

Health Professional Councils of NSW

Annual Report 2019-20

JOINT ANNUAL REPORT FOR THE 15 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](#)
[PARAMEDICINE COUNCIL](#) PHARMACY COUNCIL [PHYSIOTHERAPY COUNCIL](#) PODIATRY COUNCIL [PSYCHOLOGY COUNCIL](#)



Health Professional Councils Authority

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Foreword

The 15 NSW Health Professional Councils (Councils) present information about their strategic directions, activities, performance and financial results in the one joint annual 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
- **Paramedicine 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.

The Councils' joint annual report has two parts.

Part 1 – Information about all Councils

The 15 NSW Health Professional Councils present information about their strategic directions, activities, performance and financial results in the one joint annual report.

Part 2 – Council specific financial information

Includes audited financial statements for each Council.

The full 2020 report and earlier reports are available on the Health Professional Councils Authority (HPCA) website www.hPCA.nsw.gov.au.

Part 1 of the report and the relevant financial report is also on each Council's website.

The HPCA collates information provided by each Council, data sourced from the HPCA database and registration data provided by the Australian Health Practitioner Regulation Agency (Ahpra) to prepare this annual report.



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10 October 2020

The Hon. Brad Hazzard MP
Minister for Health
Minister for Medical Research

GPO Box 5341
SYDNEY NSW 2001

The NSW Health Professional Councils are pleased to submit their joint Annual Report and Financial Statements for the year ending 30 June 2020 for presentation to the NSW Parliament.

The report has been prepared in accordance with the provisions of the *Annual Reports (Statutory Bodies) Act 1984* and the *Public Finance and Audit Act 1983*.

The Councils are responsible for administering the *Health Practitioner Regulation National Law (NSW)* and act in the interests of public safety.

Yours faithfully

Mr Christopher O'Brien
President
Aboriginal and Torres Strait Islander Health
Practice Council

Ms Rosemary MacDougal
Deputy President
Aboriginal and Torres Strait Islander Health
Practice Council

Adjunct Professor Danforn Lim
President
Chinese Medicine Council

Ms Christine Berle
Deputy President
Chinese Medicine Council

Dr Wayne Minter AM
President
Chiropractic Council

Dr Lawrence Whitman
Deputy President
Chiropractic Council

**Conjoint Associate Professor
Frederic (Shane) Fryer OAM**
President
Dental Council

Dr Kavita Lobo
Deputy President
Dental Council



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Dr John Sammut
President
Medical Council

Dr Jennifer Kendrick AM
Deputy President
Medical Council

Ms Tracy Vitucci
President
Medical Radiation Practice Council

Dr Karen Jovanovic
Deputy President
Medical Radiation Practice Council

Associate Professor Bethne Hart
President
Nursing and Midwifery Council

Adjunct Professor Greg Rickard OAM
Deputy President
Nursing and Midwifery Council

Mr Kim Nguyen
President
Occupational Therapy Council

Ms Carolyn Fozzard
Deputy President
Occupational Therapy Council

Mr Albert Lee
President
Optometry Council

Ms Pauline O'Connor
Deputy President
Optometry Council

Ms Anne Cooper
President
Osteopathy Council

Dr Kerrin Murnane
Deputy President
Osteopathy Council

Mr Alan Morrison ASM
President
Paramedicine Council

Mr Peter Lang
Deputy President
Paramedicine Council



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 Dr Joyce Cooper President Pharmacy Council	 Ms Veronica Murdoch Deputy President Pharmacy Council
 Ms Elizabeth Ward President Physiotherapy Council	 Mr Toni Andary Deputy President Physiotherapy Council
 Mr Luke Taylor President Podiatry Council	 Dr Kristy Robson Deputy President Podiatry Council
 Ms Gail Purkis President Psychology Council	 Conjoint Associate Professor Christopher Willcox Deputy President Psychology Council

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PART 1

**Governance,
responsibilities,
membership, strategic
directions, compliance,
data reports and trends**

NSW Health Professional Councils

Charter

The NSW health professional Councils (the Councils) are established under the *Health Practitioner Regulation National Law (NSW)* (National Law). Each Council is an independent statutory body exercising the powers, authorities, duties and functions set out in the National Law.

The purpose of the Councils is to protect public safety and wellbeing.

Council responsibilities

The Councils are responsible for regulatory decision making relating to the conduct, performance and health of registered health practitioners in NSW. Councils also manage conduct and health matters involving registered students in NSW health professional training programs.

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

Councils assess and decide the appropriate management pathway for complaints about health practitioners in consultation with the Health Care Complaints Commission (HCCC).

Councils also have processes and programs that support registered practitioners to maintain proper and appropriate standards of conduct and professional performance, and to manage impairments.

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

Councils' regulatory partner – the HPCA

The HPCA is an executive agency of the NSW Ministry of Health (MoH) working in partnership with the Councils.

The HPCA supports the Councils' regulatory purpose by providing shared executive services and fulfilling corporate functions.

All staff working both directly and indirectly with Councils are employed by the HPCA under the Government Sector Employment Act. The National Law precludes Councils from employing staff.

HPCA responsibilities include:

- Delegated regulatory responsibilities
- Legal advice and legal representation
- Human resources
- Corporate governance, policy and risk management
- Information and communications technology (ICT) and data
- Finance and procurement systems and management.

NSW Health Professional Councils continued

The HPCA also liaises with:

- The Ministry of Health to provide advice and responses to the Secretary and Minister for Health on regulatory matters, member appointments and other matters as required
- The HCCC on complaints management issues
- The Australian Health Practitioner Regulation Agency (Ahpra) regarding finances, registration, research and reporting matters.

The HPCA's shared support structures and systems assist Councils to achieve efficiencies that would not be possible if each Council had to manage these independently.

The co-regulatory context

The Councils are part of the National Registration and Accreditation Scheme (NRAS) which was established in 2010. The Councils work under co-regulatory arrangements with the Health Care Complaints Commission (HCCC) in NSW, and with the health professional Boards (National Boards) and the Australian Health Practitioner Regulation Agency (Ahpra) at a national level.

The HCCC is an independent NSW agency established under the Health Care Complaints Act. The Councils and the HCCC jointly assess and decide on the appropriate management pathway for all complaints about registered health practitioners in NSW.

In addition the HCCC:

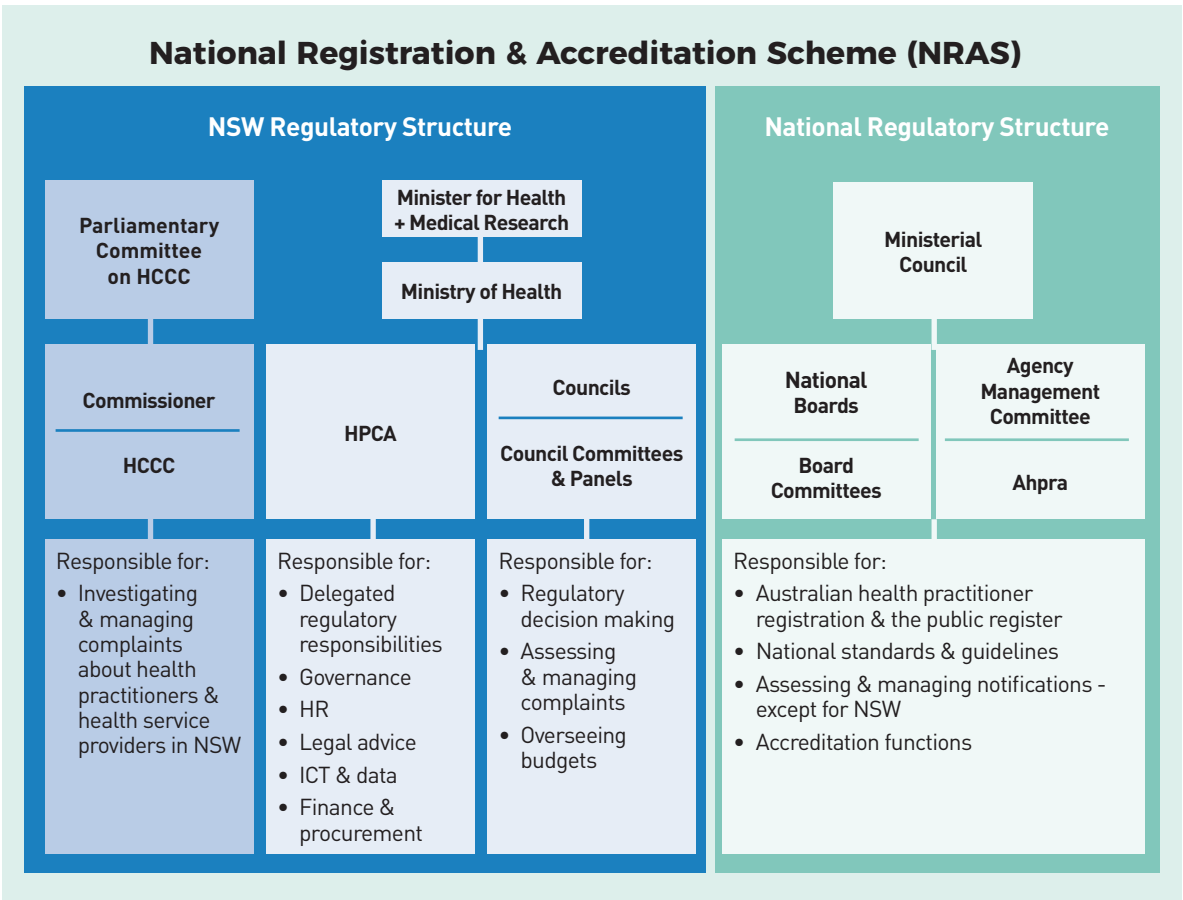
- investigates and may prosecute serious complaints.
- deals with complaints about unregistered health practitioners and health services.

The National Boards and Ahpra are established under the *Health Practitioner Regulation National Law* (National Law).

The National Boards and Ahpra:

- Register health practitioners Australia wide and maintain the public register
- Register students in approved programs of study
- Manage notifications (complaints) about health practitioners in most other states and territories of Australia
- Set national health professional standards
- Accredited education programs.

NSW Health Professional Councils continued



Council membership, panels and committees

Council membership

The membership of each Council is set out in the National Law and the *Health Practitioner Regulation (New South Wales) Regulation 2010*.

Council members are appointed by the Governor, except for half of the Pharmacy Council members who are elected. A term of appointment is three years and a member may serve up to a maximum of nine years.

Regulatory panels and committees

The National Law prescribes panels and committees to assist Councils with their regulatory responsibilities. These include:

- Performance Review Panel (PRP)
- Impaired Registrants Panel (IRP)
- Assessment Committee – applicable to all Councils except the Medical Council and the Nursing and Midwifery Council
- Professional Standards Committee (PSC) – only applicable to the Medical Council and the Nursing and Midwifery Council.

In addition, the National Law provides that lower level conduct complaints can be dealt with by an Inquiry in a Council meeting. This process is not available to the Medical and Nursing and Midwifery Councils.

Performance Review Panel

A Performance Review Panel (PRP) may review matters where unsatisfactory professional practice is indicated. The PRP examines evidence to establish whether a practitioner is performing to a standard reasonably expected of a practitioner with their level of training and experience.

A PRP consists of three people who may or may not be Council members. At least two panel members must be registered in the same profession as the practitioner who is subject of the complaint and one member must not be a health practitioner. Panel members are required to undergo probity checks.

Impaired Registrants Panel

An Impaired Registrants Panel (IRP) deals with matters where a registered health practitioner has a physical or mental impairment that detrimentally affects, or is likely to affect, their capacity to practise safely.

An IRP consists of two or three people who may or may not be Council members. At least one member must be registered in the same profession as the practitioner who is subject of the complaint and at least one panel member must be a medical practitioner. Each panel draws on a pool of members who have undergone probity checks and are experienced in working with practitioners who have health problems.

Council membership, panels and committees continued

Assessment Committee

Councils, other than Medical and Nursing and Midwifery, may refer matters to an Assessment Committee for review, but not complaints that are:

- being investigated by the HCCC
- referred to a Tribunal
- related to a criminal offence or conviction
- involve a practitioner who is not of good character.

An Assessment Committee may obtain medical, legal, financial or other advice considered necessary for this function. Recommendations are made to the Council on appropriate management of the complaint, for instance through Council Inquiry, counselling or dismissal of the complaint.

An Assessment Committee consists of four members who must not be Council members. Three members must be health practitioners registered in the same profession as the practitioner who is subject of the complaint and one must not be a health practitioner. Assessment Committee members are required to undergo probity checks.

Professional Standards Committee

The Professional Standards Committee (PSC) is only applicable to the Medical Council and Nursing and Midwifery Council.

A PSC hears matters where unsatisfactory conduct is indicated and has the following powers:

- cautioning or reprimanding a practitioner
- directing that conditions are imposed on a practitioner's registration
- ordering a practitioner to:
 - undergo medical or psychiatric treatment or counselling
 - complete an educational course
 - report on practice
 - take advice about management of practice.

A PSC consists of four members who must not be Council members. Two PSC members must be registered in the same profession as the practitioner who is subject of the complaint, one member must be an Australian lawyer and not a registered health practitioner and one member must not be a health practitioner.

Council committees

The Councils may also establish other committees to assist with Council functions. These vary across Councils depending on the needs of each Council. Committee members are not necessarily Council members.

Executive Officers

Councils are supported by Executive Officers and other staff employed by the HPCA, an executive agency of the Ministry of Health. Councils cannot employ staff under the National Law.

Council membership, panels and committees continued

Aboriginal and Torres Strait Islander Health Practice Council members, panels and committees

Council membership

Four members sit on the Aboriginal and Torres Strait Islander Health Practice Council as set out in the National Law.

The President, Deputy President and Council members are nominated by the Minister for Health and appointed by the Governor.

Mr Christopher O'Brien is the President of the Aboriginal and Torres Strait Islander Health Practice Council and Ms Rosemary MacDougal is the Deputy President of the Aboriginal and Torres Strait Islander Health Practice Council.

Registered Aboriginal and Torres Strait Islander health practitioner members:

- Mr Christopher O'Brien ATSIHP, Dip Mgt, Cert IV TAE, JP
- Ms Rae Reed ATSIHP, Aboriginal Liaison Officer.

Legal member:

- Ms Rosemary MacDougal Dip Law (LPAB).

Council meeting attendance

The Aboriginal and Torres Strait Islander Health Practice Council did not need to meet during the year.

Council panels and committees

The Aboriginal and Torres Strait Islander Health Practice Council did not establish any panels or committees during the year.

Executive Officer

Ms Farina Bains is the Executive Officer for the Aboriginal and Torres Strait Islander Health Practice Council. The Executive Officer leads a team of 12. This team works with 11 of the health professional Councils.

Council membership, panels and committees continued

Chinese Medicine Council members, panels and committees

Council membership

Six members sit on the Chinese Medicine Council as set out in the National Law.

The President, Deputy President and Council members are nominated by the Minister for Health and appointed by the Governor.

Adjunct Professor Danforn Lim is the President of the Chinese Medicine Council and Ms Christine Berle is the Deputy President of the Chinese Medicine Council.

Registered Chinese Medicine practitioner members:

- Adjunct Professor Danforn (Chi Eung) Lim PhD (UNSW), EDBA(INE PAN), MBBS(UNSW), BSc(Med) (UNSW), BHltSc(CSU), DCH(Syd), ClinDipPallMed(RACP), GradDipAcup(RMIT), MMed(Syd), MAppSc(Acup)(RMIT), MAppMgt(Health)(Newcastle), RCMP(Acup&CHM), FRACGP, FASLM, FIML, Cert BSM (Cambridge UK), Chartered Manager (UK & Aust), AFRACMA, AFCHSM, FFACMA, FFCMASA, JP
- Ms Christine Berle MSc (Research), DipAc
- Dr Wenbo Peng, BMed, MMed, PhD (UTS)
- Dr Li Mei-Kin Rees PhD (TCM), Master of Health Sc (TCM-UTS), BAppSc Acup (UTS), GradCert Pharm/Cosmetic Tech, Dip Training & Assessment.

Legal member:

- Ms Christina Lam LLB.

Community member:

- Mr Stephen Woods BEc, FIAA, FFin, GradDipFP, JP.

Council Meeting Attendance

The Chinese Medicine Council met eleven times during the year.

Member	Meetings Attended	Meetings Eligible to Attend	Date first appointed	Current Term of Office*
President Adjunct Professor Danforn Lim	11	11	1 July 2012	1 July 2018 – 30 June 2021
Deputy President Ms Christine Berle	10	11	1 July 2012	1 July 2018 – 30 June 2021
Ms Christina Lam	9	11	1 July 2018	1 July 2018 – 30 June 2021
Dr Wenbo Peng	11	11	1 July 2018	1 July 2018 – 30 June 2021
Dr Li Mei-kin Rees	10	11	1 July 2018	1 July 2018 – 30 June 2021
Mr Stephen Woods	10	11	1 July 2015	1 July 2018 – 30 June 2021

* Council members are appointed for a term up to three years and may be reappointed up to a maximum of nine years.

Council membership, panels and committees continued

Regulatory Committees and Panels

The Chinese Medicine Council appointed one Impaired Registrants Panel during the year with the following membership.

Chair

- Dr Karryn Koster

Non Council members

- A/Prof. Ian Rewell
- Ms Sue Cochrane

Council Committees

The Chinese Medicine Council did not appoint any Council committees this year.

Executive Officer

Ms Heather Comino is the Executive Officer for the Chinese Medicine Council.

The Executive Officer is part of a team of 12 led by Ms Farina Bains. This team works with 11 of the health professional Councils.

Council membership, panels and committees continued

Chiropractic Council members, panels and committees

Council membership

Four members sit on the Chiropractic Council as set out in the National Law.

The President, Deputy President and Council members are nominated by the Minister for Health and appointed by the Governor.

Dr Wayne Minter AM is the President of the Chiropractic Council and Dr Lawrence Whitman is the Deputy President of the Chiropractic Council.

Registered Chiropractic practitioner members:

- Dr Wayne Minter AM, BEc, BAppSc (Chiro), DP Dip, (NMS Rehabilitation), FICC
- Dr Lawrence Whitman BSc, DC Chiro
- Dr Christopher Burrell BSc, LLB, MChiro, MRes.

Legal member:

- Mr Matthew Seisun B App Sc (Chiro), LLB.

Council Meeting Attendance

The Chiropractic Council met eleven times during the year.

Member	Meetings Attended	Meetings Eligible to Attend	Date first appointed	Current Term of Office*
President Dr Wayne Minter AM	10	10	1 July 2012	1 July 2017 – 20 June 2020
Deputy President Dr Lawrence Whitman	11	11	6 March 2013	1 July 2018 – 30 June 2021
Dr Christopher Burrell	11	11	1 July 2018	1 July 2018 – 30 June 2021
Mr Matthew Seisun	10	11	29 August 2018	29 August 2018 – 30 June 2021

* Council members are appointed for a term up to three years and may be reappointed up to a maximum of nine years.

Regulatory Committees and Panels

The Chiropractic Council appointed three Impaired Registrants Panels during the year with the same following membership for each panel.

Chair

- Dr Karen Arnold

Non Council Members

- Ms Julie Uren

Council Committees

The Chiropractic Council did not appoint any Council committees this year.

Executive Officer

Ms Heather Comino is the Executive Officer for the Chiropractic Council.

The Executive Officer is part of a team of 12 led by Ms Farina Bains. This team works with 11 of the health professional Councils.

Council membership, panels and committees continued

Dental Council members, panels and committees

Council membership

Twelve members sit on the Dental Council as set out in the National Law.

The President, Deputy President and Council members are nominated by the Minister for Health and appointed by the Governor.

Conjoint Associate Professor Frederic (Shane) Fryer OAM is the President of the Dental Council and Dr Kavita Lobo is the Deputy President of the Dental Council.

Registered dental practitioner members:

- Conjoint Associate Professor Frederic (Shane) Fryer OAM, BDS, MDS (Syd), FRACDS, MRACDS(Orth) (Dentist/Dental Specialist)
- Dr Kavita Lobo BDS (Hons), FICD, FPFA, FADI (Dentist)
- Dr Christine Biscoe BDS (Syd), FPFA, FADI, FICD (Dentist)
- Dr Anthony Burges BDS, FRACDS, FICD, FPFA, FADI (Dentist)
- Mr Christiaan Claassens Adv Dip DP(Syd), Dip DT (Syd) (Dental Prosthetist)
- Conjoint Associate Professor William O'Reilly AM, BDS (Syd), Dip Law BAB (Dentist)
- Dr Colyn Pavey BDS (Hons), FADI (Dentist)
- Dr John Pearman BDS (Syd), FPFA, FADI, FICD (Dentist)
- Associate Professor Janet Wallace PhD, GCPTT, BOH, Dip DT, Dip BM, Hon FADI (Oral Health Therapist).

Legal member:

- Ms Rosemary MacDougal Dip Law (LPAB).

Community members:

- Mr David Owen MBA BSc
- Ms Jebby Phillips BA (Hons).

Council membership, panels and committees continued

Council Meeting Attendance

The Dental Council met 11 times during the year.

Member	Meetings Attended	Meetings Eligible to Attend	Date first appointed	Current Term of Office*
President Conjoint Associate Professor Frederic (Shane) Fryer OAM	11	11	1 May 2014	1 July 2019 – 30 June 2022
Deputy President Dr Kavita Lobo	10	11	1 July 2015	1 July 2018 – 30 June 2021
Dr Christine Biscoe	9	11	1 July 2015	1 July 2018 – 30 June 2021
Dr Anthony Burges	10	11	1 July 2012	28 March 2018 – 30 June 2020
Mr Christiaan Claassens	11	11	1 July 2018	1 July 2018 – 30 June 2021
Ms Rosemary MacDougal	9	11	17 July 2013	1 July 2019 – 30 June 2022
Conjoint Associate Professor William O'Reilly AM	9	11	1 July 2012	1 July 2018 – 30 June 2021
Mr David Owen	11	11	1 July 2012	28 March 2018 – 30 June 2020
Dr Colyn Pavey	9	11	1 July 2019	1 July 2019 – 30 June 2022
Dr John Pearman	10	11	1 July 2015	28 March 2018 – 30 June 2020
Ms Jebby Phillips	4	11	28 March 2018	28 March 2018 – 30 June 2020
Associate Professor Janet Wallace	8	11	1 July 2012	28 March 2018 – 30 June 2020

* Council members are appointed for a term up to three years and may be reappointed up to a maximum of nine years.

Regulatory Committees and Panels

The Dental Council appointed the following regulatory panels and committees during the year.

Regulatory Committees and Panels	Number of Regulatory Committee and Panels
Impaired Registrants Panels	12
Performance Review Panels	1
Assessment Committees	1

Council membership, panels and committees continued

Membership of the regulatory panels and committees.

Impaired Registrants Panel	Performance Review Panel	Assessment Committee
Chair Nil	Chair Dr Penny Burns	Chair Dr Mark Sinclair
Non Council Members Dr Karen Arnold Professor Ron Grunstein Dr Robert Smith Professor F. A. Clive Wright AM	Non Council Members Mr Robert Farrugia Professor F. A. Clive Wright AM	Non Council Members Dr Megan Phillips Ms Frances Taylor Dr David Wheatley

Council Committees

The Dental Council appointed/reappointed three Council committees this year.

Complaints and Notifications Committee	Education and Research Committee	Health Committee
Chair Dr Anthony Burges	Chair Associate Professor Janet Wallace	Chair N/A
Council Members Mr Christiaan Claassens Dr Kavita Lobo Mr David Owen Dr Colyn Pavey Dr John Pearman	Council Members Dr Anthony Burges Conjoint Associate Professor F. Shane Fryer OAM Mr David Owen	Council Members Dr Christine Biscoe Conjoint Associate Professor William O'Reilly AM Ms Jebby Phillips Associate Professor Janet Wallace

Executive Officer

Mr Colin Borg is the Executive Officer for the Dental Council.

The Executive Officer leads a team of seven who work directly with the Council.

Council membership, panels and committees continued

Medical Council members, panels and committees

Council membership

Up to 19 members sit on the Medical Council as set out in the National Law.

The President, Deputy President and Council members are nominated by the Minister for Health and appointed by the Governor.

Adjunct Associate Professor Richard George Walsh was the President of the Medical Council and Dr John Frank Charles Sammut was the Deputy President of the Medical Council during the year.

Adjunct Associate Professor Walsh resigned as President on 30 June 2020 but remains on Council as a member. Dr John Sammut was subsequently appointed as President and Dr Jennifer Kendrick was appointed as Deputy President.

Practitioner members:

- Adjunct Associate Professor Richard George Walsh AM MBBS (Sydney), FANZCA – Australian and New Zealand College of Anaesthetists nominee
- Dr John Frank Charles Sammut MBBS (Hons) (Sydney), FACEM – Australasian College for Emergency Medicine nominee
- Dr Jennifer Kendrick AM, BSc (Sydney), MBBS (Sydney), MPH (UNSW), GAICD, FRACGP – Royal Australian College of General Practitioners nominee
- Associate Professor Mark Arnold MBBS (Sydney)
- Dr Merran Auland FACRRM, BM.BCh (Oxon), PhD, B.Pharm – Australian College of Rural and Remote Medicine nominee
- Dr Claire Blizzard – Royal Australasian College of Medical Administrators nominee
- Dr Geoffrey Mark Brieger MBBS (Syd), CU FRANZCOG, FHKAM, MHKCOG, MRACOG – Royal Australian and New Zealand College of Obstetrics and Gynaecology nominee
- Dr Stephen Richard Buckley MBBS (UNSW), FACRM, FAFRM (RACP) – Royal Australasian College of Physicians nominee
- Associate Professor Ross Kerridge MBBS, FRCA, FANZCA – Australian Medical Association (NSW) nominee
- Dr Brian Morton AM, MBBS (UNSW), FRACGP, FAMA – Australian Medical Association (NSW) nominee
- Dr Julian Parmegiani MBBS (Hons) (UNSW), FRANZCP, GAICD – Royal Australian and New Zealand College of Psychiatrists nominee
- Dr Elizabeth Tompsett MBBS (Hons) (UNSW), BMedSc (UNSW), PhD (UNSW), FRACS – Royal Australasian College of Surgeons nominee.

Council membership, panels and committees continued

Legal member:

- Prof Cameron Stewart BEc LLB (Hons) (Macquarie), GradDipLegalPrac (College of Law), GradDipJur, PhD (Sydney), FACLM (Hon).

Community members:

- Mr David Bell MBA (Sydney), BEcon (UQld), BA (UNSW), GAICD, JP (NSW)
- Ms Maria Cosmidis BA, BSW, MM
- Dr Alix Genevieve Magney BA Sociology (Hons), PhD Sociology (UNSW)
- Mr Jason Masters BEc (Flinders), GAICD, CFIAA, CRMA, CGEIT, CFE, JP
- Ms Margaret Piper AM – Multicultural NSW nominee
- Mrs Frances Taylor BA/BSocWk (Sydney).

Council Meeting Attendance

The Medical Council met 6 times during the year.

Member	Meetings Attended	Meetings Eligible to Attend	Date first appointed	Current Term of Office*
President Adjunct Associate Professor Richard Walsh	6	6	1 July 2012	1 July 2018 – 30 June 2021
Deputy President Dr John Sammut	4	6	1 July 2017	1 July 2019 – 30 June 2022
Associate Professor Mark Arnold	5	5	2 October 2019	1 July 2020 – 30 June 2023
Dr Merran Auland	5	6	2 June 2017	1 July 2019 – 30 June 2022
Mr David Bell [^]	0	1	12 Nov 2014	1 January 2018 – 30 June 2020
Dr Claire Blizzard	6	6	1 July 2019	1 July 2019 - 30 June 2022
Dr Geoffrey Brieger	5	6	1 July 2018	1 July 2018 – 30 June 2021
Dr Stephen Buckley	5	6	1 July 2015	1 July 2018 – 30 June 2021
Ms Maria Cosmidis	5	6	1 July 2017	1 July 2017 – 30 June 2020
Dr Jennifer Kendrick	5	6	1 July 2015	1 July 2018 – 30 June 2021
Professor Ross Kerridge	5	6	1 July 2015	1 July 2018 – 30 June 2021
Dr Alix Magney	6	6	1 July 2012	1 January 2018 – 30 June 2020
Mr Jason Masters	6	6	1 July 2012	1 January 2018 – 30 June 2020
Dr Brian Morton	4	6	1 July 2015	1 July 2018 – 30 June 2021
Dr Julian Parmegiani	6	6	1 July 2015	1 January 2018 – 30 June 2020
Ms Margaret Piper	3	3	27 November 2019	27 November 2019 – 30 June 2022
Prof Cameron Stewart	4	6	1 July 2017	1 July 2019 – 30 June 2022
Mrs Frances Taylor	5	6	1 July 2015	1 July 2018 – 30 June 2021
Ms Elizabeth Tompsett	6	6	1 July 2018	1 July 2018 – 30 June 2021

*Council members are appointed for a term up to three years and may be reappointed up to a maximum of nine years.

[^] Mr David Bell retired from Council on 17 August 2019.

Council membership, panels and committees continued

Regulatory Committees and Panels

The Medical Council appointed the following regulatory panels and committees during the year.

Regulatory Committees and Panels	Number of Regulatory Committee and Panels
Impaired Registrants Panels	56
Performance Review Panels	9
Professional Standards Committees	7

Council Committees

Medical Council members generally serve on at least two Council committees to assist the Council to exercise its functions.

The Medical Council appointed the following committees during the year.

- Executive Committee – acts on behalf of the Council between full Council meetings.
- Research Committee – plans research activities which contribute to building the evidence base for effective regulatory action.
- Special Committee – addresses the backlog of matters in the performance program and oversees implementation of recommendations arising from reviews.
- Three generic committees (green, blue and orange) – assess and manage complaints received about medical practitioners and students. These committees replaced the conduct, performance and health committees which were dissolved in November 2019.

Membership of Medical Council Committees.

Executive Committee	Research Committee	Special Committee
Chair Adjunct Associate Professor Richard Walsh	Chair Professor Cameron Stewart	Chair Adjunct Associate Professor Richard Walsh
Council Members Dr John Sammut Mr Jason Masters Dr Jennie Kendrick Dr Liz Tompsett Prof Cameron Stewart Dr Alix Magney	Council Members Dr Alix Magney Adjunct Associate Professor Richard Walsh Mr Jason Masters	Council Members Dr John Sammut Dr Jennifer Kendrick Dr Alix Magney
	Non Council Members Professor Peter Procopis Professor Tony Eysers	Non Council Members Ms Leanne O'Shannessy

Council membership, panels and committees continued

Generic Complaints Committees		
Green Committee	Blue Committee	Orange Committee
Chair Dr John Sammut	Chair Dr Jennifer Kendrick	Chair Dr Alix Magney
Council Members Adjunct Associate Professor Richard Walsh Dr Merran Auland Mrs Frances Taylor Professor Cameron Stewart Dr Stephen Buckley Dr Claire Blizzard	Council Members Adjunct Associate Professor Richard Walsh Dr Brian Morton Ms Maria Cosmidis Mr Jason Masters Dr Elizabeth Tompsett Dr Geoff Brieger Associate Professor Mark Arnold	Council Members Adjunct Associate Professor Richard Walsh Dr Julian Parmegiani Mrs Frances Taylor Ms Margaret Piper Dr Ross Kerridge Dr John Sammut
Non Council Members Dr Greg Kesby Dr Glen Smith	Non Council Members Dr Choong-Siew Yong	Non Council Members Dr Keith Edwards Dr Martine Walker

Performance Committee	Conduct Committee	Health Committee
Chair Dr Jennifer Kendrick	Chair Dr John Sammut	Chair Dr Alix Magney
Council Members Adjunct Associate Professor Richard Walsh Dr Merran Auland Dr Brian Morton Mrs Frances Taylor Dr John Sammut Dr Stephen Buckley Dr Claire Blizzard Ms Maria Cosmidis Dr Ross Kerridge Dr Elizabeth Tompsett	Council Members Adjunct Associate Professor Richard Walsh Dr Alix Magney Dr Brian Morton Ms Maria Cosmidis Mr Jason Masters Dr Elizabeth Tompsett Dr Geoff Brieger Dr Stephen Buckley Prof Cameron Stewart Dr Julian Parmegiani	Council Members Adjunct Associate Professor Richard Walsh Dr Geoff Brieger Dr Julian Parmegiani Dr Merran Auland Dr Claire Blizzard Dr Ross Kerridge Dr Jennifer Kendrick Ms Maria Cosmidis
Non Council Members Dr Martine Walker Dr Choong-Siew Yong	Non Council Members Dr Greg Kesby	Non Council Members Dr Keith Edwards Dr Martine Walker Dr Glen Smith

Senior Officers

Executive Officer

Ms Caroline Lamb BA, LLB, M.Bioethics, GAICD, FCIS was the Assistant Director Medical and Executive Officer for the Medical Council until March 2020 when Mr John Jamieson became the Executive Officer for the Medical Council. The Executive Officer leads a team that works directly with the Council.

Medical Director

Dr Annette Pantle, MBBS, MPH, FRACMA, FAICD, FAAQHC is the Medical Director of the Medical Council.

Council membership, panels and committees continued

Medical Radiation Practice Council members, panels and committees

Council membership

Six members sit on the Medical Radiation Practice Council as set out in the National Law.

The President, Deputy President and Council members are nominated by the Minister for Health and appointed by the Governor.

Ms Tracy Vitucci is the President of the Medical Radiation Practice Council and Dr Karen Jovanovic is the Deputy President of the Medical Radiation Practice Council.

Registered Medical Radiation Practice practitioner members:

- Ms Tracy Vitucci MBA, MHSM, BAppSc (MedImaging), DMU, GradDipUltrason, FIR
- Dr Karen Jovanovic HScD, MMedSc, GradDipClinEpid, DCR (T)
- Ms Nadine Thompson BAppSc (MRS) DR Hons I, MEd, MHM, GradCert ClinEd, Cert3 Customer Contact, FASMIRT
- Ms Justine Trpezanovski MPH, MHM, BAppSc (MRS - Nuc Med), MANZSNM.

Legal member:

- Mr Greg Ross LLB.

Community member:

- Mr Warren Stretton FAICD, FCPA, FCIS, FGIA, FTI, FAMI, CPM.

Council Meeting Attendance

The Medical Radiation Practice Council met 10 times during the year.

Member	Meetings Attended	Meetings Eligible to Attend	Date first appointed	Current Term of Office*
President Tracy Vitucci	9	10	1 July 2012	1 July 2018 to 30 June 2021
Deputy President Karen Jovanovic	10	10	1 July 2012	1 July 2018 to 30 June 2021
Greg Ross	10	10	1 July 2018	1 July 2018 to 30 June 2021
Warren Stretton	10	10	1 July 2012	1 July 2018 to 30 June 2021
Nadine Thompson	10	10	1 July 2018	1 July 2018 to 30 June 2021
Justine Trpezanovski	10	10	1 July 2017	1 July 2017 to 30 June 2020

* Council members are appointed for a term up to three years and may be reappointed up to a maximum of nine years.

Council membership, panels and committees continued

Regulatory Committees and Panels

The Medical Radiation Practice Council appointed three Impaired Registrants Panels during the year with the following membership.

Chairs

Dr Karen Arnold
Dr Alison Reid

Non Council Members

Mr Trevor Brown
Mr Darrin Gray
Mr Robert Lin

Council Committees

The Medical Radiation Practice Council did not appoint any Council committees this year.

Executive Officer

Ms Asha Mears is the Executive Officer for the Medical Radiation Practice Council.

The Executive Officer is part of a team of 12 led by Ms Farina Bains. This team works with 11 of the health professional Councils.

Council membership, panels and committees continued

Nursing and Midwifery Council members, panels and committees

Council membership

Fifteen* members sit on the Nursing and Midwifery Council as set out in the National Law.

The President, Deputy President and Council members are nominated by the Minister for Health and appointed by the Governor.

Associate Professor Bethne Hart is the President of the Nursing and Midwifery Council and Adjunct Professor Greg Rickard OAM is the Deputy President of the Nursing and Midwifery Council.

Registered nurse and midwife members:

- Associate Professor Bethne Hart RN, Cert 1V TAA, Dip Clin Hypnotherapy, BA (Soc. Sci), MHPEd, PhD (UNSW) (MHRN)
- Adjunct Professor Greg Rickard OAM, RN, BAppSc (Nursing), Grad Dip Comm Counselling, MHSM, DrPH, MACN (Nominee of the College)
- Ms Elisabeth Black RN, RM, BN, PGD, MNSc, Cert IV TAE, FACN, Clinical Fellow, ACU
- Ms Kate Cheney RN, RM, Sexual Health (GCert), PhD (Syd), MA Midwifery (New), B Nursing (Syd) MACN, MACM, JP
- Ms Veronica Croome, RN, MPHealth (UNSW), GCert HEc (Monash), BHSc (CSU), Hon.D (UC)
- Ms Maryann Curry RN, MHM (UNE), GAICD – resigned 17 November 2019
- Associate Professor Murray Fisher RN, PhD (USyd), ITU Cert (SVPH), DipAppSc (Nursing) (CCES), BHSc (Nursing) (UTS), MHPEd (UNSW)
- Ms Angela Garvey RN, B Nursing (QUT), B Arts (USyd) - nominee of the Association
- Ms Karyn Godier EN
- Ms Karen Hay EN, Adv Dip Nursing (Perioperative Nursing), MACORN, MNSWOTA.

Legal member:

- Ms Joanne Muller BSc (Syd), LLB (UTS), DipEd (STC), GAICD.

Community members:

- Ms Kerry Boland PSM, LLB, GDLP
- Mr David Spruell BComm (B'ham), Fellow FINSIA, Fellow AICD
- Ms Jennifer Thommeny, GradCert Appl Mgmt. AIPM, BA (Soc) (UNSW), JP.

* The Council carried one vacancy during the year after a member resigned in late May 2019.

Council membership, panels and committees continued

Council Meeting Attendance

The Nursing and Midwifery Council met six times during the year.

Member	Meetings Attended	Meetings Eligible to Attend	Date first appointed	Current Term of Office*
President Bethne Hart	5	6	1 July 2012	11 July 2018 – 30 June 2021
Deputy President Greg Rickard	4	6	1 July 2018	11 July 2018 – 30 June 2021
Elisabeth Black	5	6	1 July 2015	11 July 2018 – 30 June 2021
Kerryn Boland	5	6	1 January 2018	1 January 2018 – 30 June 2020
Kate Cheney	5	6	1 July 2015	11 July 2018 – 30 June 2021
Veronica Croome	5	6	1 July 2019	1 July 2019 – 30 June 2022
Maryann Curry [^]	1	6	27 August 2014	1 July 2017 – 17 November 2019
Murray Fisher	5	6	5 August 2015	11 July 2018 – 30 June 2021
Angela Garvey	5	6	1 January 2018	1 January 2018 – 30 June 2020
Karyn Godier	5	6	27 August 2014	1 July 2017 – 30 June 2020
Karen Hay	4	6	1 July 2015	11 July 2018 – 30 June 2021
Joanne Muller	5	6	1 January 2018	1 January 2018 – 30 June 2020
David Spruell	5	6	1 July 2012	1 January 2018 – 30 June 2020
Jennifer Thommeny	4	6	1 July 2018	11 July 2018 – 30 June 2021

* Council members are appointed for a term up to three years and may be reappointed up to a maximum of nine years.

[^] Maryann Curry resigned from Council on 17 November 2019.

Regulatory Committees and Panels

The Nursing and Midwifery Council appointed the following regulatory panels and committees during the year.

Regulatory Committees and Panels	Number of Regulatory Committee and Panels
Impaired Registrants Panels	71
Performance Review Panels	26
Professional Standards Committees	2

Council membership, panels and committees continued

Membership of the regulatory panels and committees.

Impaired Registrants Panel	Performance Review Panel	Professional Standards Committee
Chair Decided by committee in each case	Chair Elizabeth Angel Ian McQualter	Chair Mark Paul
Non Council Members Christine Anderson Elizabeth Angel Deborah Armitage Karen Arnold Anita Bizzotto Leeanne Carlin Jane Cotter Kathryn Crews Michael Diamond Janice Dilworth Kelly-Anne Eyre Julie Flood Mary-Anne Friend Valerie Gibson Linda Gregory Michael Hagarty Scott Hillsley Lynette Hopper Susan Kennedy Maxwell Kettle Beth Kotze Kerry Mawson Maureen McGovern Ian McQualter Rebekkah-Jane Middleton Barbra Monley Suellen Moore Patricia Morey Jennifer O'Baugh Alison Reid Leigh Schalk Deirdre Sinclair Sheree Smiltnieks Gerda Tolhurst Jullianne Williams Ronald Wilson	Non Council Members Geoffrey Alder Christine Anderson Kurt Andersson-Noorgard Jeanette Barker Amanda Currie Julie Flood Valerie Gibson Alison Gray Lynette Hopper Jennifer Houen Maria Kelly Susan Kennedy Susan Lovrovich Maryanne Maher Bernie Seth Deirdre Sinclair Sheree Smiltnieks	Non Council Members Rose Leontini Gerda Tolhurst Ronald Wilson

Council Committees

The Nursing and Midwifery Council appointed seven Council committees this year.

Strategic Management Committee

The Strategic Management Committee provides strategic oversight of the management of the finance and resourcing, complaints process, administrative complaints, policy and project management, planning and governance, legal issues and stakeholder engagement, on behalf of the Council.

Notifications Committee

The Notifications Committee, in consultation with the HCCC, manages complaints about the conduct, performance and health of registered health practitioners and the health of students. The Committee's purpose is to protect the public by ensuring safe professional practice, maintaining public safety, and proactively identifying and minimising risk early.

Council membership, panels and committees continued

Monitoring and Review Committee

The Monitoring and Review Committee oversees monitoring and reviews of registered health practitioners and students with restrictions on registration related to conduct, performance and conduct issues. The Committee's purpose is to protect the public by ensuring safe professional practice, maintaining public safety, and proactively identifying and minimising risk early.

Education, Quality and Research Committee

The Education Quality and Research Committee provides oversight, input and recommendations on education, quality and research projects on behalf of the Council.

Performance Interview and Counselling Committee

The purpose of the Performance Interview and Counselling Committee is to deal with complaints referred by the Council to:

- make inquiries into a complaint and advise the Council in managing an individual matter under Part 8 of the *Health Practitioner Regulation National Law (NSW)*.
- counsel registered health practitioners and students about professional standards to ensure safe professional practice and maintain public safety.

s150 Review Committee

The Section 150 Review Committee deals with complaints referred by the Council to determine whether urgent interim action is required on a practitioner's or student's registration to maintain public safety, minimise risk early or otherwise in the public interest.

s152J Committee

The Section 152J Committee enables timely decision-making regarding the recommendations of the Impaired Registrants Panel (IRP), on behalf of the Council.

Membership of the Council committees.

Strategic Management Committee	Notifications Committee	Monitoring and Review Committee
Chair Bethne Hart	Chair Bethne Hart Karyn Godier	Chair Angela Garvey
Council Members Greg Rickard Joanne Muller David Spruell	Council Members Greg Rickard Karen Hay Jennifer Thommeny Veronica Croome Elisabeth Black Kate Cheney Kerryn Boland Murray Fisher Joanne Muller	Council Members Greg Rickard Kate Cheney Joanne Muller Maryann Curry (to 17 November 2019)
Non Council Members Nil	Non Council Members Carole Doyle Frances Taylor Margo Gill	Non Council Members Margo Gill Frances Taylor

Council membership, panels and committees continued

Membership of the Council committees (continued)

Education, Quality and Research Committee	Performance Interview and Counselling Committee	S150 Review Committee
Chair Kate Cheney	Chair Decided by committee for each case	Chair Decided by committee for each case
Council Members Greg Rickard Angela Garvey Murray Fisher Karen Hay Kerryn Boland	Council Members Joanne Muller Murray Fisher Elisabeth Black Veronica Croome Jennifer Thommeny Kerryn Boland Karyn Godier Kate Cheney Karen Hay Maryann Curry Greg Rickard	Council Members Bethne Hart Karen Hay Veronica Croome Kate Cheney Elisabeth Black Karyn Godier Kerryn Boland Jennifer Thommeny Murray Fisher Joanne Muller
Non Council Members Nil	Non Council Members Susan Kennedy Frances Taylor Zena Wilson Deirdre Sinclair Marie Clarke Rebecca Roseby	Non Council Members Frances Taylor Marie Clarke Jann Gardner

S152J Committee

Chair
Nil

Council Members
Joanne Muller
Angela Garvey
Karyn Godier
Kate Cheney
Kerryn Boland
Veronica Croome

Non Council Members
Nil

Executive Officer

Ms Kim Bryant RN, BN (USyd) MEd is the Executive Officer for the Nursing and Midwifery Council.

Ms Bryant replaces Dr Margaret Cooke RN, RM, PhD who commenced extended leave in January 2020.

The Executive Officer leads a team of 27 who work directly with the Council.

Council membership, panels and committees continued

Occupational Therapy Council members, panels and committees

Council membership

Six members sit on the Occupational Therapy Council as set out in the National Law.

The President, Deputy President and Council members are nominated by the Minister for Health and appointed by the Governor.

Mr Kim Nguyen is the President of the Occupational Therapy Council and Ms Carolyn Fozzard is the Deputy President of the Occupational Therapy Council.

Registered Occupational Therapy practitioner members:

- Mr Kim Nguyen BAppSc(OT), Dip HRMgt, GradDipPH, GradDipStratLDRSHP, FRSPH, FIML, AFCHSM
- Ms Carolyn Fozzard BAppSc(OT), JD (Juris Doctor)
- Ms Melinda Hunt BAppSc(OT), LLB (Hons)
- Dr Alison Wicks PhD, M HSC (OT), , B App SC (OT), Adjunct Associate Professor University of Canberra, JP.

Legal member:

- Mr Barry Dean – B Optom (Hons), LLB (Hons), LLM.

Community member:

- Mr Robert Farrugia – RN, Onc.Cert., BCom (UOW), MHSM (CSU).

Council Meeting Attendance

The Occupational Therapy Council met eleven times during the year.

Member	Meetings Attended	Meetings Eligible to Attend	Date first appointed	Current Term of Office*
President Mr Kim Nguyen	10	11	1 July 2012	1 July 2018 – 30 June 2021
Deputy President Ms Carolyn Fozzard	10	11	1 July 2012	1 July 2018 – 30 June 2021
Mr Barry Dean	8	11	1 July 2018	1 July 2018 – 30- June 2021
Mr Robert Farrugia	9	11	1 July 2018	1 July 2018 – 30 June 2021
Ms Melinda Hunt	11	11	1 July 2012	1 July 2018 – 30 June 2021
Dr Alison Wicks	11	11	1 July 2018	1 July 2018 – 30 June 2021

* Council members are appointed for a term up to three years and may be reappointed up to a maximum of nine years.

Council membership, panels and committees continued

Regulatory Committees and Panels

The Occupational Therapy Council appointed one Impaired Registrants Panel this year with the following membership.

Chair

- Dr Susan Messner

Non Council Members

- Mrs Michelle Williams

Council Committees

The Occupational Therapy did not appoint any Council committees this year.

Executive Officer

Ms Heather Comino is the Executive Officer for the Occupational Therapy Council.

The Executive Officer is part of a team of 12 led by Ms Farina Bains. This team works with 11 of the health professional Councils.

Council membership, panels and committees continued

Optometry Council members, panels and committees

Council membership

Four members sit on the Optometry Council as set out in the National Law.

The President, Deputy President and Council members are nominated by the Minister for Health and appointed by the Governor.

Mr Albert Lee is the President of the Optometry Council and Ms Pauline O'Connor is the Deputy President of the Optometry Council.

Registered Optometry practitioner members:

- Mr Albert Lee MOptom, GradCertOcTher, BOptom
- Mr John Davis BOptom (Hons)
- Mr Derek Fails BSc (Hons), MCOptom (UK), CertOcTher (SUNY), GDipBus (Tas), FAICD.

Legal member:

- Ms Pauline O'Connor LLM, GAICD, AGIA, ACIS.

Council Meeting Attendance

The Optometry Council met 10 times during the year.

Member	Meetings Attended	Meetings Eligible to Attend	Date first appointed	Current Term of Office*
President Albert Lee	10	10	1 July 2012	1 July 2018 to 30 June 2021
Deputy President Pauline O'Connor	8	10	1 July 2012	1 July 2018 to 30 June 2021
John Davis	10	10	1 July 2015	1 July 2018 to 30 June 2021
Derek Fails	10	10	1 July 2015	1 July 2018 to 30 June 2021

* Council members are appointed for a term up to three years and may be reappointed up to a maximum of nine years.

Regulatory Panels and Committees

The Optometry Council appointed two Impaired Registrants Panels during the year with the following membership.

Chair

- Dr Karen Arnold

Non Council Members

- Mr Gavin Bigland
- Mrs Tsu Shan Chambers

Council Committees

The Optometry Council did not appoint any Council committees this year.

Executive Officer

Ms Asha Mears is the Executive Officer for the Optometry Council.

The Executive Officer is part of a team of 12 led by Ms Farina Bains. This team works with 11 of the health professional Councils.

Council membership, panels and committees continued

Osteopathy Council members, panels and committees

Council membership

Four members sit on the Osteopathy Council as set out in the National Law.

The President, Deputy President and Council members are nominated by the Minister for Health and appointed by the Governor.

Ms Anne Cooper is the President of the Osteopathy Council and Dr Kerrin Murnane is the Deputy President of the Osteopathy Council.

Registered Osteopath practitioner members:

- Ms Anne Cooper RN, DO, MMedHum
- Dr (Osteopath) Kerrin Murnane M0steo (UWS), BAppSc(OsteoSt) (UWS)
- Dr (Osteopath) Terry Stewart Grad Cert Health Fitness and Sports Training, DipHealthSc, BAppSc (Osteo), Masters Osteo, MScMed(PainMgt).

Legal member:

- Ms Soraya Mir BSc (Hons), LLB, LLM, Grad Dip Corp Govn, BPsych(Hons), MPsyCh(Clin).

Council Meeting Attendance

The Osteopathy Council met six times during the year.

Member	Meetings Attended	Meetings Eligible to Attend	Date first appointed	Current Term of Office*
President Anne Cooper	6	6	1 July 2012	1 July 2018 to 30 June 2021
Deputy President Kerrin Murnane	6	6	1 July 2018	1 July 2018 to 30 June 2021
Soraya Mir	6	6	6 March 2013	1 July 2018 to 30 June 2021
Terry Stewart^	3	3	1 July 2018	1 July 2018 to 20 December 2019

* Council members are appointed for a term up to three years and may be reappointed up to a maximum of nine years.

^Dr Terry Stewart resigned from Council in December 2019.

Regulatory Committees and Panels

The Osteopathy Council did not appoint any regulatory panels or committees during the year.

Council Committees

The Osteopathy Council did not appoint any Council committees this year.

Executive Officer

Ms Asha Mears is the Executive Officer for the Osteopathy Council.

The Executive Officer is part of a team of 12 led by Ms Farina Bains. This team works with 11 of the health professional Councils.

Council membership, panels and committees continued

Paramedicine Council members, panels and committees

Council membership

Six members sit on the Paramedicine Council as set out in the National Law.

The President, Deputy President and Council members are nominated by the Minister for Health and appointed by the Governor.

Mr Alan Morrison is the President of the Paramedicine Council and Mr Peter Lang is the Deputy President of the Paramedicine Council.

Registered paramedicine practitioner members:

- Mr Alan Morrison ASM, MPET, GradDipPubAdmin, GradDipEd, BParaPrac, BAppSc, AdvDipParaSc
- Mr Peter Lang AdvDipParaSc, BHLthSc (PreHospCare), FACPara
- Mr Brian Parsell ASM, FPA, AFCHSE, BHSc, BN, GradDipHSM, GradDipPSc
- Ms Cassandra McKenzie BHSc (Nursing), AdvDipParaSc, DipEMD, GradCert Redesign, RN.

Legal member:

- Mr Greg McAllan BA (Hons), BLegStudies (Hons), CM, CN, LLM, GradDipPubAdmin.

Community member:

- Ms Margo Gill MBA, MAppSc.

Council Meeting Attendance

The Paramedicine Council met 11 times during the year.

Member	Meetings Attended	Meetings Eligible to Attend	Date first appointed	Current Term of Office*
President Alan Morrison	10	11	25 October 2018	25 October 2018 to 30 June 2021
Deputy President Peter Lang	10	11	25 October 2018	25 October 2018 to 30 June 2021
Margo Gill	11	11	25 October 2018	25 October 2018 to 30 June 2021
Greg McAllan^	4	6	25 October 2018	25 October 2018 to 7 January 2020
Cassandra McKenzie	8	11	25 October 2018	25 October 2018 to 30 June 2021
Brian Parsell	9	11	25 October 2018	25 October 2018 to 30 June 2021

* Council members are appointed for a term up to three years and may be reappointed up to a maximum of nine years.

^Mr Greg McAllan resigned from Council in January 2020.

Council membership, panels and committees continued

Regulatory Panels and Committees

The Paramedicine Council appointed five Impaired Registrants Panels during the year with the following membership.

Chair

- Dr Karen Arnold

Non Council Members

- Ms Kelly Ferguson
- Ms Whitney Hughes
- Mr Michael Smith
- Ms Tanya Somani
- Mr Craig Watkins

Council Committees

The Paramedicine Council did not appoint any Council committees during the year.

Executive Officer

Ms Asha Mears is the Executive Officer for the Paramedicine Council.

The Executive Officer is part of a team of 12 led by Ms Farina Bains. This team works with 11 of the health professional Councils.

Council membership, panels and committees continued

Pharmacy Council members, panels and committees

Council membership

Ten members sit on the Pharmacy Council as set out in the National Law.

Five members are nominated by the Minister for Health and appointed by the Governor and five members are pharmacists elected by local pharmacists.

The President and Deputy President are nominated by the Minister for Health and appointed by the Governor.

Dr Joyce Cooper is the President of the Pharmacy Council and Ms Veronica Murdoch is the Deputy President of the Pharmacy Council.

Members appointed by the Governor include the following.

Registered pharmacist members:

- Dr Joyce Cooper PhD, BSc(Pharmacy), GradDipClinPharm, GradCertClinEpi, GradCertTertiaryTeach, FSHP
- Ms Veronica Murdoch BPharm, M Health Management, MSHPA.

Legal member:

- Ms Penny Ho LLB (Hons), LLM.

Community members:

- Ms Carolyn Burlew BA, MPubAd, FAICD
- Ms Marilyn Starr.

Pharmacists elected by local pharmacists include the following.

- Mr Paul Sinclair AM, BPharm, MAICD
- Mr Mike Anderson BPharm, AACP
- Mrs Majella Hill MSc, BPharm, ADTT
- Ms Marina Holt BPharm, Dip Quality Auditing , Cert IV TAE, MPS
- Dr Erica Sainsbury BPharm (Hons), MSc, GradDipEdStud (Higher Ed), PhD, MPS, MSHP, MACE.

Council membership, panels and committees continued

Council Meeting Attendance

The Pharmacy Council met 13 times during the year.

Member	Meetings Attended	Meetings Eligible to Attend	Date first appointed	Current Term of Office*
President Joyce Cooper	12	13	1 July 2015	1 July 2018 to 30 June 2021
Deputy President Veronica Murdoch	13	13	1 July 2018	1 July 2018 to 30 June 2021
Mike Anderson	13	13	1 April 2016	1 April 2019 to 31 March 2022
Carolyn Burlew	11	13	4 July 2012	1 July 2018 to 30 June 2021
Majella Hill	12	13	1 April 2019	1 April 2019 to 31 March 2022
Penny Ho	13	13	1 July 2015	1 July 2018 to 30 June 2021
Marina Holt	11	13	1 April 2019	1 April 2019 to 31 March 2022
Erica Sainsbury	12	13	1 April 2019	1 April 2019 to 31 March 2022
Paul Sinclair	13	13	17 November 2011	1 April 2019 to 16 November 2020
Marilyn Starr	11	13	4 July 2012	1 July 2018 to 30 June 2021

* Council members are appointed/elected for a term up to three years and may be reappointed/re-elected up to a maximum of nine years.

Regulatory Panels and Committees

The Pharmacy Council appointed the following regulatory panels and committees during the year.

Regulatory Panels and Committees	Number of Regulatory Panels and Committees
Impaired Registrants Panels	14
Performance Review Panels	2
Assessment Committees	Nil

Membership of the regulatory panels and committees.

Impaired Registrants Panels	Performance Review Panels
Pharmacist member Mr Peter Murney	Chair Ms Rosemary Kusuma
Medical practitioner members Dr Alison Reid Dr Karen Arnold	Pharmacist members Mr Jonathan Chen Ms Zaheeda Patel

Council membership, panels and committees continued

Council Committees

The Pharmacy Council reappointed six Council committees this year.

Notifications Committee	Finance Committee	Ownership Committee
Chair Paul Sinclair	Chair Carolyn Burlew	Chair Paul Sinclair
Members Joyce Cooper Carolyn Burlew Majella Hill Marina Holt Veronica Murdoch	Members Mike Anderson Joyce Cooper Majella Hill Erica Sainsbury	Members Joyce Cooper Majella Hill Penny Ho Marina Holt Maria Watts
Communications Committee	Education and Research Committee	Compounding * Working Group
Chair Veronica Murdoch	Chair Penny Ho	Chair Paul Sinclair
Members Mike Anderson Joyce Cooper Marina Holt Erica Sainsbury Marilyn Starr	Members Mike Anderson Joyce Cooper	Members Joyce Cooper Penny Ho Marina Holt Erica Sainsbury

* The last meeting of the Compounding Working Group was held on 5 September 2019, the objectives of the Working Group having been met and the work effectively concluded.

Executive Officer

Ms Nina Beeston is the Executive Officer for the Pharmacy Council.

The Executive Officer leads a team of 12 who work directly with the Council.

Council membership, panels and committees continued

Physiotherapy Council members, panels and committees

Council membership

Ten members sit on the Physiotherapy Council as set out in the National Law.

The President, Deputy President and Council members are nominated by the Minister for Health and appointed by the Governor.

Professor Darren Rivett was the President of the Physiotherapy Council and Ms Elizabeth Ward was Deputy President of the Physiotherapy Council. Professor Rivett resigned on 24 October 2019. Ms Elizabeth Ward was subsequently appointed as President and Mr Toni Andary was appointed as Deputy President.

Registered Physiotherapy practitioner members:

- Professor Darren Rivett, BAppSc(Phty), GradDipManipTher, MAppSc(ManipPhty), PhD, APAM, MAICD
- Ms Elizabeth Ward BSc, PGD (Phty), MPH, MHLthSc (Phty), GAICD, APAM, Life Member AHTA
- Mr Toni Andary BAppSc (Physiotherapy), APAM
- Associate Professor Jane Butler PhD, MTertEdMgmt, MEd, GradDipAppSci, DipPhys
- Mr David Cross BAppSc (Pty) (Cumb), Master Physio (Rural and Remote) Uni SA, APAM
- Dr Hassan Kadous DBA MPhty, BAppSc (EXSS).

Legal member:

- Ms Athena Harris Ingall – BHA , LLB , GDipHthMedLaw , GDipLegalPrac , MEd.

Community members:

- Ms Janene Eagleton GAICD, FGIA, MBA, BHA, RD
- Mrs Marie Clarke RN, RM, DipNEd, DipNAdmin, BBus, GradCertMgmt
- Professor Rodney Hill PhD.

Council membership, panels and committees continued

Council Meeting Attendance

The Physiotherapy Council met 11 times during the year.

Member	Meetings Attended	Meetings Eligible to Attend	Date first appointed	Current Term of Office*
President Darren Rivett^	3	4	1 July 2014	1 July 2017 – 24 October 2019
Deputy President Elizabeth Ward	10	11	1 July 2015	1 July 2018 – 30 July 2021
Toni Andary	11	11	1 July 2018	1 July 2018 – 30 June 2021
Jane Butler	11	11	1 July 2018	1 July 2018 – 30 June 2021
Marie Clarke	10	11	1 July 2015	1 July 2018 – 30 June 2021
David Cross	10	11	1 July 2018	1 July 2018 – 30 June 2021
Janene Eagleton	9	11	1 July 2014	1 July 2017 – 30 June 2020
Athena Harris Ingall	11	11	1 July 2018	1 July 2018 – 30 June 2021
Rodney Hill	10	11	12 December 2018	12 December 2018 – 30 June 2021
Hassan Kadous	8	11	26 July 2017	26 July 2017 – 30 June 2020

* Council members are appointed for a term up to three years and may be reappointed up to a maximum of nine years.

^Professor Darren Rivett resigned as President and as a Council member on 24 October 2019.

Regulatory Panels and Committees

The Physiotherapy Council appointed one Impaired Registrants Panel during the year with the following membership.

Chair

- Dr Karen Arnold

Non Council Members

- Mr Gaetano Milazzo

Council Committees

The Physiotherapy Council appointed one Council committee this year.

Complaints and Notifications Committee

Chair

Elizabeth Ward – to December 2019
Marie Clarke – 4 February 2020 to 3 March 2020
Toni Andary – from 7 April 2020

Council Members

David Cross
Athena Harris Ingall
Marie Clarke
Toni Andary – from 4 February 2020

Executive Officer

Ms Heather Comino is the Executive Officer for the Physiotherapy Council.

The Executive Officer is part of a team of 12 led by Ms Farina Bains. This team works with 11 of the health professional Councils.

Council membership, panels and committees continued

Podiatry Council members, panels and committees

Council membership

Four members sit on the Podiatry Council as set out in the National Law.

The President, Deputy President and Council members are nominated by the Minister for Health and appointed by the Governor.

Mr Luke Taylor is the President of the Podiatry Council and Dr Kristy Robson is the Deputy President of the Podiatry Council.

Registered Podiatry practitioner members:

- Mr Luke Taylor BApp Sci (Pod), Grad Cert (Diabetes)
- Dr Kristy Robson PhD, MHSc (Education), DipHSc (Podiatry)
- Ms Verona du Toit MAppSc (Ex&SpSc), AssDipPod, BTeach (AdVocEd).

Legal member:

- Mr Ebenezer Banful BA (Hons), MA, LLB (Hons), GDLP.

Council Meeting Attendance

The Podiatry Council met 11 times during the year.

Member	Meetings Attended	Meetings Eligible to Attend	Date first appointed	Current Term of Office*
President Luke Taylor	11	11	1 July 2015	1 July 2017 to 30 June 2020
Deputy President Kristy Robson	11	11	1 July 2015	1 July 2017 to 30 June 2020
Ebenezer Banful [^]	6	6	1 January 2011	1 July 2018 to 31 December 2019
Verona du Toit	9	11	1 July 2015	1 July 2018 to 30 June 2021

* Council members are appointed for a term up to three years and may be reappointed up to a maximum of nine years.

[^]Mr Ebenezer Banful retired from Council in December 2019 having served the maximum consecutive terms of office as a Council member.

Regulatory Panels and Committees

The Podiatry Council appointed one Impaired Registrants Panel during the year with the following membership.

Chair

- Dr Karen Arnold

Non Council Members

- Ms Anna Spencer
- Ms Jessica Knox

Council Committees

The Podiatry Council did not appoint any Council committees during the year.

Executive Officer

Ms Asha Mears is the Executive Officer for the Podiatry Council.

The Executive Officer is part of a team of 12 led by Ms Farina Bains. This team works with 11 of the health professional Councils.

Council membership, panels and committees continued

Psychology Council members, panels and committees

Council membership

Eight members sit on the Psychology Council as set out in the National Law.

The President, Deputy President and Council members are nominated by the Minister for Health and appointed by the Governor.

Ms Gail Purkis is the President of the Psychology Council and Conjoint Associate Professor Christopher Willcox is the Deputy President of the Psychology Council.

Registered Psychologist practitioner members:

- Ms Gail Purkis BSc(Applied Psych), Dip Psychol, GAICD
- Conjoint Associate Professor Christopher Willcox BSc (Psych) Hons, MPsy (Clin), GC (PSM), MAPS, FCCLP
- Dr Elizabeth Tong AM, BA (Hons)(Psych), MA, Dip Clin Psych, PhD (Med), Cert TSL (Eng), AFBPS, MACPA, MACAPP, MAPS FCCLP, JP
- Associate Professor Maree J Abbott BA, hon (Psych), M Clin Psych, PhD, FACPA, MAACBT
- Mr Thomas O'Neill BA (Hons)(Psych), MPsy (Clin), FAPS.

Legal member:

- Mr Hugh Macken BA, LLB, LLM.

Community members:

- Ms Joanne Jousif BA, Dip Crim, Cert IV Training & Assessment
- Mr Robert Lorsch JP.

Council Meeting Attendance

The Psychology Council met 11 times during the year.

Member	Meetings Attended	Meetings Eligible to Attend	Date first appointed	Current Term of Office*
President Gail Purkis	10	11	1 July 2018	1 July 2018 to 30 June 2021
Deputy President Christopher Willcox	9	11	1 July 2018	1 July 2018 to 30 June 2021
Maree Abbott	11	11	1 July 2018	1 July 2018 to 30 June 2021
Joanne Jousif	10	11	1 July 2018	1 July 2018 to 30 June 2021
Robert Lorsch	10	11	1 July 2016	1 July 2018 to 30 June 2021
Hugh Macken	8	11	1 July 2016	1 July 2018 to 30 June 2021
Thomas O'Neill	11	11	1 July 2012	1 July 2018 to 30 June 2021
Lizbeth Tong AM	11	11	1 July 2015	1 July 2018 to 30 June 2021

* Council members are appointed for a term up to three years and may be reappointed up to a maximum of nine years.

Council membership, panels and committees continued

Regulatory Panels and Committees

The Psychology Council appointed 13 regulatory panels and committees during the year.

Regulatory Committees and Panels	Number of Regulatory Committee and Panels
Impaired Registrants Panels	11
Performance Review Panels	2
Assessment Committees	0

Membership of the regulatory panels and committees.

Impaired Registrants Panel	Performance Review Panel
Non Council Members Dr Karen Arnold Dr Emma Collins Dr Michael Diamond Mr Christopher Allan Dr Wendy Roberts Dr Alison Reid Mr John Haigh	Non Council Members Dr Amanda White Ms Frances Taylor Mr Peter Walker Mr Robert Farrugia Ms Margaret Crawley

Council Committees

The Psychology Council did not appoint any Council committees this year.

Executive Officer

Ms Farina Bains is the Executive Officer for the Psychology Council. The Executive Officer leads a team of 12. This team works with 11 of the health professional Councils.

Strategic Priorities

Planning Process

All Councils and the HPCA participate in development of a joint three year strategic plan. This joint strategic plan is then supported by action plans developed by individual Councils and the HPCA.

The Council specific action plans assist in identifying opportunities for collaborative effort across Councils, as well as addressing profession specific issues.

The HPCA annual action plans complement the Council plans in addressing the strategic priorities. The HPCA action plans also incorporate the enablers, or tools that facilitate achievement of strategic goals. The HPCA provides quarterly progress reports to Councils.

Current Councils and HPCA Joint Strategic Plan

The Councils and HPCA joint strategic plan from July 2018 to June 2021 sets out four key strategic priorities:

1. Expertise
2. Engagement
3. Effectiveness
4. Education and research.

The enablers that are the responsibility of the HPCA are also captured in the plan and include:

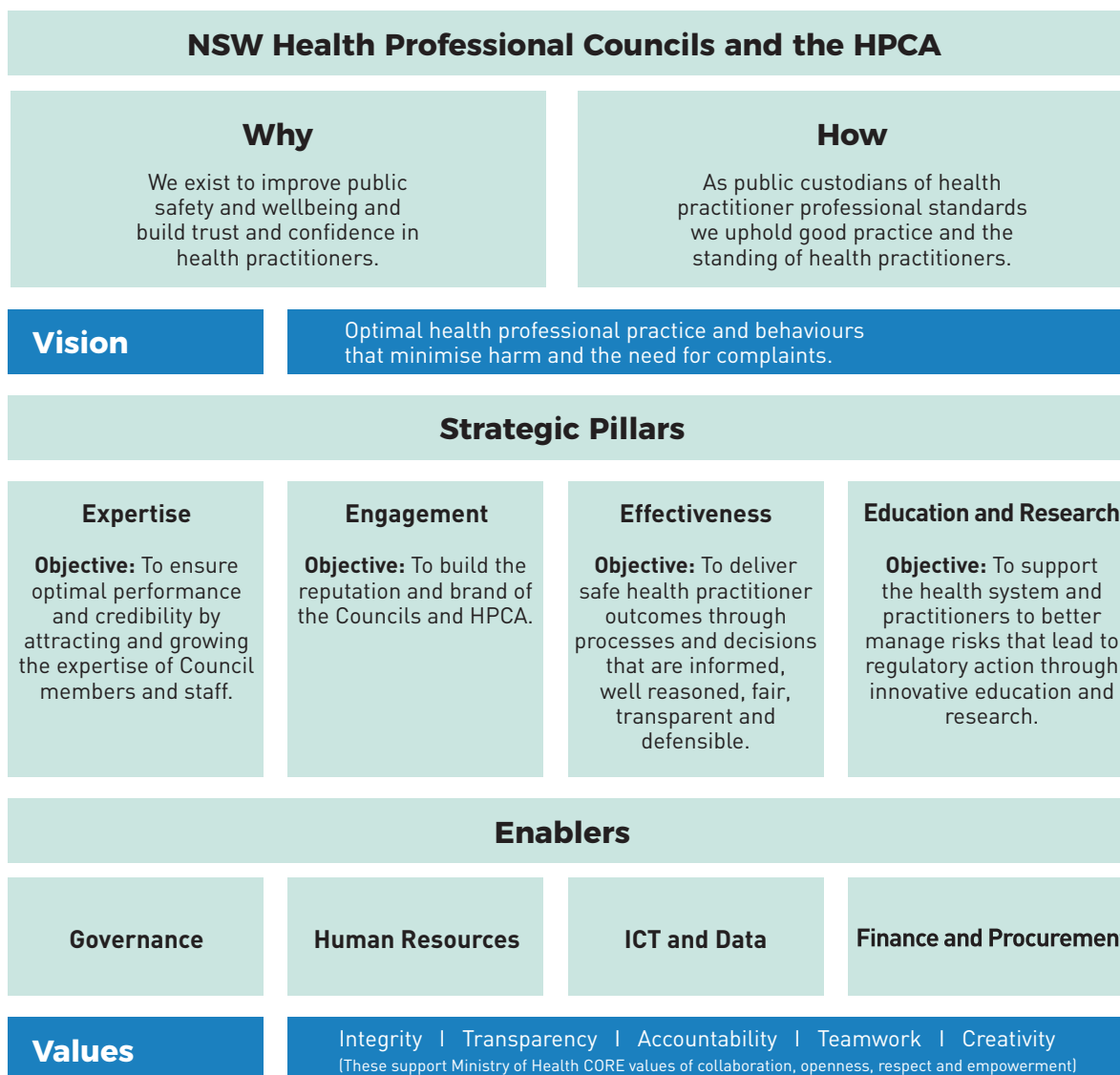
1. Governance
2. Human resources
3. ICT and data
4. Finance and procurement.

Council Presidents and the HPCA Executive undertook a mid-point review of progress with the current three year strategic plan at a workshop in August 2019.

Cross-Council collaboration in support of shared learning and improved efficiency was a key consideration, as was prevention messaging. All four strategic priorities set out in the strategic plan were endorsed at the workshop.

Strategic Priorities continued

Overview of the Councils and HPCA joint strategic plan 2018 to 2020



Impact of COVID-19

Early in 2020 the HPCA developed a pandemic plan to manage the emergence of COVID-19. Management of the COVID-19 situation included closure of the offices at the end of March 2020. All staff moved to work from home arrangements for three months. Council meetings, committee meetings, hearings, engagement with external bodies and other business all moved to conferencing or other remote working arrangements.

At the end of June 2020, implementation of a recovery roadmap commenced with approximately 25% of the HPCA staff returning to office based work on a trial basis and with comprehensive safety measures in place. The offices remained closed to members and visitors and will continue to be closed until a later stage of recovery.

The pandemic has impacted to some extent on business as usual and work included in the action plans. The impact has primarily been a delay in progressing some projects or time lags rather than more serious disruptions.

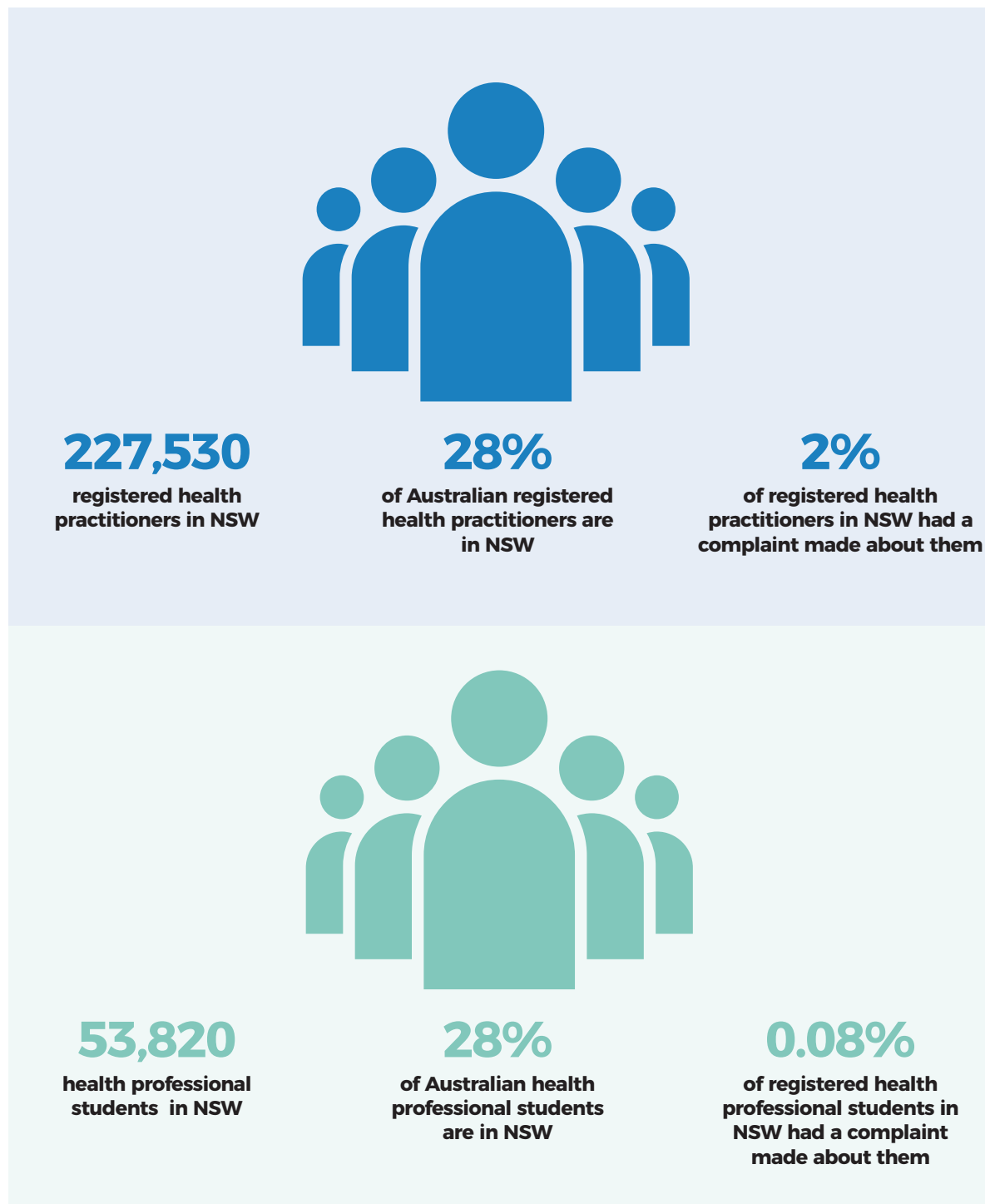
The focus has been on achieving the right balance to maintain our public protection responsibilities and ensure the safety of our people.

What the data says about practitioners and complaints

2019/20 overview of health practitioners and students

Councils regulate registered health practitioners who primarily practise in NSW.

Councils also regulate NSW students in health professional programs of study. Students are registered, except for psychology students. New graduates in psychology work under provisional registration for a year instead of being registered as a student.



What the data says about practitioners and complaints continued

Registered health practitioners

In NSW 227,530 registered health practitioners identified NSW as their principal place of practice as at 30 June 2020. This is 28% of all health practitioners registered in Australia.

The national public register on the Ahpra website www.ahpra.gov.au includes all registered health practitioners in Australia. The number of practitioners in NSW, the total number of practitioners in Australia, and NSW practitioners as a percentage of all Australian practitioners is presented in Table 1.

Table 1: Registered practitioners as at 30 June 2020¹

Profession	NSW registered practitioners	Total Australian registered practitioners	% of Australian registered practitioners with NSW PPP ²
Aboriginal and Torres Strait Islander Health Practitioner	179	812	22.0%
Chinese Medicine Practitioner	1,989	4,921	40.4%
Chiropractor	1,886	5,777	32.6%
Dental Practitioner	7,272	24,406	29.8%
Medical Practitioner	38,003	125,641	30.2%
Medical Radiation Practitioner	6,025	18,243	33.0%
Midwife	1,506	6,309	23.9%
Nurse	112,094	415,433	27.0%
Nurse and Midwife ³	8,300	29,736	27.9%
Occupational Therapist	6,643	23,997	27.7%
Optometrist	2,001	6,043	33.1%
Osteopath	607	2,753	22.0%
Paramedic	5,089	19,838	25.7%
Pharmacist	10,335	34,512	29.9%
Physiotherapist	10,850	37,113	29.2%
Podiatrist ⁴	1,565	5,608	27.9%
Psychologist	13,186	40,517	32.5%
Total 2019/20	227,530	801,659	28.4%
Total 2018/19	212,207	744,437	28.5%

Notes:

1 The 2019/20 data includes practitioners registered on the temporary pandemic sub-register created in response to the COVID-19 pandemic.

2 PPP refers to 'principal place of practice'.

3 Registrants who hold dual registration as both a nurse and a midwife.

4 Throughout this report the term 'podiatrist' refers to both podiatrists and podiatric surgeons unless otherwise specified.

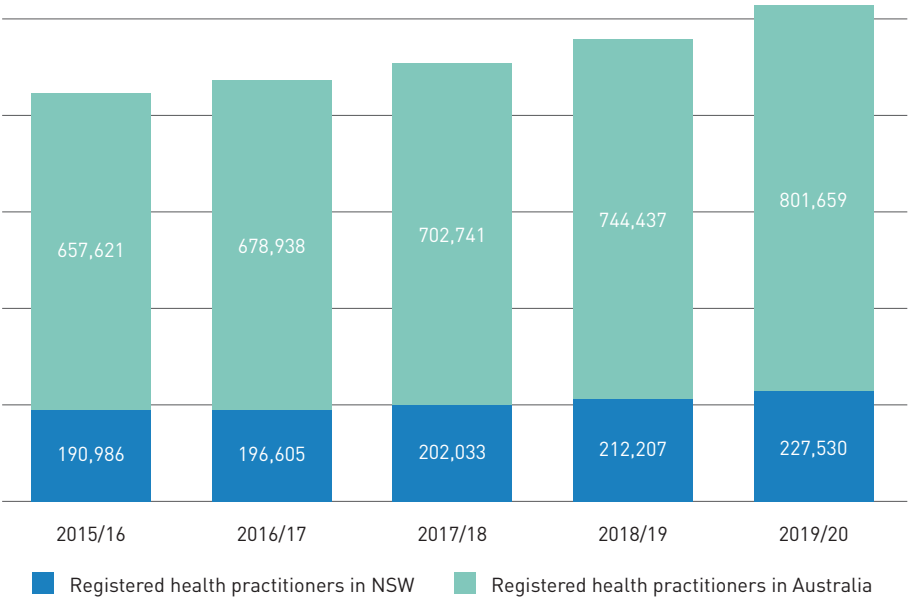
Registration data is sourced from Ahpra.

The overall growth in practitioner numbers for the year was 7% in NSW and 8% Australia-wide.

What the data says about practitioners and complaints continued

The five year trend in growth of practitioner numbers is presented in Graph 1.

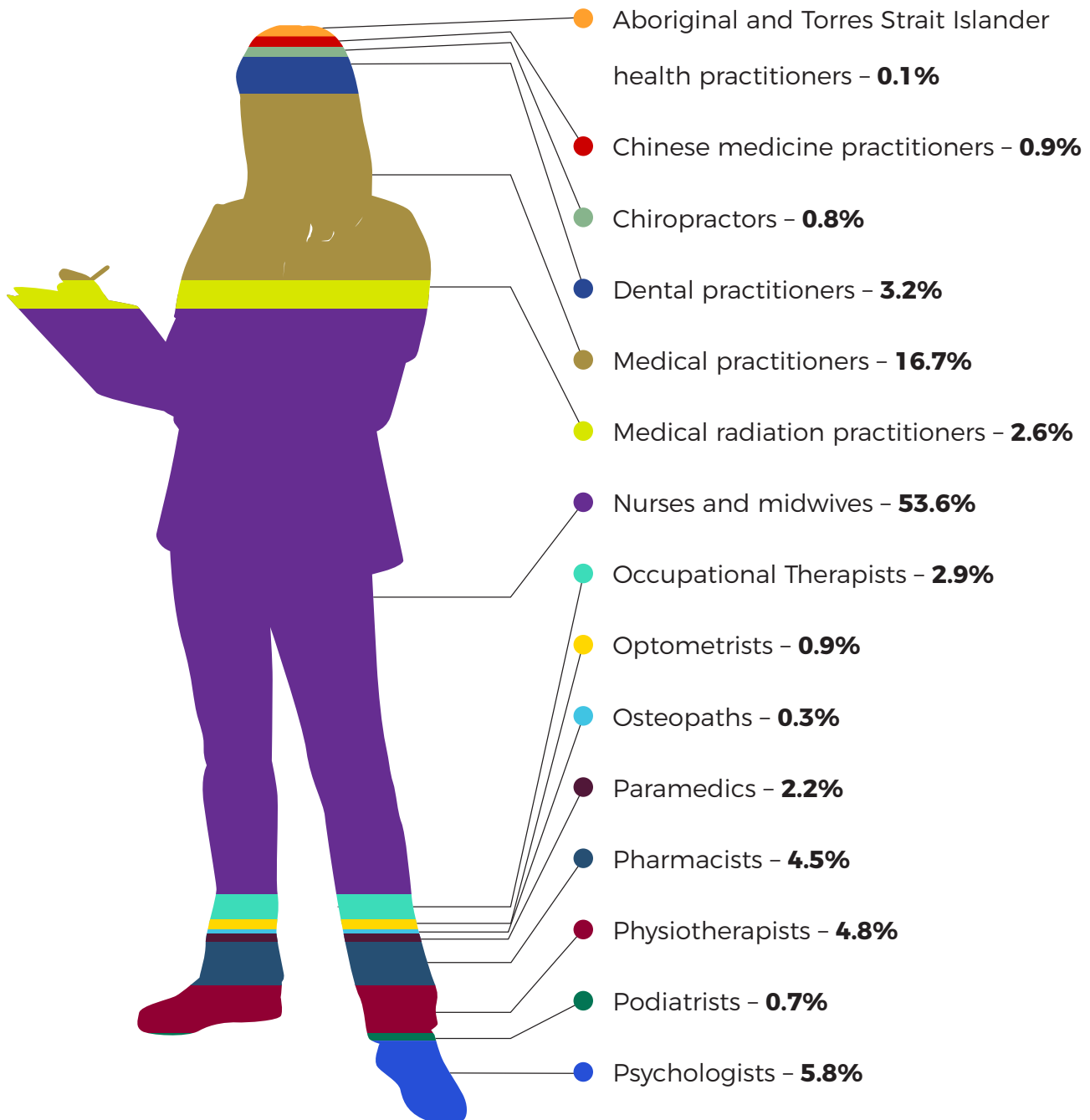
Graph 1: Growth in registered health practitioner numbers – 5 year trend



What the data says about practitioners and complaints continued

The number of practitioners in each profession varies significantly. Aboriginal and Torres Strait Islander Health Practitioners are lowest in number and Nurses and Midwives are highest in number.

NSW practitioners by profession as a percentage of total NSW practitioners



What the data says about practitioners and complaints continued

Health professional students

There are 53,820 health professional students in NSW making up almost 28% of all registered health professional students in Australia.

Students do not pay registration fees and are not published on the national register.

Table 2 shows the number of health professional students in NSW, the total number of health professional students in Australia, and NSW health professional students as a percentage of all Australian health professional students.

Table 2: Registered students in 2019/20

Students by profession ¹	Registered NSW ¹ Students	Total Registered Students in Australia	NSW Students as % of Australian Students
Aboriginal and Torres Strait Islander Health Practice	128	548	23.4%
Chinese Medicine	380	1,556	24.4%
Chiropractic	653	2,147	30.4%
Dental	1,222	4,416	27.7%
Medical	6,465	22,415	28.8%
Medical Radiation Practice	2,654	5,670	46.8%
Midwifery	967	4,135	23.4%
Nursing	29,432	111,746	26.3%
Occupational Therapy	2,802	9,843	28.5%
Optometry	344	1,746	19.7%
Osteopathy	215	1,885	11.4%
Paramedicine	1,883	9,026	20.9%
Pharmacy	2,540	7,147	35.5%
Physiotherapy	3,584	10,167	35.3%
Podiatry	551	1,353	40.7%
Total 2019/20	53,820	193,800	27.8%
Total 2018/19	50,483	182,657	27.6%

Notes:

¹ NSW students are based on the recorded residential state of students.

NSW students that have not provided a valid residential state may not be captured in the NSW data but are captured in Ahpra's total registered student numbers.

Student figures are the number of students reported to be in an approved program of study/clinical training program in the financial year. This may include ongoing students or students completing study within the period. Education providers submit this data to Ahpra.

Approved programs of study refer to courses approved by a National Board and leading to general registration.

Clinical training is any form of clinical experience that does not form part of an approved program of study.

Psychology students are not included in the table as they are not registered. New psychology graduates work under provisional registration instead.

What the data says about practitioners and complaints continued

Complaints about health practitioners

Anyone can make a complaint (or notification) that the performance, conduct or health of a health practitioner is unsatisfactory or unacceptable.

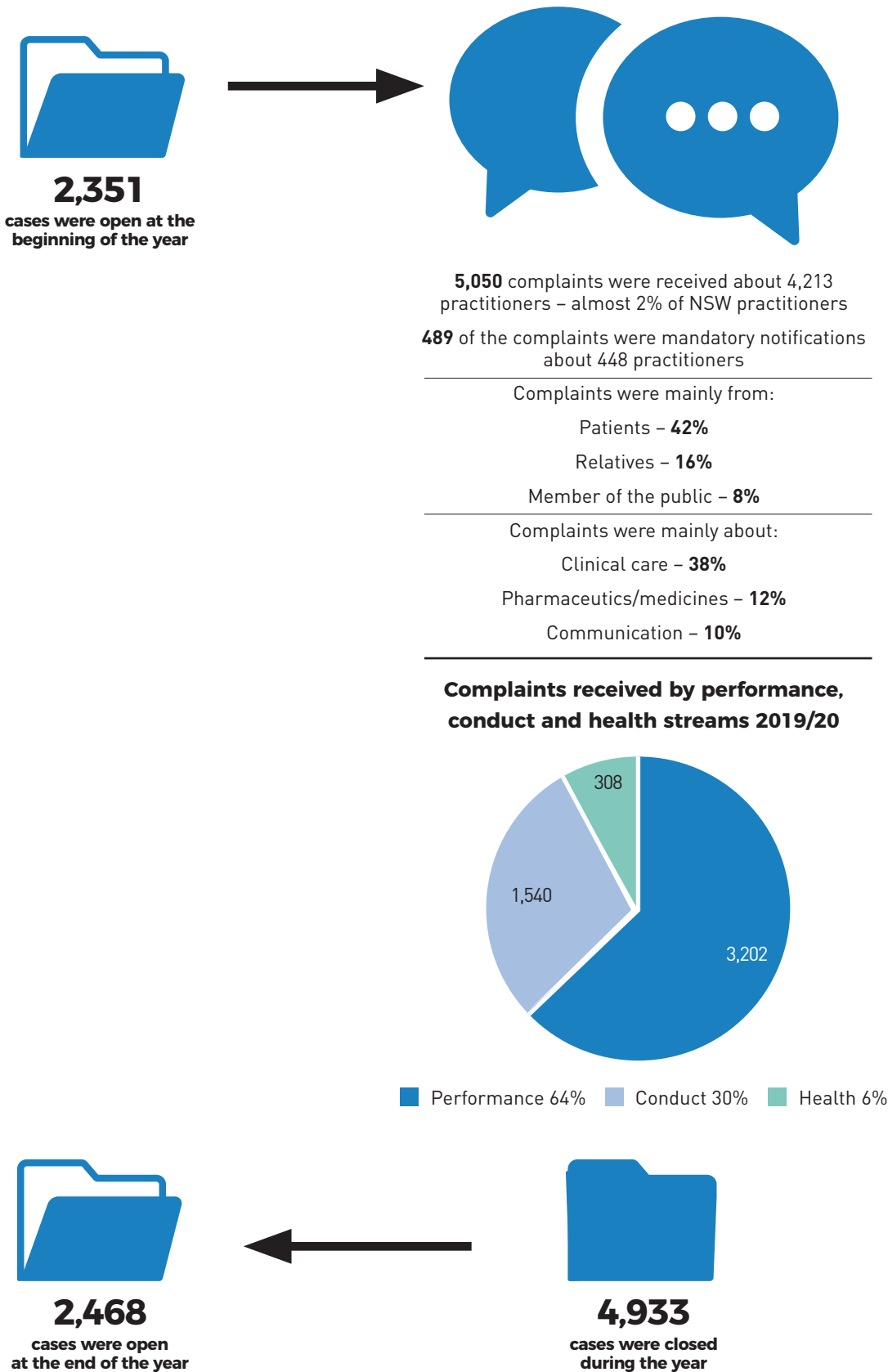
Health practitioners, employers and education providers must make a mandatory notification if they consider a practitioner's behaviour is notifiable conduct. Notifiable conduct includes:

- Practising while intoxicated by alcohol or drugs
- Sexual misconduct relating to practice of the profession
- Placing the public at risk of harm because of a significant departure from accepted professional standards
- Placing the public at risk of substantial harm due to a practitioner's health or impairment.

Complaints may be made through a Council, the HCCC or Ahpra. Councils and the HCCC must consult with each other on complaints, irrespective of where the complaint is lodged.

While complaints overall involve less than 2% of NSW health practitioners, the regulatory work of Councils is critical to safe health service delivery and public protection.

2019/20 overview of complaints



What the data says about practitioners and complaints continued

Complaints data

Profession specific information about complaints received, mandatory notifications and complaints/mandatory notifications about students is included in Tables 3, 4 and 5.

Table 3: NSW complaints 2019/20

Profession	Number of cases open at 1/7/19	Number of complaints received in 2019/20	Number of complaints closed in 2019/20	Number of cases open at 30/6/20	Number of practitioners with complaints received in 2019/20	Practitioners with a complaint in 2019/20 as % of registered practitioners in NSW
Aboriginal and Torres Strait Islander Health Practitioner	1	2	2	1	2	1.1%
Chinese Medicine Practitioner	31	32	37	26	31	1.6%
Chiropractor	23	56	54	25	49	2.6%
Dental Practitioner	265	501	460	306	389	5.4%
Medical Practitioner	1,157	2,653	2,615	1,195	2,165	5.7%
Medical Radiation Practitioner	5	16	19	2	16	0.3%
Midwife ¹	21	51	57	15	51	0.6% ³
Nurse ²	402	761	811	352	677	
Occupational Therapist	15	31	38	8	27	0.4%
Optometrist	11	16	24	3	16	0.8%
Osteopath	4	15	8	11	9	1.5%
Paramedic	25	63	56	32	51	1.0%
Pharmacist	217	450	310	357	381	3.7%
Physiotherapist	34	65	65	34	56	0.5%
Podiatrist	10	36	39	7	31	2.0%
Psychologist	130	302	338	94	262	2.0%
Total 2019/20	2,351	5,050	4,933	2,468	4,213	1.9%
Total 2018/19	2,449	4,861	4,815	2,495	4,037	1.9%

Notes:

Data includes mandatory notifications and complaints about students.

¹ Includes midwifery complaints about practitioners with registration as both midwife and nurse

² Includes nursing complaints about practitioners with registration as both nurse and midwife

³ Number of nurses and midwives with a complaint as a percentage of all NSW nursing and midwifery practitioners.

What the data says about practitioners and complaints continued

Table 4: Mandatory notifications received about practitioners 2019/20

Profession	Mandatory Notifications	Number of Practitioners Subject of Mandatory Notification	Mandatory Notifications as % of all Complaints Received by Profession
Aboriginal and Torres Strait Islander Health Practice	-	-	-
Chinese Medicine	-	-	-
Chiropractic	1	1	1.8%
Dental	17	16	3.4%
Medical	107	99	4.0%
Medical Radiation Practice	6	6	37.5%
Midwifery	13	13	25.5%
Nursing	245	227	32.2%
Occupational Therapy	4	4	12.9%
Optometry	-	-	-
Osteopathy	2	2	13.3%
Paramedicine	27	24	42.9%
Pharmacy	24	21	5.3%
Physiotherapy	10	7	15.4%
Podiatry	3	3	8.3%
Psychology	30	25	9.9%
Total 2019/20	489	448	9.7%
Total 2018/19	596	518	12.3%

Notes:

Mandatory notifications data is also included in Table 3.

What the data says about practitioners and complaints continued

Table 5: Complaints and mandatory notifications received about health professional students

Profession	Number of Complaints and Mandatory Notifications About Students
Aboriginal and Torres Strait Islander Health Practice	1
Chinese Medicine	-
Chiropractic	-
Dental	3
Medical	4
Medical Radiation Practice	-
Midwifery	2
Nursing	21
Occupational Therapy	6
Optometry	-
Osteopathy	-
Paramedicine	1
Pharmacy	4
Physiotherapy	-
Podiatry	-
Psychology	-
Total 2019/20	42
Total 2018/19	38

Notes:

Student complaints and mandatory notifications data is also included in Table 3.

What the data says about practitioners and complaints continued

Who makes complaints

Patients made the highest number of complaints during the year, totalling 42% of all complaints received. Relatives (of a patient or practitioner) made the second highest number of complaints accounting for 16% of all complaints, followed by a member of the public accounting for 8% of complaints. Information about who makes complaints is provided in Table 6.

Table 6: Complaints by source

Notification source	Aboriginal and Torres Strait Islander Health Practitioner	Chinese Medicine Practitioner	Chiropractor	Dental Practitioner	Medical Practitioner	Medical Radiation Practitioner	Midwife	Nurse	Occupational Therapist	Optometrist	Osteopath	Paramedic	Pharmacist	Physiotherapist	Podiatrist	Psychologist	Total 2019/20	Total 2018/19
Ahpra		1	4	2	16	1		33	1				1	1		4	64	88
Anonymous		1	2	51	51	1	2	34			2	6	15	6	1	8	180	165
Council		6	3	24	17			29			1	1	24		1	3	109	127
Courts / Coroner					1			4									5	3
Drugs and poisons				3	25			1				1	71				101	100
Education provider			1	1	2		2	7	1				1			2	17	15
Employee				7	16			4					11	1		1	40	41
Employer				3	57	4	9	189	3			20	17	3	3	10	318	427
Government department			1	1	16			5	1				3	1		2	30	38
Hospital					2			2									4	6
HPCA/HCCC					6			10									16	17
Insurance company		3												1	1		5	5
Lawyer					39			4								2	45	39
Medicare					1												i	1
Member of the public ¹		4	16	29	177		4	63	8	1	1	1	36	8	10	29	387	314
Other Board/ Council ⁴					2												2	
Other practitioner ²	1	2	4	31	122		3	89	3	2	1	8	53	13	6	38	376	326
Others					8												8	
Patient		10	22	262	1,404	6	24	58	3	6	8	7	143	22	10	115	2,100	1,976
Police		2		1	12			5			1	1	1	1			24	25
Relative	1	2	2	71	509	1	4	96	9	6		5	47	2	1	64	820	812
Self			1	5	74	1	1	72	1	1		11	5	4	2	8	186	115
Treating practitioner ³		1		10	96	2	2	56	1		1	2	22	2	1	16	212	221
Total 2019/20	2	32	56	501	2,653	16	51	761	31	16	15	63	450	65	36	302	5,050	-
Total 2018/19	2	57	58	462	2,518	21	54	784	47	31	11	90	320	64	47	295	-	4,861

Notes:

¹ Includes paid carers; friends of patient or practitioner; students.

² Includes other service providers; colleagues.

³ Includes practitioners treating the patient or treating the practitioner.

⁴ Includes Regulation Authority – overseas.

What the data says about practitioners and complaints continued

What complaints are about

The most frequent type of complaint during the year was about clinical care, making up 38% of all complaints received. This was followed by pharmaceutical or medication issues, accounting for 12% of all complaints, then communications accounting for 10% of complaints. Information about the type of complaints received for each profession is presented in Table 7.

Table 7: Type of complaints received

Complaint Category	Aboriginal and Torres Strait Islander Health Practitioner	Chinese Medicine Practitioner	Chiropractor	Dental Practitioner	Medical Practitioner	Medical Radiation Practitioner	Midwife	Nurse	Occupational Therapist	Optometrist	Osteopath	Paramedic	Pharmacist	Physiotherapist	Podiatrist	Psychologist	Total 2019/20	Total 2018/19
Behaviour			2	18	79	4	4	64	2	2		3	23	4	2	13	220	200
Billing		1	2	22	64				1	1	1	1	28	3	5	8	137	132
Boundary violation		1	3	3	83	1	3	40	1		4	6	3	6	1	29	184	202
Clinical care		10	13	292	1,266	2	23	157	4	8	2	11	5	16	6	102	1,917	1,878
Communication		1	1	16	380	2	9	39	3	1		5	34	4		26	521	494
Confidentiality			4	2	29	1	1	28					11	2	2	20	100	108
Conflict of interest					7			1				1				7	16	15
Discrimination					12								2			4	18	5
Documentation	1	2	2	4	168		1	6	6		1	1	3	3		28	226	224
Health impairment				7	79	5	4	151	2	1	1	17	8	10	3	20	308	378
Infection / hygiene				36	102		1	12					8	1	1		161	50
Informed consent				3	22			1	1							6	33	16
Medico-legal conduct					17												17	15
National Law breach		2	2	36	47		3	43	1	2		1	9	5	2	9	162	169
National Law offence	1	12	23	41	20		1	42	7	1	2	5	11	5	11	20	202	198
Offence ¹		2	4	3	57	1	1	83	3		4	8	20	6	2	3	197	138
Pharmacy / medication		1		7	213			78				4	283			1	587	586
Research / teaching / assessment				8	3								1		1	3	16	7
Response to adverse event					1			1									2	3
Teamwork / supervision				3	4			15					1			3	26	43
Total 2019/20	2	32	56	501	2,653	16	51	761	31	16	15	63	450	65	36	302	5,050	-
Total 2018/19	2	57	58	462	2,518	21	54	784	47	31	11	90	320	64	47	295	-	4,861

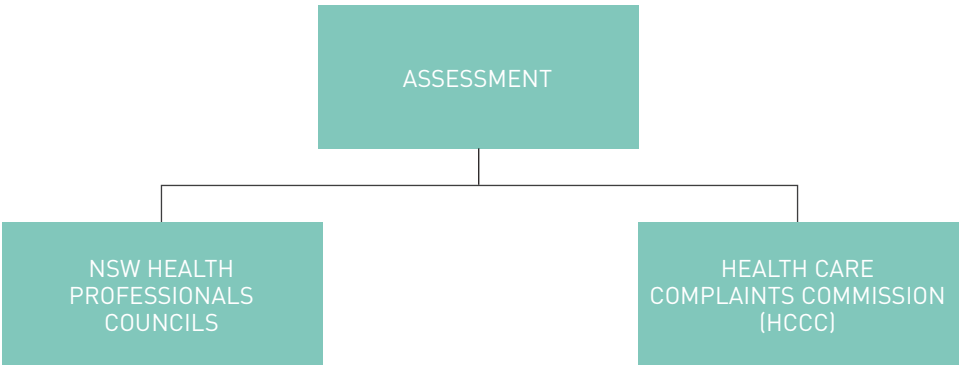
Note:

¹ Offence includes offences by student.

How Councils Manage Complaints

Complaints management pathways

When Councils receive a complaint, a preliminary assessment determines if immediate action is necessary because of an imminent or serious risk to public health and safety. A complaint is then jointly considered by the Council and the HCCC to decide which management pathway is the most appropriate, or whether the complaint should be discontinued. The management pathway depends on the nature and seriousness of a matter.



Under the National Law, Councils have powers to deal with complaints relating to a practitioner’s performance, conduct or health. In some cases more than one of these streams may be applicable. However, usually a primary stream is identified based on the most serious issue.



PERFORMANCE MATTERS

Performance

Performance issues are generally about the standard of a practitioner’s clinical performance and whether the practitioner’s knowledge, skill, judgement or care taken is significantly below the standard reasonably expected of a practitioner with comparable training or experience.



CONDUCT MATTERS

Conduct

Conduct issues relate to a practitioner’s behaviours and may call into question the character or suitability of a practitioner.

Conduct issues may constitute unsatisfactory professional conduct or professional misconduct, as defined in the National Law.

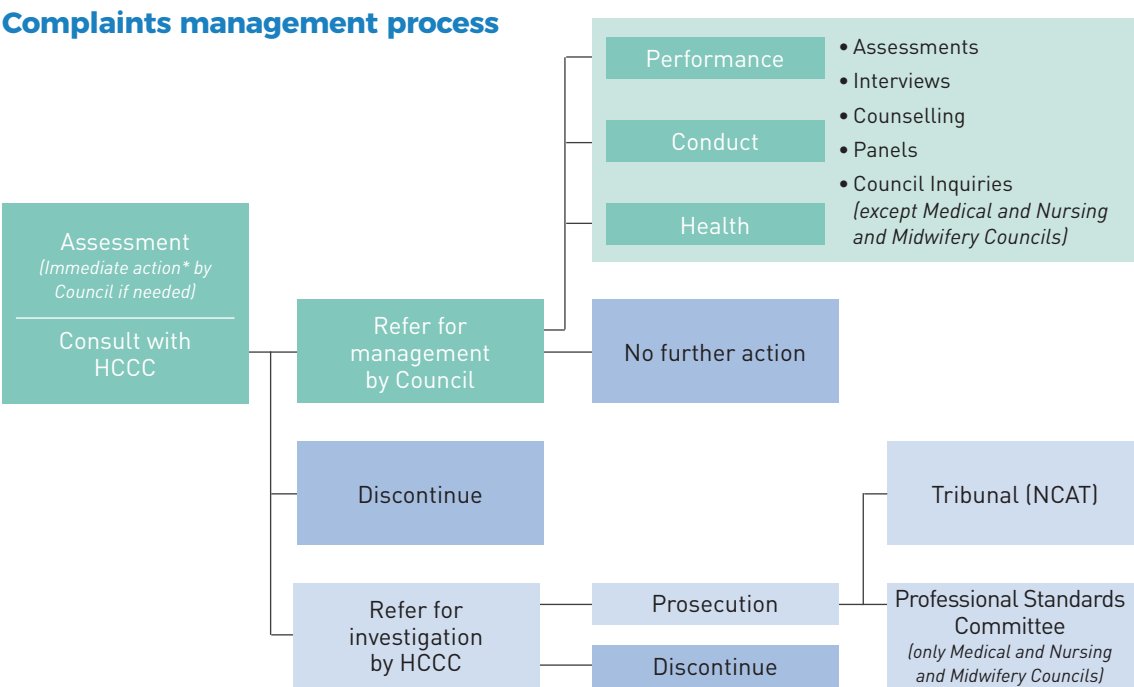


HEALTH MATTERS

Health

Both physical and psychological impairments can affect the health of a practitioner. This includes the abuse of alcohol and other drugs. Health assessments and panels help Councils to decide whether or not a practitioner can continue to practise and what safeguards are needed, such as certain restrictions on practice, supervision or monitoring arrangements.

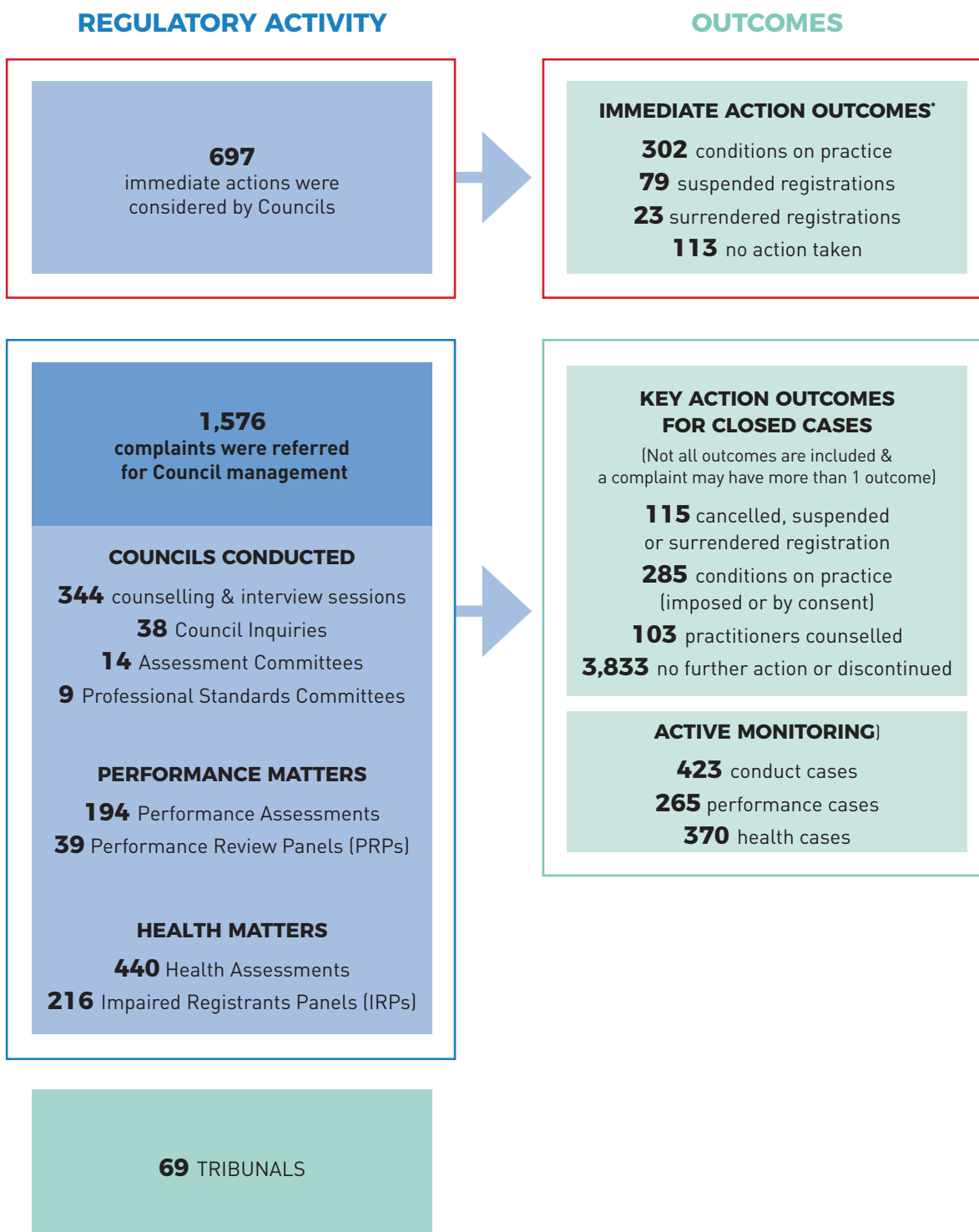
How councils manage complaints continued



* Councils continue to monitor immediate risk throughout the process and take immediate action if needed.

How councils manage complaints continued

2019/20 Overview of Councils' regulatory activity and outcomes



* Excludes reviews of immediate action decisions.

How councils manage complaints continued

Immediate action

On receipt of a complaint, and at any time during a complaint, Councils may need to protect public health and safety by considering immediate action. This may result in placing conditions on a practitioner or suspending a practitioner pending further assessment. This does not interfere with any other actions required to manage a complaint. Immediate actions considered by Councils this year are presented in Table 8 and outcomes are presented in Table 9.

Table 8: Immediate action considered or taken by Councils by complaint category, including review hearings

Profession	Boundary	Health	Infection Control	Offence	Breach of conditions	Pharmacy / Medication	Clinical Care	Other	Total 2019/20	Total 2018/19
Aboriginal and Torres Strait Islander Health Practitioner										1
Chinese Medicine Practitioner				4			9		13	11
Chiropractor	1				1				2	4
Dental Practitioner		7	14		3	4	22	1	51	42
Medical Practitioner	37	49		20	22	46	55	29	258	229
Medical Radiation Practitioner										2
Midwife		2					3		5	5
Nurse	17	36		26	17	25	47	28	196	188
Occupational Therapist							1	1	2	1
Optometrist										1
Osteopath	1								1	1
Paramedic	2	7		2					11	2
Pharmacist	1	9		11	1	91		14	127	76
Physiotherapist		3		3	1		1	3	11	9
Podiatrist		1		1					2	1
Psychologist	3	8		1	2		1	3	18	19
Total 2019/20	62	122	14	68	47	166	139	79	697	-
Total 2018/19	60	136	19	38	27	128	99	85	-	592

Notes:

Data includes matters where the practitioner surrendered registration and also review inquiries.

Data excludes matters that did not otherwise proceed to an inquiry.

How councils manage complaints continued

Table 9: Immediate action outcomes – excluding review hearings

Profession	No action taken	Accept surrender of registration	Action taken		Total
			Suspend registration	Impose conditions	
Aboriginal and Torres Strait Islander Health Practitioner					
Chinese Medicine Practitioner	2		4	5	11
Chiropractor			1	1	2
Dental Practitioner	11		8	20	39
Medical Practitioner	36	13	24	108	181
Medical Radiation Practitioner					
Midwife	1			3	4
Nurse	39	7	9	101	156
Occupational Therapist				3	3
Optometrist					
Osteopath			1		1
Paramedic	3		2	7	12
Pharmacist	17	1	26	39	83
Physiotherapist	1	1	1	3	6
Podiatrist			1	1	2
Psychologist	3	1	2	11	17
Total 2019/20	113	23	79	302	517
Total 2018/19	116	30	61	309	516

Note:

Data includes initial actions only.

Data excludes reviews of immediate action decisions and matters that did not proceed to an inquiry.

How councils manage complaints continued

Complaints managed by Councils

Complaints to be managed by Council are identified when Councils and the HCCC jointly assess a new complaint. Councils then take the appropriate regulatory action which may involve assessments, regulatory committees, panels or hearings in managing these complaints.

Table 10: Complaints identified for management by a Council following consultation with the HCCC

Council	Complaints referred for Council management prior to 2019/20 and still open at 1.7.19	Complaints referred for Council management in 2019/20 ¹	Total complaints managed directly by Councils in 2019/20 ²
Aboriginal and Torres Strait Islander Health Council			
Chinese Medicine Council	11	24	35
Chiropractic Council	11	14	25
Dental Council	173	192	365
Medical Council	335	467	802
Medical Radiation Practice Council	1	9	10
Nursing and Midwifery Council	169	458	627
Occupational Therapy Council	5	11	16
Optometry Council	3	6	9
Osteopathy Council	1	2	3
Paramedicine Council	4	48	52
Pharmacy Council	84	222	306
Physiotherapy Council	11	21	32
Podiatry Council	2	17	19
Psychology Council	45	85	130
Total 2019/20	855	1,576	2,431

	Complaints referred for Council management prior to 2018/19 and still open at 1.7.18	Complaints referred for Council management in 2018/19	Total complaints managed directly by Councils in 2018/19
Total 2018/19	710	1,676	2,386

Notes:

¹ Includes matters where a Council took immediate action. Excludes matters discontinued, pre-resolved or referred to resolution or conciliation; matters withdrawn, where there was no jurisdiction or referred elsewhere at the initial consultation decision with the HCCC; matters referred to HCCC for investigation, to Director Proceedings or Tribunal or PSC; and matters still being assessed by the HCCC at 30 June 2020.

² Complaints received pre July 2019 and during 2019/20 that were managed by the Council in 2019/20.

How councils manage complaints continued

Assessments and hearings

Councils may refer practitioners for performance or health assessments and conduct counselling or interview sessions, as well as using regulatory committees and panels.

Councils, other than the Medical Council (MCNSW) and Nursing and Midwifery Council (NMC), may also conduct a Council Inquiry.

Professional Standards Committees (PSC) are only available to the Medical and Nursing and Midwifery Councils.

Information about Council assessments and hearings is presented in table 11.

Table 11: Assessments and hearings concluded in 2019/20 for each Council

Council	Applicable to all Councils						Applicable to all Councils except Medical and Nursing and Midwifery Councils		Medical and Nursing and Midwifery Councils Only
	Health Assessments	Impaired Registrants Panels	Performance Assessments	Performance Review Panels	Tribunals (Complaint Hearings)	Counselling / Interviews	Assessment Committees	Council Inquiries	Professional Standards Committees
Aboriginal and Torres Strait Islander Health Practice									
Chinese Medicine		1	1			9		2	
Chiropractic		2			2	9			
Dental	12	12	11	1	2	64	14	21	
Medical	176	59	117	11	29	55			7
Medical Radiation Practice	4	3			1	1			
Nursing and Midwifery	198	111	41	23	21	86			2
Occupational Therapy	5	1			1	3			
Optometry		2				3			
Osteopathy	1		1						
Paramedicine	15	5				9			
Pharmacy	10	6	20	2	8	60		12	
Physiotherapy	2	1			4	15			
Podiatry	3	1				4			
Psychology	14	12	3	2	1	26		3	
Total 2019/20	440	216	194	39	69	344	14	38	9
Total 2018/19	498	203	95	51	51	499	13	43	7

Notes:

Excludes reassessments and reviews.

Includes matters that did not proceed, for example, complaints withdrawn or where the practitioner ceased to be registered.

How councils manage complaints continued

NSW Civil and Administrative Tribunal

The HCCC, after investigating a serious matter, may prosecute the matter before the NSW Civil and Administrative Tribunal (NCAT). Substantiated serious complaints could result in cancelled or suspended registration for a practitioner. Disciplinary hearings may involve more than one complaint about the same practitioner.

NCAT functions also include:

- adjudicating appeals by a practitioner against certain decisions by a Council, a Professional Standards Committee, a Performance Review Panel or the National Boards
- undertaking reviews of previous orders cancelling a practitioner's registration and in some cases orders imposing conditions on registration.

NCAT decisions are publically available on the NSW Case Law website.

An overview of matters referred to NCAT for each Council during the year is provided in Table 12.

Table 12: Overview of complaints matters referred to NCAT for each Council

Council	Number of open hearings at 30/6/19	Number of new hearings referred in 2019/20	Number of hearings closed in 2019/20	Number of open hearings at 30/6/20
Aboriginal and Torres Strait Islander Health Practice				
Chinese Medicine		1		1
Chiropractic	1	1	2	
Dental	2	6	2	6
Medical	27	30	29	28
Medical Radiation Practice	1		1	
Nursing and Midwifery	11	34	21	24
Occupational Therapy		1	1	
Optometry				
Osteopathy				
Paramedicine				
Pharmacy	7	16	8	15
Physiotherapy	2	3	4	1
Podiatry				
Psychology	1		1	
Total 2019/20	52	92	69	75
Total 2018/19	57	50	51	56

Outcomes of action by Councils

Closed complaints

The outcome for each complaint depends on the findings and options available to best manage the complaint. More than one outcome may apply to a single complaint, for example, a reprimand and conditions on practice.

A large number of complaints are discontinued at assessment. Councils also decide 'no further action' is required for a significant number of complaints during the complaints management process, for instance, if a practitioner has acted on Council advice or acknowledged areas of concern and taken steps to improve.

During the year 3,833 complaints were either discontinued or resulted in no further action, making up 77% of closed complaints outcomes.

On the serious end of the spectrum, 116 registrations were cancelled, suspended or surrendered, approximately 2% of closed complaints outcomes. Conditions on practice, imposed or by consent, applied to a further 285 cases, just over 6% of closed complaints outcomes.

Information about outcomes for closed complaints by profession, including mandatory notification outcomes, is provided in Table 13.

Outcomes for mandatory notifications by profession are presented in Table 14.

Outcomes of action by Councils continued

Table 13: Outcomes¹ for closed complaints

Profession	No further action ²	No jurisdiction ³	Discontinued	Withdrawn	Refer all or part of complaint to another body	Caution	Reprimand	Orders - No conditions	Finding - No orders	Counselling/Interview	Resolution/Conciliation by HCCC	Refund/Payment /Withhold fee/Retreat	Conditions by consent	Order/Impose conditions/Conditions would apply if registered	Accept surrender	Accept change to non-practising registration	Suspend	Cancelled registration/Disqualified from registering	Total 2019/20	Total 2018/19
Aboriginal and Torres Strait Islander Health Practitioner			2																2	1
Chinese Medicine Practitioner	13	3	9		6					6									37	32
Chiropractor	11	2	19		13		1			3				4		2			55	47
Dental Practitioner	120	3	191	17	90	8	3	1		10			4	16			1	6	470	476
Medical Practitioner	307	15	1,921	68	158	2	23			4			18	63	22	2	17	22	2,642	2,529
Medical Radiation Practitioner	8	2	6		1									1				1	19	21
Midwife	16	1	32										4	3				1	57	57
Nurse	239	57	310	4	11	3	6		1	29	1		73	48	3	12	7	15	819	838
Occupational Therapist	3	1	18		9					3				1				3	38	42
Optometrist	5	8	7		2					2									24	27
Osteopath	1		7																8	11
Paramedic	20	10	15							4				6	1				56	64
Pharmacist	94	6	140	11	8		4			23	2		6	15	1		1	4	315	304
Physiotherapist	7	2	27		11				1	11				1				5	65	51
Podiatry Practitioner	7	1	10	2	13					3				3					39	45
Psychologist	74	15	194	13	12	1				5			2	17	4			2	339	307
Total 2019/20	925	126	2,908	115	334	14	37	1	2	103	3	0	107	178	31	16	26	59	4,985	
Total 2018/19	1,043	98	2,816	88	182	16	27	5	0	167	2	1	108	152	53	28	8	58		4,852

Note:

¹ Each complaint may have more than one outcome, all outcomes are included.

² No further action includes matters resolved before assessment; apology; advice; Council letter; comments by HCCC; deceased; or no further action following Council processes.

³ No jurisdiction includes non-renewal of registration.

Outcomes of action by Councils continued

Table 14: Outcomes¹ for closed mandatory notifications

Profession	Discontinued/Proceedings withdrawn	Changed to non-practising	Other/No jurisdiction ²	Counselling	No further action	Refer all or part of the notification to another body	Caution or reprimand	Impose conditions ³	Accept surrender of registration	Suspend registration	Cancel registration/Disqualify	Total 2019/20	Total 2018/19
Aboriginal and Torres Strait Islander Health Practitioner													
Chinese Medicine Practitioner													1
Chiropractor	1						1	2				4	4
Dental Practitioner	3				4	5		3			4	19	29
Medical Practitioner	53		2		14	11	1	8	4	2	2	97	106
Medical Radiation Practitioner					4	1		1				6	3
Midwife	4		1		5			5				15	15
Nurse	34	5	29	17	110	5	5	75	2	6	10	298	260
Occupational Therapist			1			2		1			3	7	16
Optometrist													2
Osteopath													
Paramedic	3		8	2	12			5				30	61
Pharmacist	4		1	6	3			2			1	17	13
Physiotherapist	2			3	1	4		1			1	12	2
Podiatry Practitioner					1			1				2	1
Psychologist	10		6	1	11	1		5	1		2	37	20
Total 2019/20	114	5	48	29	165	29	7	109	7	8	23	544	
Total 2018/19	191	8	29	47	127	18	6	81	11	1	14		533

Notes:

¹ Each mandatory notification may have more than one outcome, all outcomes are included.² Includes practitioners who did not renew registration.³ Includes conditions by consent.

Outcomes of action by Councils continued

Active monitoring

Some complaints result in orders or conditions on practice. Councils need to monitor and ensure practitioner compliance with these orders and conditions. This allows a practitioner to continue to practise in a way that is safe for consumers.

Conditions may be:

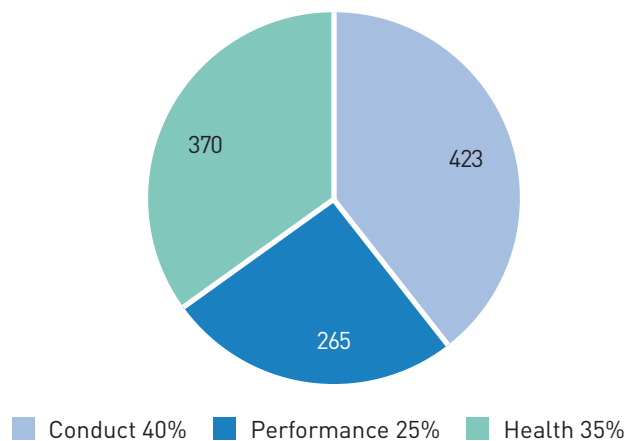
- Public conditions that are published on the national register on the Ahpra website www.ahpra.gov.au
- Private conditions due to a practitioner's impairment – these are recorded by Ahpra but not published on the national register because of privacy and confidentiality considerations.

Active monitoring is applicable to the three streams of conduct, performance and health.

A practitioner may be monitored in more than one stream.

At year end 1,058 cases were being actively monitored, with the greatest number in the conduct stream. The graph below shows the distribution of monitoring cases across the three streams and Table 15 provides information about monitoring cases for each Council.

Active Monitoring Cases as at 30 June 2020



Outcomes of action by Councils continued

Table 15: Number of active monitoring cases for each Council by stream as at 30 June 2020

Council	Conduct	Performance	Health	Total
Aboriginal and Torres Strait Islander Health Practice	1	0	0	1
Chinese Medicine	5	9	0	14
Chiropractic	3	0	2	5
Dental	20	40	14	74
Medical	200	88	129	417
Medical Radiation Practice	0	0	3	3
Nursing and Midwifery	80	83	172	335
Occupational Therapy	1	0	2	3
Optometry	0	0	1	1
Osteopathy	3	0	1	4
Paramedicine	3	0	11	14
Pharmacy	91	29	14	134
Physiotherapy	4	2	1	7
Podiatry	1	1	2	4
Psychology	11	13	18	42
Total 2019/20	423	265	370	1,058
Total 2018/19	433	196	352	981

Note:

¹ A practitioner may be monitored in more than one stream.

Outcomes of action by Councils continued

Regulation of Pharmacy Businesses

The Pharmacy Council is responsible for the registration of NSW pharmacies and financial interests in NSW pharmacy businesses in addition to management of complaints about pharmacists.

As at 30 June 2020 there were 1,995 pharmacies registered in NSW.

Register of Pharmacies

The National Law requires the Council to keep a Register of Pharmacies.

Changes to the Register occur upon the approval of applications to the Council, satisfactory inspection of premises where required and payment of the relevant fee.

The Council received 323 applications/notices during the year. This resulted in 580 changes to the Register of Pharmacies.

Table 16: Changes to the register of pharmacies

Changes	Number
New pharmacy	22
Pharmacy change of address	51
New professional services room	4
Professional services room change of address	0
Change of pharmacy ownership	128
Registration of new financial interest in a pharmacy business	277
Change of pharmacy name	84
Pharmacy closure	14

Outcomes of action by Councils continued

Fees

Pharmacy application fees are prescribed by the *Health Practitioner Regulation (New South Wales) Regulation 2016* (Clause 15). Fees are payable for initial approval of pharmacy premises, annual renewal of pharmacy premises and registration of financial interest in a pharmacy business.

Application forms are available on the Council's website.

Offences under the National Law (Schedule 5F)

The National Law sets out provisions related to the holding of a financial interest in a pharmacy business and the responsibilities of pharmacy owners. If these provisions are contravened the Council may initiate a Local Court prosecution.

No Local Court prosecutions were conducted during the year.

Pharmacy Inspectors

Two pharmacy inspectors assist the Council by conducting inspections and investigations to enforce compliance with the National Law and Regulations.

The inspectors are appointed as authorised persons under section 164 of the National Law, with powers under section 164A to enter and inspect premises, to copy and/or seize records and to require persons to answer questions. The Inspectors also have responsibilities under the *Poisons and Therapeutic Goods Act 1966* regarding safe handling of medications and are authorised by the NSW Ministry of Health Pharmaceutical Services to destroy and dispose of unusable Schedule 8 medications.

Table 17: Pharmacy Council inspector activities in 2019/20

Activity	Number
Routine inspections	1,008
Inspections of relocated pharmacies and new pharmacy premises	73
Compliance/complaint related inspections	35
Drug destructions	227

Trends

In July 2010 the National Registration and Accreditation Scheme (NRAS) commenced and 10 Councils were established for the 10 registered health professions. In July 2012 a further four professions became registered and Councils for these professions were established, including Aboriginal and Torres Strait Islander Health Practice, Chinese Medicine, Medical Radiation Practice and Occupational Therapy Councils.

In 2018/19 Paramedicine also became part of the NRAS and the Paramedicine Council was established.

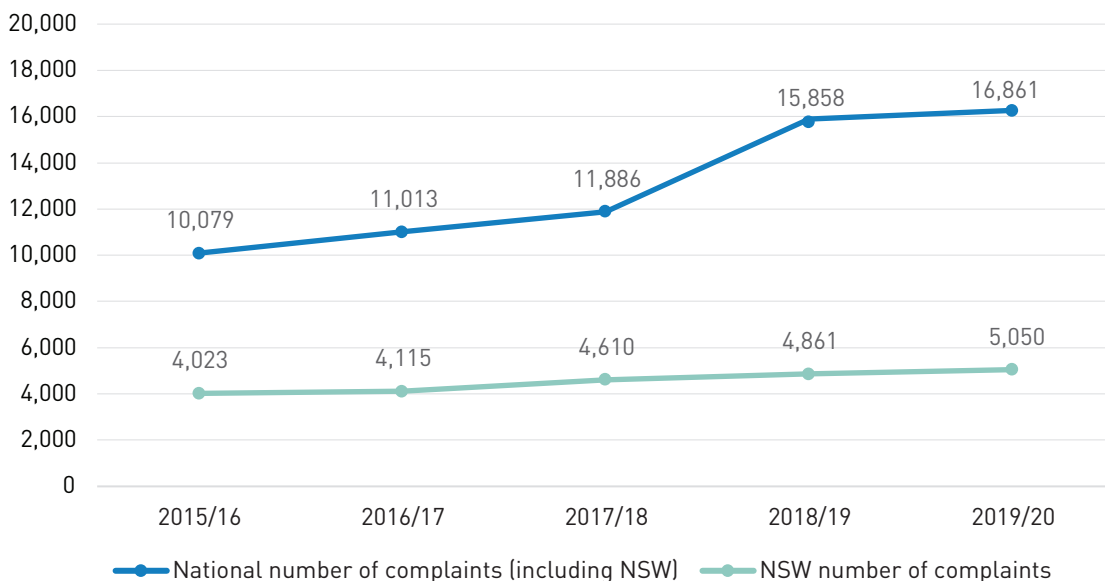
Five year trend data for complaints and regulatory action across all Councils is included in this section of the annual report. Trends may be affected by a number of factors and these can differ between the professions.

Trend in complaints received

The number of complaints received each year continues to grow, both in NSW and at a National level.

The number of complaints received about NSW health practitioners in 2019/20 was almost 4% more than in 2018/19.

Graph 2: Five year trend in complaints received



Notes:

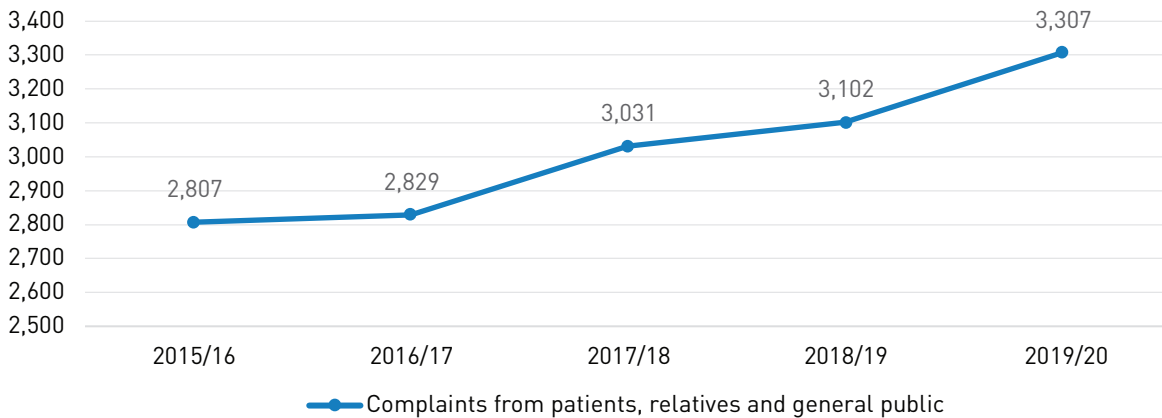
National data for 2018/19 and 2019/20 includes complaints received by Ahpra, Queensland Office of the Health Ombudsman (OHO) and the Councils in NSW.

Trends continued

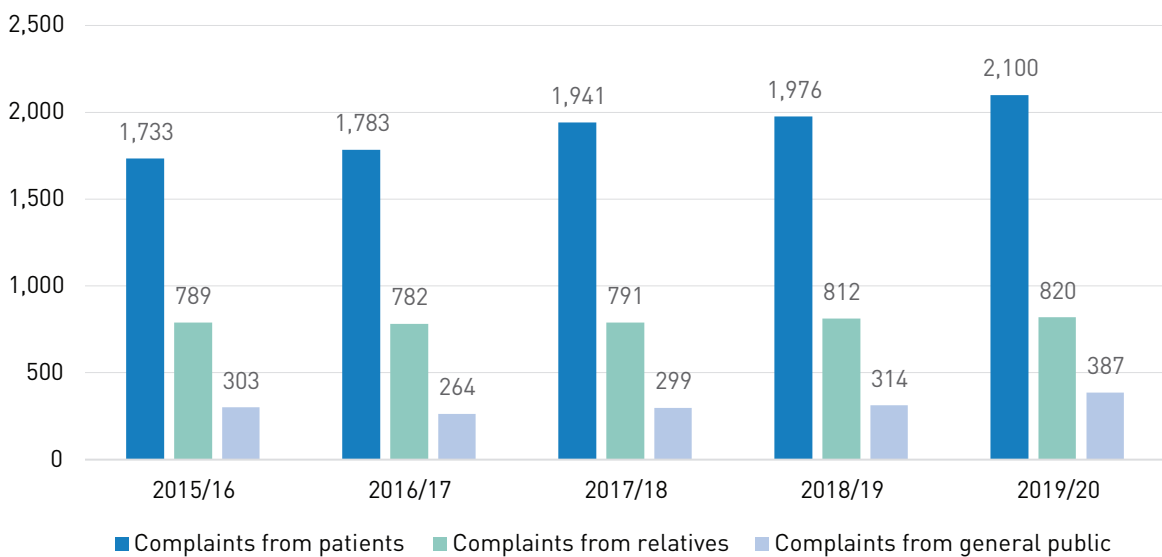
Trend in source of complaints in NSW

Patients make complaints about health practitioners more frequently than other complainant groups, followed by relatives and members of the public. This year patients accounted for 42% of complaints received in NSW. Patients, relatives and members of the public together accounted for 65% of complaints received.

Graph 3: Complaints from patients, relatives and general public combined



Graph 4: Complaints from patients, relatives and general public



Trends continued

Other key sources of complaints include professionals (treating or other health practitioners), employers and self-reports by the practitioner.

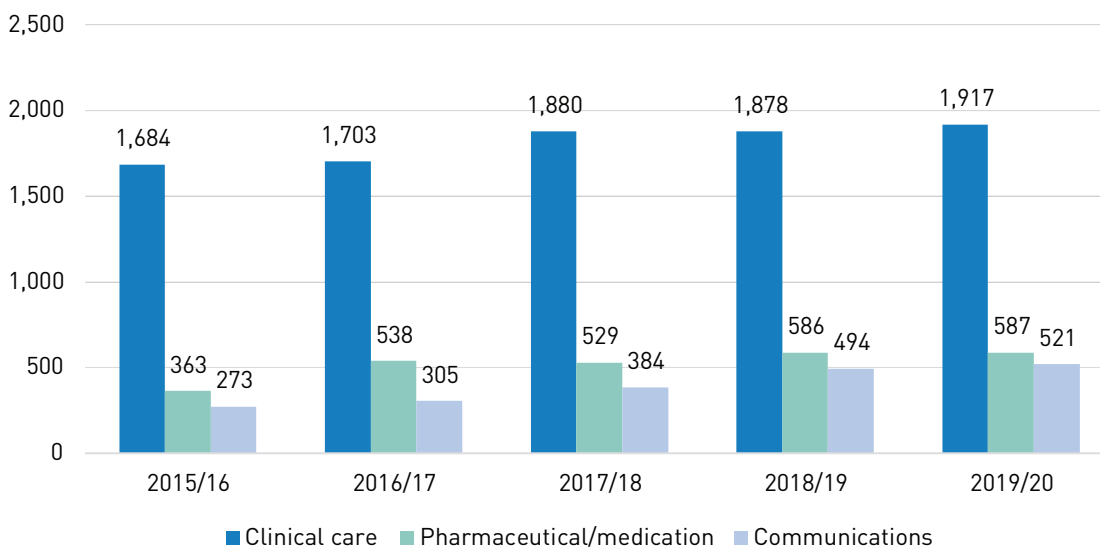
Graph 5: Complaints from professionals, employers and self-reports by the practitioner



Trend in types of complaints

Clinical care is the most common reason for a complaint, followed by pharmaceutical or medication issues, then communications. This year complaints about clinical care made up 38% of complaints received in NSW.

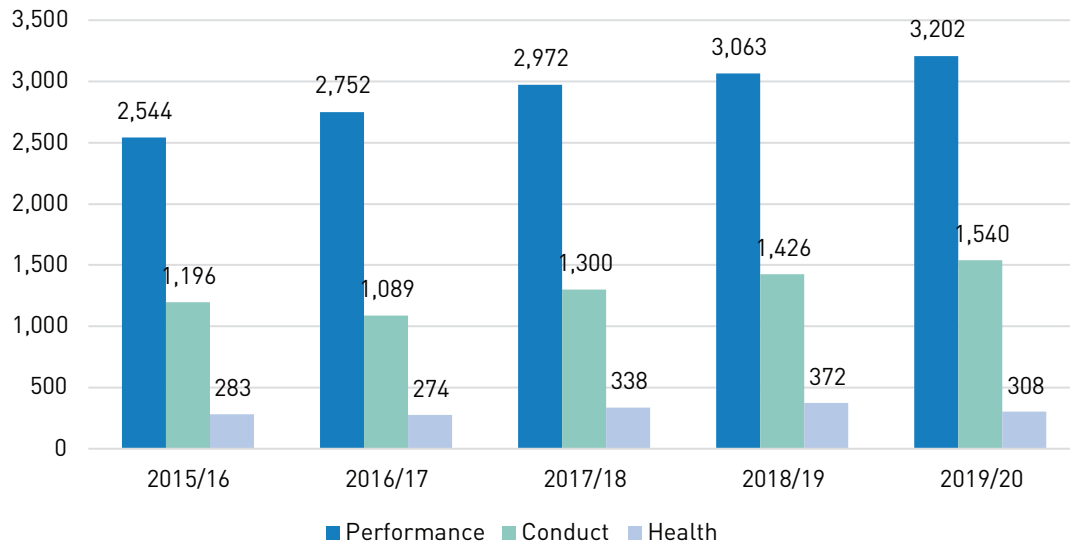
Graph 6: Complaints about clinical care, pharmaceutical/medication issues and communications



Trends continued

Complaints are categorised into three main streams of performance, conduct and health. Performance matters make up the greatest proportion of complaints received, followed by conduct matters and then health issues.

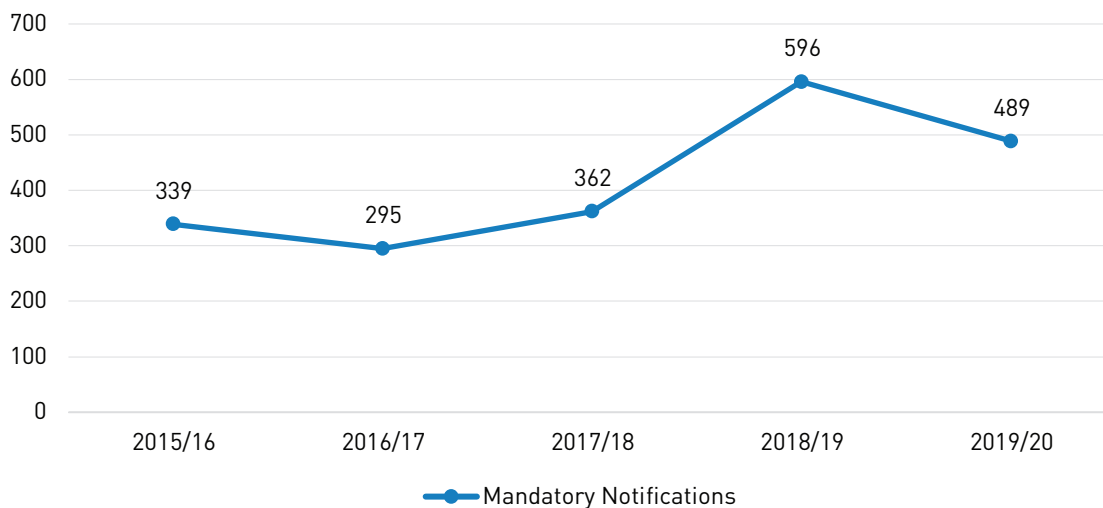
Graph 7: Complaints by performance, conduct and health streams



Trend in mandatory notifications

After a spike last year, the number of mandatory notifications has decreased this year by almost 18%. Mandatory notifications made up almost 10% of complaints received this year.

Graph 8: NSW mandatory notifications

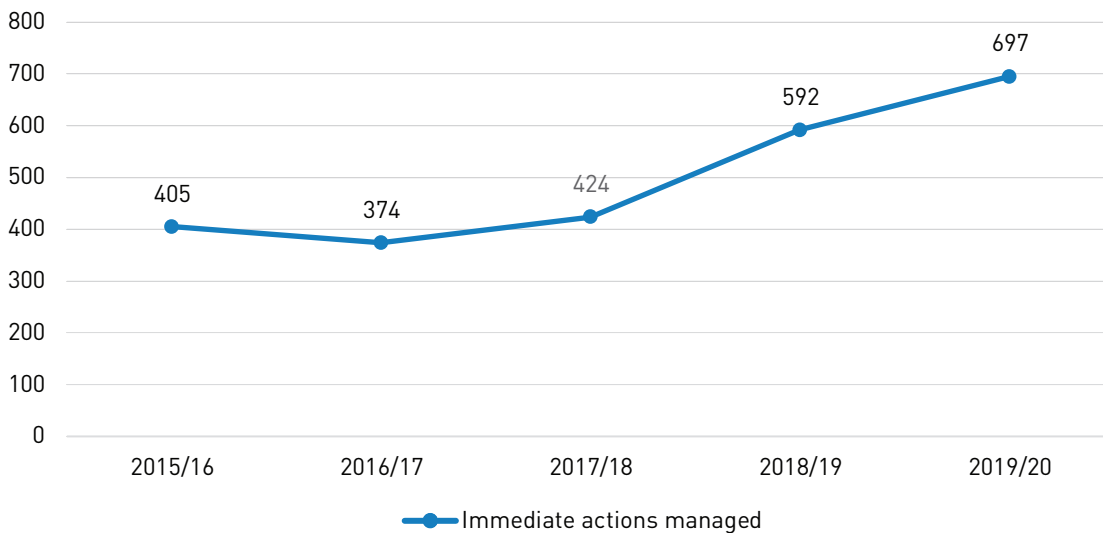


Trends continued

Trend in immediate action matters

Immediate actions considered or taken by Councils increased by 17% this year.

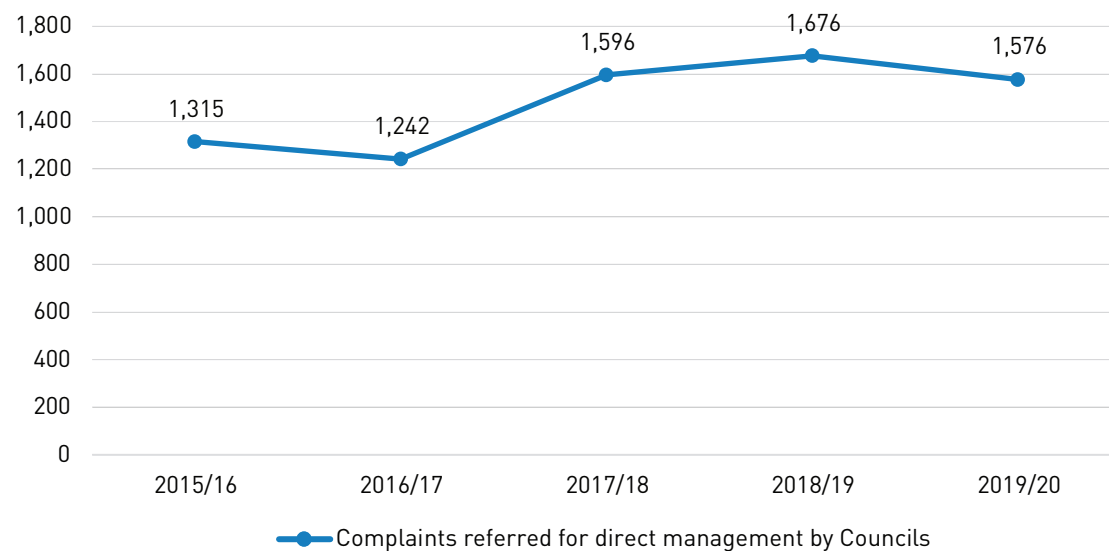
Graph 9: Immediate actions considered or taken by Councils



Trend in complaints referred for management by Councils

The number of complaints referred for management by Councils after the initial joint assessment with HCCC decreased this year by almost 6%.

Graph 10: Complaints referred for management by Councils

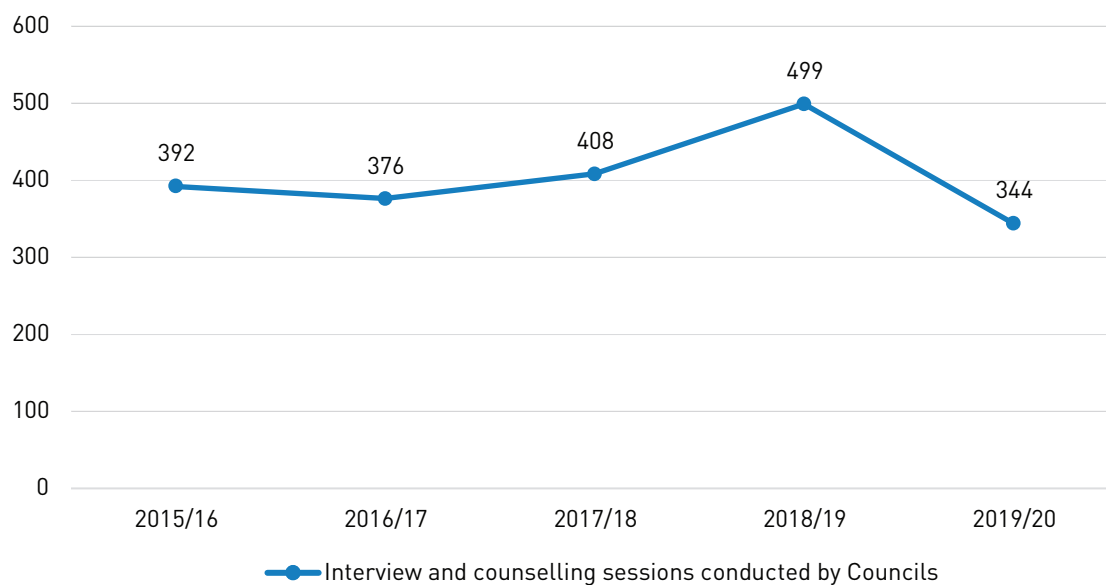


Trends continued

Trend in interviews and counselling conducted by Councils

A common action taken by Councils in managing complaints about practitioners is to conduct interviews and/or counselling sessions. This year these sessions decreased by 31%.

Graph 11: Council interviews and counselling



Financial information

Funding

Councils are funded through a portion of registration fees that NSW practitioners pay to Ahpra. Councils also receive a portion of fees collected from practitioners who do not identify a principal place of practice.

The HPCA is responsible for financial systems, managing the funds through a Health Administration Corporation (HAC) account and proper expenditure of these public monies. Each Council oversees its budget to ensure responsible financial management.

Education and Research fund

Thirteen Councils maintain an Education and Research fund. This can be used to support activities that promote a better understanding of professional standards and compliance, issues that lead to complaints and how complaints are managed. The funds may also be used for research activity including Council specific initiatives and collaborative projects.

Table 18: Expenditure from Education and Research funds during 2019/20

Council	Expenditure \$	Purpose	Balance in account \$
Aboriginal and Torres Strait Islander Health Practice Council	N/A		N/A
Chinese Medicine Council	Nil		\$22,453.54
Chiropractic Council	Nil		\$19,206.94
Dental Council	\$9,770	Grant to the University of Sydney for a research project <i>Money Where Your Mouth Is: How do dentists manage conflicts between commercial pressures of practice and professional obligations.</i>	\$430,388.14
Medical Council	Nil		\$2,713.26
Medical Radiation Practice Council	Total \$5,970.45 \$1,425.00 \$4,545.45	Payment for booth booking and Council attendance at the Rural Alliance in Nuclear Scintigraphy Conference in November 2019. Payment for booth booking and Council attendance at the Australian and New Zealand Society of Nuclear Medicine Annual Scientific Meeting – postponed to 2021.	\$36,529.73
Nursing and Midwifery Council	Total 9,791.62 \$6,669.00 <i>(final instalment)</i> \$3,122.62	Final payment to Associate Professor Michael Roche at UTS for the project <i>Pathways and perceptions within the Nursing and Midwifery Council</i> commenced in prior financial year. Expenses carried over from prior financial year for Council President (John Kelly) attendance at the ICN Conference in Singapore from 26 June to 1 July 2019.	\$1,036,045.80

Financial information continued

Table 18: Expenditure from Education and Research funds during 2019/20 (continued)

Council	Expenditure \$	Purpose	Balance in account \$
Occupational Therapy Council	Nil		\$47,845.08
Optometry Council	Nil		\$48,060.02
Osteopathy Council	Nil		\$235.61
Paramedicine Council	N/A		N/A
Pharmacy Council	Total \$7,440.00 \$2,440.00 <i>(second and final instalment of a \$10,000 grant – first instalment paid in 2018/19)</i> \$5,000.00 <i>(first instalment of \$10,000 grant)</i>	Grant to the University of Newcastle for a research project by Hayley Croft entitled <i>Simulation based assessment for evaluating pharmacists' competence in clinical decision making during medication review and supply.</i> Grant to Joanne Zeilinga for a research project entitled <i>Applying reflective learning to pharmacy practice regarding drugs of addiction.</i>	\$93,061.23
Physiotherapy Council	Nil		\$172,194.66
Podiatry Council	Nil		\$67,167.70
Psychology Council	Nil		\$78,406.19

Financial information continued

Council member remuneration

Remuneration for Council members aligns with the Public Service Commission Remuneration Framework for NSW Government Boards and Committees. Council members receive additional payment for interviews, counselling sessions, immediate action inquiries, panels and Council Inquiries and are reimbursed for expenses when travelling on official business at Council direction. No additional payments are made for other regulatory work such as official visits, committee meetings, training, conferences or preparation for meetings.

Member remuneration rates for each Council follow.

Member remuneration rates for the Chinese Medicine, Chiropractic, Medical Radiation Practice, Occupational Therapy, Optometry, Osteopathy, Paramedicine, Podiatry and Physiotherapy Councils.

President	\$4,465 per annum
Deputy President	\$4,214 per annum
Council Members	\$3,665 per annum

Member remuneration rates for the Dental, Nursing and Midwifery and Psychology Councils.

President	\$20,000 per annum
Deputy President	\$11,143 per annum
Council Members	\$9,690 per annum

Member remuneration rates for the Medical Council.

President	\$45,464 per annum
Deputy President	\$27,162 per annum
Council Members	\$15,000 per annum

Member remuneration rates for Pharmacy Council.

President	\$37,000 per annum
Deputy President	\$22,176 per annum
Council Members	\$15,000 per annum

The structure for remuneration of Aboriginal and Torres Strait Islander Health Practice Council members differs to the other Councils. Aboriginal and Torres Strait Islander Health Practice Council members are entitled to the following remuneration.

President	\$720 per meeting more than 3 hours \$360 per meeting up to 3 hours
Deputy President	\$590 per meeting more than 3 hours \$295 per meeting up to 3 hours
Council Members	\$590 per meeting more than 3 hours \$295 per meeting up to 3 hours

Financial information continued

Overseas travel

The Nursing and Midwifery Council incurred the only overseas travel costs this year.

Table 19: Overseas travel

Council	Expenditure	Purpose
Nursing and Midwifery Council	\$3,122.62	Expenses carried over from the prior financial year for Council President attendance at the ICN Conference in Singapore from 26 June to 1 July 2019.

Consultants

Consultants engaged during 2019/20 at a cost of less than \$50,000 per consultancy are set out in table 20.

Table 20: Consultant engagements costing less than \$50,000

Service Provided	Number	Total Cost incl GST \$
HPCA Pandemic Preparedness Plan	1	\$19,580
Total	1	\$19,580

There were no consultancy engagements of \$50,000 or more during the year.

Financial Statements

Format

The Financial Statements in Part 2 of this report include the accounts of the Councils' administrative operations, any Education and Research fund activities, and the Independent Auditor's Report.

Investment Performance

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

The bank pays interest monthly, based on daily cash balances.

Payments Performance

The Councils' accounts are managed by the Health Administration Corporation (HAC).

Tables 21 and 22 include the consolidated accounts payable performance report for all 15 Councils.

Financial information continued

Table 21: Consolidated Councils' accounts payable performance (1)

Quarter	CURRENT (Within Due Date)	LESS THAN 30 DAYS	BETWEEN 30 to 60 days overdue	BETWEEN 60 to 90 days overdue	MORE THAN 90 days overdue
	\$	\$	\$	\$	\$
All Suppliers					
September 2019	52,276	9,469	16,230	0	5,148
December 2019	126,201	47,356	2,685	11,578	105
March 2020	190,255	68,131	10,393	0	4,840
June 2020	162,933	47,056	-962	0	1,682
Small Business Suppliers					
September 2019	0	380	0	0	0
December 2019	0	5,280	0	0	0
March 2020	0	0	0	0	0
June 2020	0	0	0	0	0

Table 22: Consolidated Councils' accounts payable performance (2)

Measure	September 2019	December 2019	March 2020	June 2020
All Suppliers				
Number of accounts due for payment	1,378	1,346	1,323	882
Number of accounts paid on time	1,211	1,232	1,174	786
% of accounts paid on time (based on number of accounts)	88%	92%	89%	89%
\$ amount of accounts due for payment	9,022,492	9,337,568	9,487,336	10,245,227
\$ amount of accounts paid on time	7,752,844	8,752,205	8,449,885	8,756,633
% of accounts paid on time (based on \$)	86%	94%	89%	85%
Number of payments for interest on overdue accounts	0	0	0	0
Interest paid on overdue accounts	0	0	0	0
Small Business Suppliers				
Number of accounts due for payment	29	16	29	32
Number of accounts paid on time	22	16	26	31
% of accounts paid on time (based on number of accounts)	76%	100%	90%	97%
\$ amount of accounts due for payment	112,049	92,306	107,577	90,797
\$ amount of accounts paid on time	87,958	92,306	99,275	85,847
% of accounts paid on time (based on \$)	78%	100%	92%	95%
Number of payments for interest on overdue accounts	0	0	0	0

Financial information continued

Aboriginal and Torres Strait Islander Health Practice Council financial management

The Aboriginal and Torres Strait Islander Health Practice Council's accounts performance was reported in the Financial Statement as follows.

Accounts Performance 2019/20	\$
Revenue	47,969
Operating expenditure	13,834
Gain / (loss) on disposal	(509)
Net result	33,626
Net cash reserves* (cash and cash equivalents minus current liabilities)	61,326

*Included in the cash reserves is an Education and Research bank account balance of \$0.

The Aboriginal and Torres Strait Islander Health Practice Council's budget for the period 1 July 2020 to 30 June 2021 is as follows.

Budget 2020/21	\$
Revenue	6,806
Operating expenditure	13,254
Net result	(6,448)

Full financial statements are presented in Part 2 of this report 'Financial Statements for NSW Health Professional Councils'

Chinese Medicine Council financial management

The Chinese Medicine Council's accounts performance was reported in the Financial Statement as follows.

Accounts Performance 2019/20	\$
Revenue	427,401
Operating expenditure	325,933
Gain / (loss) on disposal	(10,892)
Net result	90,576
Net cash reserves* (cash and cash equivalents minus current liabilities)	2,343,012

* Included in the cash reserves is an Education and Research bank account balance of \$22,454.

The Chinese Medicine Council's budget for the period 1 July 2020 to 30 June 2021 is as follows.

Budget 2020/21	\$
Revenue	374,295
Operating expenditure	562,574
Net result	(188,279)

Full financial statements are presented in Part 2 of this report 'Financial Statements for NSW Health Professional Councils'.

Financial information continued

Chiropractic Council financial management

The Chiropractic Council's accounts performance was reported in the Financial Statement as follows.

Accounts Performance 2019/20	\$
Revenue	434,205
Operating expenditure	290,538
Gain / (loss) on disposal	(12,216)
Net result	131,451
Net cash reserves* (cash and cash equivalents minus current liabilities)	1,111,701

* Included in the cash reserves is an Education and Research bank account balance of \$19,207.

The Chiropractic Council's budget for the period 1 July 2020 to 30 June 2021 is as follows.

Budget 2020/21	\$
Revenue	435,451
Operating expenditure	509,811
Net result	(74,360)

Full financial statements are presented in Part 2 of this report 'Financial Statements for NSW Health Professional Councils'.

Dental Council financial management

The Dental Council's accounts performance was reported in the Financial Statement as follows.

Accounts Performance 2019/20	\$
Revenue	3,506,206
Operating expenditure	3,712,802
Gain / (loss) on disposal	(170,513)
Net result	(377,109)
Net cash reserves* (cash and cash equivalents minus current liabilities)	1,629,856

* Included in the cash reserves is an Education and Research bank account balance of \$430,388.

The Dental Council's budget for the period 1 July 2020 to 30 June 2021 is as follows.

Budget 2020/21	\$
Revenue	4,068,021
Operating expenditure	4,424,981
Net result	(356,959)

Full financial statements are presented in Part 2 of this report 'Financial Statements for NSW Health Professional Councils'.

Financial information continued

Medical Council financial management

The Medical Council's accounts performance was reported in the Financial Statement as follows.

Accounts Performance 2019/20	\$
Revenue	15,515,679
Operating expenditure	17,839,051
Gain / (loss) on disposal	(150,471)
Net result	(2,473,843)
Net cash reserves* (cash and cash equivalents minus current liabilities)	11,119,740

* Included in the cash reserves is an Education and Research bank account balance of \$2,713.

The Medical Council's budget for the period 1 July 2020 to 30 June 2021 is as follows.

Budget 2020/21	\$
Revenue	16,371,248
Operating expenditure	22,489,812
Net result	(6,118,564)

Full financial statements are presented in Part 2 of this report 'Financial Statements for NSW Health Professional Councils'.

Medical Radiation Practice Council financial management

The Medical Radiation Council's accounts performance was reported in the Financial Statement as follows.

Accounts Performance 2019/20	\$
Revenue	308,658
Operating expenditure	190,289
Gain / (loss) on disposal	(5,599)
Net result	112,770
Net cash reserves* (cash and cash equivalents minus current liabilities)	2,114,970

* Included in the cash reserves is an Education and Research bank account balance of \$36,530.

The Medical Radiation Council's budget for the period 1 July 2020 to 30 June 2021 is as follows.

Budget 2020/21	\$
Revenue	246,624
Operating expenditure	317,428
Net result	(70,804)

Full financial statements are presented in Part 2 of this report 'Financial Statements for NSW Health Professional Councils'.

Financial information continued

Nursing and Midwifery Council financial management

The Nursing and Midwifery Council's accounts performance was reported in the Financial Statement as follows.

Accounts Performance 2019/20	\$
Revenue	10,055,437
Operating expenditure	9,330,653
Gain / (loss) on disposal	(426,028)
Net result	298,756
Net cash reserves* (cash and cash equivalents minus current liabilities)	8,585,465

* Included in the cash reserves is an Education and Research bank account balance of \$1,036,046.

The Nursing and Midwifery Council's budget for the period 1 July 2020 to 30 June 2021 is as follows.

Budget 2020/21	\$
Revenue	9,928,890
Operating expenditure	11,565,747
Net result	(1,636,857)

Full financial statements are presented in Part 2 of this report 'Financial Statements for NSW Health Professional Councils'.

Occupational Therapy Council financial management

The Occupational Therapy Council's accounts performance was reported in the Financial Statement as follows.

Accounts Performance 2019/20	\$
Revenue	265,809
Operating expenditure	136,305
Gain / (loss) on disposal	(5,395)
Net result	124,109
Net cash reserves* (cash and cash equivalents minus current liabilities)	1,132,321

* Included in the cash reserves is an Education and Research bank account balance of \$47,845.

The Occupational Therapy Council's budget for the period 1 July 2020 to 30 June 2021 is as follows.

Budget 2020/21	\$
Revenue	256,222
Operating expenditure	260,146
Net result	(3,924)

Full financial statements are presented in Part 2 of this report 'Financial Statements for NSW Health Professional Councils'.

Financial information continued

Optometry Council financial management

The Optometry Council's accounts performance was reported in the Financial Statement as follows.

Accounts Performance 2019/20	\$
Revenue	246,789
Operating expenditure	134,373
Gain / (loss) on disposal	(4,886)
Net result	107,530
Net cash reserves* (cash and cash equivalents minus current liabilities)	618,443

* Included in the cash reserves is an Education and Research bank account balance of \$48,060.

The Optometry Council's budget for the period 1 July 2020 to 30 June 2021 is as follows

Budget 2020/21	\$
Revenue	256,636
Operating expenditure	223,609
Net result	33,027

Full financial statements are presented in Part 2 of this report 'Financial Statements for NSW Health Professional Councils'.

Osteopathy Council financial management

The Osteopathy Council's accounts performance was reported in the Financial Statement as follows.

Accounts Performance 2019/20	\$
Revenue	209,403
Operating expenditure	164,366
Gain / (loss) on disposal	(5,701)
Net result	39,336
Net cash reserves* (cash and cash equivalents minus current liabilities)	293,002

* Included in the cash reserves is an Education and Research bank account balance of \$236.

The Osteopathy Council's budget for the period 1 July 2020 to 30 June 2021 is as follows.

Budget 2020/21	\$
Revenue	216,862
Operating expenditure	195,824
Net result	21,038

Full financial statements are presented in Part 2 of this report 'Financial Statements for NSW Health Professional Councils'.

Financial information continued

Paramedicine Council financial management

The Paramedicine Council's accounts performance was reported in the Financial Statement as follows.

Accounts Performance 2019/20	\$
Revenue	648,505
Operating expenditure	347,254
Gain / (loss) on disposal	(16,288)
Net result	284,963
Net cash reserves* (cash and cash equivalents minus current liabilities)	471,139

* Included in the cash reserves is an Education and Research bank account balance of \$0.

The Paramedicine Council's budget for the period 1 July 2020 to 30 June 2021 is as follows.

Budget 2020/21	\$
Revenue	640,853
Operating expenditure	529,613
Net result	111,240

Full financial statements are presented in Part 2 of this report 'Financial Statements for NSW Health Professional Councils'.

Pharmacy Council financial management

The Pharmacy Council's accounts performance was reported in the Financial Statement as follows.

Accounts Performance 2019/20	\$
Revenue	3,752,133
Operating expenditure	4,115,720
Gain / (loss) on disposal	(164,609)
Net result	(528,196)
Net cash reserves* (cash and cash equivalents minus current liabilities)	2,188,940

* Included in the cash reserves is an Education and Research bank account balance of \$93,061.

The Pharmacy Council's budget for the period 1 July 2020 to 30 June 2021 is as follows

Budget 2020/21	\$
Revenue	4,319,591
Operating expenditure	4,996,925
Net result	(677,334)

Full financial statements are presented in Part 2 of this report 'Financial Statements for NSW Health Professional Councils'.

Financial information continued

Physiotherapy Council financial management

The Physiotherapy Council's accounts performance was reported in the Financial Statement as follows

Accounts Performance 2019/20	\$
Revenue	582,307
Operating expenditure	477,703
Gain / (loss) on disposal	(18,833)
Net result	85,771
Net cash reserves* (cash and cash equivalents minus current liabilities)	1,868,161

* Included in the cash reserves is an Education and Research bank account balance of \$172,195.

The Physiotherapy Council's budget for the period 1 July 2020 to 30 June 2021 is as follows.

Budget 2020/21	\$
Revenue	497,784
Operating expenditure	638,248
Net result	(140,464)

Full financial statements are presented in Part 2 of this report 'Financial Statements for NSW Health Professional Councils'.

Podiatry Council financial management

The Podiatry Council's accounts performance was reported in the Financial Statement as follows.

Accounts Performance 2019/20	\$
Revenue	292,112
Operating expenditure	161,948
Gain / (loss) on disposal	(5,395)
Net result	124,769
Net cash reserves* (cash and cash equivalents minus current liabilities)	784,292

* Included in the cash reserves is an Education and Research bank account balance of \$67,168.

The Podiatry Council's budget for the period 1 July 2020 to 30 June 2021 is as follows.

Budget 2020/21	\$
Revenue	274,270
Operating expenditure	219,305
Net result	54,965

Full financial statements are presented in Part 2 of this report 'Financial Statements for NSW Health Professional Councils'.

Financial information continued

Psychology Council financial management

The Psychology Council's accounts performance was reported in the Financial Statement as follows.

Accounts Performance 2019/20	\$
Revenue	1,759,858
Operating expenditure	1,564,699
Gain / (loss) on disposal	(63,828)
Net result	131,331
Net cash reserves* (cash and cash equivalents minus current liabilities)	2,983,235

* Included in the cash reserves is an Education and Research bank account balance of \$78,406.

The Psychology Council's budget for the period 1 July 2020 to 30 June 2021 is as follows.

Budget 2020/21	\$
Revenue	1,656,628
Operating expenditure	2,013,443
Net result	(356,815)

Full financial statements are presented in Part 2 of this report 'Financial Statements for NSW Health Professional Councils'.

Legislative Changes in 2019/20

Health Practitioner Regulation National Law (NSW)

During the reporting year one (1) minor amendment was made to the National Law:

- The *Covid-19 Legislation Amendment (Emergency Measures) Act 2020* inserted clause 7A of Schedule 5F into the National Law, as regulating Pharmacies [NSW].

The provision operates to give the Secretary of the Ministry of Health the power to exempt State Vaccine Centres from complying with the storage and distribution requirements for vaccines and other medicines.

Health Practitioner Regulation (New South Wales) Regulation 2016

There have been two (2) minor amendments to the Regulations in the past reporting year:

- The *Health Practitioner Regulation (New South Wales) Amendment (Pharmacy Fees) Regulation 2020* amended clause 15(1) to increase certain pharmacy fees payable for the purpose of clause 12(5) of Schedule 5F of the National Law.
- The *Health Practitioner Regulation (New South Wales) Amendment (Financial Interests) Regulation 2020* inserted clause 15A to enable a person who is otherwise prohibited by the National Law from owning or having a financial interest in a pharmacy business to have a security interest in a pharmacy business.

Managing risk

Risk framework

NSW Treasury granted Councils an exemption from the *Internal Audit and Risk Management Policy* for the NSW Public Sector (TPP15-03) because the administration and cost of full compliance would be prohibitive for the Councils which are small agencies.

Despite this, appropriate organisation-wide risk management practices are in place which adopt the core requirements of the policy.

The Councils and the HPCA to date have implemented the Ministry of Health's approach to risk management. In 2020 work commenced to develop an enterprise-wide risk management framework and register, including risk appetite statements. Implementation of the risk management framework will provide the Councils and the HPCA with a consistent approach to risk management, clarify risk roles and responsibilities, and provide clear instructions for managing risks.

Audit and Risk Committee

An important part of risk management is the HPCA Audit and Risk Committee. The Committee comprises three independent members. The objective of the Committee is to provide independent advice and assistance to the HPCA and the Councils about governance, risk and control frameworks, and external accountability requirements.

Each year the charter is reviewed, a member evaluation survey is conducted, and an annual report on the Committee's activities is produced.

The Committee holds quarterly meetings as well as three special meetings a year to review financial statements for early close, audit submission and audit clearance. Representatives of the Councils, the Audit Office of NSW, and the internal auditors from Protiviti are invited to attend the Audit and Risk Committee meetings as observers.

Internal audit

The internal auditor for the HPCA is Protiviti Inc.

An internal audit of the business continuity plan (BCP) was completed by Protiviti during the year. Planned action to review the BCP following the internal audit has been delayed as COVID-19 redirected the focus to pandemic recovery planning. The pandemic plans will be incorporated in the updated BCP and disaster recovery packages as this work progresses.

Internal audit recommendations agreed by management are captured in an issues tracker. All the items listed in the issues tracker are in progress, although there are some time lags with the implementation of recommendations about the review of the BCP and also simplification of the hearing member payment structure.

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
- Cybersecurity.

Compliance Reports

Public Interest Disclosures

Each Council must comply with the provisions of the *Public Interest Disclosures Act 1994* and reporting requirements of the Public Interest Disclosures Regulation 2011.

Members of Councils, committees, panels and hearings and HPCA staff are made aware of their obligations as public officers to ensure compliance with Public Interest Disclosure (PID) requirements.

The HPCA provides six monthly PID reports to the NSW Ombudsman and Ministry of Health.

No PIDs were made by members or staff 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: <ul style="list-style-type: none">▪ Corrupt conduct▪ Maladministration▪ Serious and substantial waste▪ Government information contravention	0	0	0
Number of PIDs finalised	0	0	0

Privacy

The HPCA and each Council must comply with the provisions of the Privacy and Personal Information Protection Act 1998 and the Health Records and Information Privacy Act 2002.

The NSW Health Privacy Manual for Health Information provides operational guidance for staff and outlines procedures that support compliance with the Act in any activity where personal health information is involved.

In addition, all HPCA staff complete a mandatory online privacy training module as part of their orientation.

No applications were made for review under Part 5 of the Privacy and Personal Information Protection Act 1998 during the year.

There were a number of inadvertent errors in handling information such as:

- sending reports incorrectly to the wrong practitioner
- sending information by email to the wrong health staff member with a similar name to the intended recipient
- sending initial monitoring forms containing public conditions to the incorrect practitioner

Compliance Reports continued

The inadvertent errors were managed by:

- recalling or ensuring the destruction of any incorrect information sent
- advising all affected parties of the error, reason for the error, action taken to resolve the matter and processes available to the affected parties
- phoning and apologising to the affected parties
- reviewing processes to assist in preventing similar errors in the future.

GIPA

Access to information

Policies, publications and other information consistent with the principles of the *Government Information (Public Access) Act 2009* (GIPA Act) is available on the HPCA and Councils' websites.

The joint annual report of Councils also complies with the *Government Information (Public Access) Regulation 2009* and meets annual reporting requirements.

The public can readily access information on the following topics and resources:

- GIPA and how to make an application
- Right to information
- Agency information
- Disclosure log
- Register of government contracts
- Frequently asked questions (FAQs)
- Contact details.

The Councils provide annual statistical GIPA reports to the Information and Privacy Commission (IPC).

Proactive Release of Government Information Program – Clause 8A

The Councils monitor newly developed and/or revised information to identify what can be made publicly available. Relevant documents are then included on the HPCA and Councils' websites.

Number of Access Applications Received – Clause 8B

Formal access applications for 2019/20, including withdrawn applications but excluding invalid applications, totalled 21 including:

- 9 formal access applications received by the Dental Council, including 3 applications where no decisions were made in 2019/20
- 9 formal access applications received by the Medical Council, including 1 application where no decision was made in 2019/20. Decisions in 2019/20 totalled 10 including decisions for 2 applications received in the previous reporting year
- 2 formal access applications received by the Pharmacy Council
- 1 formal access application received by the Osteopathy Council.

The other 11 Councils did not receive any formal access applications.

The Councils reported receipt of:

- 2 invalid access applications
- 0 invalid access application that subsequently became valid
- 0 invalid review applications

Compliance Reports continued

Number of Refused Applications for Schedule 1 Information - Clause 8C

During the year access applications that were refused in part or in full because the requested information was referred to in Schedule 1 of the GIPA Act (information for which there is conclusive presumption of overriding public interest against disclosure) totalled 8 applications refused in full including:

- Dental Council – 1 access application refused in full
- Medical Council – 6 access applications refused in full
- Osteopathy Council – 1 access application refused in full.

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

GIPA Table A: 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			1					
Members of Parliament								
Private sector business			1					
Not for profit organisations or community groups			1					
Members of the public (application by legal representative)			5					
Members of the public (other)	3		4	3	1			

GIPA Table B: Number of applications by type of application 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*	3		12	3	1			
Access applications (other than personal information applications)								
Access applications that are partly personal information applications and partly other								

* 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.

Compliance Reports continued

GIPA Table C: Invalid applications

Reason for invalidity	Number of applications
Application does not comply with formal requirements (section 41 of the Act)	2
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

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

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

	Number of times consideration used
Overriding secrecy laws	1
Cabinet information	0
Executive Council information	0
Contempt	0
Legal professional privilege	0
Excluded information	8
Documents affecting law enforcement and public safety	0
Transport safety	0
Adoption	0
Exempt documents under interstate Freedom of Information legislation	0

Compliance Reports continued

GIPA Table E: 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	0
Law enforcement and security	0
Individual rights, judicial processes and natural justice	1
Business interests of agencies and other persons	0
Environment, culture, economy and general matters	0
Secrecy provisions	0
Exempt documents under interstate Freedom of Information legislation	0

GIPA Table F: Timeliness

	Number of applications
Decided within the statutory timeframe (20 days plus any extensions)	18
Decided after 35 days (by agreement with applicant)	0
Not decided within time (deemed refusal)	1
Total	19

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

	Decision varied	Decision upheld	Total
Internal review	0	2	2
Review by Information Commissioner *	1	2	3
Internal review following recommendation under section 93 of Act	0	0	0
Review by NCAT	0	0	0
Total	1	4	5

* 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.

Compliance Reports continued

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

	Number of applications for review
Applications by access applicants	5
Applications by persons to whom information the subject of access application relates (see section 54 of the Act)	0
Total	5

GIPA Table I: Applications transferred to other agencies

	Number of applications transferred
Agency initiated transfers	0
Applicant initiated transfers	0
Total	0

Administrative complaints

Processes to manage complaints about Councils, HPCA staff, service delivery and administrative matters are consistent with the NSW Ombudsman Complaint Management Framework.

During the year there were four administrative complaints. These primarily related to delays in the complaints management process. Action included apologies and explanation of the processes.

Triennial reports

As small statutory bodies, the Councils are exempt from certain reporting provisions. However this year triennial reports are due for the following:

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

The health professional Councils and the HPCA come under the relevant NSW Health policies and programs for all these areas.

The Councils continued to meet their compliance obligations and remain committed to implementing relevant legislative and policy requirements.

Multicultural policies and services program

The Multicultural Policies and Services Program is a whole of Government responsibility overseen by Multicultural NSW. It focuses on ensuring Government agencies implement the principles of multiculturalism through their strategic plans and deliver inclusive and equitable services to the public. Multicultural NSW policies apply to the health professional Councils. Reporting requirements are set out by the *Multicultural NSW Act 2000*.

The *NSW Plan for Healthy Culturally and Linguistically Diverse Communities: 2019-2023* is the current strategic statewide policy for meeting the health needs of culturally and linguistically diverse consumers.

Compliance Reports continued

The Councils are required to take actions to work towards achieving the outcomes of the NSW Plan for *Healthy Culturally and Linguistically Diverse communities: 2019-2023*, including:

1. Having in place strategies to improve access and quality of care for people of culturally and linguistically diverse backgrounds
2. Providing support for people of culturally and linguistically diverse backgrounds to build their health literacy so they can be actively involved in decisions about their health
3. Being responsive to the individual needs, language and culture of people
4. Understanding the needs, experiences and identities of culturally and linguistically diverse communities.

Over the past three years Councils have implemented a number of NSW Health multicultural strategies and actions focussed on maintaining and continuing to improve the capacity of the NSW health system to effectively identify and meet the specific needs of all culturally, religiously and linguistically diverse groups. Councils have focussed on meeting the diverse needs of practitioners with complaints or current compliance conditions, as well as communicating more effectively with practitioners or key stakeholders in their community languages. For example, the Chinese Medicine Council has worked on a number of initiatives to support practitioners and stakeholders from diverse backgrounds. The Council has delivered stakeholder functions with PowerPoint presentations in both English and Mandarin, and evaluation forms are also available in multiple languages. The Chinese Medicine Council, when completing performance assessments of practitioners with language conditions on their registration, ensures the assessor speaks the same language as the practitioner. The Council regularly conducts hearings with interpreter and HPCA monitoring staff also use interpreter services when communicating with practitioners about their compliance with conditions.

A key focus for 2021 to 2023 is for the Councils and HPCA to identify, implement and monitor a NSW Cultural Safety Action Plan, aligned with the National Registration and Accreditation Scheme's Strategy (NRAS) promoting patient safety for Aboriginal and Torres Strait Islander people in the NSW health system and services. In 2020, a Cultural Safety Working Party was launched including Council members, HPCA staff, Executive, and Ministry of Health representatives.

Goals of the working party include:

1. Cultural Safety training for staff and Council members
2. Increased participation of Aboriginal and Torres Strait Islander people across the whole of the organisation
3. Developing and implementing a communications strategy that promotes culturally safe practice by the regulated health professions.

Disability services

The health professional Councils and HPCA are committed to disability inclusion planning, to building inclusive communities, and breaking down barriers for people with a disability so they can fully participate in services, employment and access the information they require.

The NSW Department of Communities and Justice is undertaking a statutory review of the *Disability Inclusion Act 2014 (NSW)* and the State Disability Inclusion Plan. It is anticipated that the review will be completed with the bill introduced to Parliament in spring 2020.

Compliance Reports continued

NSW Health plans to begin the preparation of its new *Disability Inclusion Action Plan (DIAP)* on completion of the new NSW Disability Plan, the new National Disability Strategy and the review of the Disability Inclusion Act. This will allow the NSW Health DIAP to properly take into account the shape of these new plans and documents before making the significant investment needed to update the NSW Health DIAP. Until then the health professional Councils and the HPCA will continue to use the NSW Health Disability Inclusion Action Plan 2016 – 2019 (DIAP).

The key disability service support actions for the Councils and HPCA have focused on:

- Access to information on making complaints about health practitioners, primarily through the websites, which include an online complaints form
- Health programs for impaired practitioners
- Capability based recruitment
- Making reasonable adjustments for staff, or candidates with a disability to apply for employment at the HPCA
- Full physical access to the HPCA offices, including wheelchair accessible facilities for staff, practitioners, and visitors.

Workforce diversity

The HPCA workplace culture is respectful and supportive of diversity. This is underpinned by active promotion and reinforcement of NSW Health CORE values of collaboration, openness, respect and empowerment.

Consistent with the NSW Health commitment to workforce diversity, the HPCA recruits and employs staff on the basis of merit.

Data about the HPCA workforce and diversity trends is included in NSW Health reports.

Work, health and safety

The Councils and the HPCA maintain a commitment to the health, safety and welfare of members, staff and visitors consistent with Work Health and Safety (WHS) legislation in NSW.

NSW Health WHS policies and procedures apply to the health professional Councils and the HPCA.

The HPCA has an established WHS team with formal terms of reference. The team meets quarterly and takes responsibility for:

- Developing annual pro-active WHS work plans
- Promoting WHS awareness amongst workers, including providing information about worker responsibilities, WHS risks and ways of preventing and managing the risks
- Facilitating WHS consultation and communications between HPCA Executive and workers
- Co-ordinating quarterly workplace inspections.
- Reviewing incident report logs and undertaking other WHS audits as appropriate to be able to provide informed advice to the HPCA Executive on WHS issues
- Advising the HPCA Executive about WHS issues and possible reasonable and practicable strategies to prevent and manage the issues.

Other WHS improvements include refurbishments in the Pitt street offices in 2018 to set up meeting rooms with dual entry and exit.

In 2018, the Managing Unpredictable People Policy was updated by HPCA and all staff and Councils were briefed on the policy changes and protocols to ensure safety in responding to upset or distressed practitioners in the office.

Systems supporting Councils

Human resources

HPCA staff

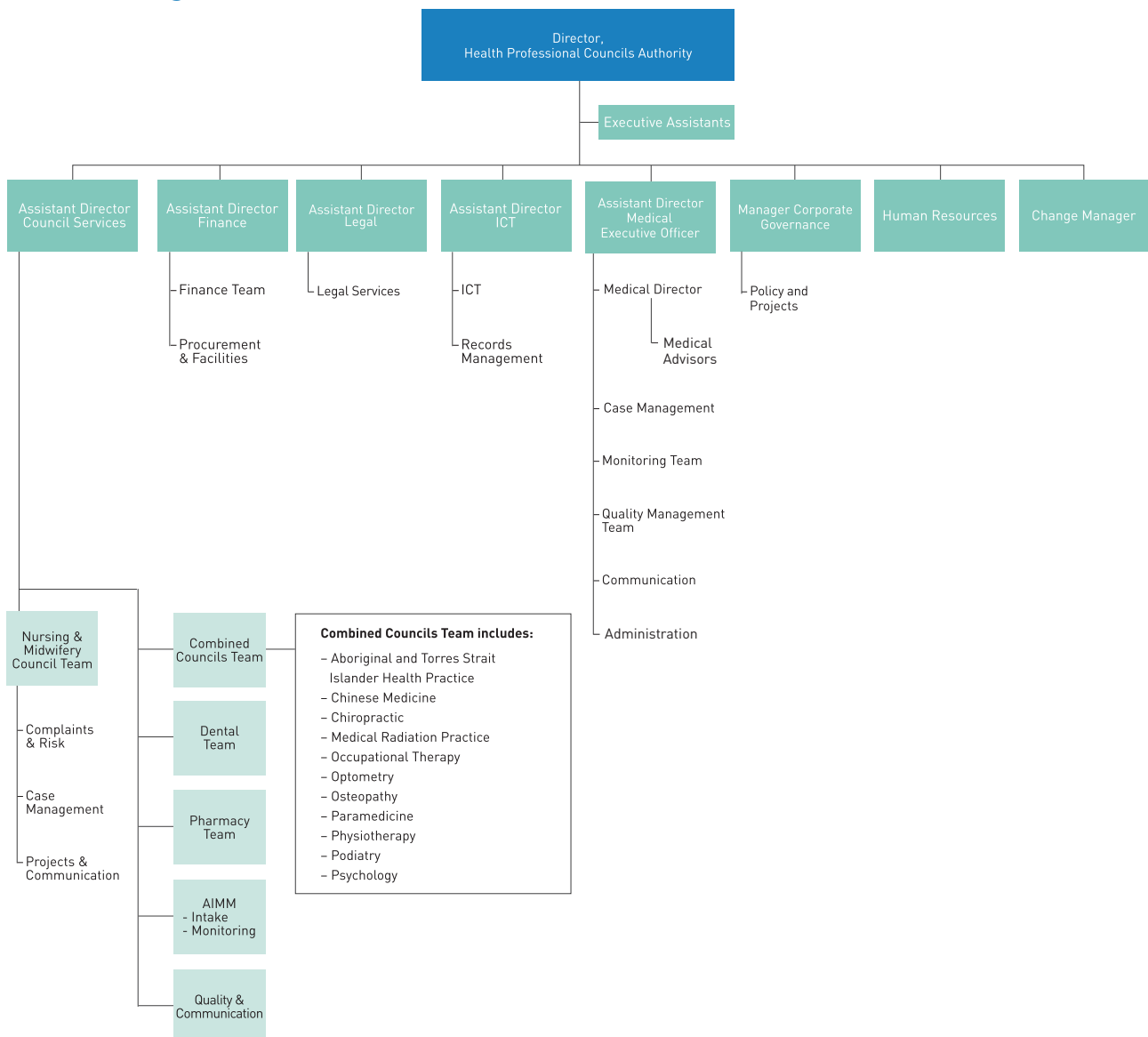
As an executive agency of the Ministry of Health, the HPCA employs staff under Part 4 of the *Government Sector Employment Act 2013* (GSE). The HPCA staff make up a range of teams that work directly and indirectly with Councils, fulfilling organisation wide functions as well as providing support to each council.

The HPCA is responsible for business management which complements and supports the regulatory responsibility of Councils to protect public safety.

HPCA staff must comply with Ministry of Health policies, procedures and directives and are included in Ministry of Health reports, including details of the HPCA Executive.

As at 30 June 2020 the HPCA staff totaled 161 ongoing and 7 temporary roles, including 115 at Pitt St and 53 at Gladesville.

HPCA Organisational Chart



Systems supporting Councils continued

Human resources support team

The HPCA has a small human resources (HR) team consisting of two ongoing roles. These roles provide HR support and services to staff and managers across the HPCA. In addition, the NSW Ministry of Health provides agreed assistance with some aspects of Human Resources such as recruitment, staffing matters where appropriate, and organisational structure.

The HR team worked on a number of initiatives in the past year, including improving HR reporting, HR compliance, and more proactive approaches to recruitment across the HPCA.

The HR team was heavily involved in supporting HPCA staff and the Executive to move temporarily to remote working conditions due to the pandemic in early 2020. This involved ensuring that all remote working environments met the work health and safety requirements.

The HR team provided support and advice to staff as needed and as the health situation escalated rapidly. HR further engaged an external provider to run a series of webinars in 2020 which focused on staff wellbeing, remote working, and support for both staff and managers during the Pandemic.

Communications

Effective engagement with stakeholders and communications with the community is a priority for Councils. All Councils plan and report on regular engagement with National Boards recognising the importance of shared learning and collaboration to support a consistent regulatory approach across Australia.

There is also regular contact with Ahpra and the HCCC.

A number of Councils meet with other health professional bodies about a range of issues, including messaging for practitioners to assist in reducing the risks that lead to complaints about practitioners.

Most Councils also use e-newsletters and regular messaging to keep practitioners up to date with regulatory issues.

The HPCA and Council websites are the main way Councils connect with the community. The websites provide easy access to an online complaints form, as well as information about the complaints process and how Councils manage complaints. The websites also include information about the Councils and the HPCA policies and publications.

Websites for the HPCA and all Councils can be accessed at www.hpca.nsw.gov.au.

Systems supporting Councils continued

Finance and procurement

The HPCA provides financial services to the Councils, including statutory reporting, payment of accounts, preparation of annual budgets and periodic forecasts, financial analysis and regular financial reporting to the Councils.

Service Level Agreements (SLAs) between Councils and the HPCA include 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 cost allocation methodology was reviewed and endorsed in 2017/18 in consultation with Councils. This cost allocation methodology was applied from 2019/20.

Following the transition of selected data processing functions to the Service Centre Westmead (HealthShare NSW) and implementation of the Oracle R12 StaffLink financial and procurement system in early 2018, further modules were implemented this year, including the Purchasing Card (Pcard) module within Oracle StaffLink, and Business Intelligence (BI) dashboards and reporting. During the year, the HPCA also commenced implementing the new finance staffing structure to provide enhanced services to the Councils.

Information management and systems

ICT services

The HPCA is responsible for information management and ICT systems. A number of new initiatives commenced during the year aimed at improving functionality and support for the regulatory responsibilities of Councils.

eHealth Partnership

As part of the HPCA's strategic alignment with eHealth, a number of back office services, as well as network and desktop, were transferred to eHealth. Under this program, all databases were upgraded and transferred to the government data centre and the responsibility for maintenance is through eHealth. With the exception of the complaints database and pharmacy registration, all other applications are now managed by eHealth.

People First Project

As a health professional regulator, everything we do hinges on trust and integrity, both internally between the Councils and the HPCA, and externally with our stakeholders. Consequently, the HPCA is undertaking a significant project to transform the services to our customers to ensure complaints management is proactive, well-orchestrated and person-centred. This year the HPCA completed a customer experience initiative to design a future framework and ICT architecture that will ensure alignment with the needs of customers and stakeholders.

The next stage of this program is to engage the right vendor to develop the desired technology and system aligned with customer expectations.

Systems supporting Councils continued

ANNUAL ATTESTATION

Cyber Security Annual Attestation Statement for the 2019-2020 Financial Year for NSW Health

I, Elizabeth Koff, am of the opinion that NSW Health have managed cyber security risks in a manner consistent with the Mandatory Requirements set out in the NSW Government Cyber Security Policy.

Governance is in place to manage the cybersecurity maturity and initiatives of NSW Health.

Risks to the information and systems of NSW Health have been assessed and are managed.

The current cyber incident response plan for NSW Health is managed by eHealth NSW. eHealth NSW is working towards creating an NSW Health state-wide incident response plan. This plan, once ready will be tested during the next reporting period.

eHealth NSW is responsible for delivery and management of ICT for NSW Health. eHealth NSW has an Information Security Management System (ISMS) and is an ISO27001 certified organisation.

NSW Health is doing the following to continuously improve the management of cyber security governance and resilience:

- 1) Ongoing awareness training of NSW Health staff about cyber safety;
- 2) Monthly reviews of cyber security incidents by the ISMS committee;
- 3) Quarterly reviews of major cyber security incidents by the cyber security executive committee;
- 4) Regular reviews of the ISMS risks and treatments;
- 5) Rapid response to alerts issued on cyber security vulnerabilities;
- 6) Regular patching and hardening activities of workstations and servers;
- 7) Maturity improvements on addressing the ACSC's Essential 8.

This attestation covers the following agencies:

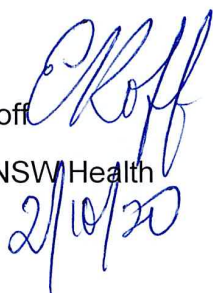
1. Agency for Clinical Innovation
2. Ambulance Service of NSW
3. Bureau of Health Information
4. Cancer Institute NSW
5. Central Coast LHD
6. Clinical Excellence Commission
7. eHealth NSW
8. Far West LHD
9. Health Care Complaints Commission
10. Health Education and Training Institute
11. Health Infrastructure
12. Health Professional Councils Authority

Systems supporting Councils continued

13. HealthShare NSW
14. Hunter New England LHD
15. Illawarra Shoalhaven LHD
16. Justice Health & Forensic Mental Health Network
17. Mental Health Commission NSW
18. Mid-North Coast LHD
19. Ministry of Health
20. Murrumbidgee LHD
21. Nepean-Blue Mountains LHD
22. Northern NSW LHD
23. Northern Sydney LHD
24. NSW Health Pathology
25. South Eastern Sydney LHD
26. South Western Sydney LHD
27. Southern NSW LHD
28. St Vincent's Health Network
29. Sydney Children's Hospitals Network
30. Sydney LHD
31. Western NSW LHD
32. Western Sydney LHD

Elizabeth Koff

Secretary, NSW Health



Glossary

Adjudication Body

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

Boundary/Boundaries

Parameters around appropriate and effective interactions between health practitioners and their patients are professional boundaries. Behaviours that damage or exploit patients constitute boundary violation. This includes both sexual and non-sexual misconduct.

Cancellation (of registration)

- 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.

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.

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.

Complaint

A complaint (or notification) is a statement that something related to the performance, conduct or health of a practitioner or student is unsatisfactory or unacceptable.

Complainant

A person who makes a complaint to a health complaint entity including the following:

- 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.

Glossary continued

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.

Immediate Action (Section 150)

If a Council is satisfied that a practitioner or student poses an imminent risk to public safety the Council must take immediate action and may suspend registration or impose conditions on registration pending further investigation.

Notification

A notification (or complaint) can be either voluntary or a mandatory notification. A voluntary notification is about behaviour which presents a risk and a mandatory notification is required for notifiable conduct as defined in the National Law.

Notifiable Conduct / Mandatory Reporting

Notifiable conduct includes practising whilst intoxicated, engaging in sexual misconduct in connection with professional practice, 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 practitioner's registration or practice.

Professional Misconduct

Professional misconduct is 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. Council 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 a 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

AASB	Australian Accounting Standards Board
Ahpra	Australian Health Practitioner Regulation Agency
AIIM	Assessment Intake Inspection and Monitoring
ARC	Audit and Risk Committee
ATO	Australian Taxation Office
ATSIHP	Aboriginal and Torres Strait Islander Health Practice or Practitioner
AustLII	Australasian Legal Information Institute
BCP	Business Continuity Plan
BCS	Business Classification Scheme
CORE	Collaboration Openness Respect Empowerment
CPI	Consumer Price Index
DIAP	(NSW Health) Disability Inclusion Action Plan
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
HCE	Health Complaints Entry
HETI	Health Education and Training Institute
HPCA	Health Professional Councils Authority
ICT / IT	Information Communications Technology / Information Technology
IPC	Information and Privacy Commissioner
IRP	Impaired Registrants Panel
L&D	Learning and Development
MaCS	Monitoring and Complaints System (database)
MoH	Ministry of Health
National Law / The Law	Health Practitioner Regulation National Law (NSW) No 86a
NCAT	NSW Civil and Administrative Tribunal
NMW or N&M	Nursing and Midwifery
NRAS	National Registration and Accreditation Scheme
PID	Public Interest Disclosures
PPP	Principal Place of Practice
PRP	Performance Review Panel
PSC	Professional Standards Committee
RAT	Risk Assessment Tool
RTS	Records Titling Standard
SLA	Service level agreement
TRIM	Total Records Information Management - the document management system used by the HPCA

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