

ANNUAL REPORT 2014-15

A large graphic of the number '15'. The '1' is a white outline. The '5' is a solid teal color with a white outline. The two numbers are overlapping, with the '1' positioned to the left of the '5'. Below the graphic is a thick white horizontal bar.

**COMBINED ANNUAL
REPORTS OF THE 14
NEW SOUTH WALES HEALTH
PROFESSIONAL COUNCILS**

ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH PRACTICE COUNCIL • CHINESE MEDICINE COUNCIL
CHIROPRACTIC COUNCIL • DENTAL COUNCIL • MEDICAL COUNCIL • MEDICAL RADIATION PRACTICE COUNCIL
NURSING AND MIDWIFERY COUNCIL • OCCUPATIONAL THERAPY COUNCIL • OPTOMETRY COUNCIL • OSTEOPATHY
COUNCIL • PHARMACY COUNCIL • PHYSIOTHERAPY COUNCIL • PODIATRY COUNCIL • PSYCHOLOGY COUNCIL

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Health Professional Councils Authority

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FOREWORD

This year the annual reports of the 14 NSW Health Professional Councils (Councils) have been developed as a combined report.

The Councils are:

- **Aboriginal and Torres Strait Islander Health Practice Council** of New South Wales
- **Chinese Medicine Council** of New South Wales
- **Chiropractic Council** of New South Wales
- **Dental Council** of New South Wales
- **Medical Council** of New South Wales
- **Medical Radiation Practice Council** of New South Wales
- **Nursing and Midwifery Council** of New South Wales
- **Occupational Therapy Council** of New South Wales
- **Optometry Council** of New South Wales
- **Osteopathy Council** of New South Wales
- **Pharmacy Council** of New South Wales
- **Physiotherapy Council** of New South Wales
- **Podiatry Council** of New South Wales
- **Psychology Council** of New South Wales

This 2015 annual report is structured in three parts.

Part 1 contains information common across all Councils, including information about the responsibilities of Councils, governance, compliance and data reports for all Councils.

Part 2 contains information that is specific to each Council.

Part 3 contains audited financial statements for each Council.

The full consolidated report incorporating all information and financial statements for all Councils is available on the Health Professional Councils Authority (HPCA) website www.hpca.nsw.gov.au.

For Council specific websites, information common across all Councils is available, as well as Council specific information and financial statements relevant to that Council.

The Health Professional Councils Authority has collated information provided by each Council about their respective activities. Registration data has been provided by the Australian Health Practitioner Regulation Agency (AHPRA) to develop this report.



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20 October 2015

The Hon Jillian Skinner MP
Minister for Health
Minister for Medical Research
GPO Box 5341
SYDNEY NSW 2001

Dear Minister,

Pursuant to the provisions of the *Annual Reports (Statutory Bodies) Act 1984* and the *Public Finance and Audit Act 1983*, the 14 health professional Councils of New South Wales are pleased to forward to you the annual report for the year ending 30 June 2015.

We trust that the content of this report clearly demonstrates the commitment of each Health Professional Council to administer the *Health Practitioner Regulation National Law (NSW)* effectively and efficiently in the interests of protecting the public of NSW.

Yours sincerely,

Ms Lisa Penrith
President
Aboriginal and Torres Strait Islander
Health Practice Council

Mr Ian Linwood
Deputy President
Aboriginal and Torres Strait Islander
Health Practice Council

Associate Professor Christopher Zaslowski
President
Chinese Medicine Council

Ms Christine Berle
Deputy President
Chinese Medicine Council

Dr Anthony Richards
President
Chiropractic Council

Dr Lawrence Whitman
Deputy President
Chiropractic Council

Conjoint Associate Professor William O'Reilly
President
Dental Council

Dr Penny Burns
Deputy President
Dental Council

Dr Greg Kesby
President
Medical Council

Adjunct Associate Professor Richard Walsh
Deputy President
Medical Council



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President
Medical Radiation Practice Council

Adjunct Professor John G Kelly AM
President
Nursing and Midwifery Council

Mr Kim Nguyen
President
Occupational Therapy Council

Mr Albert Lee
President
Optometry Council

Ms Anne Cooper
President
Osteopathy Council

Ms Alison Aylott
President
Pharmacy Council

Mr Michael Ryan
President
Physiotherapy Council

Mr Luke Taylor
President
Podiatry Council

Professor Alexander Blaszczynski
President
Psychology Council

Dr Karen Jovanovic
Deputy President
Medical Radiation Practice Council

Dr Bethne Hart
Deputy President
Nursing and Midwifery Council

Dr Katherine Moore
Deputy President
Occupational Therapy Council

Ms Pauline O'Connor
Deputy President
Optometry Council

Mr Stuart Hammond
Member
Osteopathy Council

Mr Stuart Ludington
Deputy President
Pharmacy Council

Professor Darren Rivett
Deputy President
Physiotherapy Council

Ms Kristy Robson
Deputy President
Podiatry Council

Associate Professor William Warren
Deputy President
Psychology Council

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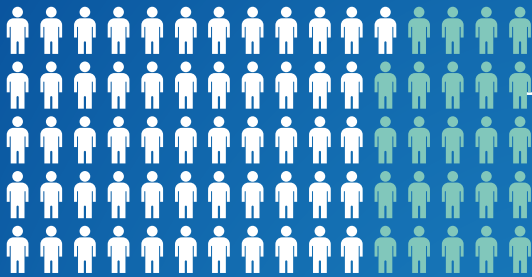
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PART 1
OVERVIEW, DATA REPORTS,
GOVERNANCE AND COMPLIANCE



OVERVIEW OF HEALTH PROFESSIONAL REGULATION IN NSW

2014-15...



185,247

HEALTH PRACTITIONERS

185,247 health practitioners were registered with NSW as the principal place of practice across 14 health professions – that is 29.1% of the 637,218 health practitioners registered Australia wide as at 30 June 2015

3,540

COMPLAINTS

3,540 new complaints were received about health practitioners in NSW

315

MANDATORY NOTIFICATIONS

315 mandatory notifications were made about 298 practitioners

247

IMMEDIATE ACTION CASES

247 matters were considered as immediate action cases

658

RELATIVE OF PATIENTS OR RELATIVE OF PRACTITIONERS

1,546

PATIENTS

231

EMPLOYERS

221

AGENCIES

288

OTHER HEALTH PRACTITIONERS

596

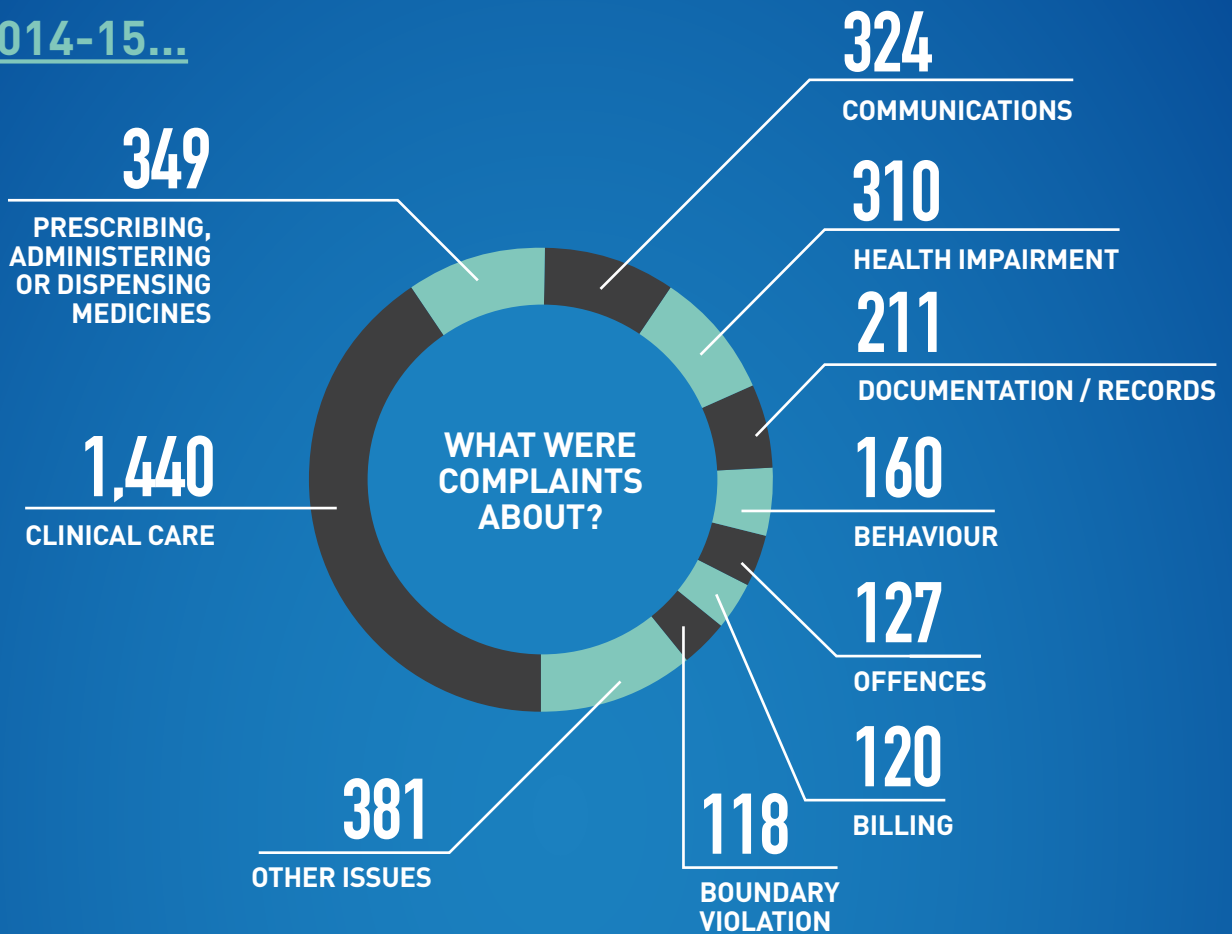
VARIOUS OTHER SOURCES

WHO COMPLAINED?

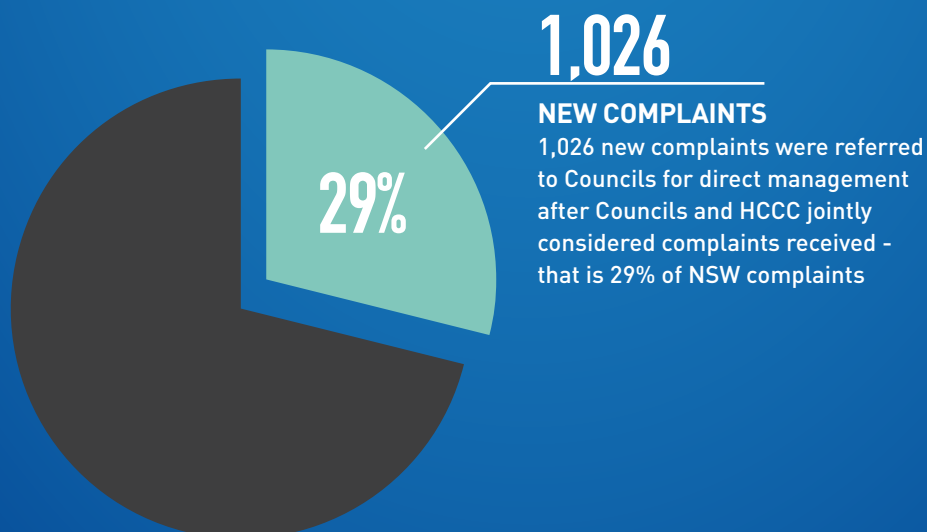
OVERVIEW OF HEALTH PROFESSIONAL REGULATION IN NSW

continued

2014-15...



COMPLAINTS MANAGED BY COUNCILS



ABOUT THE COUNCILS

The 14 NSW Health Professional Councils are statutory bodies established for the purpose of public protection. This is achieved through the management of complaints relating to the conduct, performance and health of registered health practitioners with a principal place of practice in NSW. Councils also manage matters relating to the conduct and health of students registered to undertake health practitioner training in NSW.

The Councils fulfil their regulatory functions in partnership with the NSW Health Care Complaints Commission (HCCC), which is a separate statutory authority established under the *Health Care Complaints Act 1993*.

Charter

The Councils are constituted under the *Health Practitioner Regulation National Law (NSW)* (the Law) to exercise the powers, authorities, duties and functions imposed by the Law.

Aims and Objectives

Councils act in the interests of the public by ensuring that registered practitioners are fit to practise and students are fit to have contact with members of the public whilst they undertake approved programs of study.

The Councils manage a range of programs, services and procedures to achieve this. This assures members of the public that registered practitioners maintain proper and appropriate standards of conduct and professional performance.

The Pharmacy Council has an additional role regulating pharmacy ownership and is required to maintain a register of NSW pharmacies.

Council Membership

The composition of individual Councils is prescribed in the Law and the *Health Practitioner Regulation (New South Wales) Regulation*. Council members are appointed by the Governor for a term of up to three years except for half of the Pharmacy Council members who are elected. Details of the membership of each Council are provided in Part 2 of this report.

HEALTH PROFESSIONAL COUNCILS AUTHORITY

The Health Professional Councils Authority (HPCA) provides shared executive and corporate services to support the Councils' regulatory activities.

On behalf of the Councils, the HPCA liaises with:

- The Ministry of Health to provide advice and responses to the Minister for Health and the Secretary on regulatory matters and member appointments and about other operational functions such as human resources
- The HCCC on complaints management issues
- The Australian Health Practitioner Regulation Agency (AHPRA) regarding financial, registration and reporting matters.

This coordinated approach provides efficiencies through shared services that would be costly for each Council to implement on its own and allows the Councils to concentrate on their core regulatory functions.

Each Council and the HPCA signed a three year service level agreement (SLA) effective from 1 July 2012. The SLA outlines the services the HPCA provides and key performance indicators against which performance is assessed annually. It provides certainty and a shared understanding for the Councils and the HPCA on the range and quality of services provided.

A new service agreement for the period July 2015 to June 2018 is being developed.

NATIONAL REGISTRATION AND ACCREDITATION SCHEME (NRAS)

The Councils and HPCA operate under co-regulatory arrangements in the National Registration and Accreditation Scheme (NRAS).

Councils are responsible for complaints management in NSW while National health professional Boards and AHPRA hold responsibility for the National register of health practitioners, accreditation of approved health professional programs of study and management of complaints about health practitioners in other states and territories of Australia.

Councils engage in professional communications with National Boards. The HPCA, on behalf of Councils, liaises with AHPRA to ensure the effective operation of the NRAS in NSW.

ACHIEVEMENTS AND PRIORITIES

Strategic Planning

Public protection is the driving force for all Councils and the HPCA. In April 2014 the Councils and the HPCA came together to jointly consider priorities for the coming three years to support the common objective of public protection. This resulted in the development of a Combined Councils and HPCA Strategic Framework 2014 to 2017 which provided direction for the work of Councils and the HPCA during 2014/15.

Five key strategic themes were identified.

1. **STRENGTHEN THE PROFILE AND POSITIONING OF THE COUNCILS AND HPCA**
Objective: Improve communication and engagement with registrants (including new graduates), the NSW Minister and Government, jurisdictions and other key stakeholders.
2. **DEVELOP PARTNERSHIPS WITH KEY STAKEHOLDERS, INTERNALLY AND EXTERNALLY**
Objective: Strengthen collaboration across and between Councils and develop closer working relationships with key strategic partners.
3. **DEMONSTRATE VALUE**
Objective: Undertake research, measure performance and build and communicate evidence of the effectiveness and impact of the Councils' and HPCA's role.
4. **BUILD THE ORGANISATIONS' SUSTAINABILITY AND EFFECTIVENESS**
Objective: Ensure equitable, flexible and sustainable funding, manage risk and deliver efficient and effective services.
5. **POSITION THE COUNCILS AND HPCA FOR THE FUTURE**
Objective: Monitor current and emerging developments in the health care sector, and participate in and respond to key reviews and reform initiatives.

Council planning activities and the HPCA strategic and action plans into 2016 and beyond are specific to the respective roles and responsibilities of the Councils and the HPCA but also link to the Combined Councils and HPCA Strategic Framework 2014 to 2017.

Council Member Succession Planning

Ten Councils were established with the introduction of the NRAS in July 2010. The maximum term for Council members under the Law is nine years, that is three terms of three years for each term. However to ensure these newly formed Councils had the required expertise to fulfil their functions, the Law established transitional arrangements. Former NSW State Registration Board members who had served their maximum permitted time on a Board could be appointed to a Council for a two year period and be eligible for a further three year term, that is a maximum of five years. The four new Councils commencing in July 2012 were not affected by this provision.

ACHIEVEMENTS AND PRIORITIES

continued

Since the commencement of NRAS, the Councils have been mindful of the need to ensure continuity in the experience and knowledge of its members. In order to ensure succession planning, Councils have appointed new members on an ongoing basis to avoid all of the members' retiring once the maximum term was reached. Despite this, the end of June 2015 saw the retirement of 36 members across all Councils. Of these 29 had served the five year period provided for in the legislation as a transitional arrangement, including six Presidents, four Deputy Presidents, four community members and four lawyers.

In total, 90 terms of appointment came to an end on 30 June 2015 with 78 nominations selected by the Minister. Two terms of appointment, also nominated by the Minister, came to an end on 31 December 2014. As part of the succession planning, and to minimise the risk of delays in the appointment of new members, the process for appointing new members to the Councils commenced in early 2014. Development of selection criteria and a call for expressions of interest took place throughout 2014. Advice to the Minister for Health including members who were suitable and recommended for appointment, was provided for the Minister to select and nominate members so that appointments were made by the Governor in early 2015.

This appointment process led to 36 new members being appointed to a Council for the first time. All 36 new Council members engaged in a comprehensive induction program prior to their term commencing in July 2015. The induction training provided members with an overview of the NSW regulatory environment, the Law and complaint pathways. Resources were also provided to members such as the Council Member Handbook. Two existing Council members also asked to participate in this training. As part of the induction process most Councils invited new members to observe one or two meetings or participate in a planning session prior to their term commencing.

Council Presidents' Forum

The Forum of Council Presidents, which was established in 2013, matured during 2014/15 into an effective and cohesive group. The forum has provided an excellent opportunity for Presidents from each Council to come together to share information and work collaboratively across Councils. Over the last 12 months, the Presidents' Forum has considered issues such as strategic initiatives and priorities, cost sharing methodologies between Councils and options for common operational documentation. The Presidents' Forum met with the Minister on two occasions and also met with the Forum of National Board Chairs to facilitate communications about professional issues in the NRAS. One of the outcomes of this meeting was the establishment of a joint NSW Councils and National Boards working group to explore common research initiatives in health professional regulation.

Research

In the reporting year, five Councils continued to be involved in a research project that is being undertaken by the University of Sydney. This five part research project is comparing complaint-handling in NSW with other Australian jurisdictions. The five Councils who are supporting this research, the Medical Council, the Nursing and Midwifery Council, the Dental Council, the Pharmacy Council and the Psychology Council are doing so in cooperation with the HCCC and AHPRA. The outcome of this research is expected to be published in the next reporting period.

REGULATORY **ACTIVITIES**

This section summarises the Councils' regulatory activities and key results for the year. More detailed statistics about complaints, their management by Councils and outcomes are provided in the Data Reports section and Council specific sections of this report.

National Registration

Under the NRAS, 14 health professions are registered across Australia. Registered practitioners can practise in their profession anywhere in Australia, but usually nominate a state or territory as their principal place of practice. National health professional Boards, in partnership with AHPRA, manage the registration of health practitioners and maintain the National register. The public information on the register is available online. Further information about the NRAS and the health practitioner National register is available from the AHPRA website www.ahpra.gov.au.

Councils are funded through a portion of registration fees paid to AHPRA by health practitioners who identify NSW as their principal place of practice. Councils also receive a portion of fees collected from practitioners who do not identify a principal place of practice.

Students undertaking programs of study in 13 of the 14 regulated health professions are also registered. The Psychology Board of Australia does not register students but has in place provisional registration for new graduates. The number of NSW students registered across the health professions as at 30 June 2015 was 35,819. NSW student registrations make up 25.2% of the 141,951 student registrations Australia wide. Figures are based on the location of the education provider. Student registration data is identified separately to registration data for registered practitioners. Students do not pay registration fees and are not published on the National register.

Information about registration and registrant numbers is sourced from AHPRA and included in this report to provide context for the Councils' regulatory activities and functions.

REGULATORY ACTIVITIES

continued

Registered Health Practitioners as at 30 June 2015

As at 30 June 2015 there were 637,218 registered health practitioners Australia wide with 185,247 identifying NSW as their principal place of practice (PPP), that is 29.1% of all registered health practitioners. Of all Australian states and territories, NSW is nominated as the principal place of practice by the largest number of registered practitioners. The current number of NSW health practitioners represents a 2.3% increase on last year with 181,025 registered as at 30 June 2014.

In both NSW and Australia wide the largest profession is Nursing and Midwifery and the smallest is Aboriginal and Torres Strait Islander Health Practitioners followed by Osteopaths.

As at 30 June 2015 there were 35,819 students registered in NSW programs of study. This represents 25.2% of the 141,951 students registered Australia wide.

Table 1 sets out, by profession, the number of registered health practitioners nominating NSW as their principal place of practice, the number of registered health practitioners Australia wide and the percentage of National registered practitioners that have NSW as their principal place of practice.

Also included by profession are the number of registered students in NSW programs, the number of registered students Australia wide and the percentage of registered students that are in NSW.

Table 1: Registered health practitioners and registered students as at 30 June 2015

Health Professions	Registered Practitioners with NSW as Principal Place of Practice (PPP)	Total National Registered Practitioners	% of Registered Practitioners with NSW as PPP	Students Registered in NSW	Total National Registered Students	% of Registered Students in NSW
Aboriginal and Torres Strait Islander Health Practitioner	54	391	13.8	-	140	-
Chinese Medicine Practitioner	1,820	4,494	40.5	371	1,481	25.1
Chiropractor	1,681	4,998	33.6	637	1,894	33.6
Dental Practitioner	6,449	21,209	30.4	1,587	4,710	33.7
Medical Practitioner	32,183	103,133	31.2	5,280	18,680	28.3
Medical Radiation Practitioner	4,957	14,866	33.3	1,574	4,088	38.5
Nurse / Midwife	102,117	370,303	27.6	18,296	81,677	22.4
Occupational Therapist	4,846	17,200	28.2	2,114	8,234	25.7
Optometrist	1,663	4,915	33.8	439	1,590	27.6
Osteopath	558	2,000	27.9	95	1,189	8.0
Pharmacist	8,969	29,014	30.9	2,143	7,389	29.0
Physiotherapist	7,943	27,543	28.8	2,657	9,097	29.2
Podiatrist	1,167	4,386	26.6	626	1,782	35.1
Psychologist	10,840	32,766	33.0	-	-	-
Total	185,247	637,218	29.1	35,819	141,951	25.2

REGULATORY ACTIVITIES

continued

Complaints Received

Anyone can make a complaint about a registered health practitioner or registered student. Complaints may relate to the conduct, performance or health of a practitioner or the conduct or health of a student. A complaint may be made to a Council, the HCCC or AHPRA.

The *Health Care Complaints Act 1993* requires the Council and the HCCC to advise each other about complaints received and to consult regarding the course of action to be taken. A complaint made to a Council is deemed to be also made to the HCCC and vice versa.

The Councils received 3,540 new complaints against 3,081 individual health practitioners during the reporting period. This is a 8.5% increase on the 3,263 complaints received during the previous year.

The percentage of practitioners across all professions about whom complaints were received was 1.66%.

Complaints are classified to conduct, performance or health streams depending on the nature of the matter. In some instances more than one stream may be applicable. However a primary stream is identified based on which issue is the most serious.

Conduct

Conduct issues generally relate to behavioural acts or omission and often go to the question of character or suitability. Conduct issues may constitute unsatisfactory professional conduct or professional misconduct, as defined in the Law.

Performance

Performance issues generally relate to concerns about the standard of a practitioner's clinical performance, that is whether the knowledge, skill or judgement of a practitioner, or care exercised, is significantly below the standard reasonably expected of a practitioner of an equivalent level of training or experience.

Health

Impairment includes both physical and non-physical conditions that affect the health of a practitioner. It may be determined that a practitioner with an impairment can continue to practise where measures are in place to manage the impact of a health impairment on practice and ensure public safety. Examples of such measures may include restrictions on practice, supervisory or monitoring arrangements.

REGULATORY ACTIVITIES

continued

Mandatory Notifications

In addition to the fact that anyone can make a complaint about a health practitioner, the Law requires health practitioners, employers and education providers to make mandatory notifications to AHPRA if they believe a practitioner has behaved in a way that constitutes notifiable conduct as defined in the Law. AHPRA then refers these matters to a Council for management where NSW practitioners are involved.

Notifiable conduct includes:

- Practising while intoxicated by alcohol or drugs.
- Sexual misconduct.
- Placing the public at risk of harm because of a significant departure from accepted professional standards.
- Placing the public at risk of substantial harm because of a health issue or impairment.

Registered students are also subject to mandatory notifications if they have an impairment that may place the public at substantial risk of harm.

During the reporting period, 315 mandatory notifications were received about 298 registered practitioners. Mandatory notifications represented 8.9% of all complaints received in the reporting period.

Immediate Action under s150 of the Law

Under s150 of the Law, Councils must exercise their powers to either suspend or impose conditions on a practitioner's registration if they are satisfied that such action is appropriate, for the protection of the health or safety of the public, or is otherwise in the public interest.

During the reporting period there were 247 immediate action cases considered by eight Councils which exercised these powers suspending the registration of 39 practitioners, accepting the surrender of registration from five practitioners and imposing conditions for 163 matters. For 40 matters, Councils determined that suspension or imposition of conditions was not warranted.

Complaints Management and Outcomes

The objective of complaints management is public protection and it is not intended to be punitive of practitioners or provide redress for complainants. However, on occasion the outcome may be punitive for the practitioner who is the subject of a complaint, even though measures are taken to manage potential harm in the least restrictive manner. Information on the processes for making and managing complaints is available on the Councils' websites which can be accessed through www.hpca.nsw.gov.au.

When a complaint is received a preliminary assessment is undertaken by the relevant Council and the HCCC, who jointly decide which agency will manage the matter.

REGULATORY ACTIVITIES

continued

Councils and the HCCC also jointly decide whether the matter requires some form of action or not. When action is required, various options are available for further assessment or investigation and management, pertinent to the nature and seriousness of the matter. This includes investigation by the HCCC, interviewing/counselling the practitioner or health or performance assessment by a Council, with referral to a health or performance panel if necessary.

During the reporting period 3,308 complaints were closed. There are a number of possible measures or outcomes that can lead to closure of complaints such as referring the complaint to another body, conciliation, counselling, issuing a caution or reprimand, making orders, imposing conditions or a fine, suspending or cancelling registration. It is possible for more than one of these measures to be applied to manage one complaint. A Council may also take no action following further inquiries into the complaint, if for example it is satisfied that the practitioner acknowledges the issues of concern and has taken steps to ensure their practice has been improved.

Of the matters closed in 2014/15, 1,590 were discontinued at the consultation between the Council and HCCC. Another 916 matters did not require further action following inquiries by the Council into the complaint.

NSW Civil and Administrative Tribunal (NCAT)

Serious matters may be referred to the NSW Civil and Administrative Tribunal (NCAT), particularly where substantiated complaints could result in cancellation or suspension of registration. The HCCC prosecutes these matters before NCAT. During the reporting period 42 complaints were heard by NCAT.

Monitoring and Compliance with Orders and Conditions

Councils are responsible for monitoring compliance with orders made and conditions imposed by an adjudication body. Conditions fall into two categories:

- i. public conditions, which are published on the National register website www.ahpra.gov.au or
- ii. private conditions, which relate to impairment and are recorded by AHPRA but not published on the National register.

The National register is accessible via AHPRA.

As at 30 June 2015, 664 cases were being actively monitored by the HPCA on behalf of the Councils.

DATA REPORTS

NSW Complaints

During the year 3,540 new complaints were received with the greatest number about Medical Practitioners totalling 2,023 and the least number about Osteopaths totalling eight. There were no complaints received against an Aboriginal and Torres Strait Islander Health Practitioner in the reporting period. At the beginning of 2014/15 there were 1,306 open cases, during the year 3,308 cases were closed and at the end of the year 1,538 cases remained open. Complaints managed during the year involved a total of 3,081 practitioners. The number of practitioners subject of a complaint represented on average 1.7% of registered practitioners ranging from a high of 5.3% for Medical Practitioners to a low of 0.2% for Medical Radiation Practitioners.

As there were no complaints about Aboriginal and Torres Strait Islander Health Practitioners during 2014/15, this health profession is excluded from the data tables in this section of the report, except for the first table (Table 2) which provides an overview of complaints about NSW health practitioners managed during 2014/15.

Table 2: Overview of NSW complaints in 2014/15

Health Professions	Number of cases open at 1/7/14*	Number of complaints received in 14/15	Number of complaints closed in 14/15	Number of cases open at 1/7/15	Number of practitioners subject of complaint	% of registered practitioners in NSW subject of complaint	Number of complaints received about a student
Aboriginal and Torres Strait Islander Health Practitioner	-	-	-	-	-	-	-
Chinese Medicine Practitioner	2	12	10	4	12	0.66	-
Chiropractor	13	34	30	17	31	1.84	-
Dental Practitioner	138	340	311	167	293	4.54	-
Medical Practitioner	704	2,023	1,954	773	1,720	5.34	6
Medical Radiation Practitioner	5	10	12	3	10	0.20	-
Nurse / Midwife	252	610	543	319	547	0.54	16
Occupational Therapist	3	16	12	7	15	0.31	-
Optometrist	6	29	26	9	29	1.74	-
Osteopath	10	8	6	12	8	1.43	-
Pharmacist	95	244	213	127	220	2.45	2
Physiotherapist	11	40	32	19	37	0.47	-
Podiatrist	9	17	13	13	17	1.46	-
Psychologist	58	157	146	69	142	1.31	N/A
Total	1,306	3,540	3,308	1,538	3,081	1.66	24

*May include complaints received under the former law.

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continued

Reasons for Complaints

There are various reasons why complaints are made about health practitioners. Table 3 sets out the number of complaints received during 2014/15 by type of complaint for each health profession. The greatest number of complaints related to clinical care/treatment accounting for 1,440 matters while the least number related to informed consent from patients for treatment accounting for 34 matters.

Table 3: Number of complaints received during 2014/15 by type of complaint

Complaint Category	Chinese Medicine Practitioner	Chiropractor	Dental Practitioner	Medical Practitioner	Medical Radiation Practitioner	Nurse / Midwife	Occupational Therapist	Optometrist	Osteopath	Pharmacist	Physiotherapist	Podiatrist	Psychologist	Total 2014/15
Behaviour	-	-	2	67	1	67	2	1	-	12	2	-	6	160
Billing	2	6	19	69	-	-	1	2	-	12	6	1	2	120
Boundary violation	-	8	-	56	-	18	-	-	3	1	2	-	30	118
Clinical care	5	9	236	949	3	146	4	11	-	4	15	7	51	1,440
Communication	-	-	10	258	1	31	1	4	-	8	2	1	8	324
Confidentiality	-	-	1	35	-	6	1	-	-	14	1	-	1	59
Documentation	-	1	5	163	-	19	-	5	-	2	-	-	16	211
Health impairment	1	1	2	103	2	166	5	1	-	12	3	1	13	310
Infection/hygiene	1	-	36	10	-	3	-	1	-	2	2	3	-	58
Informed consent	-	1	4	22	-	2	-	-	1	-	1	-	3	34
National Law breach	-	1	10	44	2	16	1	-	-	3	2	1	6	86
National Law offence	2	5	7	27	1	2	-	4	2	13	2	3	6	74
Offence	-	2	3	37	-	48	-	-	2	29	2	-	4	127
Other ¹	-	-	3	39	-	7	1	-	-	11	-	-	9	70
Prescribing, administering or dispensing medicines	1	-	2	144	-	79	-	-	-	121	-	-	2	349
Total 2014/15	12	34	340	2,023	10	610	16	29	8	244	40	17	157	3,540

¹ Other includes: Conflict of interest; discrimination; medico-legal conduct; research/teaching/assessment; response to adverse event; teamwork/supervision.

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Source of Complaints

Anyone can make a complaint about a health practitioner. Table 4 provides an overview of who lodged complaints during 2014/15 for each health profession. Patients made a complaint most frequently accounting for 1,546 of complaints and insurance companies made a complaint least frequently accounting for 11 complaints.

Table 4: Complaints received in 2014/15 by source of complaint

Source of Complaint	Chinese Medicine Practitioner	Chiropractor	Dental Practitioner	Medical Practitioner	Medical Radiation Practitioner	Nurse / Midwife	Occupational Therapist	Optometrist	Osteopath	Pharmacist	Physiotherapist	Podiatrist	Psychologist	Total
AHPRA	1	5	6	22	1	36	-	4	1	6	4	4	1	91
Anonymous	1	3	-	36	-	30	1	-	-	3	3	1	2	80
Council	-	1	14	48	-	20	1	-	-	23	1	-	2	110
Pharmaceutical services	-	-	1	19	-	2	-	-	-	12	-	-	-	34
Education provider	-	-	-	8	-	9	-	-	-	-	1	-	2	20
Employee	-	-	6	11	-	31	2	-	-	3	-	1	2	56
Employer	-	1	4	27	1	191	1	-	1	3	1	1	-	231
Government department	-	1	16	52	-	16	-	-	-	8	1	-	2	96
Insurance company	2	2	2	1	-	-	1	1	-	1	1	-	-	11
Lawyer	-	-	-	29	-	-	-	-	-	-	-	-	-	29
Member of the public	1	5	48	44	-	17	3	1	1	25	2	1	8	156
Other practitioner	1	3	10	112	3	51	1	3	-	27	-	-	36	247
Patient	4	8	182	1,099	-	60	2	16	4	91	19	6	55	1,546
Police	1	-	1	8	-	1	-	-	-	3	-	1	2	17
Relative	1	3	47	453	2	67	1	4	-	35	4	2	39	658
Self report	-	2	1	24	2	46	3	-	1	2	2	-	-	83
Treating Practitioner	-	-	-	13	-	22	-	-	-	2	-	-	4	41
Other ¹	-	-	2	17	1	11	-	-	-	-	1	-	2	34
Total 2014/15	12	34	340	2,023	10	610	16	29	8	244	40	17	157	3,540

¹'Other' includes Courts/Coroner, HCCC, Hospital, Other Board.

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Mandatory Notifications

Health practitioners, employers and education providers must make a mandatory notification about a practitioner who engages in notifiable conduct or a student with an impairment that may place the public at substantial risk of harm. The greatest number of mandatory notifications received were about Nurses and Midwives accounting for 217 of the notifications. There were no mandatory notifications about Chiropractors, Optometrists, Osteopaths or Podiatrists.

Table 5: Mandatory notifications received by profession

Health Profession	Notifications	Number of Practitioners
Chinese Medicine Practitioner	1	1
Chiropractor	-	-
Dental Practitioner	4	2
Medical Practitioner	53	52
Medical Radiation Practitioner	3	3
Nurse / Midwife	217	206
Occupational Therapist	1	1
Optometrist	-	-
Osteopath	-	-
Pharmacist	12	11
Physiotherapist	1	1
Podiatrist	-	-
Psychologist	23	21
Total	315	298

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Immediate Action Cases

On occasion the issues raised in the complaint may indicate possible serious and imminent risk to public safety. These matters become immediate action cases to determine the seriousness and potential impact on public safety or public interest and whether action is appropriate. During the reporting period 247 immediate action cases were considered.

Issues leading to consideration of immediate action are set out in Table 6. The most frequent reason for considering immediate action related to the health/impairment of a practitioner accounting for 93 cases and the least frequent was a breach of conditions already imposed on the practice of a practitioner accounting for 10 cases.

Table 6: Immediate action considered / taken - category of complaint

Health Profession	Boundary violation	Health	Infection Control	Offence	Breach of conditions	Pharmacy / Meds	Clinical Care	Other	Total
Chinese Medicine Practitioner	-	1	-	-	-	-	1	-	2
Chiropractor	2	-	-	-	-	-	-	1	3
Dental Practitioner	2	1	26	1	1	1		1	33
Medical Practitioner	10	21	1	2	6	18	14		72
Medical Radiation Practitioner	-	-	-	-	-	-	-	-	-
Nurse / Midwife	6	57		5	3	14	9	8	102
Occupational Therapist	-	-	-	-	-	-	-	-	-
Optometrist	-	-	-	-	-	-	-	-	-
Osteopath	-	-	-	-	-	-	-	1	1
Pharmacist	-	9	-	8	-	5	-	3	25
Physiotherapist	-	-	-	-	-	-	-	-	-
Podiatrist	-	-	-	-	-	-	-	-	-
Psychologist	3	4	-	1	-	-	-	1	9
Total	23	93	27	17	10	38	24	15	247

Note: Data excludes matters that were considered for immediate action but did not proceed to a hearing.

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Action was taken in 202 of the immediate action cases considered and surrender of registration accepted in five cases. Councils determined that no immediate action was warranted for 40 cases. A decision not to take immediate action does not preclude action being taken at a later point in time or the substantive complaint continuing to be dealt with by the Council, or the HCCC.

Table 7: Immediate action considered / taken – outcome

Health Profession	Number of cases considered with no immediate action taken	Accept surrender of registration	Number of cases with immediate action taken		Total
			Suspend registration	Impose conditions	
Chinese Medicine Practitioner	-	-	1	1	2
Chiropractor	-	-	2	1	3
Dental Practitioner	10		10	13	33
Medical Practitioner	6	4	17	45	72
Medical Radiation Practitioner	-	-	-	-	-
Nurse / Midwife	16	-	8	78	102
Occupational Therapist	-	-	-	-	-
Optometrist	-	-	-	-	-
Osteopath	-	-	1	-	1
Pharmacist	6			19	25
Physiotherapist	-	-	-	-	-
Podiatrist	-	-	-	-	-
Psychologist	2	1	-	6	9
Total	40	5	39	163	247

Note: Initial actions only – excludes reviews of immediate action decisions and matters that did not proceed to an inquiry.

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Complaints Referred for Council Management

In NSW complaints are jointly considered by the relevant Council and the HCCC and may be referred for assessment, investigation, conciliation or to other pathways for management. One pathway is referral for direct management by a Council. During 2014/15, 1,026 of the complaints received in the reporting period were referred to Councils for direct management. This represented on average 29% of complaints received ranging from a high of 63% for Osteopaths to a low of 8% for Chinese Medicine Practitioners.

Table 8: Complaints received in 2014/15 and referred for management by a Council following consultation with HCCC

Health Professions	Complaints referred for management by a Council ¹	% of all complaints received in 2014/15
Chinese Medicine Practitioner	1	8
Chiropractor	20	59
Dental Practitioner	100	29
Medical Practitioner	347	17
Medical Radiation Practitioner	5	50
Nurse / Midwife	323	53
Occupational Therapist	7	44
Optometrist	6	21
Osteopath	5	63
Pharmacist	128	52
Physiotherapist	16	40
Podiatrist	7	41
Psychologist	61	39
Total	1,026	29

¹ Excludes matters that were:

- discontinued, resolved during assessment or referred to conciliation
- withdrawn, not within jurisdiction to act or referred elsewhere at initial consultation with the HCCC
- referred to the HCCC for investigation, to the HCCC Director Proceedings or to the Tribunal or a PSC at some point
- still being assessed by the HCCC at 30 June 2015

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Assessments and Hearings

Action taken by Councils to assess, make further inquiries into and manage complaints includes a range of mechanisms that accommodate the variable nature and seriousness of complaints. Table 9 sets out by profession the number of assessments and hearings completed during the year. Counselling or interviews were used most frequently with 268 completed. Performance Review Panels were least frequently used with 36 completed, excluding Council Inquiries and Professional Standards Committees which are not available to all Councils. Medical and Nursing and Midwifery Councils use Professional Standards Committees while all other Councils use Council Inquiries to manage conduct complaints which are not serious enough to warrant referral to NCAT.

Table 9: Assessments and hearings concluded in 2014/15

Health Profession	Applicable to All Councils						Applicable to All Councils Except Medical and Nursing/ Midwifery	Only Medical and Nursing / Midwifery	
	Health Assessment*	Impaired Registrants Panel	Performance Assessment	Performance Review Panel	Tribunal (Complaint Hearing)#	Counselling or Interview	Assessment Committee	Council Inquiry	Professional Standards Committee#
Chinese Medicine Practitioner	1	1	-	-	-	3	-	-	-
Chiropractor	-	-	-	-	-	6	-	1	-
Dental Practitioner	2	2	-	-	2	17	43	21	-
Medical Practitioner	59	61	29	17	23	72	-	-	17
Medical Radiation Practitioner	2	2	-	1	-	-	-	-	-
Nurse / Midwife	135	79	12	14	9	90	-	-	7
Occupational Therapist	5	1	-	-	-	1	-	-	-
Optometrist	-	-	-	-	-	1	-	-	-
Osteopath	-	-	1	-	-	4	-	-	-
Pharmacist	9	14	5	1	2	49	-	12	-
Physiotherapist	2	3	-	-	-	3	-	1	-
Podiatrist	2	-	-	-	-	3	-	-	-
Psychologist	13	28	3	3	6	19	-	1	-
Total	230	191	50	36	42	268	43	36	24

Notes: * Excludes reassessments and reviews. # Includes matters that did not proceed eg withdrawn.

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Complaints closed

Outcomes leading to closure of complaints during the year are set out in Table 10. A complaint may have more than one outcome, for example a reprimand and conditions on practice. No further action may be recorded as the final outcome despite Councils requiring the practitioner to apologise, or where advice/comments have been provided in a letter. Apart from complaints that were discontinued or did not warrant further action, conditions on registration was the most frequent outcome accounting for 188 closures. Issuing a fine and lodgement of a new complaint was the least frequent with only one each.

Table 10: Outcomes of complaints closed in 2014/15

Outcomes	Chinese Medicine Practitioner	Chiropractor	Dental Practitioner	Medical Practitioner	Medical Radiation Practitioner	Nurse / Midwife	Occupational Therapist	Optometrist	Osteopath	Pharmacist	Physiotherapist	Podiatrist	Psychologist	Total
Registration cancelled/ registration disqualified	-	-	-	14	-	9	-	-	-	1	-	-	5	29
Registration suspended	-	-	-	4	-	3	-	-	-	-	-	-	1	8
Surrender of registration accepted	-	-	1	10	-	3	-	-	-	1	-	-	-	15
Conditions imposed / Conditions by consent / Conditions would apply if registered	-	1	5	75	1	81	1	-	-	16	1	-	7	188
Orders made but no conditions	-	-	6	-	-	-	-	-	-	2	1	-	-	9
Change to non-practising registration accepted	-	-	-	4	-	2	-	-	-	-	-	-	-	6
Refund / payment / fee withheld / retreat	-	1	1	-	-	-	-	-	-	-	-	-	-	2
Fine imposed	-	-	1	-	-	-	-	-	-	-	-	-	-	1
Reprimand issued	-	1	5	22	-	5	-	-	-	5	-	-	-	38
Caution issued	-	-	1	1	-	3	-	-	-	3	-	-	-	8
Finding made but no orders	-	-	2	1	-	-	-	-	-	-	-	-	-	3
New complaint to be made	-	-	-	-	-	1	-	-	-	-	-	-	-	1
Counselling or interview	-	6	23	13	-	103	-	1	2	15	4	1	-	168
Resolution or conciliation by HCCC	-	-	-	87	-	4	1	-	-	-	2	-	2	96
All or part referred to other body	1	3	37	29	1	8	2	1	1	1	-	2	4	90
No further action*	1	11	81	487	7	122	2	8	2	123	10	3	59	916
No jurisdiction#	1	2	1	26	-	48	1	-	-	-	-	-	4	83
Discontinued	6	5	148	1,135	3	150	5	14	1	48	11	6	58	1,590
Withdrawn	1	-	5	72	-	8	-	2	-	5	3	1	6	103
Total	10	30	317	1,980	12	550	12	26	6	220	32	13	146	3,354

Notes: A complaint may have more than one outcome, all outcomes included.

* Includes complaints resolved before assessment; apology; advice; Council letter; HCCC comments; deceased; registration status change – did not proceed.

Includes practitioners who failed to renew registration.

DATA REPORTS

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Active Monitoring

Cases requiring active monitoring by Councils as at 30 June 2015 are set out in Table 11. These cases are categorised into conduct, performance and health streams by profession. The health stream accounts for the greatest number of cases being monitored totalling 310 cases and the performance stream the least number with 83 cases. The Medical Council is actively monitoring the greatest number of practitioners with 276 cases and Chinese Medicine, Optometry, Osteopathy and Podiatry Councils are only actively monitoring 1 practitioner each.

Table 11: Active monitoring cases as at 30 June 2015 by profession and stream

Health Profession	Conduct	Performance	Health	Total
Chinese Medicine Practitioner	-	1	-	1
Chiropractor	5	3	-	8
Dental Practitioner	36	3	7	46
Medical Practitioner	144	26	106	276
Medical Radiation Practitioner	-	-	2	2
Nurse / Midwife	47	33	161	241
Occupational Therapist	-	-	2	2
Optometrist	-	1	-	1
Osteopath	-	1	-	1
Pharmacist	30	6	15	51
Physiotherapist	2	3	2	7
Podiatrist	1	-	-	1
Psychologist	6	6	15	27
Total	271	83	310	664

GOVERNANCE AND COMPLIANCE

Legislative Changes

During the reporting period the NSW Parliament passed substantial amendments to the Health Practitioner Regulation National Law (NSW) (the Law) via the *Health Practitioner Regulation Legislation Amendment Act 2014*. These amendments are described below. There were also a range of minor amendments passed as a consequence of other legislation passed by the Parliament. In the same reporting period a range of minor amendments to the *Health Practitioner Regulation (New South Wales) Regulation 2010* were approved by the Governor.

Health Practitioner Regulation National Law

Significant amendments were made to the National Law by the *Health Practitioner Regulation Legislation Amendment Act 2014*. A number of those amendments commenced in November and December 2014 and others had not commenced by the end of the reporting period.

Amendments commencing on 28 November 2014

Inclusion of section 149E which has the effect that a person whose registration as a health practitioner has been cancelled by the Tribunal or who the Tribunal has disqualified from being registered may not apply for registration unless the Tribunal has made a reinstatement order in respect of that person.

This amendment was made to address concerns that the decision of the Court of Appeal in HCCC v Do [2014] NSWCA 307 may have allowed a person whose registration had been cancelled to apply directly to the relevant National Board for registration without first having to demonstrate their fitness to the Tribunal. A similar amendment was made to Schedule 5A to give that amendment limited retrospective effect.

Amendments commencing on 19 December 2014

Inclusion of section 149C(5A) which allows the Tribunal to make a prohibition order under section 149C(5) in respect of a person who is no longer registered in circumstances where the Tribunal determines that it would have suspended or cancelled the person's registration if he or she were still registered.

Amendment of Clause 12(2) of Schedule 5C to ensure that the operation of certain transitional provisions did not inadvertently prevent otherwise appropriately qualified members of the Council from being appointed for a further term of office.

Amendments not yet commenced

Inclusion of section 145BA which will on its commencement require Councils to notify complainants of the outcomes of their complaints

Amendment of section 146E(2) to correct an oversight in drafting.

Inclusion of section 150FA which will on its commencement create a regime for the designation of certain conditions as critical impairment conditions.

Inclusion of section 176BA which will on its commencement require Councils to notify a practitioner's employer or accreditor of all conditions imposed on the practitioner's registration, including health conditions that are not published in the register, and the modification or removal of any conditions on a practitioner's registration.

GOVERNANCE AND COMPLIANCE

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Multicultural New South Wales Legislation Amendment Act 2014

Minor amendment of clause 3(2)(d) of schedule 5C to reflect the change in name of the Community Relations Commission to Multicultural NSW.

Courts and Crimes Legislation Amendment Act 2015

Minor amendment of sections 138(1) and 165B(1) to reflect the change in the name of the Health Practitioner Division List of the Civil and Administrative Tribunal of New South Wales to the Health Practitioner List.

Legal Profession Uniform Law Application Legislation Amendment Act 2015

Minor amendment to reflect the change in name of the Legal Profession Act 2004 to the Legal Profession Uniform Law (NSW).

Statute Law (Miscellaneous Provisions) Act 2015

Minor amendment to transitional provisions in Schedule 5A.

Audit and Risk Management

NSW Treasury has granted the Councils an exemption from the *Internal Audit and Risk Management Policy for the NSW Public Sector* TPP09-05 (TPP15-03 as from July 2015) on the grounds that Councils are small agencies for which the administrative and cost burden of full compliance would be prohibitive.

Nevertheless the Councils have in place appropriate internal audit and risk management practices consistent with the core requirements of TPP09-05.

The HPCA Audit and Risk Committee (ARC) is an important way of ensuring independent monitoring and advice regarding financial reports, the risk register and internal audits and reviews. The ARC operates in a clear and transparent manner with documented terms of reference. Observers are invited to meetings including representatives of the Councils, the IAB and the Audit Office of NSW.

Internal Audit

IAB's engagement to undertake internal audits identified in the internal audit plan continued through 2014/15 with two agreed audits of procurement and records management conducted during the year. Implementation of recommendations based on findings of the first audit on procurement is underway. The second audit on records management was concluded more recently with findings and recommendation under consideration at the end of the reporting period.

Outcomes of these two audits undertaken by IAB are incorporated into a process improvement plan which is subject to regular review. This plan ensures that the HPCA is implementing activities and initiatives that are designed to improve the quality and timeliness of its services to the Councils.

GOVERNANCE AND COMPLIANCE

continued

Insurances

The HPCA manages insurances for all Councils through the Ministry of Health's insurance cover with the NSW Treasury Managed Fund including:

- Legal liability – public liability, professional indemnity, product liability.
- Workers compensation.
- Property coverage.
- Comprehensive Motor Vehicle Insurance Policy.

Information Management and Systems

The HPCA finalised its ICT (Information Communications Technology) Strategic Plan 2014 to 2016 in the reporting period which was endorsed by the Councils. The plan identifies the ICT infrastructure, capability and priorities for the next three years so that the HPCA can strategically position its planning and prioritising of ICT related activities. The ICT Strategic Plan also positions the HPCA so that it can benefit and leverage from opportunities as part of the NSW Government ICT Strategy 2012. Through implementation of the ICT Strategic Plan, the HPCA will also meet compliance obligations arising from whole of Government requirements such as the NSW Data Centre Reform Strategy and the Digital Information Security Policy. An ICT Steering Committee, which includes a Ministry of Health IT (Information Technology) professional, continues to maintain governance and oversight over ICT related activities and planning.

Further modifications were made to the case management system (MaCS) to improve usability and reporting. The MaCS user group guided priorities and contributed to user testing. Staff received ongoing training and support as changes were implemented and the accuracy and reliability of reporting was improved. The reporting year saw the publication of a MaCS newsletter which provided updates to staff in relation to these enhancements as well as promoting to staff the availability of other resources and manuals to assist in ensuring data quality.

The TRIM records management system was further embedded into practice. The reporting year saw the introduction of a new Business Classification Scheme (BCS) and a Records Titling Standard (RTS). This initiative ensures consistent naming of files resulting in more efficient file retrieval and greater compliance with standards.

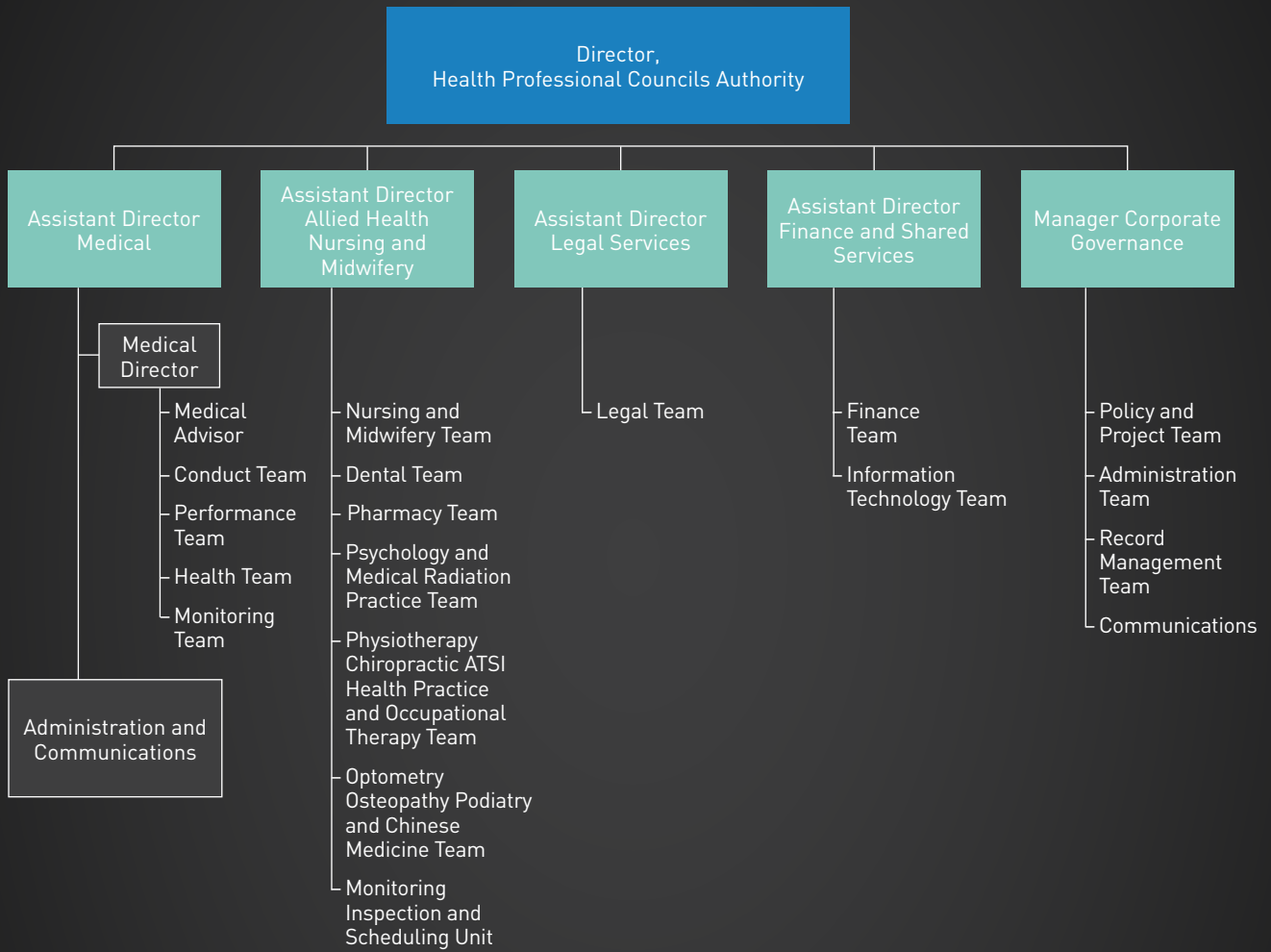
Human Resources

The Councils are supported by HPCA staff who are employed under Part 4 of the *Government Sector Employment Act 2013*. As at 30 June 2015 the HPCA employed 100 permanent full-time equivalent (FTE) staff and two temporary FTE staff.

GOVERNANCE AND COMPLIANCE

continued

HPCA Organisation Chart as at 30 June 2015



GOVERNANCE AND COMPLIANCE

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Performance Management

The *Government Sector Employment Act 2013* requires agencies to implement a Performance Management Framework and for all employees to have a performance agreement. Staff performance agreements were developed during 2014/15 based on an organisation wide suite of performance indicators and also included individual priorities and training needs. Mid point performance reviews were undertaken between staff and their managers six months after development of agreements. Annual performance reviews are due to be completed during October 2015.

Learning and Development

Learning and development opportunities are available to all staff to ensure they have the skills and knowledge relevant to core business and the achievement of strategic priorities. Learning and development also provides support for career development.

In the past year staff attended mandatory training sessions on:

- Government Sector Employment (GSE) including:
 - Performance management workshops for staff
 - Performance management workshops for managers
 - Understanding GSE non-executive recruitment and merit selection.

Other learning and development sessions included:

- Understanding the *Health Practitioner Regulation Law (NSW)* – regulatory responsibilities and Council processes to protect the public
- GIPA provisions
- Writing procedures and policy documents
- Minute taking
- Dealing with difficult complainants
- TRIM records management system and Monitoring and Complaints System (MaCS) for case management
- Implementing innovation and continuous improvement
- CORE Chat.

A forum involving all staff was held in September 2014 providing updates on a range of issues.

GOVERNANCE AND COMPLIANCE

continued

Consultants

Consultants engaged during 2014/15 at a cost of less than \$50,000 per consultancy are set out in table 12.

Table 12: Consultant engagements costing less than \$50,000

Service Provided	Number	Total Cost incl GST \$
Council business processes	-	-
Financial management	-	-
Governance	6	70,950
Nursing and Midwifery Council	6	14,800
Medical Council	2	75,846
Total	14	161,596

Financial Management

The HPCA provides financial management services to the Councils including the payment of accounts, budget preparation and monitoring and coordination of regular financial reporting to the Councils.

In signing the Service Level Agreement, the Councils endorsed revised cost allocation methodologies for the distribution of shared costs across all Councils. The methodologies are largely based on Council activity and provide a formula to apportion shared services staff, facilities and other resources. The methodologies were reviewed in 2013/2014 to ensure they are equitable and the best means of cost allocation. The review concluded that the existing formulae are equitable and the most effective means of calculating Councils' individual contributions to shared costs. In 2014/15 adjustments were made to the methodologies for indirect labour following consultation with all Councils. Councils agreed that these methodologies would be used to apportion shared costs over the next three financial years.

Format

The accounts of the Councils' administrative operations, including any Education and Research Fund activities, together with the Independent Auditor's Report are set out in the Financial Statements.

Investment Performance

The Councils' banking arrangements are with Westpac Banking Corporation in accordance with the agreement between NSW Treasury and Westpac Banking Corporation for the provision of transactional banking.

The guaranteed credit interest rate was calculated on daily balances as per the Reserve Bank of Australia cash rate plus an agreed fixed margin.

GOVERNANCE AND COMPLIANCE

continued

Payments Performance

The Councils' accounts are managed by the Health Administration Corporation (HAC). The consolidated accounts payable performance report for all 14 Councils is set out in Tables 13 and 14.

Table 13: Consolidated Councils' accounts payable performance

Quarter	Current (within due date)	Less than 30 days overdue	Between 30 to 60 days overdue	Between 60 to 90 days overdue	More than 90 days overdue
	\$	\$	\$	\$	\$
All suppliers					
September	1,484,751	33,941	-	141	-
December	1,433,125	141	141	3,470	-
March	1,485,557	-	311,029	2,425	-
June	2,718,296	956,632	8	2,284	-
Small business suppliers					
September	107,066	6,507	-	-	-
December	57,745	-	-	2,316	-
March	182,616	-	-	2,316	-
June	248,802	3,681	8	2,316	-

GOVERNANCE AND COMPLIANCE

continued

Table 14: Consolidated Councils' accounts payable performance

Measure	Sept	Dec	Mar	June
All suppliers				
Number of accounts due for payment	119	65	97	146
Number of accounts paid on time	100	61	93	138
% of accounts paid on time (based on number of accounts)	84.0%	93.8%	95.9%	94.5%
\$ amount of accounts due for payment	1,518,833	1,436,877	1,799,011	3,677,221
\$ amount of accounts paid on time	1,484,751	1,433,125	1,485,557	2,718,296
% of accounts paid on time (based on \$)	97.8%	99.7%	82.6%	73.9%
Number of payments for interest on overdue accounts	-	-	-	-
Interest paid on overdue accounts	-	-	-	-
Small business suppliers				
Number of accounts due for payment	70	37	71	96
Number of accounts paid on time	59	35	69	91
% of accounts paid on time (based on number of accounts)	84.0%	95.0%	97.0%	95.0%
\$ amount of accounts due for payment	113,573	60,061	184,932	254,807
\$ amount of accounts paid on time	107,066	57,745	182,616	248,802
% of accounts paid on time (based on \$)	94.3%	96.1%	98.7%	97.6%
Number of payments for interest on overdue accounts	-	-	-	-

GOVERNANCE AND COMPLIANCE

continued

Government Information Public Access (GIPA)

Access to Information

All Councils are committed to the principles of the *Government Information (Public Access) Act 2009* (GIPA Act) and provide access to policies, publications and information through their websites. The Councils comply with the *Government Information (Public Access) Regulation 2009* regarding annual reporting requirements.

Council websites provide information about GIPA and access to information including:

- Agency information guide
- Disclosure log
- Access application form
- Government contracts.

Review of Proactive Release Program

The Councils reviewed their program for the release of government information to identify the type of information that can be made publicly available and also reviewed program and policy registers. Relevant documents are included on websites when they are newly released and/or revised.

Documents currently available on the HPCA and Councils websites include:

- Combined Councils and HPCA Strategic Framework 2014 to 2017
- HPCA Strategic/Action Plan 2014/2015
- Annual Reports
- Council newsletters
- Legal Practice Notes
- Handbook for Council, Committee and Panel members
- Staff handbook
- Business Continuity Management Plan
- Policies and procedures for example media, communications, managing email access.

Number of Access Applications Received

Formal access applications for 2014/15, including withdrawn applications but excluding invalid applications, were as follows.

- The Medical Council received nine formal access applications for information from four different applicants. No invalid applications were received which subsequently became valid. Determinations were made for ten applications, including three applications from the previous reporting period. Two applications remained under consideration at the end of the reporting period.
- The Dental Council received three formal access applications. All were valid and determined during the reporting period.
- The Pharmacy and Psychology Councils each received one formal access application that was valid. The Psychology application remained under consideration at the end of the reporting period.
- The 10 other Councils did not receive any formal access applications.

GOVERNANCE AND COMPLIANCE

continued

Number of Refused Applications for Schedule 1 Information - Clause 7(c)

The Medical Council released documents for nine of the ten applications determined.

The Medical Council refused to deal with one application as this would have required an unreasonable and substantial diversion of resources. The Medical Council refused the nine applications in part where it was determined that there was an overriding public interest against disclosure of the relevant parts.

The Dental Council released documents for all three applications but refused these applications in part where there was an overriding public interest against disclosure.

The Pharmacy Council refused one application in part where it was determined that there was a public interest consideration against disclosure.

For tables 15 and 16 more than one decision can be made in respect of a particular access application. If so, a recording must be made in relation to each such decision.

Table 15: Number of applications by type of applicant and outcome

	Access granted in full	Access granted in part	Access refused in full	Information not held	Information already available	Refuse to deal with application	Refuse to confirm/deny whether information is held	Application withdrawn
Media	0	0	0	0	0	0	0	0
Members of Parliament	0	0	0	0	0	0	0	0
Private sector business	0	0	0	0	0	0	0	0
Not for profit organisations or community groups	0	0	0	0	0	0	0	0
Members of the public (application by legal representative)	0	5	0	0	0	0	0	0
Members of the public (other)	0	8	1	0	0	1	0	0

GOVERNANCE AND COMPLIANCE

continued

Table 16: Number of applications by type of applicant and outcome

	Access granted in full	Access granted in part	Access refused in full	Information not held	Information already available	Refuse to deal with application	Refuse to confirm/deny whether information is held	Application withdrawn
Personal information applications*	0	0	1	0	0	0	0	0
Access applications (other than personal information applications)	0	1	0	0	0	1	0	0
Access applications that are partly personal information applications and partly other	0	12	0	0	0	0	0	0

* A **personal information application** is an access application for personal information (as defined in clause 4 of Schedule 4 to the Act) about the applicant, the applicant being an individual.

Table 17: Invalid applications

Reason for invalidity	No of applications
Application does not comply with formal requirements (section 41 of the Act)	0
Application is for excluded information of the agency (section 43 of the Act)	0
Application contravenes restraint order (section 110 of the Act)	0
Total number of invalid applications received	0
Invalid applications that subsequently became valid applications	0

GOVERNANCE AND COMPLIANCE

continued

For tables 18 and 19 more than public interest consideration may apply in relation to a particular access application and, if so, each such consideration is to be recorded, but only once per application.

Table 18: Conclusive presumption of overriding public interest against disclosure: matters listed in Schedule 1 of the Act

	Number of times consideration used
Overriding secrecy laws	0
Cabinet information	0
Executive Council information	0
Contempt	0
Legal professional privilege	1
Excluded information	6
Documents affecting law enforcement and public safety	0
Transport safety	0
Adoption	0
Care and protection of children	0
Ministerial code of conduct	0
Aboriginal and environmental heritage	0

Table 19: Other public interest considerations against disclosure: matters listed in table to section 14 of the Act

	Number of occasions when application not successful
Responsible and effective government	5
Law enforcement and security	1
Individual rights, judicial processes and natural justice	8
Business interests of agencies and other persons	1
Environment, culture, economy and general matters	0
Secrecy provisions	0
Exempt documents under interstate Freedom of Information legislation	0

GOVERNANCE AND COMPLIANCE

continued

Table 20: Timeliness

	Number of applications
Decided within the statutory timeframe (20 days plus any extensions)	3
Decided after 35 days (by agreement with applicant)	11
Not decided within time (deemed refusal)	0
Total	14

Table 21: Number of applications reviewed under Part 5 of the Act (by type of review and outcome)

	Decision varied	Decision upheld	Total
Internal review	4 [^]	0	4
Review by Information Commissioner #	2*	0	2
Internal review following recommendation under section 93 of Act	2*	0	2
Review by NCAT	3*	1*	4
Total	10	1	11

* Medical Council

[^] Medical Council 3 and Pharmacy Council 1, with further review pending as at 30 June 2015

The Information Commissioner does not have the authority to vary decisions, but can make recommendations to the original decision-maker. The data in this case indicates that a recommendation to vary or uphold the original decision was made by the Information Commissioner.

Table 22: Applications for review under Part 5 of the Act (by type of applicant)

	Number of applications for review
Applications by access applicants	9*
Applications by persons to whom information the subject of access application relates (see section 54 of the Act)	1 [^]

* Medical Council 9

[^] Pharmacy Council 1

GOVERNANCE AND COMPLIANCE

continued

Public Interest Disclosures

Each Council is subject to the provisions of the *Public Interest Disclosures Act 1994* and the reporting requirements of the *Public Interest Disclosures Regulation 2011*. Staff and Council members comply with the policy and information is available on the requirements and processes for making and managing disclosures. Councils provide six monthly reports to the NSW Ombudsman and Ministry of Health.

There were no public interest disclosures (PIDs) made by staff or members of any Council during the year.

Table 23: Public Interest Disclosures

	Made by public officials performing their day to day functions	Under a statutory or other legal obligation	All other PIDs
Number of public officials who made PIDs	0	0	0
Number of PIDs received	0	0	0
Of PIDs received, number primarily about:			
Corrupt conduct	0	0	0
Maladministration	0	0	0
Serious and substantial waste	0	0	0
Government information contravention	0	0	0
Number of PIDs finalised	0	0	0

Privacy

The Councils are subject to the provisions of the *Privacy and Personal Information Protection Act 1998* and the *Health Records and Information Privacy Act 2002*.

The Councils adopted the NSW Health Privacy Management policy pending further development by the Ministry of Health of a specific privacy management plan. HPCA staff attended information sessions conducted by the Office of the Information and Privacy Commissioner during the year.

The Medical Council received one application for internal review regarding privacy matters in the reporting period relating to the alteration/rectification of records. The same applicant also applied for both internal and external reviews regarding other privacy matters, including with the NSW Civil and Administrative Tribunal (NCAT). The hearings of those matters in NCAT had not occurred by 30 June 2015, but are scheduled for hearing during the second half of 2015.

GOVERNANCE AND COMPLIANCE

continued

The Nursing and Midwifery Council received three notifications about privacy breaches. Individuals who were involved in the breaches were notified and provided with an apology. Individuals who had received confidential information were requested to return the document to the Council and reminded about privacy requirements. These breaches occurred as a result of administrative errors. The Council's processes were reviewed on each occasion and staff were reminded of the importance of compliance with privacy requirements and the need to check all pages of documents prior to mailing or emailing documents.

Complaints Received About Council Administrative Processes

The Councils acknowledge that the trust and confidence of the public is essential to their role and value all forms of feedback. A complaints handling policy and procedures are in place for addressing complaints about the Councils' administrative processes, activities, staff or service delivery.

The Pharmacy Council received one complaint about the delay in making a decision following a Council Inquiry. This was from a person who had lodged a complaint about a practitioner. The Council had finalised its decision and informed the complainant of the outcome within two weeks of receiving the complaint about the practitioner.

Exemptions from Reporting Provisions

As small statutory bodies, the Councils are exempt from certain reporting provisions and provide a triennial report in relation to the following:

- Workforce diversity
- Disability services
- Multicultural policies and services program
- Work, health and safety.

The Councils last reported on these provisions in 2013/14 and will next report in 2016/2017. The Councils continued to meet their compliance obligations with regard to each of these matters and are committed to implementing the relevant policy requirements.



Health Professional Councils Authority

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Digital Information Security Annual Attestation Statement for the 2015/2016 Financial Statement

I, Mr Ameer Tadros, Director, Health Professional Councils Authority, am of the opinion that the NSW Health Professional Councils had an Information Security Management System in place during the financial year being reported on which is materially consistent with the Core Requirements set out in the *Digital Information Security Policy for the NSW Public Sector* with the following exceptions:

Core Requirement 1 – Information Security Management System

Policy PD2013_033, *Electronic Information Security Policy - NSW Health* applies to the health professional Councils. Agreement has been received that at its next update the Policy will be amended in view of the changes in NSW since 1 July 2010 following the enactment of the Health Practitioner Regulation National Law (NSW) and the commencement of the National Registration and Accreditation Scheme.

The Health Professional Councils Authority's *ICT Strategic Plan* implements the NSW Health Policy Directive PD2013_033 for each Council.

Core Requirement 2 – Compliance with Minimum Controls

Full adoption of DFS C2013-5 *Information Classification and Labelling Guidelines* will be completed in 2015/2016.

An information security review is planned for 2015/2016 as a prelude to seeking ISO 27001 Certification.

Core Requirement 3 – Compliance by Shared Service Provider

The Health Professional Councils Authority provided its Digital Information Security Annual Attestation for the 2014/2015 Financial Year to the ICT Board on 30 June 2015.

Core Requirement 4 – Certified Compliance with AS/NZS ISO/IEC 27001

Compliance for ISO 27001 Certification is to be sought in 2015/2016.

Mr Ameer Tadros

Director, Health Professional Councils Authority

Date: 14 October 2015

Contact Officer:

Mr Tim Burke

Assistant Director, Finance and Shared Services, Health Professional Councils Authority

Telephone: (02) 9219 0268

GLOSSARY

Adjudication Body

The Council, a panel, tribunal or court can be declared an adjudication body for the purposes of the Law.

Cancellation

- A Council may recommend the cancellation of a practitioner's registration to the Tribunal Chair if the practitioner does not have sufficient physical and mental capacity to practise the profession
- A Council may recommend the cancellation of a student's registration if the student has an impairment
- The Tribunal may order the cancellation of a practitioner's or student's registration if it is satisfied that the practitioner is not competent to practise or is guilty of professional misconduct, or if the practitioner/student is unfit in the public interest to practise/to undertake clinical training or is not a suitable person for registration in the profession
- The Tribunal must cancel a practitioner's or student's registration if he/she has contravened a critical compliance order.

Closed Complaint

A complaint is closed when a final outcome/decision has been determined by the Council or other decision-making entity under the Law, such as a Tribunal, Professional Standards Committee, Performance Review Panel or Court. This decision disposes of the matter.

Complainant

A person who makes a complaint to a health complaint entity:

- A health professional Council of NSW
- Health Professional Councils Authority (HPCA)
- Health Care Complaints Commission (HCCC)
- Australian Health Practitioner Regulation Agency (AHPRA).

Conciliation

The Council may refer a complaint to the HCCC for conciliation, whereby the parties involved can negotiate a resolution.

Caution

A caution is a formal warning intended to act as a deterrent to a practitioner not to repeat conduct. This is a less serious outcome than a reprimand.

Condition

A condition aims to restrict a practitioner's practice in some way or may relate to the management of the practitioner's health, to protect the public. Conditions on practice are displayed on the public register maintained by AHPRA.

Notification

A notification can be either voluntary or a mandatory notification. A voluntary notification is about behaviour which presents a risk but is not as serious as a mandatory notification.

GLOSSARY

continued

Notifiable Conduct / Mandatory Reporting

Notifiable conduct includes practising whilst intoxicated, engaging in sexual misconduct, placing the public at risk of substantial harm due to an impairment or a significant departure from accepted professional standards.

Open Matter

A complaint remains open until such time as a final outcome/decision has been determined by the Council or other decision-making entity under the Law, such as a Tribunal, Professional Standards Committee, Performance Review Panel or Court. This decision disposes of the matter.

Order

An order is a decision, condition or restriction placed on a practitioners registration or practice.

Professional Misconduct

Unsatisfactory professional conduct of a sufficiently serious nature to justify suspension or cancellation of the practitioner's registration.

Reprimand

A reprimand is a formal rebuke or chastisement for inappropriate and unacceptable conduct and appears on a practitioner's registration.

Stream

Conduct: behaviour by a practitioner that may be categorised as professional misconduct or unsatisfactory professional conduct.

Performance: professional performance that is considered unsatisfactory because it is below the standard reasonably expected of a practitioner of an equivalent level of training or experience.

Health: a practitioner who may have a physical or mental impairment, disability, condition or disorder that detrimentally affects, or is likely to detrimentally affect their capacity to practise their profession.

Supervision

Supervision is the performing of one's duties or practice under the supervision of another similarly qualified practitioner.

GLOSSARY

continued

Suspension

- A Council may suspend a practitioner's registration for an interim period if it determines that immediate action is required to protect the health or safety of any person(s) or the action is in the public interest
- With the voluntary agreement of the practitioner or student, a Council may suspend registration if recommended by an Impaired Registrants Panel
- A Council may recommend the suspension of a practitioner's registration to the Tribunal Chair if the practitioner does not have sufficient physical and mental capacity to practise the profession. It may recommend the suspension of a student's registration if the student has an impairment
- The Tribunal may order the suspension of a practitioner's or student's registration if it is satisfied that the practitioner is not competent to practise or is guilty of professional misconduct, or if the practitioner / student is unfit in the public interest to practise / to undertake clinical training or is not a suitable person for registration in the profession.

Unsatisfactory Professional Conduct

Conduct which is:

- significantly below reasonable standards
- in contravention of the Law or regulations
- in contravention of conditions of registration
- failure to comply with order/decision of a Professional Standards Committee or Tribunal
- accepting or offering a benefit for referral or recommendation to a health service provider or a health product
- engaging in over servicing
- failure to disclose pecuniary interest in giving a referral or recommendation
- permitting assistants not registered in the profession to provide services requiring professional discretion or skill, or
- other unethical or improper behaviour.

Additional matters apply to medical practitioners and pharmacists.

Abbreviations

AABS	Australian Accounting Standards Board
AHPRA	Australian Health Practitioner Regulation Agency
ARC	Audit and Risk Committee
ATO	Australian Taxation Office
ATSI	Aboriginal and Torres Strait Islander
AustLII	Australasian Legal Information Institute
BCS	Business classification Scheme
CORE	Collaboration Openess Respect Empowerment
CPI	Consumer Price Index
DP	Director of Proceedings, HCCC
DPP	Director of Public Prosecutions
FTE	Full-time Equivalent
GIPA Act	Government Information (Public Access) Act 2009
GSE	Government Sector Employment
GST	Goods and Services Tax
HAC	Health Administration Corporation
HCCC	Health Care Complaints Commission
HPCA	Health Professional Councils Authority
ICT / IT	Information Communications Technology / Information Technology
IRP	Impaired Registrants Panel
L&D	Learning and Development
MaCS	Monitoring and Complaints System
MOH	Ministry of Health
NCAT	NSW Civil and Administrative Tribunal
NRAS	National Registration and Accreditation Scheme
PID	Public Interest Disclosures
PPP	Principal Place of Practice
PRP	Performance Review Panel
PSC	Professional Standards Committee
RTS	Records Titling Standard
SLA	Service level agreement
The Law	Health Practitioner Regulation National Law (NSW) No 86a
TRIM	Total Records Information Management - the document management system used by the HPCA

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