

Annual Report 2012

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The Hon. Jillian Skinner MP Minister for Health Minister for Medical Research Level 31, Governor Macquarie Tower 1 Farrer Place Sydney NSW 2000

Dear Minister

On behalf of the Nursing and Midwifery Council of New South Wales we are pleased to submit the Council's second annual report, for the year ending 30 June 2012, for presentation to Parliament. During 2011/2012, the Council continued to manage 614 complaints and finalised 407 of these during that time. The upward spiral of complaints has continued with an increase in notifications of 22 % (73) compared with 2010/2011. Two hundred nurses and midwives were actively monitored during the reporting period. These practitioners had conditions imposed because of a proven complaint following an inquiry by a Tribunal, Professional Standards Committee, Impaired Registrants Panel or Performance Review Panel and were considered to pose a potential risk to public safety. This figure also includes 50 nurses who have had interim conditions imposed under the immediate action provisions of the *Health Practitioner Regulation National Law (NSW)*. This cohort should be viewed, however, in the context that the Register in NSW includes 95,836 active registrants whose principal place of practice is NSW.

A new case management and monitoring system was introduced by the Council this year to allow for more accurate planning, implementing, recording and reporting of its activities. Other auditing functions undertaken by Council staff included a review and archiving of 6,000 records to ensure there were no outstanding issues which had not been dealt with and finalised prior to national registration. Further review of legacy records in relation to practitioners who had conditions imposed by the previous NSW Board under the *Mutual Recognition Act (NSW) 1992* is ongoing to ensure the Council's database accurately reflects the National Register.

The Council is funded through a portion of the registration fees paid by nurses and midwives and the Council has managed its responsibilities this financial year with a lower fee base due to a decrease in the number of registered nurses and midwives. This has hindered the Council's ability to meet its public protection objectives within budget this year. An increase in fees approved during 2011/2012 will allow the Council to more effectively progress its strategic plan for the next three years.

As a component of its strategic objectives, the Council has identified several key areas to progress in the next year. These include: developing and implementing a quality framework; commencing a program of research to facilitate the evidence-based management of health, conduct and performance complaints; developing more efficient and effective business processes; and improving communication between key stakeholders using a variety of strategies, such as, improving web-based resources, establishing a regulatory newsletter for registrants and developing a professional development program to assist members of adjudicating bodies to have a greater understanding of their responsibilities and powers under the Law.

The reconstituted Council is enthusiastic and looking forward to the challenges relating to safeguarding the community and ensuring nursing and midwifery practice is within accepted professional standards.

Yours faithfully

Adj Prof John G Kelly A

President

Margo Gill Council Member

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About the Council

The Nursing and Midwifery Council of New South Wales is a statutory body established to manage notifications (complaints) about conduct, performance and health matters concerning registered nurses and midwives practising in New South Wales (NSW) and health and conduct matters related to students training in NSW.

The Council undertakes its regulatory functions in partnership with the Health Care Complaints Commission (HCCC), which is a separate statutory authority, established under the *Health Care Complaints Act 1993*.

The Nursing and Midwifery Council is one of 10 Councils operating in NSW. The Health Professional Councils Authority (HPCA) provides secretariat and corporate support to the NSW health professional Councils to assist them in carrying out their regulatory responsibilities.

Charter

The Council is constituted pursuant to the *Health Practitioner Regulation National Law* (NSW) (the Law) to exercise the powers, authorities, duties and functions imposed by the Law.

Aims and Objectives

The purpose of the Council is to act in the interests of the public by ensuring that registered nurses and midwives are fit to practise and nursing and midwifery students are fit to have contact with members of the public whilst they undertake approved programs of study.

The Council manages a range of programs, services and procedures to achieve this purpose. As a result, members of the public can be reassured that registered nurses and midwives are required to maintain standards of conduct and professional performance.

Council Membership

Clause 6 of Schedule 5C of the Law prescribed that there were 16 members of the Council, of whom four are registered nurses elected in accordance with the regulations by the registered nurses whose principal places of practice are in NSW; one is a registered midwife elected in accordance with the regulations by the registered midwives whose principal places of practice are in NSW and 11 were members appointed by the Governor.

The following members held those positions for the reporting period unless otherwise stated:

- (a) three registered nurses (Div 1) elected in accordance with the regulations, by registered nurses who are eligible to vote at elections:
 - Adj Prof John G Kelly AM RN BA(Hons) LLB GradDipLegalPrac FACN AFAIM MAPS MAICD (President)
 - Steven Jeffs RN BN GradCert(Onc)
 - Francis Ross RN RM PaedCert MRCert BAppSc(Nsg) MPH FCN
- (b) one registered midwife who is elected in accordance with the regulations by registered midwives who are eligible to vote at elections:
 - Susan Hendy RN RM AdvDipMid BHSc(USQ) MMid(USO)
- (c) one registered nurse (Div 2) elected in accordance with the regulations by registered nurses (Div 2) who are eligible to vote at elections:
 - Rebecca Roseby EN AdDipNsg MCN
- (d) two nurses or midwives engaged in tertiary or pre-enrolment education of nurses or midwives in NSW nominated by the Minister, at least one of whom is a registered nurse:
 - lain Wilson Graham PhD MEd MSc BSc RN RMN RNT MACHSC FCN MACMHN (from 13 October 2011)
 - Moira Williamson BN RN RM GradCertHigherEd MHealthAdmin PhD (from 13 October 2011)
- (e) one registered nurse or registered midwife nominated by the New South Wales Nurses' Association:
 - Kathryn Adams RN RM BA
- (f) one registered nurse or registered midwife nominated by the College of Nursing:
 - Marie Clarke RN RM DipNEd DipNAdmin BBus GradCertMgmt
- (g) one registered nurse who is nominated by the Minister who practises nursing in the area of mental health:
 - Charles Linsell RN BA DipEd GradDipBus(IndRel) (Deputy President)
- (h) one enrolled nurse nominated by the Minister:
 - Stephen Brand EN MedMgmt(CoN) MCN

- (i) one registered nurse who is an officer of the Department of Health, an Area Health Service, the Ambulance Service of NSW or the Corporation, nominated by the Minister:
 - Adj Prof Debra Thoms RN RM BA MNA GradCertBioethics AdvDipArts (Resigned 11 May 2012)
- (j) one Australian lawyer nominated by the Minister:
 - Ian Linwood BEc(Syd) LLB(UNSW)
- (k) three person(s) who are not nurses or midwives nominated by the Minister for Health to represent the community:
 - Margo Gill DipMedUltrasonography MAppSc(QUT) MBA(QUT)
 - Betty Johnson AO MIndRel(Syd)(Honorary)
 FCN(Honorary)
 - Margaret Winn BA(Syd) DipEd(Syd)

As at 30 June 2012, the Council had 15 members, including nine female members. The term of office of all Council members expired on 30 June 2012.

The following members retired from the Council: Charles Linsell, Betty Johnson and Debra Thoms. The Council began a process of identifying members to recommend for appointment from 1 July 2012 and acknowledges the significant contribution the retiring members have made over many years.

Remuneration

Remuneration for members of the Council is as follows:

President	\$2,336 per annum
Deputy President	\$1,752 per annum
Members	\$1.752 per annum

Additionally, Council members receive sitting fees of \$256 per day and \$128 per half day and \$32 per subsequent hour up to the daily rate for meetings of subcommittees of the Council. Council members are reimbursed for expenses incurred only when travelling on official business at Council direction.

Members of Council committees, panels and Tribunals also receive remuneration and reimbursement of expenses.

Attendance at Council Meetings

The Council met on the first Thursday of each month (excluding January) and one extraordinary meeting was held (i.e. 12 Council meetings).

Attendance at meetings is as follows:

Member	Meetings of Council Attended	Extraordinary Meetings Attended
John Kelly	11	1
Charles Linsell	8	1
Steven Jeffs	10	
Francis Ross	3	1
Susan Hendy	7	1
Rebecca Roseby	11	
lain Graham	5	
Moira Williamson	7	
Kathryn Adams	10	1
Marie Clarke	10	
Stephen Brand	11	1
Debra Thoms	3	1
lan Linwood	11	
Margo Gill	12	1
Betty Johnson	11	
Margaret Winn	10	1

Committees of the Council

Section 41F of the Law provides that the Council may establish committees to assist it with the exercise of its functions. Members of committees need not be Council members.

The following committees operated throughout the reporting period to support the Council: Notifications, Counselling, Education and Research, S150 Review, Health Review and Finance.

Each committee's philosophy revolved around public safety and interest and transparency, fairness and equity to all members of the profession that are affected. The committees functioned within the prescribed boundaries of the Law and the functions delegated to it by the Council.

The listed members of the committees attended the meetings to ensure a quorum was achieved. Members were not expected to attend all meetings.

Notifications Committee

The Notifications Committee acts under Council delegation to deal with a diverse range of notifications (complaints) concerning health, conduct and performance issues as they impact on the professional conduct of registered nurses and midwives and the provision of nursing and midwifery services. This Committee reviews all new notifications (complaints) in consultation with the HCCC.

The Committee met on 23 occasions during the reporting period. Meetings of the Committee are held on the first and last Friday of each month and are attended by senior officers of the HCCC.

Attendance at meetings is as follows:

Member	Meetings Attended
John Kelly	16
Charles Linsell	16
Francis Ross	12
Susan Hendy	9
Rebecca Roseby	7
Stephen Brand	12
Margo Gill	18
Betty Johnson	18
Margaret Winn	11

Section 150 Review Committee

The Section 150 Review Committee is delegated by the Council to conduct immediate action inquiries when there are significant safety concerns related to the behaviour of a registered nurse, registered midwife or a registered student.

The Committee members are Council members, one of whom is a registered nurse or midwife, and one of whom is not a registered health professional (as required under s 150(7) of the Law). On occasion the Council co-opts appropriately qualified and experienced external professional members to the Committee to ensure that it has appropriate expertise for the matter under consideration.

The Committee met 22 times and considered matters relating to 50 nurses and midwives and conducted five (5) s 150 reviews under s 150A of the Law.

Member	Meetings Attended
John Kelly	22
Charles Linsell	2
Margo Gill	22
Betty Johnson	1
lan Linwood	2
Marie Clarke	2
Sue Kennedy	1
Alison Teate	1

Health Review Committee

This Committee consists of two registered nurses with experience in mental health and drug and alcohol that are selected from the list of appointed members for Tribunals, Panels and Committees. The purpose of the Health Review Committee is to undertake regular reviews of registrants who have been within the Health Program for a short time and who are considered to be impaired and not suitable for discharge from the Program.

Four (4) matters were considered by the Health Review Committee during this year.

Member Meetings Attende	
Nick Miles	4
Susan Kennedy	4

Counselling Committee

The purpose of the Counselling Committee is to counsel a nurse, midwife or student regarding professional standards, provide an opportunity for the practitioner to reflect on his or her actions and discuss strategies to improve performance, conduct or behaviour. If necessary, the Committee may recommend a reprimand or caution to the practitioner or student.

The Counselling Committee consists of at least two Council members. On occasion the Council co-opts appropriately qualified and experienced external professional members to the Committee to ensure there is appropriate expertise on the Committee.

The Committee meets on the first Thursday of the month. It met on 11 occasions in the reporting period and interviewed 30 registrants.

Member	Meetings Attended
Francis Ross	7
Susan Hendy	4
Rebecca Roseby	7
Stephen Brand	6
Margo Gill	11
Steven Jeffs	4
Moira Williamson	1
Sue Kennedy	2
Joanne Seymour	1

Finance Committee

The purpose of the Finance Committee is to provide advice and recommendations about financial and budget issues relevant to the Council's work. The Committee convened one meeting during the reporting period.

Members of the Committee are:

John Kelly	
Charles Linsell	
lan Linwood	
Margo Gill	

Education and Research Committee

Under the Law, the Council may establish an account named the Nursing and Midwifery Education and Research Account. The purpose of the Education and Research Committee is to make recommendations to the Council about the expenditure of this money. The Committee met twice in 2011/2012 to oversee projects relating to education and research.

Members of the Committee are:

Kathryn Adams
Marie Clarke
Margo Gill
lain Graham
Sue Hendy
Charles Linsell
Moira Williamson
Margaret Winn (Chairperson)

Regulatory Committees, Panels and Disciplinary Bodies

Part 8 of the Law prescribes the committees, panels and disciplinary bodies that support the Council in undertaking its regulatory activities to protect the public. The activities and decisions of these bodies are reported in the *Regulatory Activities* section.

Nursing and Midwifery Tribunal

The Tribunal is established under s 165 and comprises four members. The Chairperson or Deputy Chairperson is an Australian lawyer appointed by the Governor. For each Tribunal hearing, three other members are appointed by the Council, two who are health practitioners registered in the same profession as the practitioner who is the subject of proceedings and one person who is not a registered health practitioner.

The Tribunal deals with serious notifications (complaints) that may lead to suspension or deregistration, appeals against Council decisions regarding disciplinary matters and appeals against decisions of the National Board in relation to registration matters. The Tribunal also considers applications for review of conditions on registration and suspension and cancellation of registration when it is appropriate to do so.

The Tribunal concluded 15 disciplinary matters during the year. The Tribunal also completed five (5) Reviews and 32 Appeals. Refer to the *Regulatory Activities* section for details.

Tribunal members for 2011/2012 are listed in Appendix 3.

Professional Standards Committee

Professional Standards Committees (PSCs) are established under s 169 and comprise four members appointed by the Council. The Chairperson is an Australian lawyer. Two members are health practitioners who are registered in the same profession as the practitioner who is the subject of proceedings and one member is a person who is not a registered health practitioner.

PSCs may conduct inquiries which do not appear to provide grounds for the suspension or cancellation of the practitioner's registration.

The PSC members for 2011/2012 are listed in Appendix 3.

Thirteen matters were concluded by PSCs during the year. Refer to the *Regulatory Activities* section for details.

Impaired Registrants Panel

Impaired Registrants Panels are established under s 173 of the Law to deal with matters concerning practitioners or students who suffer from a physical or mental impairment which affects or is likely to affect their capacity to practise or capacity to undertake clinical training. The Panel consists of two or three members appointed by the Council. At least one member must be a registered medical practitioner and at least one member must be a registered nurse or midwife.

The IRP members for 2011/2012 are listed in Appendix 3.

Sixty IRPs were conducted during the year of which 28 were reviews. Refer to the *Regulatory Activities* section for details.

Performance Review Panels

Performance Review Panels are established under s 174 to review the professional performance of a registered health practitioner. Three members are appointed to each Panel: two members must be registered health practitioners in the relevant profession and one member is a person who is not a registered health practitioner.

The PRP members for 2011/2012 are listed in Appendix 3.

Six (6) matters were considered by the PRPs during the year. Refer to the *Regulatory Activities* section for details.

Executive Officer

Under s 41Q of the Law, there is to be an Executive Officer of the Council who is responsible for the affairs of the Council subject to any directions of the Council.

Margaret Cooke is the Executive Officer of the Council.

Meetings and Conferences

The Council was represented at the following meetings and conferences during the reporting period:

 AHPRA National Registration and Accreditation Scheme Combined Meeting 2011

- Chief Nursing and Midwifery Officer, Ministry of Health quarterly meetings
- Nursing and Midwifery Board of Australia monthly meeting with State and Territory Chairs
- NSW Nurses' Association symposium Thursday 13 October 2011
- AHPRA Notifications Managers Meeting 14 December 2011
- HCCC Information Day 5 March 2012
- Nursing and Midwifery Leaders Forum 14 March 2012
- Tribunal Chairs Information Seminar 23 April 2012
- Essentials of Care 2012 Showcase 8 June 2012
- HPCA Audit and Risk Committee quarterly meetings.

Education and Research

Section 41S of the Law allows the Council to establish an Education and Research Account. The Council may expend these funds for education and research purposes relevant to its regulatory functions, and for meeting any administrative costs incurred.

The Council has agreed to participate in and contribute to an Australian Research Council (ARC) funded research project in partnership with the University of Sydney, the Medical, Psychology, Pharmacy and Dental Councils, HCCC and AHPRA NSW. The project is a comparative study of the notifications (complaints) systems of NSW compared with other States, and is being undertaken over the next three years.

The Council has also been developing an online professional development program for Council members and Council appointees to IRPs, PSCs and the Nursing and Midwifery Tribunal.

In the next year the Council plans to:

- Launch the online professional development program for Council members and Council appointees to IRPs, PRPs, PSCs and the Tribunal
- Hold at least one professional development seminar
- Commission the completion of literature reviews on matters related to the health, performance and conduct of nurses and midwives.

Overseas Travel

There has been no overseas travel in the reporting period.

Other Council Activities

A workshop was held to develop a strategic plan for the period from 1 July 2012 - to 30 June 2015. The Council considered several issues when developing its strategic objectives, which were: the legal and regulatory context in which it operates; the needs of its stakeholders; the processes which support and impede the Council's work; and future challenges.

The Council decided to focus on the following objectives:

- developing and implementing a quality framework
- developing more efficient and effective business processes
- improving communication between key stakeholders using a variety of strategies such as, improving web-based resources, and establishing a regulatory newsletter for practitioners
- developing an education program to assist members of adjudicating bodies to have a greater understanding of their responsibilities and powers under the Law; and
- commencing a program of research to facilitate the evidence-based management of health, conduct and performance notifications (complaints).

It is planned that the Council will report against these objectives in the next financial year.

Promotion of Council Activities

A number of new web-pages have been published on the Council's website (www. nursingandmidwiferycouncil.nsw.gov.au). The Council plans to increase the amount of information available to the public regarding the management of conduct, performance and health issues; the Council's responsibilities and its actions in safeguarding the public and upholding the standards of professional practice in nursing and midwifery. The Council will be assessing and monitoring the effectiveness of its communications tools in relation to its strategic objectives.

A newsletter to nurses, midwives and professional groups will also be launched in 2012/2013, which will provide information about current issues related to the regulation of nurses and midwives and the maintenance of professional standards and public safety.

The Council's Annual Report for 2010/2011 and Annual Reports of the former Board are accessible on the website.

Complaints Received About Council Administrative Processes

The Council acknowledges that the trust and confidence of the public are essential to its role and values all forms of feedback. The Council has established a complaint handling policy and procedures for addressing complaints regarding its administrative processes or about its activities, staff, service delivery and processes.

The Council received two complaints about administrative errors which were dealt with by way of a correction of the errors and a written apology.

One complaint was made to the NSW Ombudsman about information provided to a practitioner by the former Nurses and Midwives Board and the delay in the management of a complaint against a registered nurse. This was dealt with by written explanation of the processes and reasons for delay and an apology for the incomplete information provided by the Board. The Council also agreed to improve the information provided on its website about the process for managing complaints and the responsibilities of the HCCC and the Council. This has been implemented.

Legislative Changes

During the reporting period, the NSW Parliament passed a number of minor amendments to the *Health Practitioner Regulation National Law (NSW)*, and the Governor made an order which amended s 41B and 165. The Governor also approved a number of amendments to the *Health Practitioner Regulation (New South Wales) Regulation 2010*. Details of the legislative changes are at Appendix 1.

Regulatory Activities

The primary responsibility of the Council, in conjunction with the HCCC, is to protect the public by managing the performance, conduct and health concerns relating to nurses and midwives practising and the conduct and health of students training in NSW.

This section details the Council's regulatory programs and results for the year.

National Registration

NSW health professionals are registered under the National Registration and Accreditation Scheme. Through the Scheme, the Nursing and Midwifery Board of Australia (National Board) is responsible for registering health practitioners and students and for determining the requirements for registration.

The National Board approves accredited programs of study which provide the necessary qualifications for registration. It also develops and approves standards, codes and guidelines for the profession which inform the Council's regulatory activities.

Further information about the Nursing and Midwifery Board can be obtained from the Australian Health Practitioner Regulation Agency (AHPRA) website (www.ahpra.gov.au).

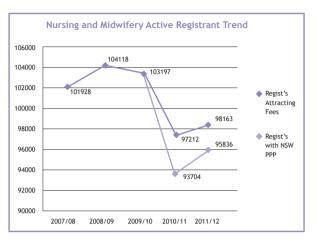
Registrations in NSW

Information about registration and registrant numbers in this Report provides context for the Council's regulatory activities and functions. Registration data is supplied by AHPRA.

At 30 June 2012, there were 95,836 registered nurses and midwives whose principal place of practice (PPP) was NSW. This represents 28% of the total number of nurses and midwives registered under the Scheme across Australia.

The following graph provides information about the number of nurses and midwives registered in NSW from 2007/2008 to 2011/2012. There was a 2.3% increase in 2011/2012 (2,132 registrants) compared with 2010/2011. The reason for the increase is not known.





*Note: These data should not be used for workforce planning purposes as the 2010/2011 and 2011/2012 data include practitioners in the 'grace' month after the expiry of renewals of registrations on 31 May.

Students are also registered. AHPRA advised that the number of NSW students registered as at 30 June 2012 was 18,811. Figures are based on the students' residential addresses, not the location of the education provider.

Registrations by type as at 30 June 2012 were as follows:

Profession	Registration Type	PPP** in NSW	NSW registrants with no PPP listed***	Total
Midwife	General	390	17	407
	Non- Practising	28	7	35
Nurse	General	80,583	2,220	82,803
	Non- Practising	1,344	0	1,344
Nurse and Midwife	General	12,804	82	12,886
	General and Non- Practising*	415	0	415
	Non- Practising	272	1	273
Total		95,836	2,327	98,163

^{*}Practitioners holding general registration in one profession and non-practising in the other profession.

^{**}Principal Place of Practice.

^{***}Practitioners with no address provided or an address outside of Australia that have been apportioned to NSW for the purpose of distribution of fees.

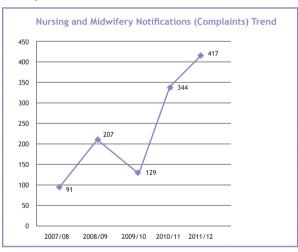
Notifications (Complaints) Received

Any person may make a notification (complaint) against a registered nurse or midwife, or student. Notifications (complaints) may relate to the conduct, health or performance of a registered practitioner or the health or conduct of a registered student. A notification (complaint) may be made to the HCCC, the Council, or AHPRA.

The Health Care Complaints Act 1993 requires the Council and the HCCC to advise each other about notifications (complaints) received and to consult concerning the course of action to be taken. A notification (complaint) made to the Council is deemed to be also made to the HCCC, and vice versa.

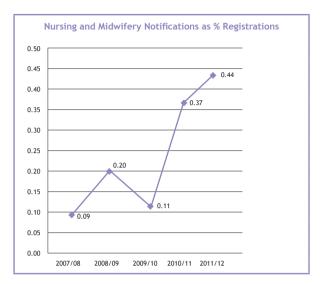
All notifications were referred to the Council's Notifications Committee for consideration. There were 417 new notifications (complaints) during the reporting period.

The graph below indicates the trend in new notifications received since 2007/2008 and indicates an increase in the number of notifications in the past year. The increase may be due to the introduction of mandatory reporting by health practitioners, health service employers and nursing and midwifery educators in July 2010.



Notifications data vary from the data published in the AHPRA Annual Report (424). An error was identified subsequent to the submission of data to AHPRA

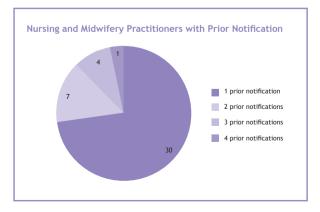
The following graph shows the level of notifications (complaints) as a percentage of the number of registered nurses and midwives in NSW, which in 2011/2012 is less than 0.45%.



A more accurate measure is the percentage of nurses and midwives about whom a notification (complaint) was received i.e. a nurse or midwife with more than one notification (complaint) is only counted once in the calculation. These data are only available since 1 July 2010. On this basis, the percentage of notifications (complaints) received on nurses and midwives, with a principal place of practice in NSW was 0.39% for the year.

	2010/2011	2011/2012	Variance
% of nurses and midwives with notifications received	0.35%	0.39%	0.04
Number of nurses and midwives with a notification	328	372	44

Of the nurses and midwives with notifications received in 2011/2012, 42 had one or more prior notification as follows:



The notifications managed by the Council in 2011/2012 were as follows:

Notifications (complaints)	Number
Case volume open* at 1/7/2011	197
New notifications received in 2011/2012	417
Notifications closed in 2011/2012	407
Case volume open* at 30/6/2012	207
Total case volume managed in 2011/2012	614

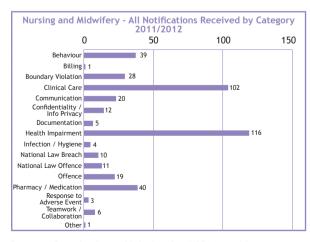
^{*} See Glossary for definition of open matters. Data vary from the data published in the AHPRA Annual Report. An error was identified subsequent to the submission of data to AHPRA.

When they are received, notifications (complaints) are classified to the conduct, health or performance stream, depending on the nature of the matter. In some instances, more than one stream may be applicable. However, one stream is identified as the primary stream based on the seriousness of the matter. The volumes of new notifications by the primary stream for each notification were as follows:



Data vary from the data published in the AHPRA Annual Report. An error was identified subsequent to the submission of data to AHPRA.

Notifications are also allocated to an issue category. The Council has adopted the issue categories that have been developed by the AHPRA, which facilitates reporting across jurisdictions.

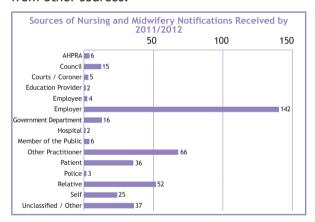


Data vary from the data published in the AHPRA Annual Report. An error was identified subsequent to the submission of data to AHPRA.

The health and impairment issues are primarily related to mental health disorders (54), drug misuse (33) and alcohol misuse (14), cognitive impairment (10) and physical health disorders (5).

The clinical care issues are related to inappropriate assessment or monitoring (19), inappropriate treatment or procedure provided to patients (79), delay in care and inappropriate discharge (8). There were also a number of notifications related to medication administration errors (40) and to aggressive, violent or dishonest behaviour (39).

Notifications (complaints) in 2011/2012 were received from a variety of sources. Forty percent of the 417 notifications (complaints) were received from an employer or government agency, 21% were submitted by a patient or their relative, 16% were from another registered health practitioner and 6% were self-reported notifications. The balance of notifications was from other sources.



Data vary from the data published in the AHPRA Annual Report. An error was identified subsequent to the submission of data to AHPRA.

Of the 614 notifications (complaints) managed by the Council in 2011/2012, 30% (181) were primarily related to the conduct of practitioners. It is, however important to note that 18% (33/181) of the conduct issues refer to criminal behaviour related to drug use and many of these issues were referred to the health program for management. Of the remaining notifications, 28% (174) were primarily related to health matters and 42% (259) to performance issues.

Mandatory Notifications

The Law requires health practitioners, employers and education providers to make mandatory notifications to AHPRA if they believe a nurse or midwife, or student has behaved in a way that constitutes notifiable conduct i.e.

For a health practitioner:

 the practice of the profession while intoxicated by alcohol or other drugs, engaging in sexual misconduct in connection with practise, placing the public at substantial harm because the practitioner has an impairment or placing the public at risk because the practitioner has practised in a way that constitutes a significant departure from accepted professional standards.

For a student:

 has an impairment that, in the course of the student undertaking clinical training, may place the public at substantial risk of harm.

AHPRA then refers the matter to the Council for management.

There were 77 mandatory notifications during the reporting period as follows:

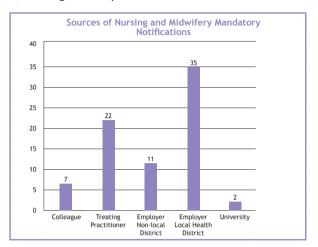
	Number of practitioners	Number of students	Percent
Aggression or threats	2		3%
Boundary violation - sexual	4		5%
Alcohol	4		5%
Drugs¹	14	2	21%
Cognitive impairment	5		6%
Mental illness	14		18%
Medication administration	6		8%
Non compliance with conditions	2		3%
Clinical care	18		24%
Documentation/ communication	5		6%
Offence	1		1%
Total	75	2	100%

¹A notification was received about a student who was also a registered nurse studying to become a midwife.

Data vary from the data published in the AHPRA Annual Report. An error was identified subsequent to the submission of data to AHPRA.

Mandatory notifications represent 19% (77/417) of all notifications received in the reporting period. The majority of mandatory notifications were made by employers (i.e. 45% were made by public hospitals or local health districts and 14% by non-government employers). Twentynine percent of mandatory notifications were

made by treating practitioners, 9% were made by colleagues and 3% by education facilities. The rate of mandatory notifications was 0.95 per 1,000 registered practitioners.



The status of mandatory notifications over the reporting period was as follows:

Status of Mandatory Notifications	Number
Mandatory notifications received in prior period but not completed at 1/7/2011	16
Mandatory notifications received in 2011/2012	77
Mandatory notifications closed in 2011/2012	42
Mandatory notifications open at 30/6/2012	51
Total case volume managed in 2011/2012	93

Data vary from the data published in the AHPRA Annual Report. An error was identified subsequent to the submission of data to AHPRA.

Notifications (Complaints) Management

A decision is made by the Council (in consultation with the HCCC) about which agency will manage the matter. Sometimes this decision is deferred until further assessment or investigation is carried out. Information on the processes for making and managing notifications (complaints) is available on the Council website (www.nursingandmidwiferycouncil.nsw.gov.au).

Following an assessment of each notification, the HCCC and the Council determine if the matter should be dismissed or whether the matter requires some form of action. A notification (complaint) may be dismissed if the matter falls outside the jurisdiction of the Council or the HCCC; if it does not raise issues of sufficient seriousness to warrant further action or the parties have resolved the matter.

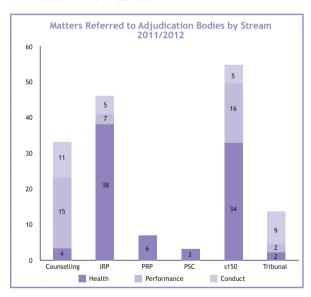
When action is required, further assessment or investigation occurs. Some matters may also be referred for further inquiry by a Tribunal, Panel or Committee.

Following consultation with the HCCC, the majority of matters were either discontinued or referred to the Council for further management. Other outcomes included:

- · referral to the HCCC for investigation
- referral to the HCCC Resolution Service
- referral to another body such as AHPRA, where the matter was outside the jurisdiction of the Council or HCCC
- withdrawal of the complaint.

Of notifications managed in 2011/2012, 26% (157/614) were referred during the period for management to other legislated committees or adjudication bodies other than regular Council meetings (Immediate action- s 150 Review Committee, PRP, IRP, PSC or Tribunal). Of those referred to an adjudication body 77% (121/166) have been completed.

The volumes of new notifications in 2011/2012 that were referred to an adjudication body or for counselling by the primary stream for each notification were as follows:



Protective Orders - Immediate Action under s 150 of the Law

The Council must exercise its powers to either suspend a nurse's or midwife's registration or to impose conditions upon the nurse's or midwife's practice if it is satisfied that such action is appropriate for the protection of the health or safety of the public or is otherwise in the public interest. A health practitioner may request a review of the decision at any time.

During the reporting period, the Council exercised its protective powers as follows:

Status of Immediate Action Proceedings	Number of Initial Immediate Actions	Number of Reviews for Immediate Actions	Total
Registrants referred for immediate action but not completed at 1/7/2011	4	1	5
Registrants referred for immediate action in 2011/2012	50	5	55
Registrants for whom immediate action was completed in 2011/2012	50	5	55
Registrants referred for immediate action but not completed at 30/6/2012	4	1	5
Total case volume managed in 2011/2012	54	6	60

The Council completed immediate action on 55 occasions during the period of which five (5) cases were reviews of previous immediate action decisions. The issues related to initial immediate action are provided below. More than half the immediate action matters were related to health issues.

Issues Considered by Immediate Action Proceedings	Number	Percent
Boundary crossing	2	4%
Drug and alcohol abuse	11	20%
Mental health	20	36%
Competence/performance	17	31%
Section 150A - review of certain decisions	5	9%
Total	55	100%

Overall, 89% (49/55) immediate action inquiries resulted in interim conditions or suspensions being imposed on the practice of the practitioner and 11% (6/55) did not require any immediate action or the decision was set aside. Interim outcomes remain in place until the matter is disposed of through investigation or other processes with the agreement of the HCCC.

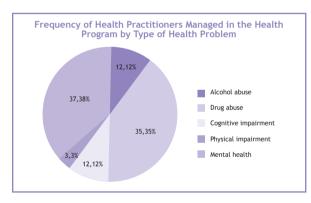
Outcomes of Immediate Action Proceedings	Number	Percent
Suspend for a defined period	2	4%
Conditions imposed	43	78%
No further action	5	9%
Conditions altered	4	7%
s 150 - set aside	1	2%

Forty-seven percent (26/55) of immediate actions taken by the Council were for registrants who had mandatory notifications against them.

Health

The object of the Council's health program is to protect the public, while maintaining the high standards the public is entitled to expect, and enabling nurses or midwives with an impairment to remain in practice when it is safe to do so.

A total of 99 nurses and midwives were managed in the health program in 2011/2012. This number includes both those who had an initial assessment and those who were being monitored and reviewed when conditions were imposed on registration. Almost half the individuals in the health program had a drug or alcohol misuse disorder. Thirty-eight percent of individuals in the health program had a mental health problem such as depression, anxiety, bipolar disease, schizophrenia, or a personality disorder. A small proportion had cognitive disorders or injuries which impacted on practise.



Council Approved Practitioner Assessments

The Council may refer a nurse or midwife, or student, who is the subject of a notification (complaint), for a health assessment to determine whether the person has an impairment. This may include a medical, physical, psychiatric or psychological examination or testing.

During the reporting period, the Council completed 64 health assessments by a Council appointed health practitioner and 33 health re-assessments were also completed.

Seventy-eight percent (50) of registrants referred for an initial health assessment

attended a psychiatrist and the remaining 22% (14) were referred to a neuropsychologist. The outcomes for the health assessments are provided below.

Outcome of Health Assessments	Number	Percent
Referred to an IRP	50	78%
No further action	11	17%
Refer for investigation	1	2%
Further inquiries	2	3%
Total	64	100%

Impaired Registrants Panels

The Law provides for the convening of Impaired Registrants Panels (IRPs) to deal with matters concerning registered practitioners or students who suffer from a physical or mental impairment which affects or is likely to affect the practitioner's or student's capacity to practise in the profession or undertake clinical training.

An IRP is non-disciplinary and aims to assist the practitioners to manage their impairment while remaining in professional practice as long as this poses no risk to the public. The Panel's role is to inquire into and assess the matter, obtaining reports and other information from any source it considers appropriate, and to make recommendations to the Council.

The Panel may counsel the practitioner or student, recommend that the Council counsel the practitioner or student, impose conditions on their registration, or suspend registration for a period if the Council is satisfied the practitioner or student has voluntarily agreed to the conditions or suspension.

Status of IRP Inquiries	Number
Registrants referred to an IRP but not completed at 1/7/2011	10
Registrants referred for an IRP in 2011/2012	50
Registrants finalised by an IRP in 2011/2012	32
Registrants referred for an IRP but not completed at 30/6/2012	28
Total case volume managed in 2011/2012	60

The number of Initial Panels conducted in 2011/2012 was 32, with 28 matters to be considered in the next reporting period.

The matters referred to an IRP in 2011/2012 related to the following issues:

Issue	Number
Alcohol/drug use	13
Cognitive impairment	5
Mental health	32
Total	50

*Note: There may be more than one issue for each matter.

The outcomes of matters following an IRP were:

Outcomes of IRP Inquiries	Number	Percent
Suspend for a defined period	1	3%
Conditions altered*	3	9%
Conditions imposed	20	63%
Conditions lifted*	1	3%
Did not proceed	1	3%
No further action	6	19%
Total	32	100%

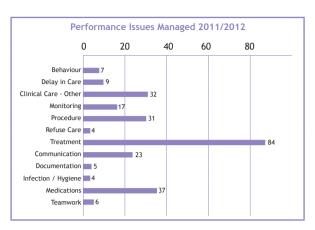
*Note: Conditions imposed under immediate action provisions of the Law were altered or lifted by the Council on the recommendation of the Impaired Registrants Panel and agreement by the health practitioner.

Performance

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

The Council's performance program provides an avenue for education and retraining where inadequacies in competency are identified, while at all times ensuring that the public is appropriately protected. The program aims to address patterns of practice rather than one-off incidents unless a single incident is thought to be demonstrative of a broader problem.

The total number of nurses and midwives managed in the performance stream in 2011/2012 was 259; 89 matters carried over from the previous period and 170 new matters received in 2011/2012. The performance issues for notifications managed in the period were:



There were 30 nurses and midwives managed in the performance program (referred/managed through performance assessments and PRPs) in 2011/2012. The majority of nurses and midwives were identified with primary performance issues related to clinical assessment, care planning and clinical judgement, medication administration, documentation, infection control and communication as shown below. Most nurses and midwives about whom performance notifications (complaints) were made had more than one issue of concern about their performance.

The matters referred to a performance assessment in 2011/2012 related to the following issues:

Issues Assessed during Performance Assessment	Number
Assessment	6
Medication administration	14
Care planning and clinical judgement	17
Documentation	8
Communication/attitude/teamwork	9
Infection control/wound care	7
Care of a deteriorating patient	3

*Note: There may be more than one issue for each matter.

Performance Assessments

The Council may require a nurse or midwife to participate in a performance assessment to assist it in determining a course of action. The aim of such an assessment is to establish whether the nurse's or midwife's performance is at a standard expected of a similarly trained or experienced nurse or midwife. Consequently, assessments are intended to be broad-based and not limited to the substance of the matter that triggered it.

The assessment is generally conducted in the practitioner's own practice environment by assessors appointed by Council who are familiar with the relevant area of nursing or midwifery practice. In some situations clinical simulations may be used.

The Council managed 30 matters which were referred to performance assessment during the reporting period. Seventeen performance assessments were concluded during the reporting period and four were no longer required as the person referred for performance assessment was no longer registered.

Status of Performance Assessments	Number
Registrants referred for a performance assessment but not completed at 1/7/2011	10
Registrants referred for a performance assessment in 2011/2012	20
Registrants for whom performance assessment was completed in 2011/2012	15
Not registered - no longer required	4
Registrants referred for a performance assessment but not completed at 30/6/2012	11

The outcomes for completed assessments after Council consideration were:

Outcomes for Performance Assessment	Number
Referred to a PRP	6
No further action - performing within acceptable standards of practice	9

Performance Review Panel

If a performance assessment finds that the professional performance of a practitioner is unsatisfactory, the Council may decide to refer the matter to a Performance Review Panel (PRP). The role of the Panel is to review the professional performance of the nurse or midwife by examining the evidence placed before it to establish whether the nurse's or midwife's practice meets the standard reasonably expected of a nurse or midwife of 'an equivalent level of training or experience' at the time of the review.

Where deficiencies are identified, the nurse or midwife is required to undertake remediation tailored to their individual needs. This may entail attending courses, undertaking supervision or engaging in additional continuing professional development. Conditions on practice may

also be required to ensure the public is protected while the practitioner is undertaking remediation.

There were six (6) PRPs completed in the reporting period, with a further two practitioners referred to panels which have yet to be completed.

The matters referred to a PRP in 2011/2012 related to medication administration, care planning, clinical judgement and communication.

The outcomes of matters recommended to the Council following a PRP or ordered by the Panel were:

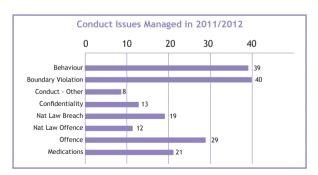
Outcomes of Performance Review Panels	Number
Conditions imposed on practice	6
Complete education course	4
Practitioner to report on practice	3
Practitioner to seek/take advice re management of practice	2
Matter referred back to Council for health matters	2

*Note: There may be more than one outcome for each matter.

Conduct

Conduct issues generally relate to behavioural acts or omission and often go to the question of character and may be categorised as unsatisfactory professional conduct or professional misconduct.

The total number of nurses and midwives managed in the conduct stream in 2011/2012 was 181; 50 matters carried over from the previous period and 131 new matters were received in 2011/2012. The conduct issues for notifications received in the period were:



Investigations by the Health Care Complaints Commission (HCCC)

During 2011/2012, a number of matters were investigated by the HCCC resulting in the following outcomes:

- referred to Director of Proceedings for consideration of prosecution before an adjudicating body
- referral to the Council for further management
- no further action required.

About one third of the HCCC investigations resulted in referral to a PSC or Tribunal. Approximately one third of the matters did not proceed following completion of the investigation or review by the Director of Proceedings, as the individual was no longer registered. The remainder were referred to the Council for management.

Professional Standards Committee

Notifications (complaints) which may lead to a finding of unsatisfactory conduct are usually referred to a Professional Standards Committee (PSC). A PSC takes an investigatory approach rather than a strict adversarial format. Unlike a court, a PSC is not bound to observe the strict rules governing the admissibility of evidence and can inform itself of any matter in such manner as it deems appropriate within its powers.

A PSC may do one or more of the following:

- caution or reprimand the practitioner
- direct that conditions relating to the practitioner's practise of his or her profession be imposed on his or her registration
- order the practitioner to seek and undergo medical or psychiatric treatment or counselling
- order the practitioner to complete an educational course specified by a PSC
- order that the practitioner report on his or her practice as required
- order the practitioner to seek and take advice in relation to the management of his or her practice.

If it becomes apparent the matter may warrant cancellation of the practitioner's registration then the inquiry is discontinued and the matter referred to a Tribunal.

During the reporting period, notifications (complaints) of unsatisfactory professional conduct against 17 nurses and midwives heard by way of a PSC were as follows:

Status of PSC Inquiries	Number
Matters referred to a PSC but not completed at 1/7/2011	14
Matters referred to a PSC in 2011/2012	3
Matters where the PSC was completed in 2011/2012	13
Matters referred to a PSC but not completed by 30/6/2012	4
Total case volume managed in 2011/2012	17

The three (3) matters referred to the PSC in 2011/2012 related to examination and treatment provided to patients.

During the reporting period, the outcomes for PSC's finalised in 2011/2012 were as follows:

Outcomes of PSC Inquiries	Number
Conditions and reprimand or caution	11
Dismissed - no orders	2

The outcomes for individual health practitioners are provided in Appendix 4.

The Reasons for Decision of the PSC are published in full on the Australasian Legal Information Institute website (www.austlii. edu.au) or may be accessed via the Council's website. Two PSC decisions are not published as they were completed under the provisions of the *Nurses and Midwives Act 1991*.

Nursing and Midwifery Tribunal

The Nursing and Midwifery Tribunal deals with serious notifications (complaints) that may lead to suspension or cancellation or disqualification, appeals against Council, Panel or Committee decisions and appeals against decisions of the National Board in relation to registration matters. The Tribunal also considers applications for review of orders and conditions on registration, and suspensions and cancellation of registration when it is appropriate to do so.

Status of Tribunal Inquiries	Conduct	Appeals	Reviews
Matters referred to a Tribunal but not completed at 1/7/2011	14	2	2
Matters referred to a Tribunal in 2011/2012	13	42	6
Matters for which the Tribunal was completed or been withdrawn in 2011/2012	15	32	5
Matters referred to a Tribunal but not completed at 30/6/2012	12	12	3
Total case volume managed in 2011/2012	27	44	8

The matters referred to the Tribunal in 2011/2012 for conduct matters related to the following issues:

Conduct Issues Considered by Tribunal Inquiries	Number
Breach of condition(s)	1
Competence	3
Criminal offence	2
Drug abuse	1
Impairment	1
Boundaries/sexual	2
Treatment	4
Behaviour/multiple complaints	3

^{*}Note: There may be more than one issue for each matter.

The outcomes of the matters the Tribunal finalised are:

Outcomes of Conduct Inquiries	Number
Cancelled registration/disqualified	9
Conditions imposed/reprimand	2
Caution only	1
Dismissed	1
Withdrawn no longer registered	2

Two matters have interim findings with final orders pending.

The Reasons for Decisions of the Tribunal are published in full on the Australasian Legal Information Institute website (www.austlii. edu.au) or may be accessed via the Council's website.

Reviews

Nurses and midwives who have had restrictions placed on their practice or registration by a Tribunal or Professional Standards Committee may request a review of conditions and suspension or can request to be reinstated following cancellation of registration by the Tribunal.

There were two (2) Tribunal reviews outstanding from 2010/2011. Applications were received for six (6) reviews in 2011/2012. Five (5) Tribunal reviews were finalised of which two (2) were dismissed and two (2) were withdrawn and one (1) was ineligible and did not proceed. Three (3) Tribunal reviews are not completed in the reporting period.

Appeals to the Tribunal

There were 42 appeals made to the Tribunal as follows:

Applications for Tribunal Appeal	Number
Appeal against NMBA decision about registration status	39
Appeal against Performance Review Panel decision by registrant	1
Appeal against Professional Standards Committee by HCCC	1
Appeal against a Council decision to impose s 150 conditions	1

Ninety-one percent of the requested appeals related to decisions made by the Nursing and Midwifery Board of Australia regarding applications for registration. Most appeals were made by health practitioners; however one appeal was made by the HCCC against a decision of a Professional Standards Committee.

Thirty-two appeals to the Tribunal have been finalised in the reporting period. Of those finalised, 81% withdrew their appeal. The results of appeals to the Tribunal are provided below.

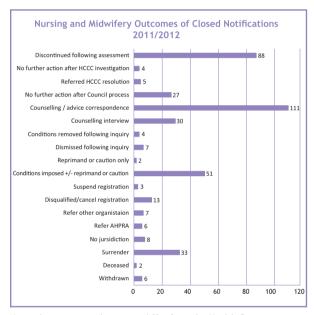
Tribunal Appeals	Number
Withdrawn	26
Dismissed	3
Conditions imposed	1
Suspended for an indefinite period	1
Conditions removed	1

Appeals to the Supreme Court

Nurses and midwives may appeal a decision made by the Tribunal to the Supreme Court. There were two appeals in 2011/2012. One appeal is ongoing and one has been completed and the appeal dismissed: Nusrat Deano v Health Care Complaints Commission completed 25 June 2012.

Notifications (Complaints) Outcomes

The outcomes of the 407 notifications (complaints) closed in 2011/2012 are summarised below.



Note: the outcomes above may differ from the Health Care Complaints Commission report due to different coding categories for outcomes.

Twenty-two percent (88) of matters were closed following initial assessment and required no further action. A further 8% (31) required no action following investigation by the Commission or further assessment by the Council.

Twenty-seven percent (111) were dealt with by way of written counselling, caution or advice from the Council, with a further 8% (30) of practitioners attended a counselling interview regarding their conduct, health or performance.

Twenty percent of matters (80) were finalised on completion of an inquiry by a Panel, Committee or Tribunal, including immediate action inquiries. These matters include 5% of closed notifications which resulted in suspension or cancellation of registration and 13% of which resulted in conditions on practice. The remaining 2% of matters dealt with by way of an inquiry were dismissed with no further action

after the inquiry.

The remaining 17% (67) of matters which were closed were: referred to the Australian Health Practitioner Regulation Agency, to the HCCC for resolution or to another organisation; the practitioner surrendered their registration or died; the complainant had withdrawn the complaint; or the Council had no jurisdiction over the matter.

The stage at which the matter was closed is as follows:

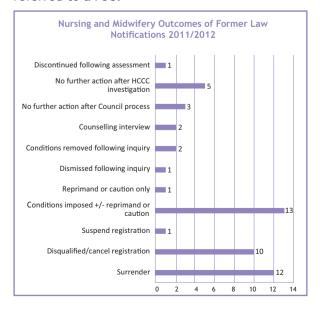
Stage* at Closure of Notification	Number	Percent
Assessment	196	51%
Health	30	16%
Performance	11	3%
Investigation	102	23%
Panel (IRP, PRP, PSC)	51	3%
Tribunal	17	4%
Total	407	100%

^{*}See Glossary for description of each stage.

Analysis of Notifications Received Under Former Nurses and Midwives Act 1991

Status of matters received under Former Nurses and Midwives Act 1991	Number
Open matters not completed at 1/7/2011	66
Matters closed in 2011/2012	51
Matters open at 30/6/2012	15

Of the 15 former law notifications which were not closed during 20011/2012, 12 have been referred to the Tribunal and three (3) have been referred to a PSC.



The stage of management of the matter at closure was as follows:

Stage at Closure of Notification	Number	Percent
Assessment	4	8%
Health	6	12%
Performance	1	2%
Investigation	14	27%
Panel (IRP, PRP, PSC)	10	20%
Tribunal	12	24%
Not Noted	4	8%
Total	51	100%

^{*}See Glossary for description of each stage.

Counselling

Under the Law, the Council may direct a nurse or midwife, or student to attend for counselling. This is a non-disciplinary process that enables a Council to address performance or conduct concerns in an informal but sound and influential manner. Counselling may be conducted by two or three Council members.

During the reporting period, the Council dealt with 30 notifications (complaints) by way of a counselling interview (eight of which had been referred to counselling during the previous reporting period but not completed). There were no students referred to counselling.

Some of the issues dealt with by counselling were:

Issues Consider by the Counselling Committee	Number
Performance or competence including:	
Medication administration	28
Breach of code of conduct	15
Managing a deteriorating patient	5
Improper management of a difficult patient	3
Boundary issue - non sexual	5
Confidentiality	3
Drug abuse	2
Manner	2
Multiple notifications (complaints)	2
Prescribing	1
Treatment	1
Assault	1
Examination of a patient	1

Note: a registrant may have received counselling for more than one issue.

Of those matters where counselling was completed, 28 were finalised following counselling. Two registrants who completed counselling were referred for further action, one registrant was referred for performance assessment and following a PRP had conditions on registration imposed. The Council held a s 150 inquiry for the second registrant due to concerns about public safety but determined no action was required and the matter was closed.

Matters Referred to the HCCC for Assisted Resolution and Conciliation

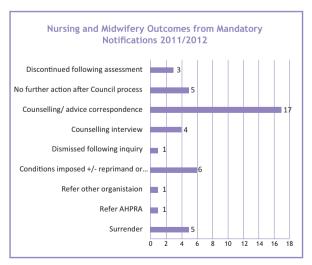
The Council may refer a notification to the HCCC for assisted resolution or conciliation to be dealt with under the *Health Care Complaints Act* 1993. In 2011/2012, there were five (5) matters referred to the HCCC for either of these actions.

Matters Referred to another Entity

During the reporting period, the Council referred six matters to AHPRA for matters which were not related to Part 8 of the Law; or where the registrant had a health or performance notification but were residing and practising in another State or Territory. There was one matter referred to the Pharmaceutical Services Branch (NSW Health) for an advertising breach, six matters were referred to employers for management and two to other organisations.

Outcomes of Mandatory Notifications

Of the 93 mandatory notifications managed in 2011/2012, 46% (43) have been finalised. The outcomes of the mandatory notifications which were finalised are provided below.



Monitoring and Compliance of Orders and Conditions

The Council is responsible for monitoring compliance with orders made and conditions imposed by the Tribunal, a PSC, a PRP, an immediate action (s 150) decision, or conditions following an IRP.

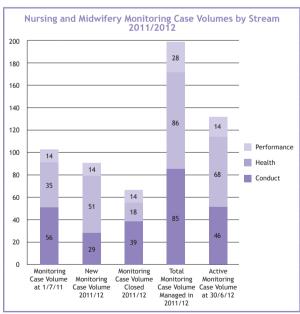
Conditions fall into two categories:

- a) practice conditions, which are published on the AHPRA website (www.ahpra.gov.au) or
- b) health conditions, which are not published.

During the year, 199 cases were monitored, and 128 remain active as at 30 June 2012.

Status of Monitoring Matters	Number
Matters monitored as at 1/7/2011	105
Matters commencing monitoring in 2011/2012	94
Matters for which monitoring was completed in 2011/2012	71
Matters under monitoring as at 30/6/2012	128
Total case volume managed in 2011/2012	199

During 2011/2012, effective working relationships with AHPRA facilitated compliance monitoring across both organisations.



Forty-five percent of the cases monitored during 2011/2012 were individuals who had conditions imposed following an IRP, 40% were individuals who had conditions imposed following a Tribunal or PSC and 15% were individuals who had conditions imposed following a PRP.

Health

Health practitioners who were referred to the health program and required conditions or suspensions imposed on their registration were monitored for compliance by the IRP and HRC.

These health practitioners usually had a health re-assessment by a Council appointed health practitioner(CAP) prior to attending a review by an IRP. There were 33 health re-assessments completed during the reporting period.

The details of the health reviews completed by an IRP is provided below.

Review Impaired Registrants Panel	Number
Registrants referred for health review but not completed at 1/7/2011	17
Registrants referred for health review in 2011/2012	47
Health reviews finalised by an IRP in 2011/2012	28
Registrants referred for a health review but not completed at 30/6/2012	36
Total case volume managed in 2011/2012	64

Twenty-seven IRP reviews were completed. The outcomes of the IRP health reviews conducted by IRPs are as follows:

Outcomes of Review IRPs	Number	Percent
Conditions altered	11	40%
Conditions remain the same	9	32%
Conditions lifted	6	21%
Did not proceed	1	7%
Total	28	100%

Twenty-three individuals in the health program were required to be monitored for drug use using urine drug testing.

All individuals in the health program were monitored in relation to their compliance with seeking treatment from health practitioners in relation to their health impairment.

All individuals who had conditions on their registration were required to demonstrate that their employers were aware of the conditions on practise.

Management and Administration



Shared Services

The Health Professional Councils Authority (HPCA) is an administrative unit of the Health Administration Corporation (HAC) which provides shared executive and corporate services to the NSW health professional Councils to support their regulatory responsibilities.

The HPCA currently supports 10 Councils:

- Chiropractic Council of New South Wales
- Dental Council of New South Wales
- Medical Council of New South Wales
- Nursing and Midwifery Council of New South Wales
- Optometry Council of New South Wales
- Osteopathy Council of New South Wales
- Pharmacy Council of New South Wales
- Physiotherapy Council of New South Wales
- Podiatry Council of New South Wales
- Psychology Council of New South Wales

The Council's Executive Officer and support staff provide secretariat services to enable it to fulfil its statutory role in regulating NSW health practitioners. In addition, the HPCA coordinates shared administrative, financial, legal and policy services across all of the Councils to assist them to meet their legislative and policy obligations as statutory bodies.

On behalf of the Councils, the HPCA liaises with AHPRA regarding financial, registration and reporting matters; with the HCCC on notifications (complaints) management issues; and with the Ministry of Health on human resource matters and providing advice and responses to the Minister for Health and the Director-General on regulatory matters and appointments.

This coordinated approach provides efficiencies through shared services that would be costly for small bodies like the Councils to implement on their own. It also allows Councils to direct their attention to protection of the public by concentrating on their core regulatory functions.

A service level agreement (SLA) between the Council and the HPCA has been developed for implementation from 1 July 2012. The SLA articulates the services the HPCA provides and key performance indicators against which to assess performance. It provides certainty and

a shared understanding for the Council and the HPCA on the range and quality of services provided. This addresses one of the significant matters raised by the Audit Office of NSW in the audit of the 2010/2011 financial statements.

Access to Information - GIPA

The Council is committed to the principles of the *Government Information (Public Access)*Act 2009 (GIPA Act) and provides access to policies, publications and information through the website that comprises open access and proactively released information. The Publication Guide (now called Agency Information Guide) was updated and has been revised as required under amendments to the GIPA Act.

Staff participated in training provided by the Office of the Information Commissioner.

Review of proactive release program - Clause 7(a)

In accordance with s 7(3) of the GIPA Act, the Council reviewed its program for the release of government information to identify the kinds of information that can be made publicly available.

The Council's program for the proactive release of information involves ensuring that new and revised policies and other information are progressively released to provide health practitioners, complainants and the public with access to information relevant to regulation and the notification (complaint) management process.

During the reporting period, this program was reviewed by maintaining a policy register and monitoring the completion and approval of relevant information. As a result of this review, the Council released the following information proactively: policy documents related to subpoenas; policy management and administrative complaints; gifts and benefits. These have been made available on the website, as well as links to relevant NSW Health policies and National Board policies.

Additions to the website include a section for the public to lodge a notification (complaint) about a nurse or midwife, or student, and access to information on scheduled hearings and the decisions made by Tribunals and Committees.

Number of access applications received - Clause 7(b)

During the reporting period, the Council received no formal access applications (including withdrawn applications but not invalid applications).

Number of refused applications for Schedule 1 information - Clause 7(c)

No applications were refused during the reporting period.

The Council's GIPA statistics are reported in Appendix 2.

Privacy

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

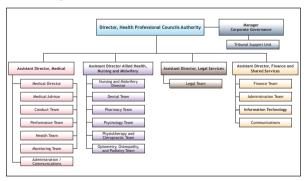
One complaint regarding privacy matters was received during the reporting period. Staff were provided with information about privacy issues and privacy education and a privacy management plan will be developed in 2012/2013.

Human Resources

The HPCA staff who support the Council are employed under Chapter 1A of the *Public Sector Employment and Management Act 2002*.

As at 30 June 2012 there were 89 permanent full-time and nine temporary full-time positions, of whom 15 FTE provided secretariat support directly to the Council.

HPCA Organisation Chart as at 30 June 2012



The HPCA adopts NSW Ministry of Health personnel policies and practices and ensures that staff have access to these policies through the Ministry intranet. All staff signed the new NSW Health Code of Conduct and had the opportunity to discuss it at staff meetings.

During the year the HPCA commissioned a review of the organisational structure to determine the best allocation of staffing resources and opportunities to streamline some services that are shared across all of the Councils.

Learning and Development

The HPCA provided learning and development opportunities for staff that were aligned with Council and corporate priorities, and that met staff individual training needs identified through the Coaching and Performance System (CAPS).

Members of the Occupational Health and Safety Committee received training in the requirements of the Work Health and Safety Act (NSW) 2011 and the Work Health and Safety Regulation (NSW) 2011 which came into effect on 1 January 2012. From this date the Committee became the Work Health and Safety Committee.

During the year staff attended a range of professional development and skills training courses. A list of staff learning and development is provided in Appendix 5. The Council aims to ensure that staff and members understand the provisions of the Law and its administration.

Priorities for 2012/2013 include induction of members joining the Council from 1 July 2012 and a focus on developing knowledge of the Law, Council's regulatory responsibilities and processes to protect the public. Legal information sessions for staff are being developed as part of an ongoing program of continuous learning and education.

Public Interest Disclosures

The Council is subject to the provisions of the *Public Interest Disclosures Act 1994* and the reporting requirements of the *Public Interest Disclosures Regulation 2011*. The Council has endorsed an internal reporting policy and has provided a report to the NSW Ombudsman's online reporting tool.

Staff and Council members are aware of the policy and information is available on the requirements and processes for making and managing disclosures.

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

January	20	12	2 -
lun	e 2	n	12

	June 2012
Number of public officials who made PIDs	0
Number of PIDs received	0
Of PIDs received, number primarily about:	
Corrupt conduct	0
Maladministration	0
Serious and substantial waste	0
Government information contravention	0
Local government pecuniary interest contravention	0
Number of PIDs finalised	0

Note: The number of PIDs finalised only refers to PIDs that have been received since 1 January 2012.

Industrial Relations Policies and Practices

The HPCA implemented the Ministry of Health industrial relations policies and practices, and maintained a harmonious industrial environment throughout the year.

Audit and Risk Management

NSW Treasury has granted the Council an exemption from the Internal Audit and Risk Management Policy for the NSW Public Sector (TPP09-05) on the grounds that it is a small agency for which the administrative and cost burden of full compliance would be prohibitive. However the Council has appropriate internal audit and risk management practices in place in line with the core requirements of TPP09-05, in particular:

- the HPCA has established a Health Professional Councils Audit and Risk Committee comprising three members, with a majority of independent members and an independent chair
- developed an Audit and Risk Committee charter consistent with the content of the 'model charter'
- established and maintained an enterprise risk management process including a Risk Register and three year rolling internal audit plan, which covers the operation of all of the Councils.

Due to the Councils' small budgets the HPCA has not established a specific Chief Audit Executive role. To meet this requirement, IAB is commissioned to undertake the internal audits nominated in the internal audit plan and the HPCA Manager, Corporate Governance provides the secretariat to the Audit and Risk Committee and ensures that audit outcomes and risk management activities are regularly reported to and monitored by the Committee.

Since its inception in January 2012 the Audit and Risk Committee reviewed the 2011/2012 Risk Register, monitored internal audits and reviews and the Council's financial and management reports.

During the year the HPCA paid particular attention to implementing the recommendations arising from the Audit Office of NSW audit of the 2010/2011 financial statements. In addition, the HPCA updated the Risk Register, developed a fraud risk assessment tool and initiated work on a business continuity plan.

The IAB conducted an internal audit of the financial controls over payments to Council, committee and panel members. The audit found no evidence of fraud but recommended a number of policy and control measures to improve internal processes and the development of a policy and procedures. All of the review's recommendations were accepted and are being addressed.

A proposed audit of information and records management was postponed to enable the scope to be revised to focus on the content and accessibility of records. This review will be rescheduled during 2013 and development of a business continuity plan has been initiated.

Information Management Systems

A priority this year was to improve information systems and the management of information, which is one of the Council's key assets. This has enabled information to be more readily shared and has improved the accuracy, reliability and security of corporate and regulatory information.

The TRIM records management system was implemented for corporate and Council records, with particular focus on electronic document management to improve version control and document tracking. A business classification scheme was developed and TRIM was linked to the case management system to reduce double

handling and recording of practitioner related information.

A new case management system, called Monitoring and Complaints System (MaCS) was also launched. It included practitioner records related to Council decisions and conditions imposed on practice by the Nursing and Midwifery Tribunal. MaCS enables standardised information about practitioners and the progress and outcomes of matters to be recorded and monitored. It also improved the accuracy and timeliness of statistical reporting.

Documentation of an IT disaster recovery plan began and will be completed as part of the business continuity plan.

Exemptions from the Reporting Provisions

As a small statutory body, the Council is exempt from certain reporting provisions and provides a triennial report in relation to disability services; equal employment opportunity; occupational health and safety and waste management. The Council last reported on these provisions in the 2010/2011 Annual Report and will next report in 2013/2014.

The Council continues to meet its compliance obligations with regard to each of these matters and remains committed to implementing the relevant policy requirements.

Consultants

The 10 health professional Councils together commissioned consultancies related to governance, system improvements and the ongoing development of the HPCA's shared services to Councils.

The Council made the following contribution to these consultancies:

Engagements costing less than \$50,000

Service Provided	No.	Cost inc. GST \$
Financial management	3	46,834
Governance	4	45,862
Administration	2	11,135
Information management and systems	1	23,387
Online Education Project	1	14,751
Total	9	141,969

Insurance

The Council's insurance activities are conducted by the HPCA with the NSW Ministry of Health's

insurance cover through the NSW Treasury Managed Fund, and include:

- legal liability public liability, professional indemnity, product liability
- Comprehensive Motor Vehicle Insurance Policy
- Personal Accident Policy, for volunteer workers
- property coverage
- · workers compensation.

Annual Report Costs

The Council printed 60 copies of the 2011/2012 Annual Report at an approximate cost of \$28.70 per copy (GST inc.).

Financial Management

The HPCA provides financial management services to the Council including the payment of accounts, budget preparation and monitoring and coordination of regular financial reporting to the Council. HPCA staff worked with the AHPRA on behalf of the Council to determine practitioner fees and the regulatory component of those fees paid to the Council to enable it to undertake its regulatory functions.

A new model for the allocation of costs across the Councils is being developed to ensure the equitable distribution of shared costs and staffing resources across all Councils. It will be implemented from 2012/2013 once the impact of the methodology across 13 Councils has been tested.

Format

The accounts of the Council's administrative operations, as well as education and research activities, together with the Independent Auditor's Report are set out in the Financial Statements included in this Annual Report.

Performance

The Council's accounts performance as reported in the Financial Statements is as follows:

	\$
Revenue	5,737,153
Operating expenditure	6,465,922
Education and research expenditure	-
Net Profit/(Loss)	(725,452)
Net cash reserves (cash and cash equivalents minus current liabilities)*	532,678
* Included in the net cash reserves is Education and Research bank account	,
balance of:	255,767

Investment Performance

The Council, through a Special Interest Arrangement with the Commonwealth Bank of Australia earned an average of 3.65% p.a. on its daily bank balances. In addition, an average rate of interest of 4.20% was earned on investments held in a Cash Deposit Account.

Payments Performance

The Council's accounts are managed by the Health Administration Corporation. The HPCA is in the process of identifying small business suppliers as required by NSW Treasury Circular TC11/21. The consolidated accounts payable performance report for the HPCA is as shown below:

Quarter	Current (within due date)	Less to 30 day overd	ys	Between 30 to 60 days overdue	Between 60 to 90 days overdue	More than 90 days overdue
	\$	\$		\$	\$	\$
All suppliers						
September	1,932,856	1,09)4	0	74	0
December	2,007,267	23,96	3	0	0	0
March	1,152,270	8	19	0	0	0
June	1,437,800	31,85	i4	0	0	0
Small business suppliers						
September						
December						
March						
June						
Measure			Sept	Dec	Mar	Jun
All suppliers						
Number of accounts due for	payment		116	122	132	108
Number of accounts paid or	n time		113	92	131	107
Actual percentage of accounts paid on time (based on number of accounts)		97.4	75.4	99.2	99.1	
Dollar amount of accounts of	due for payment		1,934,02	4 2,031,23	0 1,152,359	1,469,654
Dollar amount of accounts p	oaid on time		1,932,85	6 2,007,26	7 1,152,270	1,437,800
Actual percentage of accounts	paid on time (base	ed on \$)	99.9	98.8	100	97.8
Number of payments for inte	rest on overdue a	ccounts				
Interest paid on overdue ac	counts					
Measure			Sept	Dec	Mar	Jun
Small business suppliers						
Number of accounts due for						
Number of accounts paid or						
Actual percentage of accounts paid on time (based on number of accounts)						
Dollar amount of accounts of	due for payment					
Dollar amount of accounts paid on time						
Actual percentage of accounts paid on time (based on \$)						
	Number of payments for interest on overdue accounts					
Interest paid on overdue ac	counts					

Budget 2012/2013

The budget for the period 1 July 2012 to 30 June 2013 is as follows:

	\$
Revenue	6,747,601
Operating expenditure	(6,112,800)
Education and research expenditure	(200,000)
Net Profit/(Loss)	434,801

The 2012/2013 budget is subject to revision.





INDEPENDENT AUDITOR'S REPORT

Nursing and Midwifery Council of New South Wales

To Members of the New South Wales Parliament

I have audited the accompanying financial statements of the Nursing and Midwifery Council of New South Wales (the Council), which comprise the statement of financial position as at 30 June 2012, the statement of comprehensive income, statement of changes in equity and statement of cash flows, for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information.

Opinion

In my opinion, the financial statements:

- give a true and fair view of the financial position of the Council as at 30 June 2012, and of its financial performance and its cash flows for the year then ended in accordance with Australian Accounting Standards
- are in accordance with section 41B of the Public Finance and Audit Act 1983 (the PF&A Act) and the Public Finance and Audit Regulation 2010

My opinion should be read in conjunction with the rest of this report.

The Council's Responsibility for the Financial Statements

The members of the Council are responsible for the preparation of the financial statements that give a true and fair view in accordance with Australian Accounting Standards and the PF&A Act, and for such internal control as the members of the Council determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on the financial statements based on my audit. I conducted my audit in accordance with Australian Auditing Standards. Those Standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Council's preparation of the financial statements that give a true and fair view in order to design audit procedures appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Council's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the members of the Council, as well as evaluating the overall presentation of the financial statements.

I believe the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

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My opinion does not provide assurance:

- about the future viability of the Council
- · that it has carried out its activities effectively, efficiently and economically
- about the effectiveness of its internal control
- about the security and controls over the electronic publication of the audited financial statements on any website where they may be presented
- about other information which may have been hyperlinked to/from the financial statements

Independence

In conducting my audit, I have complied with the independence requirements of the Australian Auditing Standards and other relevant ethical pronouncements. The PF&A Act further promotes independence by:

- providing that only Parliament, and not the executive government, can remove an Auditor-General
- mandating the Auditor-General as auditor of public sector agencies, but precluding the provision
 of non-audit services, thus ensuring the Auditor-General and the Audit Office of New South
 Wales are not compromised in their roles by the possibility of losing clients or income.

Peter Boulous CA

Director Financial Audit Services

18 October 2012 SYDNEY



NURSING AND MIDWIFERY COUNCIL OF NEW SOUTH WALES

YEAR ENDED 30 JUNE 2012

STATEMENT BY MEMBERS OF THE COUNCIL

Pursuant to section 41C(1B) Public Finance and Audit Act 1983, and in accordance with the resolution of the members of the Nursing and Midwifery Council of New South Wales, we declare on behalf of the Council that in our opinion:

- The accompanying financial statements exhibit a true and fair view of the financial 1. position of the Nursing and Midwifery Council of New South Wales as at 30 June 2012 and financial performance for the year then ended.
- The financial statements have been prepared in accordance with the provisions of 2. Australian Accounting Standards, Accounting Interpretations, the Public Finance and Audit Act, 1983, the Public Finance and Audit Regulation, 2010, and the Treasurer's Directions.

Further, we are not aware of any circumstances which would render any particulars included in the financial statements to be misleading or inaccurate.

Council Member

Date: /2//2//2

Council Member

Date: 12 /10/12



Statement of Comprehensive Income for the Year Ended 30 June 2012

	Notes	2012 \$	2011 \$
EXPENSES EXCLUDING LOSSES			
Operating expenses			
Personnel services	2(a)	(3,296,639)	(2,620,476)
Other operating expenses	2(b)	(1,840,923)	(1,810,597)
Depreciation and amortisation	2(c)	(289,775)	(493,711)
Finance costs	2(d)	(8,788)	(11,038)
Other expenses	2(e)	(1,029,797)	(757,022)
Education and research expenses	3	-	(147,536)
Total Expenses Excluding Losses		(6,465,922)	(5,840,380)
REVENUE			
Registration fees		5,508,833	5,835,107
Other revenue		2,489	2,083
Interest revenue	5	225,831	203,957
Total Revenue		5,737,153	6,041,147
Gain/(Loss) on disposal	6	3,317	6,304
Net Result		(725,452)	207,071
Other Comprehensive Income		-	_
Total Comprehensive Income		(725,452)	207,071



Statement of Financial Position as at 30 June 2012

	Notes	2012	2011
		\$	\$
ASSETS			
Current Assets			
Cash and cash equivalents	7	7,670,363	6,721,750
Receivables	8	669,768	984,518
Total Current Assets		8,340,131	7,706,268
Non-Current Assets			
Plant and equipment	9		
Leasehold improvements		458,245	134,271
Motor vehicles		13,717	37,312
Furniture and fittings		103,755	-
Other		180,759	168,475
Total Plant and equipment		756,476	340,058
ntangible assets	10	339,117	332,228
Total Non-Current Assets		1,095,593	672,286
Total Assets		9,435,724	8,378,554
LIABILITIES			
Current Liabilities			
Payables	11	1,526,585	1,201,567
Fees in advance	12	5,611,100	4,162,285
Total Current Liabilities		7,137,685	5,363,852
Non-Current Liabilities			
Provisions	13	279,270	270,481
Total Non-Current Liabilities		279,270	270,481
Total Liabilities		7,416,955	5,634,333
Net Assets		2,018,769	2,744,221
EQUITY			
Accumulated funds		2,018,769	2,744,221
Total Equity		2,018,769	2,744,221



Statement of Changes In Equity for the Year Ended 30 June 2012

	Notes	Accumulated Funds
		\$
Balance at 1 July 2011		2,744,221
Changes in accounting policy		-
Correction of errors		
Restated Total Equity		2,744,221
Net Result for the Year		(725,452)
Other comprehensive income		
Balance at 30 June 2012		2,018,769
Balance at 1 July 2010		-
Transfer in of net assets due to restructure	19	3,477,105
Payment to Ministry of Health	19	(939,955)
Restated transfer balance as at 1 July 2010		2,537,150
Net Result for the Year		207,071
Other comprehensive income		
Balance at 30 June 2011		2,744,221



Statement of Cash Flows for the Year Ended 30 June 2012

	Notes	2012	2011
		\$	\$
Cash Flows from Operating Activities			
Payments			
Personnel Services		(3,265,533)	(2,661,523)
Finance costs		-	-
Other		(2,620,507)	(2,316,622)
Total Payments		(5,886,040)	(4,978,145)
Receipts			
Receipts from registration fees		7,313,485	5,245,221
Interest received		227,894	205,556
Other		3,039	2,083
Total Receipts		7,544,418	5,452,860
Net Cash Flows from Operating Activities	17	1,658,378	474,715
Cash Flows from Investing Activities			
Proceeds from sale of plant and equipment		37,248	19,119
Purchases of plant and equipment		(747,014)	(441,330)
Net Cash Flows from Investing Activities		(709,765)	(422,211)
Cash Flows from Financing Activities			
Proceeds from restructure of previously abolished Board	19	-	9,163,501
Australian Health Practitioner Regulation Agency as per Government Gazette No 90	19	_	(1,554,300)
Payment to NSW Department of Health (owner) as per Government Gazette No 90	19	-	(939,955)
Net Cash Flows from Financing Activities		<u>-</u>	6,669,246
Net Increase/(Decrease) in Cash		948,612	6,721,750
Opening cash and cash equivalents		6,721,750	-
Closing Cash and Cash Equivalents	7	7,670,363	6,721,750



Notes to the Financial Statements

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

a. Reporting Entity

The Nursing and Midwifery Council of New South Wales (The Council) as a not-for-profit reporting entity with no cash generating units, performs the duties and functions contained in the *Health Practitioner Regulation National Law (NSW) No 86a* (the Law).

These financial statements for the year ended 30 June 2012 have been authorised for issue by the Council on 12 October 2012.

b. Basis of Preparation

The Council has adopted the going concern basis in the preparation of the financial statements.

The Council's financial statements are general purpose financial statements and have been prepared in accordance with:

- applicable Australian Accounting Standards (which include Australian Accounting Interpretations)
- the requirements of the Public Finance and Audit Act 1983 and Regulation and
- the Financial Reporting Directions published in the Financial Reporting Code for NSW General Government Sector Entities or issued by the Treasurer.

The financial statements have been prepared on the basis of historical cost.

Judgements, key assumptions and estimations management has made are disclosed in the relevant notes to the financial statements.

All amounts are rounded to the nearest dollar and are expressed in Australian currency.

c. Insurance

The Council's insurance activities are conducted through the NSW Treasury Managed Fund Scheme of self-insurance for Government entities. The expense (premium) is determined by the Fund Manager based on past claim experience.

d. Accounting for the Goods and Services Tax (GST)

Income, expenses and assets are recognised net of the amount of GST, except that:

- the amount of GST incurred by the Council as a purchaser that is not recoverable from the Australian Taxation Office is recognised as part of the cost of acquisition of an asset or as part of an item of expense and
- receivables and payables are stated with the amount of GST included.

Cash flows are included in the statement of cash flows on a gross basis. However, the GST components of cash flows arising from investing and financing activities which are recoverable from, or payable to, the Australian Taxation Office are classified as operating cash flows.

e. Income Recognition

Income is measured at the fair value of the consideration or contribution received or receivable.

The National Registration and Accreditation Scheme for all health professionals commenced on 1 July 2010. NSW opted out of the complaint handling component of the National scheme and the health professional Councils were established in NSW effective from 1 July 2010 to manage the complaints function in a coregulatory arrangement with the NSW Health Care Complaints Commission.

Under Section 26A of the Law, the complaints element of the registration fees payable during 2012 by NSW health practitioners was decided by the Council established for that profession subject to approval by the Minister for Health.

The Council, under the Law, receives fees on a monthly basis from the Australian Health Practitioner Regulation Agency (AHPRA) being the agreed NSW complaints element for the 2012 registration fee. Fees are progressively recognised as income by the Council as the annual registration period elapses. Fees in advance represent unearned income at balance date.



Notes to the Financial Statements

f. Personnel Services

All employees of the Council reside with the Ministry of Health (MOH). Staff costs are shown in the Statement of Comprehensive Income as personnel services in the financial statements of the Council. Provisions in the Statement of Financial Position represent amounts payable to the MOH in respect of personnel services.

g. Interest Revenue

Interest revenue is recognised using the effective interest method as set out in AASB 139 Financial Instruments: Recognition and Measurement.

h. Education and Research

The Council is responsible for the administration of the Education and Research account. The Minister for Health may determine that a set amount of funds out of the fees received to be transferred to the Education and Research account.

i. Assets

i. Acquisitions of Assets

The cost method of accounting is used for the initial recording of all acquisitions of assets controlled by the Council. Cost is the amount of cash or cash equivalents paid or the fair value of the other consideration given to acquire the asset at the time of its acquisition or construction or, where applicable, the amount attributed to that asset when initially recognised in accordance with the requirements of other Australian Accounting Standards.

The cost of assets recognised in the financial statements has been calculated based on the benefits expected to be derived by the Council.

Assets acquired at no cost, or for nominal consideration, are initially recognised at their historical cost at the date of acquisition.

Fair value is the amount for which an asset could be exchanged between knowledgeable, willing parties in an arm's length transaction.

Where payment for an item is deferred beyond normal credit terms, its costs are cash price equivalent, i.e. the deferred payment amount is effectively discounted at an asset-specific rate.

ii. Capitalisation Thresholds

The Health Professional Councils Authority (HPCA) acquires all assets on behalf of the Council. Shared use assets that cost over \$5,000 at the time of purchase by the HPCA are capitalised. These capitalised shared use assets are then allocated to the Council using an appropriate allocation method. The minimum capitalisation threshold limits applied to the Council for the asset are \$3,005.50 (all Council shared use asset), or \$\$3,653.50 (Pitt Street shared use asset), whichever is applicable.

iii. Impairment of Plant and Equipment

As a not-for-profit entity with no cash generating units, AASB 136 *Impairment of Assets* effectively is not applicable. AASB 136 modifies the recoverable amount test to the higher of fair value less costs to sell and depreciated replacement cost. This means that, where an asset is already measured at fair value, impairment can only arise if selling costs are material. Selling costs for the entity are regarded as immaterial.

iv. Depreciation of Plant, Equipment and Leasehold Improvements

Depreciation and amortisation is provided for on a straight-line basis for all depreciable assets so as to write off the amounts of each asset as it is consumed over its useful life to the Council.

Depreciation and amortisation methods, useful lives and residual values are reviewed at each reporting date and adjusted if appropriate.



Notes to the Financial Statements

Depreciation rates used are as follows: Plant and equipment 20% - 25%

Furniture and fittings 16% - 20%

Motor vehicles 25% - 29%

Leasehold improvements 1.7% - 4%

v. Revaluation of Plant and Equipment

There has been no revaluation on any of the Council's plant and equipment as they are non-specialised assets. Non-specialised assets with short useful lives are measured at depreciated historical cost as a surrogate for fair value.

vi. Maintenance

Day-to-day servicing costs or maintenance are charged as expenses as incurred, except where they relate to the replacement of a component of an asset, in which case the costs are capitalised and depreciated.

vii. Intangible Assets

The Council recognises intangible assets only if it is probable that future economic benefits will flow to the entity and the cost of the asset can be measured reliably. Intangible assets are measured initially at cost. Where an asset is acquired at no or nominal cost, the cost is its fair value as at the date of acquisition.

All research costs are expensed. Development costs are only capitalised when certain criteria are met.

The useful lives of intangible assets are assessed to be finite.

Intangible assets are subsequently measured at fair value only if there is an active market. As there is no active market for the entity's intangible assets, the assets are carried at cost less any accumulated amortisation.

Intangible assets are tested for impairment where an indicator of impairment exists. If the recoverable amount is less than its carrying amount, the carrying amount is reduced to recoverable amount and the reduction is recognised as an impairment loss.

The Council's intangible assets are amortised using the straight line method over a period of four years. In general, intangible assets are tested for impairment where an indicator of impairment exists. However, as a not-for-profit entity with no cash generating units, the Council is effectively exempted from impairment testing.

viii. Loans and Receivables

Loans and receivables are recognised initially at fair value, usually based on the transaction cost or face value. Subsequent measurement is at amortised cost using the effective interest method, less an allowance for any impairment of receivables. Short-term receivables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial. An allowance for impairment of receivables is established when there is objective evidence that the Council will not be able to collect all amounts due. The amount of the allowance is the difference between the assets carrying amount and the present value of the estimated future cash flows, discounted at the effective interest rate. Bad debts are written off as incurred.

j. Liabilities

i. Trade and Other Payables

These amounts represent liabilities for goods and services provided to the Council and other amounts. Payables are recognised initially at fair value, usually based on the transaction cost or face value. Subsequent measurement is at amortised cost using the effective interest method. Short-term payables with no stated interest rates are measured at the original invoice amount where the effect of discounting is immaterial.



Notes to the Financial Statements

ii. Personnel Services - Ministry of Health

Personnel services are acquired from the MOH. As such the MOH accounting policy is below.

Liabilities for salaries and wages (including non-monetary benefits), annual leave and paid sick leave that are due to be settled within 12 months after the end of the period in which the employees render the service are recognised and measured in respect of employees' services up to the reporting date at undiscounted amounts based on the amounts expected to be paid when the liabilities are settled.

Unused non-vesting sick leave does not give rise to a liability as it is not considered probable that sick leave taken in the future will be greater than the benefits accrued in the future.

The outstanding amounts of payroll tax, workers' compensation insurance premiums and fringe benefits tax, which are consequential to employment, are recognised as liabilities and expenses where the employee benefits to which they relate have been recognised.

All employees receive the Superannuation Guarantee Levy contribution. All superannuation benefits are provided on an accumulation basis - there are no defined benefits. Contributions are made by the entity to an employee superannuation fund and are charged as an expense when incurred.

iii. Provision for Make Good

Provisions include the Council's proportionate liability (allocated to the Council using an appropriate allocation method), of the estimated make good liability, discounted to today's present value.

k. Equity

Accumulated Funds

The category 'Accumulated Funds' includes all current and prior period funds.

I. Comparative information

Except when an Australian Accounting Standard permits or requires otherwise, comparative information is disclosed in respect of the previous period for all amounts reported in the financial statements.

Comparative amounts, where applicable (in Notes 2b and 2e), are reclassified for the purpose of comparability with the current year figures.

m. New Australian Accounting Standards issued but not effective

There are no new Accounting Standards applicable this financial year.



Notes to the Financial Statements

2. EXPENSES EXCLUDING LOSSES

a. Personnel services expenses

Personnel services expenses are acquired from the MOH and comprise the following:

	2012	2011
	\$	\$
Salaries and wages (including recreation leave)	2,783,064	2,103,878
Superannuation	274,704	370,815
Payroll taxes	209,415	145,127
Workers compensation insurance	29,456	656
	3,296,639	2,620,476

b. Other operating expenses include the following:

	2012	2011
	\$	\$
Auditor's remuneration	17,000	17,000
Rent and building expenses	717,395	600,148
Council fees	28,881	24,674
Sitting fees	445,889	778,002
Contracted labour	631,758	390,773
	1,840,923	1,810,597



Notes to the Financial Statements

2. EXPENSES EXCLUDING LOSSES (continued)

c. Depreciation and amortisation expense

2012 \$	2011 \$
\$	\$
7,182	4,507
-	94,196
67,908	49,257
75,090	147,960
44 400	
	33,397
	312,354
214,685	345,751
289,775	493,711
	2011
\$	\$
8,788	11,038
8,788	11,038
	67,908 75,090 16,438 198,247 214,685 289,775

e. Other expenses

2012 \$	2011 \$
82,672	104,782
698,653	326,367
49,980	84,180
72,384	97,717
8,593	49,951
117,515	94,025
1,029,797	757,022
	\$ 82,672 698,653 49,980 72,384 8,593 117,515



Notes to the Financial Statements

3. EDUCATION AND RESEARCH

i. Education and Research Expenses

	2012	2011
	\$	\$
Other expenses	<u> </u>	147,536
Total (excluding GST)	<u>-</u> _	147,536

ii. Education and Research Account Reconciliation

	Notes	2012	2011
		\$	\$
Opening balance 1 July 2011		245,867	-
Transfer of assets due to restructure		-	381,161
Interest	_	9,900	12,242
		255,767	393,403
Outgoings			(147,536)
Closing Balance 30 June 2012	7	255,767	245,867

4. EXPENDITURE MANAGED ON BEHALF OF THE COUNCIL THROUGH THE HEALTH ADMINISTRATION CORPORATION

The Council's accounts are managed by the Health Administration Corporation. Executive and administrative support functions are provided by the HPCA, which is an administrative unit of the Health Administration Corporation. The Health Administration Corporation has determined the basis of allocation of material costs to the Council.

Salaries and associated oncosts are paid by the MOH. The MOH continues to pay for the staff and associated oncosts. These costs are reimbursed by the Council to the MOH.

Details of transactions managed on behalf of the Council through the Health Administration Corporation are detailed above in notes 2 to 11.



Notes to the Financial Statements

5.	INTEREST REVENUE		
		2012	2011
		\$	\$
	Interest revenue from financial assets not at fair value through	225 024	202.057
	profit or loss	225,831	203,957
		225,831	203,957

The interest received was paid under a Special Interest Arrangement with the bank which applied to all daily balances of bank accounts administered on behalf of all health professional Councils by the Health Administration Corporation. In addition to daily balances receiving interest at a rate revised each week, the bank also waived normal bank fees payable such as transaction fees, dishonoured cheque fees and overseas draft fees.

Weighted Average Interest Rate	2012 % 3.65	2011 % 4.13
6. GAIN/(LOSS) ON DISPOSAL		
	2012	2011
	\$	\$
Plant and equipment		
Net book value disposed during the year	(33,932)	(12,814)
Proceeds from sale	37,249	19,118
Total Gain on Disposal	3,317	6,304
7. CASH AND CASH EQUIVALENTS		
	2012	2011
	\$	\$
Cash at bank and on hand	1,390,644	1,336,836
Short-term bank deposits	653,487	625,014
Cash at bank - held by HPCA*	5,626,232	4,759,900
	7,670,363	6,721,750

^{*} This is cash held by the HPCA, an administrative unit of the Health Administration Corporation, on behalf of the Council for its operating activities.



Notes to the Financial Statements

The Council operates the bank accounts shown below:

	Notes	2012	2011
		\$	\$
Operating account**		1,134,377	1,090,469
Education and research account**	3	255,767	245,867
		1,390,144	1,336,336

^{**} managed by the HPCA, an administrative unit of the Health Administration Corporation.

8. RECEIVABLES

	2012	2011
	\$	\$
Other receivables	205,371	161,671
Interest receivable	20,139	22,202
Trade receivables	444,808	800,645
Less: Allowance for impairment	(550)	
	669,768	984,518
Movement in the allowance for impairment		
Balance at 1 July	-	-
Amounts written off during the year	-	-
Amounts recovered during the year	-	-
Increase/(Decrease) in allowance recognised in profit or loss	550	
Balance at 30 June	550	

Trade receivables have been considered for impairment.

The trade receivables include monies that AHPRA has collected from registrants as at 30 June 2012 and has remitted the monies to HPCA in July 2012.



Notes to the Financial Statements

9. PROPERTY, PLANT AND EQUIPMENT

The Council has an interest in plant and equipment used by all health professional Councils. Plant and equipment is not owned individually by the Council. The amounts recognised in the financial statements have been calculated based on the benefits expected to be derived by the Council.

nts Vehicles	& Fittings	Other	Total
\$	\$	\$	\$
42 54,646	-	431,627	621,415
(17,334)	-	(263,152)	(281,357)
71 37,312	-	168,475	340,058
70 17,234	103,755	477,526	1,059,985
(3,517)	-	(296,767)	(303,509)
45 13,717	103,755	180,759	756,476
7	Yehicles \$ 42 54,646 71) (17,334) 71 37,312 470 17,234 25) (3,517)	\$ \$ \$ 42 54,646 - 71) (17,334) - 71 37,312 - 71 37,312 - 725) (3,517) -	\$\frac{1}{25}\$ \text{Noticles} \text{\frac{1}{2}} \text{Fittings} \text{\frac{1}{2}} \text{54,646} - \text{431,627} \\ \frac{71}{71}\$ \text{(17,334)} - \text{(263,152)} \\ \frac{71}{71}\$ \text{37,312} - \text{168,475} \\ \frac{168,475}{25}\$ \text{477,526} \\ \text{25}\$ \text{(3,517)} - \text{(296,767)} \end{array}

Reconciliation

A reconciliation of the carrying amount of each class of plant and equipment at the beginning and end of the current reporting period is set out below:

	Leasehold Improvements	Motor Vehicles	Furniture & Fittings	Other	Total
	\$	\$	\$	\$	\$
Year Ended 30 June 2012					
Net carrying amount at start of year	134,271	37,312	-	168,475	340,058
Additions	340,412	17,519	103,755	80,192	541,878
Disposals	-	(33,932)	-	-	(33,932)
Depreciation expense	(16,438)	(7,182)	-	(67,908)	(91,528)
Net Carrying Amount At End of Year	458,245	13,717	103,755	180,759	756,476



Notes to the Financial Statements

9.PROPERTY, PLANT AND EQUIPMENT (continued)

	Leasehold Improvements			Other	Total
	\$	\$	\$	\$	\$
At 1 July 2010					
Transfer of net assets due to restructure	22,036	45,387	94,196	162,597	324,216
Net Carrying Amount	22,036	45,387	94,196	162,597	324,216
At 30 June 2011					
Gross carrying amount	135,142	54,646	-	431,627	621,415
Accumulated depreciation and impairment	(871)	(17,334)	-	(263,152)	(281,357)
Net Carrying Amount	134,271	37,312	-	168,475	340,058

Reconciliation

A reconciliation of the carrying amount of each class of plant and equipment at the beginning and end of the prior reporting period is set out below:

	Leasehold Improvements	Motor Vehicles	Furniture & Fittings	Other	Total
	\$	\$	\$	\$	\$
Year Ended 30 June 2011					
Net carrying amount at start of year	22,036	45,387	94,196	162,597	324,216
Additions	145,632	9,246	-	55,135	210,013
Disposals	-	(12,814)	-	-	(12,814)
Depreciation expense	(33,397)	(4,507)	(94,196)	(49,257)	(181,357)
Net Carrying Amount at End of Year	134,271	37,312	-	168,475	340,058



Notes to the Financial Statements

10. INTANGIBLE ASSETS

The Council has an interest in intangible assets used by all health professional Councils. The asset is not owned individually by the Council. The amounts recognised in the financial statements have been calculated based on the benefits expected to be derived by the Council.

	Software Work in Progress	Software	Total
	\$	\$	\$
At 1 July 2011	47.054	EO/ 729	(44 502
Cost (gross carrying amount) Accumulated amortisation and impairment	47,854	596,728 (312,354)	644,582 (312,354)
	47.054		
Net Carrying Amount	47,854	284,374	332,228
At 30 June 2012			
Cost (gross carrying amount)	11,551	872,460	884,011
Accumulated amortisation and impairment	-	(544,894)	(544,894)
Net Carrying Amount	11,551	327,566	339,117
	Software Work in Progress	Software	Total
Year Ended 30 June 2012	\$	\$	\$
Net carrying amount at start of year	47,854	284,374	332,228
Additions	11,551	193,585	205,136
Transfer	(47,854)	47,854	-
Disposals	, , ,	, -	-
Amortisation	-	(198,247)	(198,247)
Net Carrying Amount at End of Year	11,551	327,566	339,117
	Software Work in Progress	Software	Total
	\$	\$	\$
At 1 July 2010 Transfer of net assets due to restructure		326,489	326,489
		326,489	326,489
Net Carrying Amount		320,409	320,469
At 30 June 2011			
Cost (gross carrying amount)	47,854	596,728	644,582
Accumulated amortisation and impairment		(312,354)	(312,354)
Net Carrying Amount	47,854	284,374	332,228
	Software Work in Progress	Software	Total
V Fdd-20 bur - 2044	\$	\$	\$
Year Ended 30 June 2011 Net carrying amount at start of year	_	326,489	326,489
Additions	47,854	270,239	318,093
Disposals	-		-
Amortisation	-	(312,354)	(312,354)
Net Carrying Amount at End of Year	47,854	284,374	332,228
, ,			



Notes to the Financial Statements

11. PAYABLES		
	2012	2011
	\$	\$
Personnel services - Ministry of Health	451,395	420,289
Trade and other payables	1,075,190	781,278
	1,526,585	1,201,567
12. FEES IN ADVANCE		
	2012	2011
	\$	\$
Fees in advance	5,611,100	4,162,285
	5,611,100	4,162,285

Unearned revenue from NSW Regulatory Fees received on behalf of the Council by the HPCA from the AHPRA.

13. PROVISIONS

	2012	2011
	\$	\$
Non-Current Make good	279,270	270,481
	279,270	270,481

Movement in provisions (other than personnel services)

Movements in each class of provision during the financial year, other than personnel services, are set out below:

	Make good 2012 \$
Carrying amount at the beginning of financial year	270,481
Additional provisions recognised	-
Amount used	-
Unused amounts reversed	-
Unwinding / change in discount rate	8,789
Carrying amount at the end of financial year	279,270



Notes to the Financial Statements

14. COMMITMENTS FOR EXPENDITURE

i. Capital Commitments

Aggregate capital expenditure for the acquisition of audio visual equipment and furniture at Level 6 477 Pitt Street office contracted (2011 acquisition of a Monitoring and Complaints System and leasehold improvements) for at balance date and not provided for:

	2012	2011
	\$	\$
Not later than one year	16,118	151,893
Later than one year and not later than five years	-	-
Total (including GST)	16,118	151,893

ii. Operating Lease Commitments

Future non-cancellable operating lease rentals not provided for and payable:

	2012	2011
	\$	\$
Not later than one year	785,832	762,125
Later than one year and not later than five years	2,902,444	3,652,152
Total (including GST)	3,688,276	4,414,277
lotal (including GST)	=======================================	

15. RELATED PARTY TRANSACTIONS

The Council has only one related party, being the HPCA, an administrative unit of the Health Administration Corporation.

The Council's accounts are managed by the Health Administration Corporation. Executive and administrative support functions are provided by the HPCA. All accounting transactions are carried out by the HPCA on behalf of the Council.

16. CONTINGENT LIABILITIES AND CONTINGENT ASSETS

There is a contingent liability of \$17,453 for disputed amounts owing to a supplier for the leasehold improvement work carried out at Level 6, 477 Pitt Street, Sydney as at 30 June 2012.

There are no known contingent assets as at 30 June 2012.



Notes to the Financial Statements

17. RECONCILIATION OF CASH FLOWS FROM OPERATING ACTIVITIES TO NET RESULT

	2012	2011
	\$	\$
Net result	(725,452)	207,071
Depreciation and amortisation	289,775	493,710
Allowance for impairment	550	-
(Decrease)/Increase in receivables	314,200	(836,999)
Increase/(Decrease) in fees in advance	1,448,815	248,713
Increase/(Decrease) in payables	325,018	398,533
Increase/(Decrease) in provisions	8,789	(30,009)
Net gain/(loss) on sale of plant and equipment	(3,317)	(6,304)
Net Cash used on Operating Activities	1,658,378	474,715

18. FINANCIAL INSTRUMENTS

The Council's main risks arising from financial instruments are outlined below, together with the Council's objectives, policies and processes for measuring and managing risk. Further quantitative and qualitative disclosures are included throughout the financial statements.

The Council has overall responsibility for the establishment and oversight of risk management and reviews and agrees on policies for managing each of these risks.

i. Financial Instrument Categories

Financial Assets Class	Notes	Category	Carrying Amount 2012 \$	Carrying Amount 2011 \$
Cash and Cash Equivalents	7	N/A	7,670,363	6,721,750
Receivables ¹	8	Loans and receivables (measured at amortised cost)	464,397	822,848
Financial Liabilities	Note	Category	Carrying Amount	Carrying Amount
Class			2012 \$	2011 \$
Payables ²	11	Financial liabilities (measured at amortised cost)	1,526,585	1,201,567

Notes

- 1. Excludes statutory receivables and prepayments (i.e. not within scope of AASB 7).
- 2. Excludes statutory payables and unearned revenue (i.e. not within scope of AASB 7).



ii. Credit Risk

Credit risk arises when there is the possibility of the Council's debtors defaulting on their contractual obligations, resulting in a financial loss to the Council. The maximum exposure to credit risk is generally represented by the carrying amount of the financial assets (net of any allowance for impairment).

Credit risk arises from the financial assets of the Council, including cash, receivables, and authority deposits. No collateral is held by the Council. The Council has not granted any financial guarantees.

Cash

Cash comprises cash on hand and bank balances held by the Council and the HPCA on behalf of the Council. Interest is earned on the daily bank balances.

Receivables - Trade Debtors

All trade debtors are recognised as amounts receivable at balance date. Collectability of trade debtors is reviewed on an ongoing basis. Debts which are known to be uncollectible are written off. An allowance for impairment is raised when there is objective evidence that the entity will not be able to collect all amounts due. This evidence includes past experience, and current and expected changes in economic conditions and debtor credit ratings. No interest is earned on trade debtors. The Council is not materially exposed to concentrations of credit risk to a single trade debtor or group of debtors.

Authority Deposits

The Council has placed funds on deposit with the Commonwealth Bank. These deposits are fixed term, the interest rate payable by the bank is negotiated initially and is fixed for the term of the deposit. The deposits at balance date were earning an interest rate of 3.40%, while over the year the weighted average interest rate was 4.20%. None of these assets are past due or impaired.

iii. Liquidity Risk

Liquidity risk is the risk that the Council will be unable to meet its payment obligations when they fall due. The HPCA on behalf of the Council continuously manages risk through monitoring future cash flows and maturities planning to ensure adequate holding of high quality liquid assets.

The liabilities are recognised for amounts due to be paid in the future for goods or services received, whether or not invoiced. Amounts owing to suppliers (which are unsecured) are settled in accordance with the policy set out in Treasurer's Direction 219.01. If trade terms are not specified, payment is made no later than the end of the month following the month in which an invoice or a statement is received. Treasurer's Direction 219.01 allows the Minister to award interest for late payment.

All payables are current and will not attract interest payments.

iv. Market Risk

The Council does not have exposure to market risk on financial instruments.



15. EOUITY TRANSFERS

As a result of the commencement of the Law, assets and liabilities of the Nurses and Midwives Board of New South Wales were transferred to the newly established Nursing and Midwifery Council of New South Wales on 1 July 2010, and the former Nurses and Midwives Board of New South Wales was abolished.

The establishment of the Council and the transfer of assets and liabilities referred to above was classified as a restructure of administrative arrangements and accounted for in accordance with NSW Treasury's Accounting Policy: Contribution by owners made to wholly owned Public Sector Entities (TPP09-03) as a contribution by owners. Assets and liabilities were transferred at book values at 30 June 2010 per transferor entities as these book values were considered reasonable approximations of fair value to the Council, with a net credit to Equity of \$3,477,105.

Transactions and adjustments recognised on 1 July 2010 as a result of the restructure were as follows:

- a) The New South Wales Government Gazette No 90, dated 2 July 2010 ordered that the Council make the following payments:
 - i) An amount of \$939,955 to the NSW Department of Health in respect of an unrecorded liability for the Council's contribution towards the national registration implementation costs. This was treated as a transaction with owners and debited to Equity, and subsequently paid on 2 September 2010; and
 - ii) An amount of \$1,554,300 to the AHPRA being the estimated registration fees component of total fees received in advance by the former Board as at 30 June 2010. This amount was reclassified from Fees in Advance to Trade and Other Payables, and subsequently paid on 14 March 2011.
- b) Net adjustments to increase make-good provisioning by \$59,623 in respect of the fair value of leasing arrangements acquired.

16.EVENTS AFTER THE REPORTING PERIOD

There are no events after the reporting period to be included in the financial statements as of 30 June 2012.

End of Audited Financial Statements

Appendix 1 - Legislative Changes

The following amendments were made to the *Health Practitioner Regulation National Law (NSW)* and the *Health Practitioner Regulation (New South Wales) Regulation 2010.*

Health Practitioner Regulation National Law (NSW)

- 1. Amendments made by the *Health Services Amendment (Local Health Districts and Boards) Act 2011* (commenced 1 July 2011):
 - Amendments were made to Schedule 5C of the Law to reflect the replacement of Local Health Networks with Local Health Districts.
- Amendments made by the Health Legislation Amendment Act 2012 (commenced 21 June 2012):
 An amendment was made to s 6A of the Health Practitioner Regulation (Adoption of National Law) Act 2009 to remove impaired registrants panels from the definition of adjudication body.

 Amendments to the Health Practitioner Regulation National Law (NSW):
 - Inclusion of s 3A which provides that in exercising a function under a NSW provision of the Law public protection is the paramount consideration.
 - Inclusion of s 143A which provides that a mandatory notification made to AHPRA is to be taken as a notification (complaint) for the purposes of Part 8 of the Law and for the purposes of the Health Care Complaints Act 1993.
 - Amendments to a range of sections to clarify that a Council may refer a person for psychological counselling in addition to medical and other types of counselling.
 - Amendments to a range of sections to provide that where a committee, panel or Tribunal
 is required to include a lay person, that person is to be someone who has never been
 registered as a practitioner or student in the relevant profession.
 - Amendment to s 159 to clarify that an appeal to the Tribunal from a decision by the Council is a hearing de novo.
 - Amendment to s 163 to provide that the Chairperson of the Tribunal may determine in a particular case that the Council is the "appropriate review body".
 - Amendment to s 163A to provide that a disciplinary order of a Council may be reviewed
 - Amendment of s 163B to clarify that a practitioner who receives a "reinstatement order" from the Tribunal must still meet the registration requirements of the National Board.
 - A range of minor consequential amendments flowing from the above amendments were also made.
 - Section 41B to include the Aboriginal and Torres Strait Islander Health Practice Council, the Chinese Medicine Council, the Medical Radiation Practice Council and the Occupational Therapy Council in the table of Councils established by that section.
- 3. Amendments made by the *Health Practitioner Regulation National Law (NSW) Amendment (Health Professions) Order 2012* (commenced 1 July 2012):
 - Amendments were made to s 41B to include the Aboriginal and Torres Strait Islander Health Practice Council of New South Wales, the Chinese Medicine Council of New South Wales, the Medical Radiation Practice Council of New South Wales and the Occupational Therapy Council of New South Wales in the table of Councils established by that section.
 - Amendments were made to s 165 to include the Aboriginal and Torres Strait Islander Health Practice Tribunal of New South Wales, the Chinese Medicine Tribunal of New South Wales, the Medical Radiation Practice Tribunal of New South Wales and the Occupational Therapy Tribunal of New South Wales in the table of Tribunals established by that section.

Health Practitioner Regulation (New South Wales) Regulation 2010

(commenced 1 July 2012).

- 1. Amendments made by the Statute Law (Miscellaneous Provisions) Act 2011 (commenced 8 July 2011):
 - An amendment to clause 24 of a savings and transitional nature.
- 2. Health Practitioner Regulation (New South Wales) Amendment (Savings and Transitional) Regulation 2011 (commenced 22 July 2011):
 - An amendment of a savings and transitional nature to ensure that a person who became a member of a State Board of the National Board by virtue of the transitional provisions in the Law did not cease to hold that office due to the expiry of their former term of office as a member of the local Registration Board
- 3. Health Practitioner Regulation (New South Wales) Amendment Regulation 2012 An amendment to insert Clause 3A to the Regulation, setting out the membership of the four new Professional Councils established on 1 July 2012 (commenced 3 February 2012). A consequential amendment to Clause 4 of the Regulation flowing from the insertion of Clause 3A
- 4. Health Practitioner Regulation (New South Wales) Amendment (Health Professional Councils) Regulation 2012 (commenced 1 July 2012):
 - Amendments to include Clause 4A and Schedules 1A and 1B to the Regulation to provide for the membership of the Dental, Medical, Nursing and Midwifery, Pharmacy, Physiotherapy and Psychology Councils.

Appendix 2 - GIPA Statistics 2011/2012

Government Information (Public Access) Act 2009

Table A: Number of applications by type of applicant and outcome*

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

^{*} More than one decision can be made in respect of a particular access application. If so, a recording must be made in relation to each such decision. This also applies to Table B.

Table B: Number of applications by type of application and outcome

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

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

Table C: Invalid applications

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

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

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

^{*} More than one public interest consideration may apply in relation to a particular access application and, if so, each such consideration is to be recorded (but only once per application). This also applies in relation to Table E.

Table E: Other public interest considerations against disclosure: matters listed in table to s 14 of 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	0	
Business interests of agencies and other persons	0	
Environment, culture, economy and general matters	0	
Secrecy provisions	0	
Exempt documents under interstate Freedom of Inform	ation legislation 0	

Table F: Timeliness

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

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	0	0
Review by Information Commissioner*	0	0	0
Internal review following recommendation under s 93 of Act	0	0	0
Review by ADT	0	0	0
Total	0	0	0

^{*} 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 has been made by the Information Commissioner.

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

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

Appendix 3 - Members of Tribunals, Panels and Committees 2011/2012

Nursing and Midwifery Tribunal

Chairperson

Nick O'Neill to 29 February 2012
The Hon Justice Jennifer Boland appointed 1 March 2012

Deputy Chairpersons

Joanne Muller reappointed 1 March 2012 Thomas Kelly to 29 February 2012 Kim Bolster Ross to 29 February 2012 Cedric Vass to 29 February 2012 Mary Brennan appointed 1 March 2012 Peter Dwyer appointed 1 March 2012 Julie Hughes appointed 1 March 2012 Michael Joseph appointed 1 March 2012 Mark Lynch appointed 1 March 2012 Graham Mullane appointed 1 March 2012 Ian Newbrun appointed 1 March 2012 Nick O'Neill appointed 1 March 2012 Diane Robinson appointed 1 March 2012 Oscar Shub appointed 1 March 2012 Robert Titterton appointed 1 March 2012

Professional members

Jocalyn Lawler

Bradley Warner Judith Mair Catherine Berglund Jullianne Williams Christopher Gardiner Karen Sherwood Daphne Little Kathryn Crews Deirdre Sinclair Leanne Carlin Eileen Anderson Leigh Schalk Ian McQualter Louise Hawkins Jacqueline Milne Lucille Reynolds Janette Curtis **Neal Tolley** Jennifer Haines Penelope Pink Jennifer O'Baugh Peter Newman Jill Boehm Rosie O'Donnell

Lay persons

Derek Anderson Frances Taylor James Lyon

Nursing and Midwifery Professional Standards Committee

Chairs

Belinda Baker Kathleen Dixon
Joanne Muller Mark Paul
John Davies Phillipa Gormly

Professional members

Antoinette Riley Kerrie O'Leary **Bradley Warner** Leigh Schalk **Brett Clarke** Lucille Reynolds Carole Doyle Lynette Hopper Christine Selkirk **Neal Tolley Deborah Burrows** Ronald Kerr Ian McQualter Ronald Wilson Jill Boehm Shushila Boswell Judith Mair Siew-Foong Liew Karen Draddy Susan Kennedy

Lay persons

Babette Smith Jan May
Christopher Gardiner Margaret Knibb
Derek Anderson Phillip French

Impaired Registrants Panel

Registered Medical Practitioners

Elizabeth Kotze Michael Diamond Ian Cameron Patricia Morey John Adams Saw Toh

Professional members

Christine Anderson

Elizabeth Angel

Gerda Tolhurst

Janette Curtis

Jennifer Haines

Judith Mair

Kerry Mawson

Nicholas Miles

Pamela Mulholland

Rosanna McMaster

Rosie O'Donnell

Sheree Smiltnieks

Susan Kennedy

Teresa Stone

Kit Barry

Performance Review Panel

Chairpersons

Jill Boehm Kathleen Dixon Brett Clarke Judith Mair

Professional members

Charmaine Crispin Ian McQualter
Linda Gregory Jullieanne Williams

Susan Kennedy

Lay persons

Catherine Berglund James Lyon
Margaret Knibb Peter Shering
Rosemary Kusuma Frances Taylor

Performance Assessors

Paul Badger Kat Leung
Andrew Burgess Elizabeth Moran
Cathleen Clark Terri-Ann Morrow
Sam Capolino Pamela Mulholland
Charmaine Crispin Kirsten Peterson
Mary-Lou Egan Renee Pinkney
Suman Kumar Gerda Tolhurst

Appendix 4 - Nursing and Midwifery Professional Standards Committees and Tribunal Decisions 2011/2012

Nursing and Midwifery Professional Standards Committee Decisions 2011/2012

Practitioner Name	Date of Decision	Outcome
Robert Pearson	28/09/2011	Conditions/reprimand
Lachlan Banks	18/10/2011	Conditions/caution
Julie Boyce	18/10/2011	Conditions/reprimand
Helen Hinchcliffe	18/10/2011	Conditions/reprimand
Bronwyn Sharp	18/10/2011	Conditions/reprimand
Robin Gossip	18/10/2011	Conditions/reprimand
Jacqueline Andrews	28/10/2011	Conditions/reprimand
Karen Molony	23/03/2012	Conditions/reprimand
Vicki Lehmann	31/05/2012	Dismissed
Sarah Thomas	31/05/2012	Conditions/reprimand
Leonard Vockins	31/05/2012	Conditions/reprimand

Note: Two (2) matters were conducted under the provisions of the Nurses and Midwives Act 1991 and are not published.

Nursing and Midwifery Tribunal Disciplinary Decisions 2011/2012

Practitioner Name	Date of Decision	Outcome Summary
Aune Horn	1/07/2011	Dismissed
Shu Zhang	1/07/2011	Orders pending Appeal to Supreme Court
Margaret Gatenby	1/07/2011	Cancelled registration
Amy Kocsis	8/07/2011	Cancelled registration
Rafael Ramirez	21/07/2011	Cancelled registration
David Engel-Jones	25/07/2011	Cancelled registration
Briony Batty	29/07/2011	Caution - no conditions
Nusrat Deano	14/10/2011	Cancelled registration
Amelia Scully	4/11/2011	Cancelled registration
Fang Guo	15/12/2011	Cancelled registration
Catherine Williamson	28/03/2012	Cancelled registration
Michael Vincent	3/05/2012	Cancelled registration
Lisa Belkadi	1/06/2012	Orders pending
Keith Burggraaff	1/06/2012	Conditions/reprimand
Mary O'Connor	4/06/2012	Conditions imposed

Note: Two (2) matters were withdrawn as the respondent was no longer registered.

Nursing and Midwifery Tribunal Appeal Decisions 2011/2012

Practitioner Name	Date of Decision	Outcome Summary
Sonia Fadlallah	7/12/2011	Dismissed
Julia Palmer	12/12/2011	Conditions imposed
Kirrily Perceval	9/07/2011	Suspension maintained
Alan Hanson	13/04/2012	Dismissed
Ian Sinnett	8/08/2011	Conditions removed

Note: 28 Appeals were withdrawn.

Nursing and Midwifery Tribunal Review Decisions 2011/2012

Practitioner Name	Date of Decision	Outcome Summary
Leonie Waterman	9/12/2011	Dismissed
Michelle Horwood	27/07/2011	Dismissed

Note: Two reviews were withdrawn or did not proceed.

Appendix 5 - Learning and Development Attended by Nursing and Midwifery Council staff 2011/12

June 2012

Government Public Information Access Workshop

- Kim Bryant
- Karen Carratt
- Brett Clarke
- Margaret Cooke
- Peter Fogarty
- Mary Shanahan
- Alison Tankard
- Corinne Warby

Decision Writing Workshop

- Kim Bryant
- Brett Clarke
- Alan Brown
- Margaret Cooke
- Mary Shanahan
- Robyn Weller

May 2012

"Writing Clear Policies Procedures" Workshop

- Alan Brown
- Brett Clark

April 2012

Work Health and Safety Committee Member training

- Karen Carratt
- Corinne Warby

March 2012

HCCC Information and Training Day

Margaret Cooke

February 2012

Warden Training with Building Management

• Margaret Jarosz

November 2011

Pivotal Training

- Kim Bryant
- Margaret Jarosz
- Robyn Weller

October - December 2011

MaCS Training (case management system)

- Alan Brown
- Kim Bryant
- Karen Carratt
- Brett Clarke
- Margaret Cooke
- · Peter Fogarty
- Ann Handicott
- Margaret Jarosz
- Mary Shanahan
- Alison Tankard
- Corinne Warby
- Robyn Weller

September - November 2011

Trim Training and Record Keeping Awareness Training

- Alan Brown
- Kim Bryant
- Karen Carratt
- Brett Clarke
- Margaret Cooke
- Ann Handicott
- Margaret Jarosz
- Mary Shanahan
- Alison TankardCorinne Warby
- Robyn Weller

Glossary

Adjudication Body

A panel, Tribunal or Court can be declared an adjudication body for the purposes of the Law

Cancellation

- A Council may recommend the suspension or cancellation of a practitioner's registration if the
 practitioner does not have sufficient physical and mental capacity to practice the
 practitioner's profession
- A Council may recommend the suspension or cancellation of a student's registration if the student has an impairment

Complainant

A person who makes a notification (complaint) to a health complaint entity:

- Health Professional Councils Authority (HPCA)
- Health Care Complaints Commission (HCCC)
- Australian Health Practitioner Regulation Agency (AHPRA)

Conciliation

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

Caution

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

Condition

A condition aims to restrict a practitioner's practice in some way, to protect the public

Notification

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

Notifiable Conduct / Mandatory Reporting

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

Open Matter

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

Order

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

Professional Misconduct

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

Reprimand

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

Stage

This refers to the stage at which a matter has been closed. These include:

- Assessment
- Conduct
- Health
- Performance
- Investigation
- Panel (IRP, PRP, PSC)
- Tribunal
- Appeal/Court

Stream

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

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

Supervision

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

Unsatisfactory Professional Conduct

Conduct which is significantly below reasonable standards, in contravention of the Law or regulations or conditions of registration, failure to comply with order/decision of Committee or Tribunal by:

- · accepting benefit for referral or recommendation to health provider or health product,
- engaging in over servicing,
- failure to disclose pecuniary interest or offering a benefit for referral or recommendation
- supervision of assistants, or
- other unethical or improper behaviour

Abbreviations

AABS HΔC Australian Accounting Standards Board **AHPRA HCCC** Australian Health Practitioner **Regulation Agency HPCA** ARC Australian Research Council IΔR ATO Australian Taxation Office IRP AustLII Australasian Legal Information Institute MOH Council appointed practitioner NB CAPS Coaching and Performance System NRAS CPI Consumer Price Index

DP

Director of Proceedings DPP

Director of Public Prosecutions

FFO

Equal Employment Opportunity

FTE

Full-time Equivalent

GIPA Act

Government Information (Public Access)

Act 2009

GST

Goods and Services Tax

Health Administration Corporation

Health Care Complaints Commission

Health Professional Councils Authority

Internal Audit Bureau

Impaired Registrants Panel

Ministry of Health

National Board

National Registration and Accreditation

Scheme

Performance Assessment

PRP

Performance Review Panel

SLA

Service level agreement

The Law

Health Practitioner Regulation National

Law (NSW) No 86a

TRIM

Total Records Information Management

WRAPP

Waste Reduction and Purchasing Policy

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