relevant to the practice of their profession.

Members of the Osteopathy Board of Australia in 2014/15

Dr Nikole Grbin (Chair)
Dr Anne Cooper
Dr Pamela Dennis
Ms Judith Dikstein
Mr Robert McGregor AM
Ms Liza Newby
Dr Natalie Rutsche
Adjunct Associate Professor Phillip Tehan
Dr Andrew Yaksich

During 2014/15, the Board was supported by
Dr Cathy Woodward, Executive Officer, and
Ms Akemi Pham-Vu, Support Officer.

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

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www.ahpra.gov.au

Annual report and summaries online:

www.ahpra.gov.au/annualreport

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Thank you to all AHPRA contributors.

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