

PART 2

Reports from Health Professional Councils

Aboriginal and Torres Strait Islander Health Practice Council of New South Wales	57
Chinese Medicine Council of New South Wales.....	62
Chiropractic Council of New South Wales	69
Dental Council of New South Wales	77
Medical Council of New South Wales	88
Medical Radiation Practice Council of New South Wales.....	106
Nursing and Midwifery Council of New South Wales	113
Occupational Therapy Council of New South Wales	137
Optometry Council of New South Wales.....	144
Osteopathy Council of New South Wales.....	151
Pharmacy Council of New South Wales.....	158
Physiotherapy Council of New South Wales.....	172
Podiatry Council of New South Wales	183
Psychology Council of New South Wales	190





**Annual
Report
2015-16**

**Aboriginal and
Torres Strait Islander
Health Practice Council**

of New South Wales

President's message



*Aboriginal and Torres Strait Islander
Health Practice Council of NSW*

I am pleased to present the 2016 report for the Aboriginal and Torres Strait Islander Health Practice Council of NSW.

This report closes the three year term for the members of NSW's first Aboriginal and Torres Strait Islander Health Practice Council. When the Council issued its first annual report for the period ending 30 June 2013 there were only 21 registered Aboriginal and Torres Strait Islander health practitioners in NSW. There are now over 100 registered practitioners in NSW. On behalf of the Council I extend my thanks to the Aboriginal and Torres Strait Islander Health Practice Board of Australia for its efforts in raising the profile of the profession in NSW.

While the Council has not yet managed any complaints in NSW, both the public and our profession should be assured that a sound regulatory framework for managing complaints is in place in NSW.

I would also like to extend my thanks for the contributions of the outgoing Deputy President, Ian Linwood whose input into Council administrative matters and willingness to get across the issues facing our profession was valued amongst our members.

Finally I would like to thank all members of Council for their work over the past year. We are all looking forward to the challenges that may arise during the Council's next term

A handwritten signature in black ink that reads "L Penrith".

Ms Lisa Penrith

President

ATSI Health Practice Council of NSW

Regulation of Aboriginal and Torres Strait Islander Health Practitioners in 2015/16

Overview

106

REGISTERED ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH PRACTITIONERS IN NSW

96.3% more than last year in NSW
18.1% of ATSI Health Practitioners in Australia

0

NEW COMPLAINTS RECEIVED



Regulation of ATSI Health Practitioners in NSW in 2015/16

Year in summary

As at 30 June 2016 NSW had 106 registered ATSI Health Practitioners representing 18.1% of the 587 ATSI Health Practitioners registered to practise in Australia. There was an increase of almost 96.3% on the 54 ATSI Health Practitioners registered in NSW last year.

During the year the ATSI Health Practice Council of NSW did not receive or manage any complaints, which was the same as the previous year.

Council Membership

Section 41E of the Law prescribes that there are four members of the ATSI Health Practice Council appointed by the Governor.

Members who are registered ATSI Health Practitioners:

- Ms Lisa Penrith Dip Prac Mgt, Cert IV PHC, Cert IV FLM, Cert IV WT&A, AdCert Nursing – President
- Ms Renee Owen Dip Prac Mgt, Cert IV ATSI Health Practice
- Mr Peter Pangquee BAppSc (Aboriginal Community Management and Development)

Legal member:

- Mr Ian Linwood BEc(Syd), LLB(UNSW) – Deputy President

Attendance at Council Meetings

The Aboriginal and Torres Strait Islander Health Practice Council did not meet during the reporting period. Administrative matters were dealt with out of session by the Council as needed.

Executive Officer

The ATSI Health Practice Council received Executive Officer support from Mr Brad Skidmore and Ms Sarah Carroll, both employed by the HPCA.

Committees of 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 ATSI Health Practice Council did not appoint any committees during the reporting period.

Regulatory Committees and Panels

Part 8 of the Law prescribes the committees and panels that support the Council in undertaking its regulatory activities. They include Assessment Committees, Impaired Registrants Panels and Performance Review Panels. The ATSI Health Practice Council did not establish any of these bodies during the year.

Meetings and Conferences

The ATSI Health Practice Council was not represented at any meetings or conferences.

Overseas Travel

There was no overseas travel during the reporting period.

Council Communications

The ATSI Health Practice Council website is the principal medium used for communicating information to ATSI Health Practitioners, students and the community. The website is updated regularly and includes links to other key bodies in the National Registration and Accreditation Scheme. Further information is available at www.atsihealthpracticecouncil.nsw.gov.au.

Remuneration

Remuneration available to members of the Council was as follows.

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

Members of panels and tribunals also receive remuneration and reimbursement of expenses.

Financial Management

The ATSI Health Practice Council's accounts performance as reported in the Financial Statements was as follows.

Accounts Performance 2015/16	\$
Revenue*	30,926
Operating expenditure	26,929
Gain/(loss) on disposal/additions	0
Net result	3,997
Net cash reserves (cash and cash equivalents minus current liabilities)	24,693

* Revenue includes a grant of \$26,000 from Ministry of Health.

The ATSI Health Practice Council's budget for the period 1 July 2016 to 30 June 2017 is as follows.

Budget 2016/17	\$
Revenue	4,064
Operating expenditure	29,330
Net result	(25,266)

Full financial statements are presented in Part 3 of this report 'Financial Statements for NSW Health Professional Councils'.

The background is a solid orange color with a grid of small, lighter orange plus signs. A white silhouette of the state of New South Wales is positioned on the left side, partially overlapping the text.

**Annual
Report
2015-16**

**Chinese
Medicine
Council**

of New South Wales

President's message



*Chinese Medicine Council
of New South Wales*

This annual report brings to an end a busy period for the Chinese Medicine Council. The number of complaints for the 2015/16 period more than doubled rising from 12 during the previous 2014/15 period to 26 for the current period.

In response to this increase the Council has commissioned a research project aimed at identifying the level of awareness of existing Guidelines and Codes by Chinese medicine practitioners in NSW. The results from this research will assist the Council in developing educational materials for the Council website to educate Chinese medicine practitioners in the areas of professional conduct, impairment and performance thereby reducing future complaints.

In March 2016 the Council farewelled Mr Michael Eagle, our legal representative, due to his increasing work commitments, and welcomed Ms Michelle Dillion in July 2016 as the Council's new legal member.

The Council has decided to increase the frequency of its online newsletter from a yearly to a biannual publication. A key feature of the newsletter is to educate NSW practitioners regarding commonly reported complaints and raise awareness amongst NSW practitioners. Several Council members also presented at local academic conferences to raise the Council's profile and inform practitioners of Council activities.

Finally the Council met with the National Board in June 2016 resulting in fruitful discussion on information sharing strategies and common interests regarding the complaint process and complaint resolution. For the future 2016/17 period, the Council aims to complete the commissioned research project, develop the specific practitioner educational material for the Council website and continue to promote the Council at academic conferences and educational events throughout NSW.

Associate Professor Christopher Zaslowski
President
Chinese Medicine Council

Regulation of Chinese Medicine Practitioners in 2015/16

Overview

1,953

REGISTERED CHINESE MEDICINE PRACTITIONERS IN NSW

7.3% more than last year in NSW
41% of Chinese Medicine Practitioners in Australia

26

NEW COMPLAINTS RECEIVED RELATED TO

Conduct - 13
Performance - 12
Health - 1

11

CLOSED COMPLAINT OUTCOMES INCLUDED

2 referred to another body
7 no further action
2 discontinued

30

COMPLAINTS WERE MANAGED

4 open at start of year
26 received during the year
11 closed during the year
19 open at end of year
2 active monitoring cases at end of year

Regulation of Chinese medicine practitioners in NSW in 2015/16

Year in summary

As at 30 June 2016 NSW had 1,953 registered Chinese medicine practitioners representing 41% of the 4,762 Chinese medicine practitioners registered to practise in Australia. There was an increase of 7.3% on the 1,820 Chinese medicine practitioners registered in NSW last year.

During the year the Chinese Medicine Council of NSW managed 30 complaints including:

- 4 open matters at the start of the year
- 26 new complaints received during the year.

By year end 11 complaints had been closed and 19 matters remained open.

The 26 new complaints received this year were about 25 practitioners representing 1.28% of NSW registered Chinese medicine practitioners. There were 14 more complaints received this year compared with the 12 complaints received in 2014/15.

New complaints received this year included two mandatory notifications.

The Council received nine complaints from patients; nine from AHPRA; four from a treating or other practitioner; one from a relative of a patient or practitioner; one from another source; and one anonymous complaint.

Complaints received about NSW Chinese medicine practitioners related to:

- Conduct – 13 complaints
- Performance – 12 complaints.
- Health – 1 complaint.

Two clinical care complaints received immediate action consideration.

After Council consultations with the HCCC, 21 of the complaints received during the year were referred for Council management.

One matter was referred to NCAT.

One health assessment and six counselling/interview sessions were concluded.

Outcomes for the 11 matters closed during the year were as follows.

Outcome	Number
No further action	7
All or part referred to another body	2
Discontinued	2
Total	11

At year end two cases were being actively monitored, including one conduct matter and one performance matter.

Council Membership

Section 41E of the Law prescribes that there are six members of the Chinese Medicine Council appointed by the Governor.

Members who are registered Chinese medicine practitioners:

- Associate Professor Christopher Zaslowski Dip Ac, Grad Dip Chi Med, Adv Cert Ac, BApp Sc (Syd), M Hlth Sc, Edu PhD – President
- Ms Christine Berle MSc (Research), Dip Ac – Deputy President
- Mr Richard Li B Med (TCM)
- Dr Danforn Lim JP, PhD (Med) (UNSW), MBBS BSc (Med), B Hlth Sc, DCH, Clin Dip Pal Med, M Med, M App Sc (Acup), M App Mgt (Health), RCMP (Acup & CHIM), AFRACMA, AFCHSM, MACNEM, MACE.

Legal member:

- Mr Michael Eagle LLB (Resigned 8.5.16).

Community member:

- Mr Stephen Woods BEd, FIAA, Grad Dip FP, JP.

Attendance at Council Meetings

The Chinese Medicine Council met on 11 occasions. Attendance at the meetings was as follows.

Member	Meetings Attended	Meetings Eligible to Attend
Assoc Prof Christopher Zaslowski	11	11
Ms Christine Berle	11	11
Mr Richard Li	11	11
Dr Danforn Lim	9	11
Mr Stephen Woods	10	11
Mr Michael Eagle (to 8.5.16)	6	10

Executive Officer

The Chinese Medicine Council was supported by Mr Michael Jaques, Executive Officer, and Ms Christine Gursen and Mr Anthony Tobin, Assistant Executive Officers, all employed by the HPCA.

Committees of 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 Chinese Medicine Council did not appoint any committees during the reporting period.

Regulatory Committees and Panels

Part 8 of the Law prescribes the committees and panels that support the Council in undertaking its regulatory activities. They include Assessment Committees, Impaired Registrants Panels and Performance Review Panels. The Council did not appoint any of these bodies during the reporting period.

Meetings and Conferences

The Chinese Medicine Council was represented at the following meetings and conferences.

Name	Attendance
Council Presidents' Forum	Assoc Prof Christopher Zaslowski Ms Christine Berle
Sydney Meeting of the Chinese Medicine Board of Australia	Assoc Prof Christopher Zaslowski Ms Christine Berle Mr Richard Li Adj Prof Danforn Lim
CMASA International Forum of Chinese-Australian Traditional Chinese Medicine	Assoc Prof Christopher Zaslowski Ms Christine Berle Mr Richard Li Adj Prof Danforn Lim
CMASA Seminar - Professional Issues for registered Chinese Medicine Practitioners	Adj Prof Danforn Lim
Australian Acupuncture and Chinese Medicine Association (AACMA) Conference - Perth	Mr Richard Li

Overseas Travel

There was no overseas travel during the reporting period.

Council Communications

The Chinese Medicine Council website is the principal medium used for communicating information to Chinese medicine practitioners, Chinese medicine students and the community. The website is updated regularly and includes links to other key bodies in the National Registration and Accreditation Scheme.

The Chinese Medicine Council also distributes an electronic newsletter to Chinese medicine practitioners with a principal place of practice in NSW. Further information is available at www.chinesemedicinecouncil.nsw.gov.au.

Remuneration

Remuneration for members of the Council was as follows.

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

In addition, Council members receive sitting fees for the conduct of Council Inquiries and for attendance at committee meetings and other regulatory activities, if held on a day other than the Council meeting. Council members are reimbursed for expenses incurred when travelling on official business at Council direction.

Members of panels and Tribunals also receive remuneration and reimbursement of expenses.

Financial Management

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

Accounts Performance 2015/16	\$
Revenue	546,916
Operating expenditure	150,324
Gain/(loss) on disposal	70
Net result	396,662
Net cash reserves (cash and cash equivalents minus current liabilities)	1,346,101

* Included in the net cash reserves is Education and Research bank account balance of \$36,483. The Chinese Medicine Council's budget for the period 1 July 2016 to 30 June 2017 is as follows.

Budget 2016/17	\$
Revenue	509,649
Operating expenditure	227,010
Net result	282 639

Full financial statements are presented in Part 3 of this report 'Financial Statements for NSW Health Professional Councils'.



**Annual
Report
2015-16**

**Chiropractic
Council**

of New South Wales

President's message



*Chiropractic Council
of New South Wales*

I am pleased to present the Chiropractic Council of NSW's Annual Report for 2015/16.

There has been an increase in attention from particular interest groups in the Australian community targeting chiropractors over the last year. Due to this there was a significant increase in the number of complaints made about NSW chiropractors, nearly double the figures from 2014/15. Almost 27% of these complaints related to material published on a chiropractor's website or on social media. With this in mind, the Council has and will continue to engage with its key stakeholders such as the National Board, the HCCC, and professional associations to promote good professional practice and ethical decision making. The Council has been pro-active in this regard by initiating and assisting with sponsorship and presentation of educational seminars to assist practitioners to understand and operate within the appropriate guidelines.

The Council continues to draw on its accrued cash reserves, as expenses have been impacted by the increased numbers of complaints and various other factors, such as decreased interest rates and provision for redevelopment of ageing infrastructure for support services. It is important for equity levels to be maintained at a level sufficient to manage potential high costs that can be associated with serious matters if and when they arise. The Council is working collaboratively with the HPCA to actively manage sound budgetary planning. In addition, work has commenced to negotiate with AHPRA a review of the proportion of NSW registrant fees allocated for NSW regulatory activity. The Council is committed to responsible and improved fiscal management.

I wish to acknowledge Suzy Tay, our former legal member, who resigned from the Council after four years of service. Suzy was a dedicated and pragmatic member who took on her dual role of community representative and legal member with enthusiasm. The Council is very grateful for her contribution.

I also would like to thank the staff of the Health Professional Councils Authority for their hard work during the reporting year. In particular I must thank Sue Toohey, a long standing member of staff who retired during the year. The Council wishes her all the best for her next step.

Finally I must thank the Council members for their commitment and diligence during a very busy reporting year.

A handwritten signature in black ink, appearing to read 'A Richards', located below the main text of the message.

Dr Anthony Richards

President

Chiropractic Council of NSW

Regulation of Chiropractors in 2015/16

Overview

1,736

REGISTERED CHIROPRACTORS IN NSW

3.3% more than last year in NSW
33.6% of chiropractors in Australia

64

NEW COMPLAINTS RECEIVED RELATED TO

Conduct - 51
Performance - 13
Health - 0

81

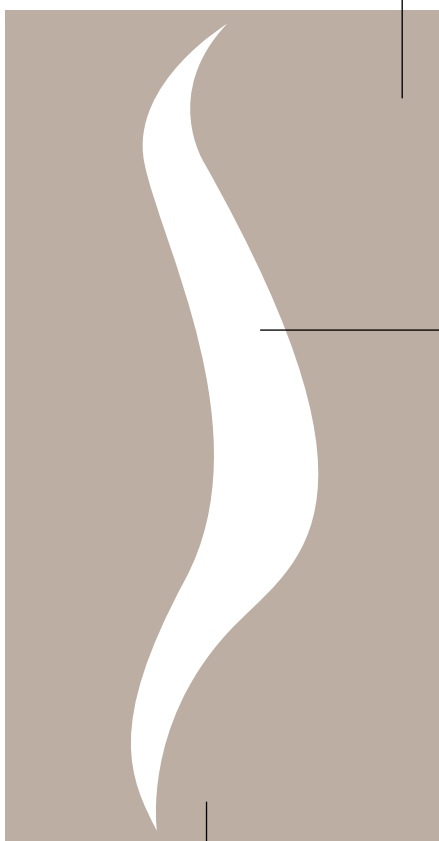
COMPLAINTS WERE MANAGED

17 open at start of year
64 received during the year
52 closed during the year
29 open at end of year
8 active monitoring cases at end of year

52

CLOSED COMPLAINT OUTCOMES INCLUDED

3 registration suspended
1 conditions on registration
3 orders made but no conditions
1 reprimand issued
6 counselling
2 all or part referred to another body
19 no further action
17 discontinued
1 withdrawn



Regulation of Chiropractors in NSW in 2015/16

Year in summary

As at 30 June 2016 NSW had 1,736 registered chiropractors representing 33.6% of the 5,167 chiropractors registered to practise in Australia. There was an increase of 3.3% on the 1,681 chiropractors registered in NSW last year.

During the year the Chiropractic Council of NSW managed 81 complaints including:

- 17 open matters at the start of the year
- 64 new complaints received during the year.

By year end 52 complaints had been closed and 29 matters remained open.

The 64 new complaints received this year were about 50 practitioners representing 2.9% of NSW registered chiropractors. There were 30 more complaints received this year compared with the 34 complaints received in 2014/15. Complaints from AHPRA made up 25 of the complaints received, primarily as a result of recent work by the Statutory Offences unit in AHPRA concerning advertising or social media complaints.

Complaints were received from the following sources.

Source of Complaint	Number	Percentage of Total Complaints Received
AHPRA	25	39.0%
Anonymous	2	3.1%
Employee	1	1.6%
Government department	1	1.6%
Insurance company	2	3.1%
Members of the public	10	15.6%
Other health practitioners	6	9.4%
Patients	13	20.3%
Police	1	1.6%
Relatives of patient or practitioner	3	4.7%
TOTAL	64	100%

This year there were two mandatory notifications about one practitioner.

Complaints received about NSW chiropractors related to:

- Conduct – 51 complaints representing 79.7% of complaints received
- Performance – 13 complaints representing 20.3% of complaints received
- Health – 0 complaints.

One boundary violation matter received immediate action consideration.

After Council consultations with the HCCC, 31 of the complaints received during the year were referred for Council management.

Two matters were referred to NCAT.

A total of 13 assessments and hearings were concluded during the year including:

- Counselling or interviews – 9
- Council inquiries – 3
- Tribunals – 1

Outcomes for the 52 matters closed during the year were as follows.

Outcomes ¹	Number
Registration suspended	3
Conditions on registration imposed	1
Orders made but no conditions	3
Reprimand issued	1
Counselling	6
All or part referred to another body	2
No further action required	19
Discontinued	17
Withdrawn	1
TOTAL	53

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

At year end seven conduct cases and one performance case was being actively monitored.

Council Membership

Section 41E of the Law prescribes that there are four members of the Chiropractic Council of NSW appointed by the Governor.

Members who are registered chiropractors:

- Dr Anthony Richards BAppSc (Chiro) - President
- Dr Lawrence Whitman BSc DC Chiro – Deputy President
- Dr Peter Cowie BAppSc (Chiro), FICC, FACC.

Legal member:

- Ms Suzanne Tay BA (Macq), BLaws (Macq), MLaws (Syd), Cert Counselling (JNInstitute).

Attendance at Council meetings

The Chiropractic Council met 11 times. The Council did not meet in January 2016. Attendance was as follows.

Member	Meetings Attended	Meetings Eligible to Attend
Dr Peter Cowie	10	11
Dr Anthony Richards	11	11
Ms Suzanne Tay	11	11
Dr Lawrence Whitman	11	11

Executive Officer

The Chiropractic Council was supported by the Executive Officer and 1.5 FTE staff allocation. Mr Brad Skidmore and Ms Sarah Carroll provided Executive Officer support during the reporting period. The Executive Officer and support staff are employed by the HPCA.

Committees of 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 Chiropractic Council did not appoint any committees during the reporting period.

Regulatory committees and panels

Part 8 of the Law prescribes the committees and panels that support the Council in undertaking its regulatory activities. They include Assessment Committees, Impaired Registrants Panels and Performance Review Panels. The Chiropractic Council did not establish any of these bodies during the reporting period.

Meetings and conferences

The Chiropractic Council was represented at the following meetings.

Name	Attendance
Council Presidents' Forum	Dr Anthony Richards
Meeting with Chair and Executive Officer of the Chiropractic Board of Australia	Dr Anthony Richards Dr Lawrence Whitman Ms Suzanne Tay Dr Peter Cowie
Chiropractors' Association of Australia NSW Workshop 'Upgrading your clinical records'	Dr Anthony Richards Dr Lawrence Whitman Dr Peter Cowie
Chiropractors' Association of Australia NSW Annual General Meeting	Dr Lawrence Whitman Dr Peter Cowie

Overseas travel

There was no overseas travel during the reporting period.

Council Communications

The Chiropractic Council website is the principal medium used for communicating information to chiropractors, chiropractic students and the community. The website includes links to other key bodies in the National Registration and Accreditation Scheme. Further information may be accessed at www.chiropracticcouncil.nsw.gov.au.

Remuneration

Remuneration for members of the Council was as follows:

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

In addition, Council members receive sitting fees for the conduct of Council Inquiries and for attendance at committee meetings and other regulatory activities, if held on a day other than the Council meeting. Council members are reimbursed for expenses incurred when travelling on official business at Council direction.

Members of panels and Tribunals also receive remuneration and reimbursement of expenses.

Financial Management

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

Accounts Performance 2015/16	\$
Revenue	211,075
Operating expenditure	224,175
Gain/(loss) on disposal	80
Net result	(13,020)
Net cash reserves (cash and cash equivalents minus current liabilities)	760,622

* Included in the net cash reserves is Education and Research bank account balance of \$23,669.

The Chiropractic Council's budget for the period 1 July 2016 to 30 June 2017 is as follows.

Budget 2016/17	\$
Revenue	214,515
Operating expenditure	296,588
Net result	(82,073)

Full financial statements are presented in Part 3 of this report 'Financial Statements for NSW Health Professional Councils'.



**Annual
Report
2015-16**



**Dental
Council**

of New South Wales

President's message



*Dental Council
of New South Wales*

The Dental Council had a busy period during the reporting year with a significant rise in complaint numbers.

While the majority of complaints related to treatment, there continued to be serious complaints about deficiencies relating to cleaning, sterilisation and storage of instruments by dental practitioners. Accordingly, infection control by dental practitioners continued to be a key strategic focus this year. The Council exercised its immediate action powers to suspend or impose conditions on a number of dental practitioners to restrict them from practising the profession as needed. The Council also continues to work with key stakeholders, including the Dental Board of Australia, universities, NSW Health and dental professional associations, to promote continuing education and learning within the dental profession and to proactively assess the extent of compliance in NSW with standards and guidelines. An infection control working group established in the previous year continues to address issues through various means such as infection control audits. The audits directly assess sterilisation evidence to ensure compliance. The Council's proactive approach enables timely identification of any issues and early intervention to minimise any potential harm to patients. The Council will continue to communicate key messages directly to the profession to ensure infection control remains at the forefront of the minds of all dental practitioners in NSW.

The Council decided to increase the complaints component of the registration fee for NSW dental practitioners for 2016/17 to better regulate the profession in NSW and protect public health and safety. The fee increase will enable the Council to manage the increasing volume and complexity of regulatory activities; conduct audits and inspections of dental premises; and ensure safe practice and compliance with standards and guidelines.

Adjunct Associate Professor John Dale AO published the Records of Decision V on behalf of the Council this year. The Council sincerely thanks him for his hard work and dedication in publishing the book. Adjunct Associate Professor Dale has served the community of NSW for 28 years, including 19 years as President of the NSW Dental Board.

The Council farewelled members of its Assessment Committee and extends thanks to Dr Anna Enno, Dr Hugh Fleming, Dr Robert Smith and Mrs Maria Kelly for their hard work and effort in providing independent recommendations to the Council. The new Assessment Committee has been established and the Council warmly welcomes the new members Dr Mark Sinclair, Dr Megan Phillips, Dr Martin Fine and Mrs Frances Taylor.

The Council thanks its Professional Officers and Authorised Persons for their diligent work and contributions. The Council is also appreciative of stakeholders who have engaged in collaborative work with the Council, particularly the Dental Board of Australia.

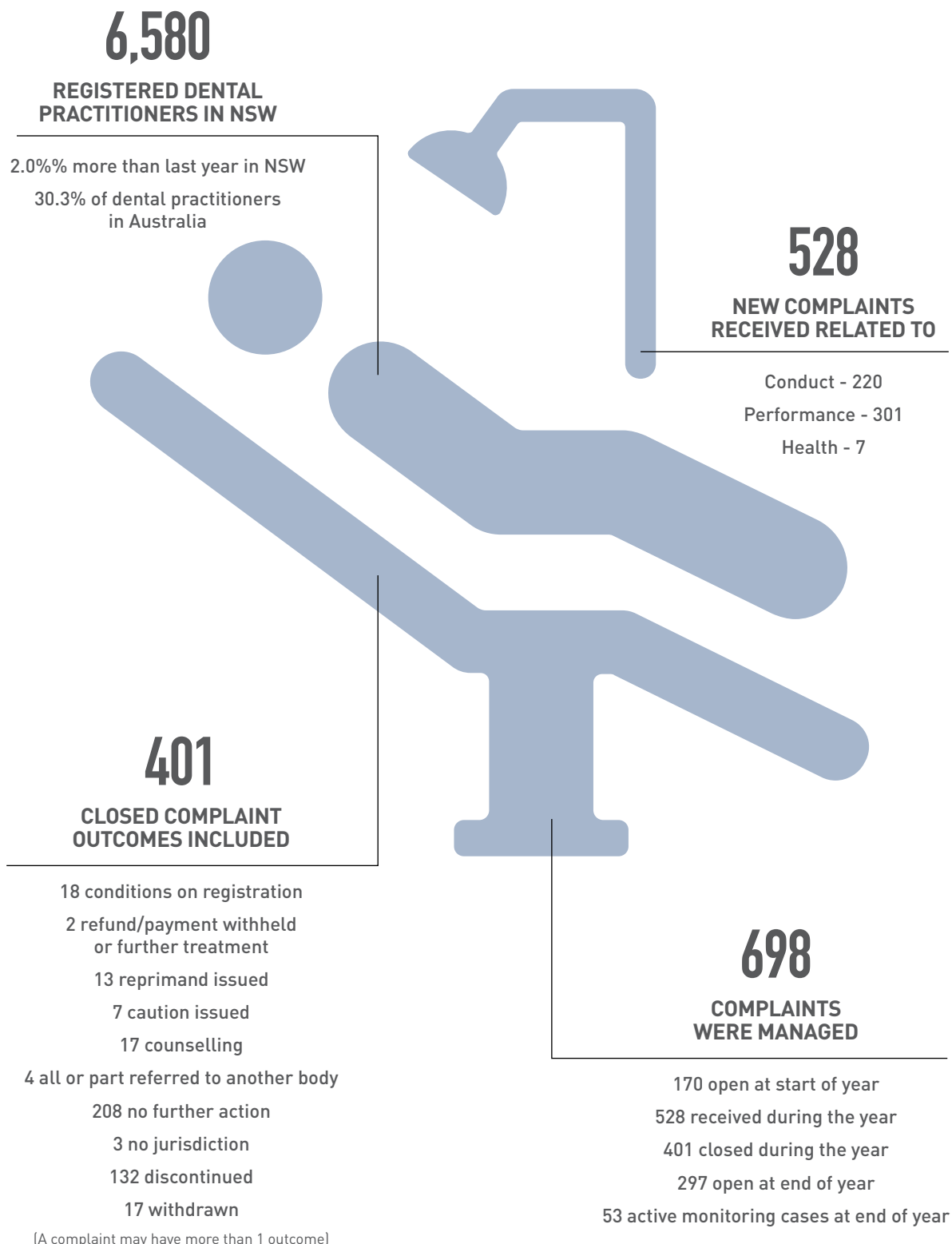
Finally, we wish to thank our Executive Officer, Farina Bains, and her staff, for their ongoing commitment to providing Council support services to a very high standard.

A handwritten signature in black ink, appearing to read 'W O'Reilly', located below the text of the message.

Conjoint Associate Professor William O'Reilly AM
President
Dental Council of NSW

Regulation of Dental Practitioners in 2015/16

Overview



Regulation of Dental Practitioners in NSW in 2015/16

Year in summary

As at 30 June 2016 NSW had 6,580 registered dental practitioners representing 30.3% of the 21,741 dental practitioners registered to practise in Australia. There was an increase of 2.0% on the 6,449 dental practitioners registered in NSW last year.

Dental practitioners include:

- Dentists (including specialists)
- Dental hygienists
- Dental prosthetists
- Oral health therapists
- Dental therapists.

During the year the Dental Council of NSW managed 698 complaints including:

- 170 open matters at the start of the year
- 528 new complaints received during the year.

By year end 401 complaints had been closed and 298 matters remained open.

The 528 new complaints received this year were about 440 practitioners representing 6.69% of NSW registered dental practitioners. There were 188 more complaints received this year compared with the 340 complaints received in 2014/15 representing a 55.3% increase. One complainant lodged 143 complaints about dental practitioners' website content accounting for much of the significant increase in complaint numbers.

This year there were five mandatory notifications about five dental practitioners. Mandatory notifications made up 0.9% of complaints received about NSW registered dental practitioners this year.

Complaints were received from the following sources.

Source of Complaint	Number	Percentage of Total Complaints Received
AHPRA	6	1.1%
Council	5	0.9%
Education provider	2	0.4%
Employee	7	1.3%
Employer	3	0.6%
Government department	2	0.4%
Insurance company	12	2.3%
Members of the public	165	31.3%
Other health practitioners	5	0.9%
Patients	248	46.9%
Pharmaceutical services	2	0.4%
Relatives of patient or practitioner	57	10.8%
Treating practitioners	13	2.5%
Other	1	0.2%
TOTAL	528	100%

Complaints received about NSW dental practitioners related to:

- Conduct – 220 complaints representing 41.7% of complaints received
- Performance – 301 complaints representing 57.0% of complaints received
- Health – 7 complaints representing 1.3% of complaints received.

Thirty three complaints received immediate action consideration.

After Council consultations with the HCCC, 294 of the complaints received during the year were referred for Council management, that is 56% of complaints received.

Five matters were referred to NCAT.

A total of 99 assessments and hearings were concluded during the year including:

- Health assessments – 3
- Impaired Registrants Panels – 2
- Counselling or interviews – 29
- Assessment committees – 44
- Council inquiries – 19
- Tribunals – 2

When a complaint is closed it is possible to have more than one outcome. During the reporting period there were 421 outcomes for the 401 complaints closed as follows.

Outcomes	Number
Conditions on registration imposed	18
Refund/payment withheld or retreat	2
Reprimand issued	13
Caution issued	7
Counselling	17
All or part referred to another body	4
No further action required	208
No jurisdiction to act	3
Discontinued	132
Withdrawn	17
TOTAL	421

At year end 53 cases were being actively monitored including 28 conduct matters, 15 performance matters and 10 health matters.

Council Membership

Section 41E of the Law prescribes that there are 12 members of the Dental Council appointed by the Governor.

Members who are registered dental practitioners:

- Conjoint Associate Professor William O'Reilly AM, BDS(Syd), Dip Law, BAB, FACLM, CHE – President
- Dr Penny Burns BDS – Deputy President
- Dr Christine Biscoe BDS (Syd) (Dentist)
- Dr Anthony Burges BDS, FRACDS, FICD, FPFA, FADI (Dentist)
- Dr Kavita Lobo BDS (Hons) (Dentist)
- Mr Stephen McGlynn Adv Dip DP(Syd), Dip DT (Syd) (Dental Prosthetist)
- Dr John Pearman BDS (Syd), FPFA, FADI, FICD(Dentist)
- Dr Janet Wallace Dip DT, Dip BM, BOH, Grad Cert PTT, PhD (Oral Health Therapist).

The member involved in an approved program of study:

- Conjoint Associate Professor Frederic (Shane) Fryer BDS, MDSc (Syd), FRACDS, MRACDS(Orth), FICD.

Legal member

- Ms Rosemary MacDougal Dip Law (LPAB).

Community members:

- Mr Michael Miceli LLM
- Mr David Owen MBA, BSc.

Executive Officer

The Dental Council is supported by the Executive Officer, Ms Farina Bains, and seven staff, all employed by the HPCA.

Attendance at Council Meetings

The Dental Council met on 11 occasions. Attendance at the meetings was as follows.

Member	Meetings Attended	Meetings Eligible to Attend
Dr Penny Burns	11	11
Dr Christine Biscoe	9	11
Dr Anthony Burges	11	11
Conjoint Associate Professor Frederic Shane Fryer	8	11
Dr Kavita Lobo	9	11
Ms Rosemary MacDougal	10	11
Mr Stephen McGlynn	7	11
Mr Michael Miceli	10	11
Mr David Owen	7	11
Conjoint Associate Professor William O'Reilly	10	11
Dr John Pearman	10	11

Committees of 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 Council was supported by two committees during the reporting period.

Complaints and Notifications Committee

The Complaints and Notifications Committee reviews complaints referred to the Council for management following consultation with the HCCC and makes recommendations to the Council on the course of action to be taken on each matter.

The committee met 11 times.

Members of the Complaints and Notifications Committee:

- Dr Anthony Burges (Chair)
- Dr Penny Burns
- Dr John Pearman
- Mr Stephen McGlynn
- Mr David Owen.

Health Committee

The Health Committee acts under Council delegation to make decisions on the management of dental practitioners who are considered to be impaired and have been referred to the Council's health pathway. The committee does not meet face-to-face but consults outside scheduled Council meeting days.

Members of the Health Committee:

- Conjoint Associate Professor William O'Reilly
- Dr Penny Burns
- Mr Michael Miceli.

Regulatory Committees and Panels

Part 8 of the Law prescribes the committees and panels that support the Council in undertaking its regulatory activities. They include Assessment Committees, Impaired Registrants Panels and Performance Review Panels.

The Dental Council was supported by an Assessment Committee and an Impaired Registrants Panel.

Assessment Committee

Assessment Committees were established under section 172A of the Law and comprised four members appointed by the Minister including three members who are registered dental practitioners and one member who is not a registered health practitioner.

The Term of Appointment for the Assessment Committee was 9 July 2012 to 30 June 2016. This committee met 11 times during the reporting period. Members of the Assessment Committee and their attendance at meetings was as follows.

Name	Role	Meetings Attended
Dr Anna Enno	Chair	9
Dr Hugh John Fleming	Member	6
Dr Robert Alexander Smith	Member	10
Ms Maria Kelly	Member	10

Impaired Registrants Panel

Impaired Registrants Panels are established under section 173 of the Law to deal with matters concerning practitioners who suffer from a physical or mental impairment which affects, or is likely to affect, their capacity to practise safely. The panel consists of two or three members. At least one member must be a registered medical practitioner and at least one member must be a registered dental practitioner. Panelists are drawn from a pool of members who are experienced in working with practitioners demonstrating problems with their health.

Members of the Impaired Registrants Panel and their attendance at meetings was as follows.

Name	Role	Meetings Attended
Dr Mary-Anne Friend	Medical Practitioner	3
Dr Angie Marie Lang	Dental Practitioner	4
Dr Beth Kotze	Medical Practitioner	1

Meetings and conferences

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

Name	Attendance
Council Presidents' Forum	Conjoint Associate Professor William O'Reilly
HPCA Audit and Risk Committee meetings	Mr Michael Miceli Mr David Owen
Dental Board of Australia's infection control forum	Conjoint Associate Professor Frederic Shane Fryer
Australian Dental Association's BDent4 day	Ms Sarah Carroll
Presentation to University of Newcastle final year Bachelor of Oral Health Students	Ms Farina Bains
ADA NSW and Dental Council of NSW strategic initiatives meetings	Conjoint Associate Professor William O'Reilly Dr Penny Burns

Overseas travel

There were no overseas travel costs during the reporting period.

Council communications

The Dental Council website is the principal medium used for communicating information to dental practitioners, dental practitioner students and the community. The website is updated regularly and includes links to other key bodies in the National Registration and Accreditation Scheme.

The Dental Council also regularly distributes electronic newsletters to dental practitioners with a principal place of practice in NSW. Further information is available at www.dentalcouncil.nsw.gov.au.

Consultation

During the year infection control in dentistry emerged as an issue of concern with a sudden increase in complaints related to infection control, often in situations where a practitioner worked in multiple practices. Consultations were undertaken with a range of stakeholders to identify underlying issues and work towards preventative strategies. The Council initially consulted with the NSW Ministry of Health and ADA NSW and expanded the consultation to the Dental Board of Australia, NSW Chief Dental Officer, ADA Inc, dental professional indemnifiers, dental professional associations, universities and medicolegal firms. The process is ongoing.

Education and Research

The Dental Council maintains an Education and Research account which may be used for purposes relating to education and research about the conduct, performance and health of registered dental practitioners, or registered dental students.

During the reporting period the Council approved the following grants from its Education and Research account.

- \$38,187.60 towards the Australian Dental Association continuing professional development program.
- \$11,600 (excluding GST) for the publication of 1,500 copies of the Dental Council's Record of Decisions V.

Remuneration

Remuneration for members of the Council was as follows.

President	\$6,119 per annum
Deputy President and Members	\$3,739 per annum

In addition, Council members received sitting fees for the conduct of Council Inquiries and attendance at committee meetings and other regulatory activities, if held on a day other than the monthly Council meeting. Council members are reimbursed for expenses incurred when travelling on official business at Council direction.

Members of panels and tribunals also receive remuneration and reimbursement of expenses.

Financial Management

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

Accounts Performance 2015/16	\$
Revenue	2,421,683
Operating expenditure	2,334,525
Gain/(loss) on disposal	928
Net result	88,086
Net cash reserves (cash and cash equivalents minus current liabilities)	1,068,916

* Included in the net cash reserves is Education and Research bank account balance of \$438,450.

The Dental Council's budget for the period 1 July 2016 to 30 June 2017 is as follows.

Budget 2016/17	\$
Revenue	3,016,949
Operating expenditure	2,640,391
Net result	376,558

Full financial statements are presented in Part 3 of this report 'Financial Statements for NSW Health Professional Councils'.



**Annual
Report
2015-16**

**Medical
Council**

of New South Wales

President's message



The 2015/16 financial year saw an increase of 10% in overall complaint numbers and a 33% increase in matters where the Council considered it necessary to take urgent interim action to protect the public.

While the vast majority of matters brought to the Council's attention did not require its ongoing interest, 320 medical practitioners remained under Council monitoring for compliance with conditions on their registration over the last year.

Increasing complaint numbers, changing community expectations and legislative amendments have impacted significantly on the workload of our dedicated staff and Hearings and Council Members. The work of the Medical Council is largely conducted through its Health, Performance and Conduct streams. A Member of the Council is expected to serve on at least two decision making Committees in addition to participating in Council meetings and acting as a rostered delegate of the Council in between scheduled meetings. Council Members also participate in interviews and hearings as the need arises.

Management of the complex and constantly increasing workload will be a subject of ongoing discussion at a strategic planning day scheduled for November 2016. However, the Council has taken the first steps through the restructure of staff to ensure they are more efficient and effective in their work. The new structure better acknowledges the interplay of health, performance and conduct dimensions that may coexist in the genesis of events that brings medical practitioners to the attention of the Council. The new structure takes a holistic case management approach to ensure doctors on the medical register maintain appropriate professional standards and remain fit to practise medicine. The restructure is expected to be completed in late 2016.

The Council continues its work in engaging with the medical profession, community and stakeholders. Non-medical members of the Council play an especially valuable role in bringing the perspectives of health consumers and the community to our work. The Council engages with co-regulators at state and national levels to identify trends and develop standards. It liaises with the media to explain the Council's functions and actions, and with hospital administrators, universities and peak bodies to support the maintenance of appropriate professional standards.

Also this year the immediate past President of the Medical Council, Professor Peter Procopis, testified before the Royal Commission into Institutional Responses to Child Sexual Abuse to provide information regarding the former New South Wales Medical Board and the current Medical Council's processes in dealing with reports of child sex abuse by medical practitioners. The Royal Commission was critical of aspects of the former New South Wales Medical Board's handling of complaints, and encouraged the Council to improve awareness amongst medical practitioners of their reporting obligations and the appropriate care of survivors of childhood sexual abuse. This work has commenced and will remain a focus in the 2016-2017 year.

President's message

continued

Also high on the Council's agenda of ensuring appropriate standards of practice across the many and varied care settings will be the safe delivery of care by telemedicine and maintenance of appropriate standards in cosmetic medicine practice.

As we close the 2015/16 year and look to the next twelve months with enthusiasm, I thank the Council and Hearings Members for their selfless commitment to the maintenance of high standards in the medical profession and to additionally thank staff for their expertise, dedication and care in carrying out their critically important duties.



Dr Greg Kesby

President

Medical Council of NSW

Regulation of Medical Practitioners in 2015/16

Overview

33,236

REGISTERED MEDICAL PRACTITIONERS IN NSW

3.3% more than last year in NSW
31% of medical practitioners in Australia

2,230

NEW COMPLAINTS RECEIVED RELATED TO

Conduct - 452
Performance - 1,678
Health - 100

1,996

CLOSED COMPLAINT OUTCOMES INCLUDED

18 registrations cancelled/disqualified
3 registrations suspended
17 registrations surrendered
58 conditions on registration
8 orders but no conditions
6 change to non-practising registration
18 reprimands
4 cautions
4 counselling
48 resolution/conciliation by HCCC
91 all or part referred to another body
558 no further action
31 no jurisdiction
1,092 discontinued
60 withdrawn

3,045

COMPLAINTS WERE MANAGED

815 open at start of year
2,230 received during the year
1,996 closed during the year
1,049 open at end of year
320 active monitoring cases at end of year

Regulation of Medical Practitioners in NSW in 2015/16

Year in summary

Registered Medical Practitioners

As at 30 June 2016 NSW had 33,236 registered medical practitioners representing 31% of the 107,179 medical practitioners registered to practise in Australia. There was an increase of 3.3% on the 32,183 medical practitioners registered in NSW last year.

NSW had 6,981 registered medical students representing 35.3% of the total 19,760 medical students in Australia.

Complaints

During the year the Medical Council received 2,230 new complaints about 1,887 medical practitioners representing 5.65% of all NSW registered medical practitioners. This was a 10% increase in complaints on the previous year when 2,023 complaints were received about 1,720 medical practitioners.

During the reporting period, new complaints received related to:

- Conduct - 452 representing 20.4% of complaints received
- Performance - 1,678 representing 75.2% of complaints received
- Health - 100 representing 4.4% of complaints received.

Complaints received included 85 mandatory notifications.

In addition to the 2,230 new complaints received, the Medical Council managed 815 complaints that were open at the beginning of the year.

A total of 96 matters received immediate action consideration by the Medical Council.

There were 29 referrals to NCAT.

By year end 1,196 complaints had been closed and 1,049 remained open with 320 cases being actively monitored including 171 conduct matters, 30 performance matters and 119 health matters.

Council Membership

Membership of the Medical Council is prescribed under the *Health Practitioner Regulation National Law (NSW)*.

There are 19 Members of the Medical Council appointed by the Governor, including nominees of Specialist Colleges (9), the Minister for Health (6), the Australian Medical Association (2), the Community Relations Commission (1) and a joint nominee of the Universities of Sydney, New South Wales and Newcastle (1).

Members as at 30 June 2016:

Dr Gregory John Kesby MBBS Hons (UNSW), BSc Hons (UNSW), PhD (Cambridge), DDU (ASUM), FRANZCOG, CMFM, MAICD, Royal Australian and New Zealand College of Obstetricians and Gynaecologists nominee (current term: 1.7.15 – 30.6.18) – President

Adjunct Associate Professor Richard George Walsh MBBS (Sydney), FANZCA, Australian and New Zealand College of Anaesthetists nominee (current term: 1.7.15 – 30.6.18) – Deputy President

Clinical Associate Professor Stephen Adelstein MB BCH (Wits), PhD (Sydney), FRACP, FRCPA, FFSc (RCPA), NSW Minister for Health nominee (current term: 1.7.15 – 30.6.17)

Mr David Bell MBA (Sydney), BEcon (UQld), BA (UNSW), GAICD, JP (NSW), Community Member, NSW Minister for Health nominee (current term: 1.7.15 – 30.6.18)

Ms Narelle Bell BA LLB (Macquarie), Legal Member, NSW Minister for Health nominee (current term: 1.7.15 – 30.6.18)

Dr Roger Gregory David Boyd MBBS (Sydney), MBA (Geneva), MHP (UNSW), FRACMA, AFCHSM, FHKCCM(Hon), GAICD, Royal Australasian College of Medical Administrators nominee (current term: 18.6.14 – 1.6.17)

Dr Stephen Richard Buckley MBBS (UNSW), FACRM, FAFRM (RACP), Royal Australasian College of Physicians nominee (current term: 1.7.15 – 30.6.18)

Professor Anthony Andrew Eyers MBBS (Sydney), FRACS, FRCS, Master of Bioethics (Monash), Royal Australasian College of Surgeons nominee (current term: 1.7.15 – 30.6.18)

Mr Kenneth Hong BA (Bond), GDLP (College of Law), GDL (Sydney), Community Relations Commission nominee (current term: 1.7.15 – 30.6.18)

Professor Cheryl Anne Jones MBBS Hons 1 (UTas), FRACP, PhD (Sydney), Universities nominee (current term: 1.7.15 – 31.12.17)

Dr Jennifer Kendrick BSc (Sydney), MBBS (Sydney), MPH (UNSW), GAICD, FRACGP, Royal Australian College of General Practitioners nominee (current term: 1.7.15 – 30.6.18)

Associate Professor Ross Kerridge MBBS, FRCA, FANZCA, Australian Medical Association (NSW) nominee (current term: 1.7.15 – 30.6.18)

Dr Alix Genevieve Magney BA Sociology (Hons), PhD Sociology (UNSW), NSW Minister for Health nominee (current term: 1.7.15 – 31.12.17)

Mr Jason Masters BEc (Flinders), GAICD, CFIAA, CRMA, CGEIT, CFE, JP, NSW Minister for Health nominee (current term: 1.7.15 – 31.12.17)

Dr Brian Morton MBBS (UNSW), FRACGP, FAMA, AM, Australian Medical Association (NSW) nominee (current term: 1.7.15 – 30.6.18)

Dr Julian Parmegiani MBBS (Hons) (UNSW), FRANZCP, GAICD, Royal Australian & New Zealand College of Psychiatrists nominee (current term: 1.7.15 – 31.12.17)

Ms Lorraine Poulos RN (SVH), Grad Cert HSM (ECU), NSW Minister for Health nominee (current term: 1.7.15 – 30.6.17)

Dr John Frank Charles Sammut MBBS (Hons) (Sydney), FACEM, Australasian College for Emergency Medicine nominee (current term: 1.7.15 – 30.6.17)

Ms Frances Taylor BA/BSocWk (Sydney), NSW Minister for Health nominee (current term: 1.7.15 – 30.6.18)

Attendance at Council Meetings

During 2015/16 six ordinary meetings were held. Attendance at the meetings was as follows.

Member	Meetings Attended	Meetings Eligible to Attend
Dr Gregory Kesby	6	6
Adjunct Associate Professor Richard Walsh	5	6
Clinical Associate Professor Stephen Adelstein	5	6
Mr David Bell	5	6
Ms Narelle Bell	5	6
Dr Roger Boyd	6	6
Dr Stephen Buckley	4	6
Professor Anthony Evers	6	6
Mr Kenneth Hong	6	6
Professor Cheryl Jones	4	6
Dr Jennifer Kendrick	6	6
Dr Ross Kerridge	6	6
Dr Alix Magney	5	6
Mr Jason Masters	6	6
Dr Brian Morton	5	6
Dr Julian Parmegiani	6	6
Ms Lorraine Poulos	5	6
Dr John Sammut	5	6
Ms Frances Taylor	6	6

Council Committees 2015/16

Medical Council Members generally serve on at least two committees to assist the Council to exercise its functions. In 2015/16 five non-Council Members also sat on the following committees.

Conduct	Health	Performance	Corporate Governance	Executive	Research
Chair: Richard Walsh	Chair: Anthony Eyers	Chair: John Sammut	Chair: Roger Boyd	Chair: Greg Kesby	Chair: Cheryl Jones
Anthony Eyers	Stephen Adelstein	David Bell	Stephen Adelstein	Roger Boyd	Stephen Adelstein
Kenneth Hong	David Bell	Narelle Bell	David Bell	Anthony Eyers	Anthony Eyers
Cheryl Jones	Narelle Bell	Roger Boyd	Narelle Bell	Cheryl Jones	Greg Kesby
Jennifer Kendrick	Roger Boyd	Stephen Buckley	Kenneth Hong	Jason Masters	Alix Magney
Ross Kerridge	Stephen Buckley	Kenneth Hong	Greg Kesby	John Sammut	Jason Masters
Greg Kesby	Ross Kerridge	Cheryl Jones	Jason Masters	Richard Walsh	
Alix Magney	Greg Kesby	Jennifer Kendrick	Frances Taylor		
Jason Masters	Alix Magney	Greg Kesby	Richard Walsh		
Julian Parmegiani	Brian Morton	Brian Morton			
Lorraine Poulos	Julian Parmegiani	Frances Taylor			
John Sammut	Lorraine Poulos	Richard Walsh			
Frances Taylor					
Non-Council Members					
Martine Walker		Elizabeth Tompsett			Peter Procopis
		Choong-Siew Yong			
		Geoff Brieger			

Senior Officers

Executive Officer

Ms Caroline Lamb, BA (Queensland), LLB (UNSW), FCIS, GAICD, M Bioethics (Sydney), is the Executive Officer and Assistant Director, Medical of Health Professional Councils Authority.

Medical Director

Dr Stuart Dorney, MBBS FRACP is the Medical Director, Medical Council of NSW and Health Professional Councils Authority.

Senior officers are employed by the HPCA, as are all other staff providing services to the Medical Council.

Organisational Review and Restructure

The Council endorsed its new organisational structure for staff supporting the Medical Council. Recruitment to vacant roles has commenced.

The structure includes:

- Additional roles to support increased complaint numbers and skill requirements
- A small number of roles to enable continuous improvement.

Transition to the new structure and new operating model is expected to take place in October 2016.

Overseas Meetings and Conferences

Overseas travel during the reporting period included the President, Dr Greg Kesby, attending the IAMRA Revalidation Symposium in Montreal from 29 to 30 October 2015.

Council Communications

In 2015/16 the Medical Council further increased its communication with the public, practitioners, medical students and other key stakeholders consistent with its Communications and Stakeholder Engagement Strategy.

As at 30 June 2016 the strategy guided the following outcomes:

- Greater engagement with registered medical practitioners as evidenced by continuing positive feedback received about the Medical Council's e-newsletter
- Increased engagement with medical students through speaking engagements at universities as part of the curriculum
- Engagement with professional colleges to include guest columns/updates from their respective nominees on the Medical Council in their communications with Members/Fellows
- Increased media coverage of the Medical Council and its role in medical publications
- Improved profile of medical regulation through collaboration on media engagement and communication activities between the Medical Council, the HCCC and AHPRA.

Research

This year the Council funded a research project to evaluate the effectiveness of the Council's Health Program for practitioners with a drug and/or alcohol impairment.

In response to the release of a national drug and alcohol screening protocol by the Australian Health Practitioner Regulation Agency (AHPRA), the Council reviewed its drug and alcohol screening protocols for impaired practitioners and students.

In June 2016 the Australian Medical Association held a forum on doctors' health and wellbeing attended by representatives of the Council. The forum was an informal discussion between various stakeholders on the health of doctors in NSW. The forum identified a number of important challenges in the field of doctors' health, including the need for research. This matter is under consideration by the Research Committee.

The Committee also considered requests from AHPRA and external research teams seeking access to anonymised data in relation to studies of national complaints data.

Assessing Complaints

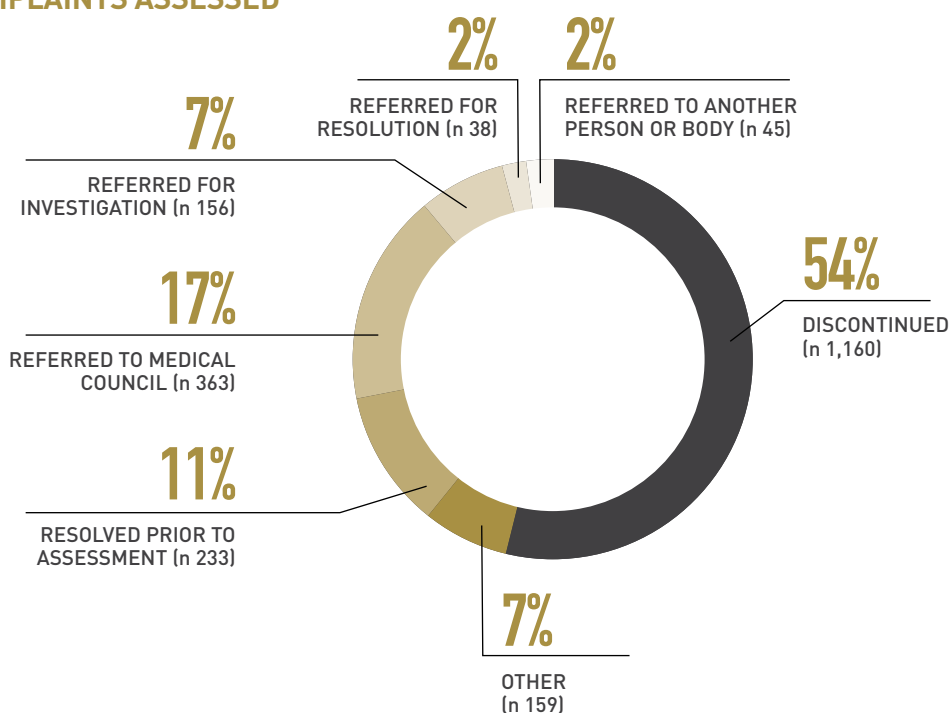
In NSW every complaint concerning medical practitioners and medical students is initially assessed jointly by the Health Care Complaints Commission (HCCC) and the Medical Council to determine the appropriate course of action. The safety of the public is at the forefront of the decision-making.

Following assessment, the Medical Council and the HCCC may:

- refer a complaint for formal investigation by the HCCC
- refer a complaint to another person or body, such as a Local Health District, for investigation
- refer a matter to the Medical Council to be considered in its Conduct, Performance or Health programs
- refer a complaint for direct resolution between the practitioner and the complainant either with or without the assistance of an HCCC Complaints Resolution Officer
- determine that no further action is required.

Of the 2,230 complaints received during the reporting period 2,154 complaints were assessed. The results of the complaints assessed are presented in the following graph.

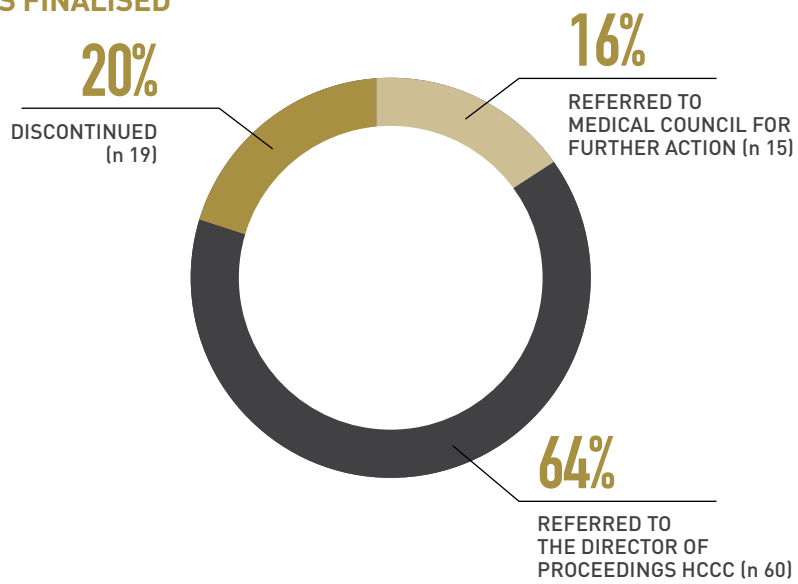
COMPLAINTS ASSESSED



Complaints which appear to raise significant issues of public safety are referred for investigation by the HCCC.

During the year 94 investigations were finalised by the HCCC. The results of the finalised investigations are presented in the following graph.

INVESTIGATIONS FINALISED



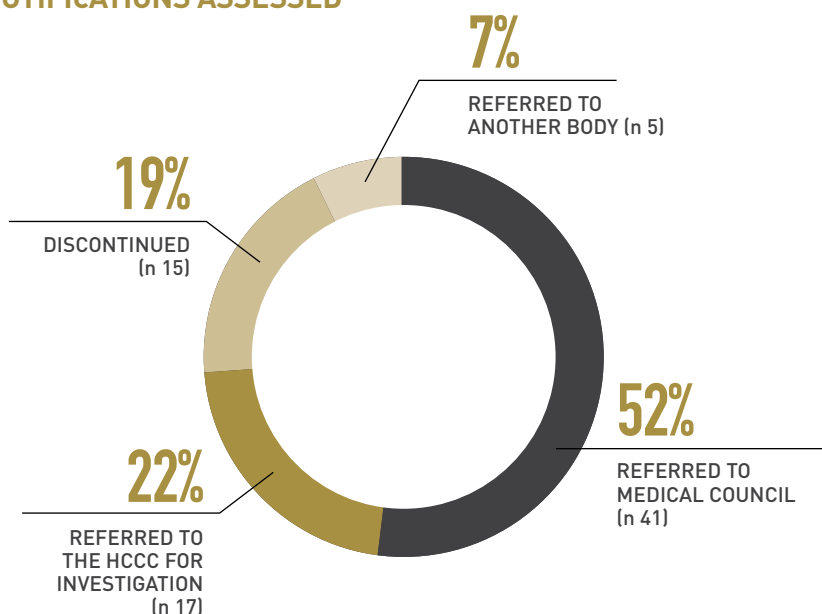
Mandatory Notifications

Health practitioners, including medical practitioners and those in other health professions, are required by law in certain circumstances to make a notification about doctors whose conduct or health may place the public at risk. There are also requirements on employers and education providers to make mandatory notifications.

This year 85 mandatory notifications were received comprising 3.8% of total complaints received about NSW medical practitioners. This is 32 more than the 53 mandatory notifications received in 2014/15.

Of the 85 mandatory notifications received, 78 were assessed. The results of the mandatory notifications assessed are presented in the following graph.

MANDATORY NOTIFICATIONS ASSESSED



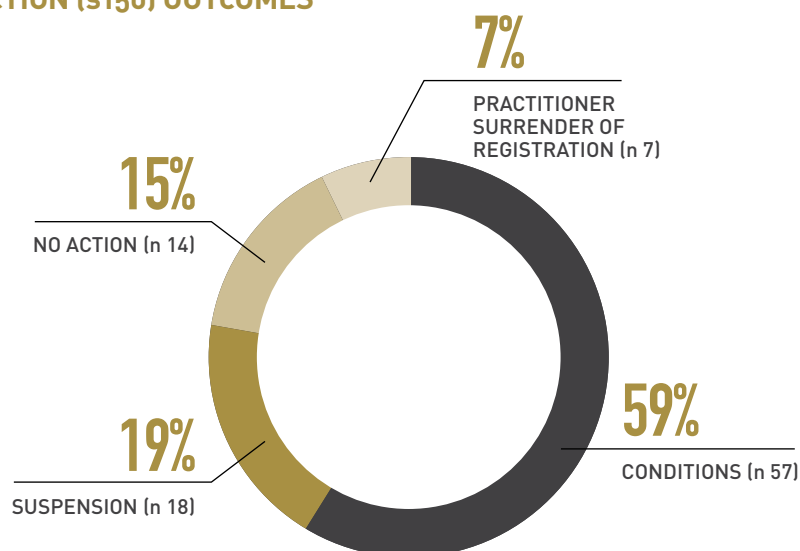
Immediate Action Proceedings (Section 150) 2015/16

Where public safety may be at risk unless there is urgent action, the Medical Council has the power to suspend or impose conditions on a medical practitioner’s registration pending further action by the HCCC or the Medical Council.

In 2015/16, 96 immediate action inquiries were finalised representing a 33% increase on the previous year.

Outcomes of Section 150 immediate action proceedings in 2015/16 are presented in the following graph.

IMMEDIATE ACTION (s150) OUTCOMES



Conduct

A complaint which may involve a finding of unsatisfactory professional conduct or professional misconduct is dealt with by a Professional Standards Committee (PSC) or the NSW Civil and Administrative Tribunal (NCAT). Less serious matters are addressed in counselling interviews with the practitioner.

More information about disciplinary procedures and hearings is available at www.mcnsw.org.au.

Disciplinary Proceedings 2015/16

PSC matters included the following:

- 21 matters open at the beginning of the year
- 12 new referrals during the year
- 22 hearings closed by the end of the year
- 11 hearings open at the end of the year.

NCAT matters included the following:

- 20 matters open at the beginning of the year
- 29 new referrals during the year
- 26 hearings closed by the end of the year
- 23 hearings open at the end of the year.

Performance

Where a medical practitioner has been the subject of a complaint about professional performance the Council acts to support the primary objective of public safety.

The Medical Council uses Performance Interviews, Performance Assessments and Performance Review Panels to determine whether a practitioner's professional performance is of a standard which could reasonably be expected of a practitioner of an equivalent level of training or experience.

Where inadequacies are identified the Performance Program focuses on education and retraining to address unsatisfactory patterns of practice. This is typically achieved by imposing conditions on registration such as a requirement to undertake training courses but may also include a requirement for supervision of the practitioner by another practitioner approved by the Council. These conditions are monitored by the Medical Council for compliance.

More information about the Performance Program is available on the Medical Council's website at www.mcnsw.org.au/page/6/doctors-performance-conduct-health/profession-performance

Performance Program 2015/16

During the reporting period 204 complaints were referred to the Performance Program, a 28.3% increase on last year. In dealing with these complaints the following actions were completed:

- 98 performance interviews
- 28 performance assessments (including re-assessments)
- 29 Performance Review Panels.

Case Study

Performance Program

In 2013 two complaints were received about Dr S, a practitioner who had recently arrived from overseas and was now working in an area of need in a rural general practice. The complaints related to her care of an elderly man and a pregnant woman. After reviewing the complaints the Performance Committee resolved that Dr S required a Performance Assessment which was carried out in her rural general practice. The assessors had concerns that Dr S's clinical skills and prescribing were not at the level expected of a doctor of her training and experience. A Performance Review Panel concurred and put conditions on her registration including that she meet with a supervisor on a weekly basis and undertake a number of educational courses.

Over the next two years Dr S completed the required courses and met with her supervisor weekly. Her supervisor reported that Dr S was taking an active role in her learning. Dr S remarked that she found the sessions very useful, particularly in preparing for her general practice exams. In August 2015 Dr S had a Performance Re-Assessment and demonstrated a significant improvement in her clinical skills and prescribing. In October 2015 Dr S exited the Performance Program and in the same month achieved her Fellowship of the Royal Australian College of General Practitioners.

Health

A medical practitioner's health problems may impair his or her capacity to practise medicine safely and effectively. The Medical Council has a long established Health Program which aims to manage impaired medical practitioners and medical students in a constructive and non-disciplinary manner while safeguarding the public. More information about the Health Program is available at www.mcnsw.org.au.

In June 2015 the Medical Council commenced a research project to evaluate the effectiveness of the Health Program and to make recommendations for improvement. The research findings confirm the efficacy of the program while making useful recommendations for further improvement.

Health Program 2015/16

As at 30 June 2016, 125 medical practitioners and medical students were participants in the Health Program, a 12% increase on the previous year.

The 83 notifications, referred to 64 Impaired Registrants Panels, were received from the following sources.

Source	Number of Notifications Referred to IRPs	Percentage of Notifications Referred to IRPs
Self reports	17	20%
Council initiated	14	17%
S150 referrals	14	17%
Treating practitioner	13	16%
Employer (including NSW Health) or university	9	11%
AHPRA	9	11%
Patient or patient's relative	7	8%
TOTAL	83	100%

Case Study

Exit from the Health Program

Dr X is a 60 year old male GP who came to the attention of the Council on receipt of an investigation report by Pharmaceutical Services. The report indicated that Dr X had written numerous prescriptions for pethidine in various patients' names and that these prescriptions were for his own use. Urgent action was taken and Section 150 immediate action proceedings were convened. As a result a number of conditions were imposed on Dr X's registration including that he be prohibited from prescribing, possessing and supplying any drug of addiction. Dr X was referred to an Impaired Registrants Panel which amended his conditions to include that he submit to urine drug screening and attend for regular treatment of his drug dependency.

Thereafter Dr X joined the Health Program. Dr X engaged well with the program and remained compliant with his conditions over the years. Dr X reported that his involvement with the program allowed him to make major changes to his life with regards to his drug dependency. Dr X reported that the support he received on the program was very helpful and the formal structure allowed him to keep working and doing what he loves. Dr X exited the program approximately 3 years after the initial notification.

Monitoring

Orders and conditions are imposed on a medical practitioner's registration to protect the public. Typically these take the following forms:

- Limitations on a medical practitioner's practice – examples include restricting the type of procedure(s) a medical practitioner may perform or limiting the number of patient consultations per day
- Conditions aimed at remediating the medical practitioner – examples include requiring a practitioner to undertake specific courses or participate in supervision and/or
- Requiring a practitioner to attend for treatment in order to manage his/her health so he/she can continue to practise – this may include regular review by the Council-appointed practitioners or participating in alcohol or drug testing.

The Medical Council's Monitoring Program is responsible for monitoring compliance with orders and conditions imposed on a medical practitioner's registration, following a Health, Performance, or Conduct outcome. It also includes monitoring of conditions imposed as a result of the Council's urgent action proceedings.

Monitoring Program 2015/16

A total of 320 practitioners were being monitored by the Medical Council as at 30 June 2016, an increase of 16% compared to the previous year.

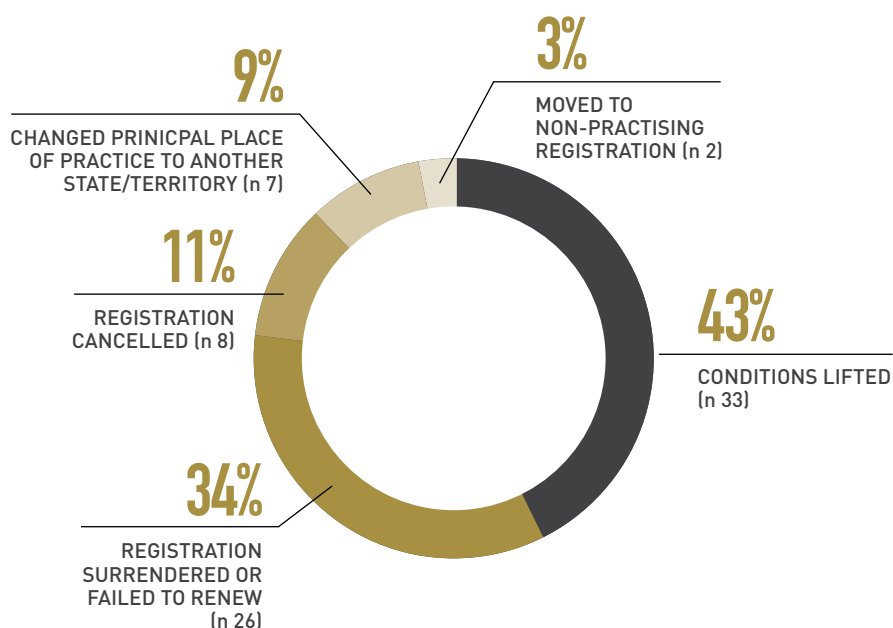
The following table provides a snapshot of the most common conditions imposed on medical practitioners being monitored as at 30 June 2016. A practitioner may be subject to more than one type of condition. Conditions are included on the national Register of health practitioners.

Common Conditions imposed*	Number
Subject to supervision conditions	104
Required to have a mentor	44
Subject to chaperone conditions	10
Required to submit to an audit	37
Subject to urine drug testing	30
Subject to Ethyl Glucuronide (EtG) Testing	20
Subject to Carbohydrate-Deficient Transferrin (CDT) testing	11
Required to complete an education course	18

*A practitioner may be subject to more than one type of condition.

During the reporting period 76 practitioners exited the Monitoring Program. Outcomes for the practitioners who exited the Monitoring Program are presented in the following graph.

OUTCOMES FOR PRACTITIONERS EXITING THE MONITORING PROGRAM



Case Study

Monitoring Program

Dr Y is a general practitioner. Conditions were imposed on Dr Y's registration by a Performance Review Panel which found that Dr Y's medical records were not at a standard reasonably expected of a practitioner of an equivalent level of training or experience.

Dr Y was required to improve the standard of her records and have her records audited by a person nominated by the Council to monitor the required improvement. An audit was conducted in 2015. The audit report concluded that Dr Y had improved the standard of her record keeping and that they were now at the required standard. The Council considered the audit report and decided that no further audits were required. Dr Y's audit condition was lifted.

Remuneration

Remuneration for members of the Council was as follows.

President	\$43,464 per annum
Deputy President/Chairs of Committees	\$27,162 per annum
Members	\$12,037 per annum

Financial Management

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

Accounts Performance 2015/16	\$
Revenue	13,327,494
Operating expenditure	10,444,786
Gain/(loss) on disposal	9,747
Net result	2,892,455
Net cash reserves (cash and cash equivalents minus current liabilities)	9,789,719

* Included in the net cash reserves is Education and Research bank account balance of \$46,704.

The Medical Council's budget for the period 1 July 2016 to 30 June 2017 is as follows.

Budget 2016/17	\$
Revenue	13,125,939
Operating expenditure	14,331,873
Net result	(1,205,934)

Full financial statements are presented in Part 3 of this report 'Financial Statements for NSW Health Professional Councils – Medical Council of NSW'.



**Annual
Report
2015-16**



**Medical Radiation
Practice Council**

of New South Wales

President's message



*Medical Radiation Practice
Council of New South Wales*

I am pleased to submit the 2016 Annual Report for the Medical Radiation Practice Council of New South Wales (Council).

As the Council progresses into the fifth year of regulation of the Medical Radiation Practitioner profession the past year has seen a slight increase in the number of complaints made. The Council is pleased that the number of complaints is relatively low for the profession and that communication strategies regarding regulation in NSW are reaching and informing the target audience of the profession, the community and stakeholders.

There were a number of achievements for the Council in 2016 that I would like to outline:

- The Council continues to consolidate the core functions of regulation, which has enabled us to efficiently perform our core role of protecting the community and achieve a further reduction of fees to \$150 for registrants in NSW for 2016
- Contribution to inter-council and AHPRA collaboration and research activities
- Consolidation of inter-council education, joint Council Presidents and National Board Chairs meetings and formal presentations.

On behalf of the Council, I would like to thank the Health Professional Councils Authority for its assistance and support throughout the year. This has enabled the Council to perform its regulatory and legislative functions and to fulfil its public protection obligations. The Council also looks forward to another productive and rewarding year ahead working collaboratively with the Health Care Complaints Commission in a co-regulatory environment to protect the interests of the public.

A handwritten signature in black ink, appearing to read 'Tracy Vitucci', with a long horizontal flourish extending to the right.

Ms Tracy Vitucci

President

Medical Radiation Practice Council of New South Wales

Regulation of Medical Radiation Practitioners in 2015/16

Overview

5,089

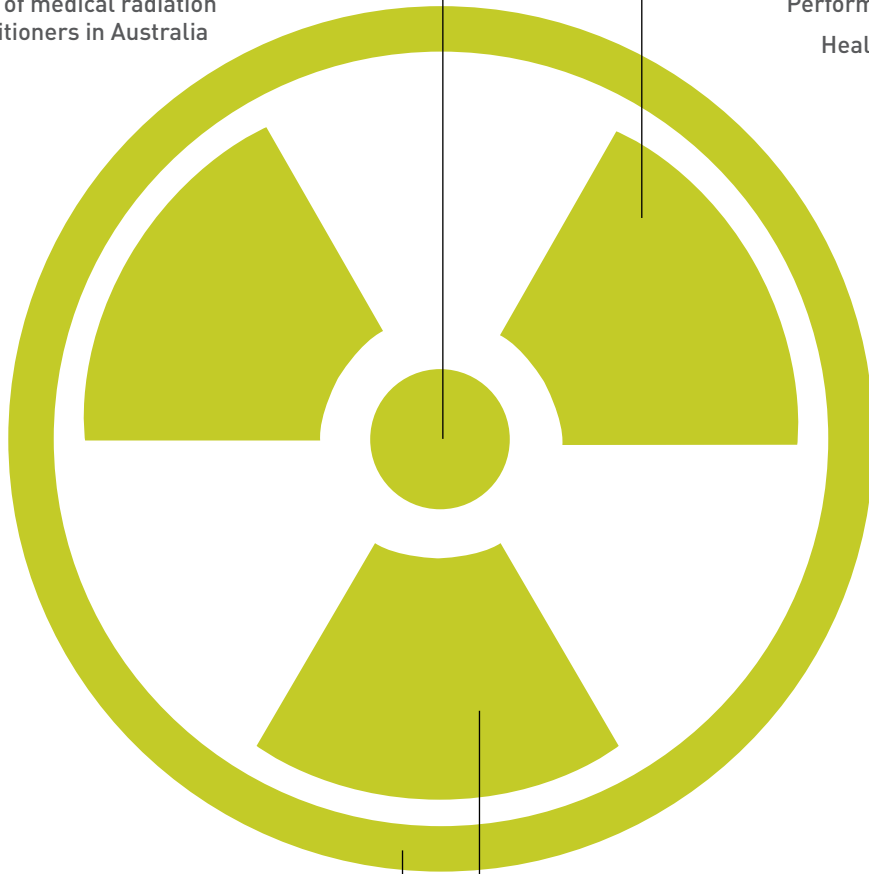
REGISTERED MEDICAL RADIATION PRACTITIONERS IN NSW

2.7% more than last year in NSW
33.3% of medical radiation practitioners in Australia

13

NEW COMPLAINTS RECEIVED RELATED TO

Conduct - 3
Performance - 9
Health - 1



11

CLOSED COMPLAINT OUTCOMES INCLUDED

9 no further action
2 discontinued

16

COMPLAINTS WERE MANAGED

3 open at start of year
13 received during the year
11 closed during the year
5 open at end of year
1 active monitoring case at end of year

Regulation of Medical Radiation Practitioners in NSW in 2015/16

Year in summary

As at 30 June 2016 NSW had 5,089 registered medical radiation practitioners representing 33.3% of the 15,303 medical radiation practitioners registered to practise in Australia. There was an increase of 2.7% on the 4,957 medical radiation practitioners registered in NSW last year.

During the year the Medical Radiation Practice Council of NSW managed 16 complaints including:

- 3 open matters at the start of the year
- 13 new complaints received during the year.

By year end 11 complaints had been closed and five matters remained open.

The 13 new complaints received this year were about 12 practitioners representing 0.24% of NSW registered medical radiation practitioners. There were three more complaints received this year compared with the 10 complaints received in 2014/15.

The Council received four complaints from a government department; two from patients; two from an employer; one each from an employee, a member of the public, a Council and AHPRA; and one complaint was anonymous.

This year there were two mandatory notifications about two practitioners.

Complaints received about NSW medical radiation practitioners related to:

- Conduct – 3 complaints
- Performance – 9 complaints
- Health – 1 complaint.

One breach of condition matter received immediate action consideration.

After Council consultations with the HCCC, eight of the complaints received during the year were referred for Council management.

No matters were referred to NCAT.

One Impaired Registrant panel was concluded during the year.

Outcomes for the 11 matters closed during the year were as follows.

Outcome	Number
No further action required	9
Discontinued	2
Total	11

At year end one health case was being actively monitored.

Council Membership

Section 41E of the Law prescribes that there are six members of the Medical Radiation Practice Council appointed by the Governor.

Members who are registered medical radiation practitioners:

- Ms Tracy Vitucci MBA, MHSM, B App Sc(MedImaging), DMU, Grad Dip Ultrason, FIR, AF, ACHSM
- Dr Karen Jovanovic HScD, MMedSc, Grad Dip, Clin Epid DCR (T)
- Ms Margaret Carmody A Dip Med Rad (NM), BMed Rad Sc (NM)
- Ms Sheryl Foster MHSc (MRS).

Legal member:

- Mr Hugh Macken BA, LLB, LLM.

Community member:

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

Attendance at Council Meetings

The Medical Radiation Practice Council met on ten occasions, including meetings by teleconference. Attendance at the meetings was as follows.

Member	Meetings Attended	Meetings Eligible to Attend
Ms Tracy Vitucci	9	10
Dr Karen Jovanovic	10	10
Ms Sheryl Foster	10	10
Ms Margaret Carmody	9	10
Mr Hugh Macken	9	10
Mr Warren Stretton	10	10

Executive Officer

The Medical Radiation Practice Council was supported by Executive Officer, Ms Myra Nikolich, Deputy Executive Officer, Ms Maxine Kauter and two Program Officers, all employed by the HPCA.

Committees of 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 Medical Radiation Practice Council did not appoint any committees during the reporting period.

Regulatory Committees and Panels

Part 8 of the Law prescribes the committees and panels that support the Council in undertaking its regulatory activities. They include Assessment Committees, Impaired Registrants Panels and Performance Review Panels. One Impaired Registrant Panel was convened during the year.

Meetings and Conferences

The Medical Radiation Practice Council was represented at the following meetings.

Name	Attendance
Council Presidents' Forum	Ms Tracy Vitucci
Sydney Information Session Medical Radiation Practice Board of Australia at Royal North Shore Hospital – Notifications in NSW	Ms Tracy Vitucci

Overseas Travel

There was no overseas travel during the reporting period.

Council Communications

The Medical Radiation Practice Council website is the principal medium used for communicating information to medical radiation practitioners, students and the community. The website is updated regularly and includes links to other key bodies in the National Registration and Accreditation Scheme.

The Medical Radiation Practice Council aims to regularly distribute electronic newsletters to medical radiation practitioners with a principal place of practice in NSW. Further information is available at www.medicalradiationpracticecouncil.nsw.gov.au.

Remuneration

Remuneration for members of the Council was as follows.

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

In addition, Council members receive sitting fees for the conduct of Council Inquiries or hearings under section 150 of the Law, counselling interviews and other regulatory activities if held on a day other than monthly Council meetings. Council members are reimbursed for expenses incurred when travelling on official business at Council direction.

Members of panels and tribunals also receive remuneration and reimbursement of expenses.

Financial Management

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

Accounts Performance 2015/16	\$
Revenue	468,383
Operating expenditure	111,542
Gain/(loss) on disposal	60
Net result	356,901
Net cash reserves (cash and cash equivalents minus current liabilities)	1,355,532

* Included in the net cash reserves is Education and Research bank account balance of \$52,771.

The Medical Radiation Practice Council's budget for the period 1 July 2015 to 30 June 2016 is as follows.

Budget 2016/17	\$
Revenue	412,092
Operating expenditure	213,092
Net result	199,000

Full financial statements are presented in Part 3 of this report 'Financial Statements for NSW Health Professional Councils'.



**Annual
Report
2015-16**

**Nursing and
Midwifery Council**

of New South Wales

President's message



This year, the focus for the Nursing and Midwifery Council of New South Wales (Council) has been the implementation of our new Strategic Plan 2015-18.

Over the three years, the Council aims to maintain professional standards and minimise the risks of harm to patients. To reflect this, our strategic plan prioritises the following three objectives:

- effectively managing complaints
- building capability and capacity; and
- engaging and influencing the health system.

The Council commenced the year by welcoming eight new members, who joined our seven continuing members. Our new members bring a diverse range of skills, which has assisted our decision-making process in complaints management.

In 2015/16, the Council received 610 complaints, which is the same number as the year before. Approximately 55% of cases were referred to the Council for management following initial consultation with the Health Care Complaints Commission and 26% were discontinued. The Council completed 404 hearings and interview committees, of which 123 were hearings for immediate interim action to maintain the health and safety of the public.

Anecdotally the cases are becoming more complex. Increasingly, elements of health, performance and conduct are included in the same complaint. This complexity can lengthen the assessment process, as well as the monitoring and remediation period. The Council is continuing to work on a research project, which explores both complexity and decision-making to inform future strategies for the management of such complaints.

The Council has also commenced two literature reviews about the application of professional standards and facilitating cultures of safety. These will be used to guide planned surveys. Interviews have been conducted to examine stakeholders' understanding of the Council's role. The results will guide the Council's initiatives over the next two years. The Council is also working with experienced academics conducting regulatory research on mandatory reporting, practitioner performance and risk profiling.

The Council recognises that public safety is a shared responsibility and it must partner with others to fulfil its objectives. A network analysis of groups and organisations involved in patient safety and maintaining professional standards will commence in the near future. The aim is to better understand how to develop networks for sharing intelligence and coordinating key messages, strategies for improvement and planned interventions.

President's message

continued

As part of its strategic plan, the Council continues to meet regularly with our partners in NSW and nationally, such as the Health Care Complaints Commission (HCCC), Nursing and Midwifery Board of Australia (NMBA), Australian Health Practitioner Regulation Agency (AHPRA), the Nursing and Midwifery Office and the NSW Nurses and Midwives Association (NSWNMA). We have also begun reaching out to other groups and organisations involved with maintaining professional standards and patient safety such as the Council of Deans, the Health Education and Training Institute and the Clinical Excellence Commission.

The Council recognises the importance of communication and has taken a lead role in working with other NSW health professional Councils to improve stakeholder understanding about our complaints management process. This year the Council, in response to feedback about communication, commenced the Plain English communication project. The project aims to address the needs of our stakeholders and to improve the timeliness, effectiveness and efficiency of our communications.

The use of a variety of communication channels is a key strategy in the Council's plan. The Council's newsletter is distributed to over 90,000 nurses and midwives. Changes have been made to our newsletter and further improvements are planned to increase the readership. The newsletter is a valuable resource as it is sent to all nurses and midwives registered in New South Wales in both private and public health services.

The Council is interested in international innovations and is kept up to date with relevant journals, articles, webinars and other resources. Council representatives have attended national or international regulatory meetings to benchmark with other regulators. We have obtained useful resources and ideas to improve our processes and have shared our ideas with fellow regulators whose feedback has been constructive. The Council's program for discussion and education about regulatory activities has continued through its well attended conference and seminar presentations.

Throughout the year we have made significant progress to implement our new strategic plan. It is necessary that our practitioners have active dialogue with us during this process to ensure a positive outcome for nurses and midwives as well as recipients of care. We resolve to continue to improve our service to the community by maximising public safety.



Adj Prof John G Kelly AM

President

Regulation of Nurses and Midwives in 2015/16

Overview

104,721

REGISTERED NURSES AND MIDWIVES IN NSW

2.5% more than last year in NSW
27.5% of nurses and midwives in Australia



610

NEW COMPLAINTS RECEIVED RELATED TO

Conduct - 220
Performance - 243
Health - 147

595

CLOSED COMPLAINT OUTCOMES INCLUDED

- 8 registration cancelled/disqualified
- 5 surrender of registration
- 81 conditions on registration
- 3 reprimand issued
- 1 caution issued
- 3 finding but no orders
- 36 counselling
- 9 resolution/conciliation by HCCC
- 15 all or part referred to another body
- 191 no further action
- 82 no jurisdiction
- 158 discontinued
- 7 withdrawn

931

COMPLAINTS WERE MANAGED

- 321 open at start of year
- 610 received during the year
- 595 closed during the year
- 336 open at end of year
- 269 active monitoring cases at end of year

Regulation of Nurses and Midwives in NSW in 2015/16

Year in summary

As at 30 June 2016 NSW had 104,712 registered nurses and midwives representing 27.5% of the 380,208 nurses and midwives registered to practise in Australia. There was an increase of 2.5% on the 102,117 nurses and midwives registered in NSW last year.

During the year the Nursing and Midwifery Council of NSW managed 931 complaints including:

- 321 open matters at the start of the year
- 610 new complaints received during the year.

By year end 595 complaints had been closed and 336 matters remained open.

The 610 new complaints received this year were about 563 practitioners representing 0.5% of NSW registered nurses and midwives. The same number of complaints were received this year as last year. However in 2015/16 complaints were about a fewer number of practitioners due to an increase in multiple complaints about the same practitioners.

This year there were 190 mandatory notifications about 186 nurses and midwives. Mandatory notifications made up 31% of complaints received about NSW registered nurses and midwives this year.

Complaints were received from the following sources.

Source of Complaint	Number	Percentage of Total Complaints Received
AHPRA	27	4.4%
Anonymous	22	3.6%
Council	17	2.8%
Education provider	18	2.9%
Employee	6	1.1%
Employer	163	26.6%
Government department	12	2.0%
Lawyer	2	0.3%
Members of the public	31	5.1%
Other health practitioners	52	8.5%
Patients	76	12.5%
Pharmaceutical services	1	0.2%
Police	3	0.5%
Relatives of patient or practitioner	105	17.2%
Self reports	35	5.7%
Treating practitioners	34	5.6%
Other	6	1.0%
TOTAL	610	100%

Complaints received about NSW nurses and midwives related to:

- Conduct – 220 complaints representing 36% of complaints received
- Performance – 243 complaints representing 40% of complaints received
- Health – 147 complaints representing 24% of complaints received.

One hundred and three matters received immediate action consideration and 24 matters were subject of immediate action reviews.

After Council consultations with the HCCC, 338 of the complaints received during the year were referred for Council management, that is 55% of complaints received.

Complaints management included the following assessments and hearings.

Assessments and Hearings	Number
Performance assessments	29
Performance Review Panels	12
Professional Standards Committee	5
Health assessments	164
Impaired Registrants Panels	105
Counselling/interviews	122
Tribunals	8
TOTAL	445

Outcomes for the 595 matters closed during the year were as follows.

Outcomes*	Number
Registration cancelled or disqualification	8
Surrender of registration	5
Conditions on registration – imposed or by consent	81
Reprimand issued	3
Caution issued	1
Finding but no orders	3
Counselling – by interview	36
Resolution or conciliation by HCCC	9
All or part referred to another body	15
No further action required after further assessment	191
No jurisdiction to act	82
Discontinued following assessment by HCCC	158
Withdrawn	7
TOTAL	599

* There may be more than one outcome for a matter eg reprimand and conditions on practice.

At year end 266 cases were being actively monitored including 47 conduct matters, 56 performance matters and 163 health matters.

Strategic Plan 2015 to 2018

In 2015, the Council developed its new strategic plan for the next three years. The strategic plan identifies three key goals to strengthen the Council's primary role of protecting the public. These three goals are:

1. effectively managing individual complaints
2. engaging and influencing the health system
3. building capability and capacity.



In the first year of the plan, the Council has invested time and resources in supporting the induction and education of eight new Council members. The Council has also undertaken research with stakeholders in order to benchmark the quality and timeliness of its processes and resources and to better assess the effectiveness of the strategic plan in 2018.

The Council continues to develop resources and conduct other research projects to build its capabilities by improving its processes and increasing its engagement with its stakeholders within the health sector. The Council is currently researching the following:

- Performance assessments to improve the management of its performance pathway
- Factors influencing its decisions to improve the quality and consistency of its decision-making processes
- Cultures of safety within the health sector to inform its future role in increasing engagement with professional standards and promoting safe practice.

This research will continue into 2016/17.

The Council has also responded to concerns about the clarity of its letters to practitioners, complainants and employers. The Council has worked with the Plain English Foundation to provide new resources and training to assist staff in this area. New letters and fact sheets continue to be implemented and the review of all letters and the development of new fact sheets will continue into 2016/17.

Council Membership

Section 41E of the Law prescribes that there are 15 members of the Nursing and Midwifery Council appointed by the Governor. On 1 July 2015, the Council had a significant turnover in membership with 8 new members joining the Council.

Members who are registered practitioners:

- Adj Professor John G Kelly AM, RN, BA (Hons), LLB, Grad Dip Leg Prac, FACN, AFAIM, MAPS, MAICD – President
- Dr Bethne Hart RN, Cert 1V TAA, Dip Clin Hypnotherapy, BA (Soc.Sci), MHPEd, PhD (UNSW), (MHRN) – Deputy President
- Ms Susan Anderson RN, BN
- Ms Maryann Curry RN, MHM (UNE), GAICD
- Ms Kate Cheney RN, RM Sexual Health (cert), B Nursing Ma Midwifery
- Ms Karen Hay EN, Adv.Dip Nursing (Perioperative Nursing), MACORN, MNSWOTA
- Ms Karyn Godier EN
- Ms Kate Adams RN, RM, BA (NSW NMA nominee)
- Ms Elisabeth Black RN, RM, BN, PGD, MNSc, Cert IV TAE FACN (ACN nominee)

Members engaged in providing programs of study:

- Professor Iain Graham PHD, RN, FACN, MACMHN
- Assoc Professor Murray Fisher RN, PhD (Usyd), ITU Cert (SVPH), DipAppSc (Nursing) (CCES), BHSc (Nursing) (UTS), MHPEd (UNSW)

Legal member:

- Ms Jann Gardner BA, LLB (USyd), MBA (UON), GAICD

Community members:

- Mr Bernard Rupasinghe MLLR (USyd), GDLP (ANU), BA/LLB (ANU)
- Mr David Spruell BComm (B'ham), Fellow FINSIA, Fellow AICD
- Ms Jennifer Symons BComm, BAS (Building), BA

Attendance at Council Meetings

The Nursing and Midwifery Council met on seven occasions. Attendance at the meetings was as follows.

Member	Meetings Attended	Meetings Eligible to Attend
Ms Kate Adams	7	7
Ms Susan Anderson*	4	7
Ms Elisabeth Black*	7	7
Ms Kate Cheney*	6	7
Ms Maryann Curry	3	7
Dr Murray Fisher [^]	4	4
Ms Jann Gardner*	5	7
Ms Karyn Godier	6	7
Professor Iain Graham	6	7
Dr Bethne Hart	5	7
Ms Karen Hay*	7	7
Adj Professor John Kelly	7	7
Mr Bernard Rupasinghe*	7	7
Mr David Spruell	6	7
Ms Jennifer Symons*	6	7

* Commenced 1 July 2015. [^] Commenced 5 August 2015.

Executive Officer

The Nursing and Midwifery Council is supported by Margaret Cooke (RN, RM), Executive Officer, Kim Bryant (RN), Deputy Executive Officer and other staff employed by the HPCA.

Committees of 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 Nursing and Midwifery Council was supported by the following committees.

The **Strategic Management Committee** met on five occasions. The Committee provides strategic oversight of the Council's activities and makes recommendations arising from monitoring the Council's performance and progress against the strategic plan, developing the risk register, assisting in setting the Council's annual budget and considering legal issues that may arise.

The **Education and Quality Committee** met on three occasions. The role of the Committee is to provide input and oversight over the creation and management of Council projects, especially where expenditure is being made from the Council's Education and Research account. It also provides expert advice in relation to the Council's education and quality related strategic objectives.

The [Newsletter Editorial Group](#) met on four occasions. The role of the Committee is to assist in planning the content for the newsletter, to develop and ensure editorial standards are being met and to prepare information, topics and articles for publication.

The [Notifications Committee](#) met on 23 occasions. This Committee reviews all new complaints in consultation with the HCCC. The Notifications Committee also acts under Council delegation to deal with complaints concerning health, conduct and performance referred to the Council for management.

The [Monitoring and Review Committee](#) met on 11 occasions. The Committee is delegated to oversee and make decisions on behalf of the Council in relation to monitoring practitioners' compliance with orders and conditions on registration, including easing conditions imposed via the impairment provisions when it is safe to do so. Reviews requested under section 152K or where significant amendment of health conditions is needed, are referred to an Impaired Registrants Panel.

The [s152J Health Committee](#) reviewed the recommendations of 140 Impaired Registrant Panels, including reviews. The Committee is delegated to act as the Council and impose conditions which have been recommended by the Panels and agreed to by the practitioners. The Committee does this following careful consideration of Impaired Registrants Panel reports.

This process allows for more timely decision-making in the Council's health pathway.

The [Counselling Committee](#) met on 12 occasions to counsel 25 practitioners. The role of the Committee is to counsel a nurse, midwife or student regarding professional standards, provide an opportunity for the practitioner or student to reflect on their actions and discuss strategies to improve their performance, conduct or behaviour. If necessary the Committee, on behalf of the Council, may provide corrective advice or a warning to the practitioner or student about their behaviour.

The [Performance Interview Committee](#) met on 32 occasions to interview 77 practitioners. This Committee was established this year to assist in the performance pathway. Its role is to interview practitioners to gather information about any issues which have been reported to the Council.

The Committee will determine whether performance, health or conduct issues may be ongoing and require further structured performance or health assessment. The Committee will discuss with practitioners their professional practice and make recommendations to the Council about the appropriate courses of action. If relevant, the Committee may also discuss the practitioner's compliance (or otherwise) with conditions on their registration.

The [s150 Immediate Action Committee](#) met on 36 occasions to consider the safe practice of 118 practitioners. The Committee is delegated to conduct immediate action inquiries when there are significant safety concerns related to the practice of a registered nurse, registered midwife or a registered student. The Committee may impose interim conditions on registration or temporarily suspend registration if satisfied it is necessary to do so for public safety or in the public interest.

Council members and non-council members participating in committees are listed below along with the committees they attend.

Council Members	Committees Attended
Adj Professor John Kelly, President	Notifications Committee, Education and Quality Committee, Strategic Management Committee, S150 Immediate Action Committee
Dr Bethne Hart, Deputy President	Notifications Committee (Chair), Strategic Management Committee, Counselling Committee, Performance Interview Committee, S150 Immediate Action Committee
Ms Kate Adams	Education and Quality Committee, Monitoring and Review Committee, S152J Health Committee
Ms Susan Anderson	S152J Health Committee, S150 Immediate Action Committee, Counselling Committee
Ms Elisabeth Black	Notifications Committee, S150 Immediate Action Committee
Ms Kate Cheney	Notifications Committee, Education and Quality Committee, Newsletter Editorial Group, S150 Immediate Action Committee, S152J Health Committee
Ms Maryann Curry	Notifications Committee, S150 Immediate Action Committee
Dr Murray Fisher	Notifications Committee, Education and Quality Committee, Newsletter Editorial Group, Performance Interview Committee
Ms Jann Gardner	Notifications Committee, Strategic Management Committee, S150 Immediate Action Committee
Ms Karyn Godier	Notifications Committee, Performance Interview Committee, S150 Immediate Action Committee
Professor Iain Graham	Education and Quality Committee, Newsletter Editorial Group, Monitoring and Review Committee, S152J Health Committee
Ms Karen Hay	Notifications Committee, Education and Quality Committee, Performance Interview Committee, S150 Immediate Action Committee
Mr Bernard Rupasinghe	Notifications Committee, S150 Immediate Action Committee, Performance Interview Committee
Ms Jennifer Symons	Education and Quality Committee, Newsletter Editorial Group, Monitoring and Review Committee, S152J Health Committee
Mr David Spruell	Strategic Management Committee, S150 Immediate Action Committee, Performance Interview Committee

Non-Council Members	Committees Attended
Tania Andrews	Performance Interview Committee
Marie Clarke	Counselling Committee, Performance Interview Committee, S150 Immediate Action Committee
Sue Dawson	Monitoring and Review Committee
Letetia Gibbs	Performance Interview Committee
Valerie Gibson	Performance Interview Committee
Margo Gill	Counselling Committee, Performance Interview Committee, S150 Immediate Action Committee
Monica Hogan	Performance Interview Committee
Sue Kennedy	Counselling Committee, Performance Interview Committee
Nick Miles	Monitoring and Review Committee
Rebecca Roseby	Counselling Committee, Performance Interview Committee
Dee Sinclair	Performance Interview Committee
Helen Stirling	Counselling Committee, Performance Interview Committee
Frances Taylor	Performance Interview Committee
Zena Wilson	Counselling Committee, Performance Interview Committee

Regulatory Committees and Panels

Part 8 of the Law prescribes the committees and panels that support the Council in undertaking its regulatory activities. They include, Impaired Registrants Panels and Performance Review Panels.

Impaired Registrants Panel

The Council may establish Impaired Registrants Panels (IRPs) to deal with matters concerning nurses or midwives who suffer from a physical or mental impairment which affects, or is likely to affect, their capacity to practise.

An IRP is non-disciplinary and aims to assist nurses and midwives to manage their impairment while remaining in professional practice as long as this poses minimal risk to the public. The IRP's role is to inquire into and assess the matter, obtain reports and other information from any source it considers appropriate and to make recommendations to the Council.

The IRP may counsel the nurse or midwife or, on the recommendation of the IRP, the Council may provide counselling, impose conditions on registration, or suspend the registration for a period if the Council is satisfied the nurse or midwife, or student has voluntarily agreed to the conditions or suspension.

Performance Review Panel

If a performance assessment indicates that the professional performance of a nurse or midwife is unsatisfactory, the Council may decide to refer the matter to a Performance Review Panel (PRP). The role of the PRP is to review the practitioner's professional performance by examining the evidence placed before it to establish whether his/her 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 his/her individual needs. This may entail attending courses, practising under supervision or engaging in additional continuing professional development. Conditions on practice may also be required to ensure the public is protected while the nurse or midwife is undertaking remediation.

Professional Standards Committee

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 on a matter in a manner 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 practice of his/her profession be imposed on his/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/her practice as required
- Order the practitioner to seek and take advice in relation to the management of his/her practice.

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

NSW Civil and Administrative Tribunal (NCAT)

NCAT deals with serious complaints that may lead to suspension or cancellation of registration, appeals against Council decisions regarding disciplinary matters and appeals against decisions of the National Board in relation to registration matters. Professional and community members are nominated by the Council for appointment by NCAT.

Matters may be referred to NCAT by the Council or the HCCC Director of Proceedings. Hearings are generally open to the public unless otherwise directed by NCAT.

Professional and Community Membership of Committees and Panels

The Nursing and Midwifery Council was supported by Impaired Registrant Panels, Performance Review Panels, Professional Standards Committees and NCAT during the reporting period with membership as follows.

Appointed Member	Tribunals, Committees and Panels Attended
Christine Anderson	Impaired Registrants Panel
Derek Anderson	Performance Review Panel, Tribunal
Kurt Andersson-Noorgard	Impaired Registrants Panel, Tribunal, Professional Standards Committee
Tania Andrews	Impaired Registrants Panel
Elizabeth Angel	Impaired Registrants Panel
Deborah Armitage	Impaired Registrants Panel
Karen Arnold	Impaired Registrants Panel
Belinda Baker	Professional Standards Committee
Deborah Beaumont	Tribunal
David Bell	Tribunal
Catherine Berglund	Performance Review Panel, Tribunal
Anita Bizzotto	Impaired Registrants Panel, NCAT
Richelle Bond	Impaired Registrants Panel
Lucy Burns	Impaired Registrants Panel, Professional Standards Committee
Leeanne Carlin	Impaired Registrants Panel, Tribunal
Brett Clarke	Tribunal
Elizabeth Collier	Tribunal
Jane Cotter	Impaired Registrants Panel
Kathryn Crews	Impaired Registrants Panel
Amanda Currie	Impaired Registrants Panel
Janette Curtis	Impaired Registrants Panel
Robert Davis	Tribunal
Sue Dawson	Impaired Registrants Panel
Michael Diamond	Impaired Registrants Panel
Janice Dilworth	Impaired Registrants Panel, Tribunal
Kathleen Dixon	Impaired Registrants Panel, Tribunal
Carole Doyle	Impaired Registrants Panel
Jennifer Evans	Impaired Registrants Panel, Performance Review Panel
Kelly-Anne Eyre	Impaired Registrants Panel, Tribunal, Professional Standards Committee

Appointed Member (continued)	Tribunals, Committees and Panels Attended (continued)
Anne Flanagan	Impaired Registrants Panel, Tribunal
Julie Flood	Impaired Registrants Panel
Mary-Anne Friend	Impaired Registrants Panel
Valerie Gibson	Impaired Registrants Panel, Tribunal, Professional Standards Committee
Annette Gray	Professional Standards Committee
Linda Gregory	Impaired Registrants Panel
Scott Hillsley	Impaired Registrants Panel
Monica Hogan	Performance Interview
Peter Hooker	Tribunal
Lynette Hopper	Impaired Registrants Panel
Julie Hughes	Professional Standards Committee
David Jackett	Tribunal
Allison Jarrett	Impaired Registrants Panel
Adam Johnston	Tribunal, Professional Standards Committee
Maria Kelly	Tribunal
Susan Kennedy	Impaired Registrants Panel, Tribunal
Maxwell Kettle	Impaired Registrants Panel
Lea Kirkwood	Impaired Registrants Panel
Jacqueline Kitschke	Tribunal
Beth Kotze	Impaired Registrants Panel
Robert Lorsch	Tribunal
James Lyon	Tribunal
Melissa Maimann	Impaired Registrants Panel
Kerry Mawson	Impaired Registrants Panel
Maureen MCGovern	Impaired Registrants Panel
Ian Mcqualter	Impaired Registrants Panel, Performance Review Panel, Professional Standards Committee
Rebekkah-Jane Middleton	Impaired Registrants Panel
Barbra Monley	Impaired Registrants Panel, Tribunal
Suellen Moore	Impaired Registrants Panel
Patricia Morey	Impaired Registrants Panel
Joanne Muller	Professional Standards Committee
Jennifer O'Baugh	Impaired Registrants Panel, Professional Standards Committee,
Rosie O'Donnell	Performance Review Panel, Performance Review Panel, Tribunal

Appointed Member (continued)	Tribunals, Committees and Panels Attended (continued)
Mark Paul	Professional Standards Committee
Alison Reid	Impaired Registrants Panel
Leigh Schalk	Impaired Registrants Panel, Performance Review Panel, Professional Standards Committee
Shirley Schulz-Robinson	Impaired Registrants Panel
Christine Selkirk	Impaired Registrants Panel, Performance Review Panel, Tribunal, Professional Standards Committee
Karen Sherwood	Impaired Registrants Panel, Professional Standards Committee
Deirdre Sinclair	Impaired Registrants Panel, Performance Review Panel,
Sheree Smiltnieks	Impaired Registrants Panel, Performance Review Panel
Babette Smith	Professional Standards Committee
Helen Stirling	Impaired Registrants Panel
Frances Taylor	Performance Review Panel
Saw Toh	Impaired Registrants Panel
Gerda Tolhurst	Impaired Registrants Panel, Performance Review Panel, Tribunal, Professional Standards Committee
Anne Walsh	Tribunal
Ronald Wilson	Impaired Registrants Panel
Zena Wilson	Impaired Registrants Panel
Choong-Siew Yong	Impaired Registrants Panel

Meetings and Conferences

The Nursing and Midwifery Council was represented at the following meetings and conferences during the reporting period.

Meetings and conferences	Attendance
Council Presidents' Forum	Adj Professor John Kelly (President) Dr Bethne Hart (Deputy President)
HPCA Audit and Risk Committee	Mr David Spruell (Council member) Ms Maryann Curry (Council member)
Sydney University - 21 July 2015 Presentation: Managing Notifications - a shared responsibility.	Kim Bryant (Deputy Executive Officer)
Shalom Aged Care - 8 August 2015 Presentation: The role of the Council and shared responsibility for the management patient safety.	Margaret Cooke (Executive Officer)
AHPRA panel members workshop – online program for panel members	Margaret Cooke (Executive Officer) and Melinda Weir (Project and Policy Officer)
Day Surgery Nurses Association Conference - 29 August 2015 Role of the Council – a shared responsibility.	Kim Bryant (Deputy Executive Officer)
Meeting with the Acting Chief Nursing and Midwifery Officer and Local Health District Directors of Nursing - 18 September 2015 Presentation: NMC strategic plan and the performance pathway.	Margaret Cooke (Executive Officer)
Performance Pathway and Performance Assessor Workshop – 30 September 2015 To develop knowledge and skills in relation to the Council's performance pathway and issues in relation to performance assessment in clinical settings.	Local Health District Nursing and Midwifery Educators: Sally Sutherland Fraser and Menna Davis NMC staff: Margaret Cooke (Executive Officer) Kim Bryant (Deputy Executive Officer) Melinda Weir (Policy and Project Advisor) Elizabeth Bailey (Policy and Project Advisor)
Assessment Symposium and Panel discussion - 30 September 2015 Presentation by Professor Nair: Work based assessment. Presentation by Margaret Cooke (Executive Officer): Management of performance cases by the Council. Ian McQualter (Professional Member on Performance Review Committees) and Menna Davis (Nurse Educator and Performance Assessor) also participated on the discussion panel.	A broad range of Council stakeholders participated in the Symposium

Meetings and conferences (continued)	Attendance (continued)
Operating Theatres Association - 31 October 2015 Role of the Council – a shared responsibility.	Melinda Weir (Policy & Project Advisor)
Shalom Aged Care - 12 November 2015 Presentation: The role of the Council and shared responsibility for the management patient safety.	Margaret Cooke (Executive Officer)
<p>NMBA Conference November 2015 The objectives of the conference were to:</p> <ul style="list-style-type: none"> • further strengthen partnerships, alignment and consistency • use data to improve risk based decision making • embed the regulatory principles to support robust and consistent decision making • consistency in the management of health impairment, and • identify future challenges for nursing and midwifery regulation. <p>The following papers were presented by NMC staff and Council members:</p> <ul style="list-style-type: none"> • When and why new graduate nurses get into trouble – NSW experience (Kim Bryant, Dr Bethne Hart) • Trends in Notifications – Mental Health (Margaret Cooke). 	<p>NMC Council Members:</p> <p>Dr Bethne Hart (Deputy President)</p> <p>Ms Kate Cheney</p> <p>Ms Maryann Curry</p> <p>Mr David Spruell</p> <p>Ms Karen Hay</p> <p>Ms Susan Anderson</p> <p>Professor Iain Graham</p> <p>Ms Kate Adams</p> <p>Ms Karyn Godier</p> <p>NMC Staff:</p> <p>Margaret Cooke (Executive Officer)</p> <p>Kim Bryant (Deputy Executive Officer)</p> <p>Melinda Weir (Policy and Project Advisor)</p> <p>Elizabeth Bailey (Policy and Project Advisor)</p> <p>Anmaree Nicholls (Professional Officer)</p>
<p>NMBA Workshop and Consultation - 10 February 2016 Codes of conduct for nurses and the Codes of conduct for Midwives.</p>	<p>NMC Council Members:</p> <p>Dr Bethne Hart (Deputy President)</p> <p>Ms Kate Cheney</p>
<p>Meeting with the Council of Deans - 16 February 2016 Objectives: Outline the Council's processes for the management of complaints about students, discuss mandatory reporting.</p>	<p>Council of Deans NSW :</p> <p>Paul Race (Avondale College)</p> <p>Angela Brown (University of Wollongong)</p> <p>Amanda Johnson (Australian Catholic University)</p> <p>Danielle Latham (Western Sydney University)</p> <p>Iain Graham (Southern Cross University)</p> <p>Donna Walters (Sydney University)</p> <p>NMC Staff:</p> <p>Margaret Cooke (Executive Officer)</p> <p>Kim Bryant (Deputy Executive Officer)</p> <p>Carly Barbuto (Communications Officer)</p> <p>Anmaree Nicholls (Professional Officer)</p>
<p>NMBA stakeholder Forum - 24 February 2016</p>	<p>NMBA:</p> <p>Lynette Cusack (Chair NMBA)</p> <p>Tanya Vogt (Executive Officer NMBA)</p> <p>NMC Council Members:</p> <p>Adj Professor John Kelly (President)</p> <p>Dr Bethne Hart (Deputy President)</p> <p>NMC Staff:</p> <p>Margaret Cooke (Executive Officer)</p>

Meetings and conferences (continued)	Attendance (continued)
<p>Meeting with South Eastern Sydney Local Health District - 15 March 2016 To discuss their performance review framework which is used when performance concerns are identified about a registered practitioner.</p>	<p>ESLHD: Ms Kim Olesen (District Director Nursing & Midwifery) Ms Margaret Martin (Acting Nurse Manager – Development of Practice & Workplace Capabilities) Ms Robin Girle (Workplace Capabilities Facilitator) NMC Staff: Margaret Cooke (Executive Officer) Robyn Weller (Professional Officer) Melinda Weir (Policy and Project Advisor)</p>
<p>Meeting with the Acting Chief Nursing and Midwifery officer and Local Health District Directors of Nursing - 29 April 2016 Presentation: Update on the performance pathway.</p>	<p>Margaret Cooke (Executive Officer)</p>
<p>Dubbo Base Hospital – 09 May 2016 Royal Prince Alfred Hospital - 10 May 2016 Joint presentation with the Nursing and Midwifery Board of Australia. Professional Standards and how they are used by the Council in the assessment of Notifications.</p>	<p>Margaret Cooke (Executive Officer)</p>
<p>Meeting with the Nurses and Midwives Association NSW - 25 May 2016 Review of the law, management of health performance and conduct cases.</p>	<p>NMA NSW: Kate Adams (Manager Professional Services) Matt Byrne (Legal Officer) Katherine Doust (Legal Officer) Laura Toose (Legal Officer) Stephanie Le (Para legal) NMC Staff: Margaret Cooke (Executive Officer) Kim Bryant (Deputy Executive Officer) Annmaree Nicholls (Professional Officer) Melinda Weir (Policy and Project Advisor)</p>
<p>Meeting with AHPRA NSW – 30 May 2016 Management and transfer of cases to the Council.</p>	<p>AHPRA: Catherine Smith Peter Freeman NMC Staff: Margaret Cooke (Executive Officer)</p>
<p>Meeting with Health Education and Training Institute – 30 May 2016 Access to learning modules by practitioners who have had complaints.</p>	<p>HETI: Bernard Deady Farhoud Salimi Lynda Mary Wood NMW/HPCA staff: Margaret Cooke (Executive Officer) Melinda Weir (Policy and Project Advisor) Anne Deans (HPCA Manager Corporate Governance)</p>

Meetings and conferences (continued)	Attendance (continued)
NMBA Workshop and Consultation – 7 to 8 June 2016 Codes of conduct for nurses and the Codes of conduct for Midwives.	NMC Council Members: Dr Bethne Hart (Deputy President) Ms Katchen Cheney NMC Staff: Margaret Cooke (Executive Officer)
Central Coast Local Health District Nurse Managers Workshop - 09 June 2016 Presentation: Role of the Council and supervision a shared responsibility.	Margaret Cooke (Executive Officer) Elizabeth Bailey (Policy and Project Advisor)
Meeting Clinical Excellence Commission - 16 June 2016	CEC: Carrie Marr NMC Staff: Margaret Cooke (Executive Officer) Elizabeth Bailey (Policy and Project Advisor) Catherine Turner (Policy and Project Advisor)
NSW Enrolled Nurse Forum - 17 June 2016 Shared responsibilities	Margaret Cooke (Executive Officer)
Drug and Alcohol Clinical Services Hunter New England Local Health District - 21 June 2016 Presentation: What Councils do and The Law.	Anmaree Nicholls (Professional Officer) Carly Barbuto (Communications Officer)
Meeting with Health Education and Training Institute, eHealth and Health Share - 21 July 2016 Access to learning modules by practitioners who have had complaints.	Helen Mastorides Michael Tjiputra Amrish Kumar Jaymie Knight NMC Staff: Melinda Weir (Policy and Project Advisor) HPCA: Rachelle Wallace (Administration Manager)
Meeting with the Chair and Executive officer of the Nursing and Midwifery Board of Australia - 16 September 2016 Update on the NMBA and Council projects.	NMBA: Lynette Cusack (Chair NMBA) Tanya Vogt (Executive Officer NMBA) NMC Council Members: Adj Prof John Kelly (President) NMC Staff: Margaret Cooke (Executive Officer)
Meeting with AHPRA staff – Codes of Conduct	AHPRA: Petrina Halloran Saz Newbery NMC Staff: Margaret Cooke (Executive Officer)

Overseas Travel

Overseas travel during the reporting period included attendance by the Council President at the World Health Professional Regulation Conference in Geneva held from 18-19 May 2016. The Conference brought together 125 professionals and administrators who deal with the regulation of health professionals in their respective jurisdictions. The Conference was organised by the World Health Professions Alliance which has as its members the International Council of Nurses, International Pharmaceutical Federation, World Confederation of Physical Therapy and the World Medical Association. The Conference chose three themes as a focus for its sessions:

1. Challenges facing health professional regulation
2. Lessons from the evolution of competence based approaches to regulatory functions
3. Contrasting regulatory models to promote best practices in regulatory governance and performance.

Conclusions from the conference included the following.

- Workforce shortages continue to be a global challenge. Practice settings in many countries are pressed to deliver services in a competent manner, often by staff that are not prepared and reviewed with sufficient certainty. This occurs in circumstances of reduced absolute numbers of carers required to deliver safe levels of care.
- Pressures to maximise the numbers of health professionals within the workforce create an ongoing strain between the needs of government to meet workforce numbers and regulators (on behalf of governments and communities) to oversee the provision of safe levels of care. This is particularly challenging in respect to the assessment of internationally qualified health professionals and particularly taking into account the relevant language standards for a jurisdiction, for example in the European Union.
- The challenge for Australia is that the government pendulum can swing from light touch regulation with minimum intervention and restrictions, which is more market driven and innovative, to concerns that the regulatory force is insufficient and greater restrictions and accreditation is required. Finding the balance for safe care and the regulatory processes that are effective and provide the least restrictions must be informed by regulatory research.

Council Communications

The Council website is the principal medium used for communicating information to nurses and midwives, employers, educational institutions, students and the community. The website is updated regularly and includes links to other key bodies in the National Registration and Accreditation Scheme.

The Council continues to produce three electronic newsletters each year, which are distributed to nurses and midwives with a principal place of practice in NSW. The newsletters provide:

- updates on Council events and key dates for the nursing and midwifery profession
- case studies to explore key practice issues
- details about Council processes, including information on how and when to make complaints.

Further information is available at www.nursingandmidwiferycouncil.nsw.gov.au.

The Council plans to review and improve its website in the next financial year.

Other Council Activities

Council members and staff have improved their engagement with various stakeholders and have been asked to speak at numerous events and contribute to policy development with the National Board and AHPRA.

The Council continues to hold focus groups and educational seminars for stakeholders. The Council held a forum for nursing and midwifery educators about performance assessments ahead of an evening seminar in September 2015. The seminar was attended by a wide range of stakeholders, on 'what makes a good performance assessment' and provided challenging ideas about best practice methodologies.

Remuneration

Remuneration for members of the Council is as follows:

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

In addition, Council members receive sitting fees for immediate action proceedings and attendance at committee meetings and other regulatory activities if held on a day other than the Council meeting. Council members are reimbursed for expenses incurred when travelling on official business at Council direction.

Members of panels and tribunals also receive remuneration and reimbursement of expenses.

Financial Management

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

Accounts Performance 2015/16	\$
Revenue	7,906,471
Operating expenditure	6,453,649
Gain/(loss) on disposal	3,203
Net result	1,456,025
Net cash reserves (cash and cash equivalents minus current liabilities)	5,857,603

* Included in the net cash reserves is Education and Research bank account balance of \$486,305.

The Nursing and Midwifery Council's budget for the period 1 July 2016 to 30 June 2017 is as follows.

Budget 2016/17	\$
Revenue	7,604,315
Operating expenditure	8,698,464
Net result	(1,094,149)

Full financial statements are presented in Part 3 of this report 'Financial Statements for NSW Health Professional Councils'.



**Annual
Report
2015-16**



**Occupational
Therapy Council**
of New South Wales

President's message



*Occupational Therapy Council
of New South Wales*

I am pleased to present the Occupational Therapy Council's report for 2015/16. While there was 50% increase in complaints about occupational therapists received by the Council in the past year it is important to note that the overall complaints received remain low.

Nonetheless the Council has undertaken work to produce resources to ensure consistency and improve its processes in areas of risk. The key pieces of work completed in this area are policies, position statements and templates around mentoring and supervision which are designed to assist both practitioners and decision makers understand the Council's expectations in these important areas. These are available publically on the Council's website.

The Council also participated in the Occupational Therapy Board of Australia's Competency Standards Review Reference Group. The Council looks forward to the new competency standards being rolled out by the Board.

The Council will continue to work with our stakeholders such as the National Board, AHPRA and the Health Care Complaints Commission in order to maintain a high standard of regulation of occupational therapists in NSW.

I wish to thank the staff of the Health Professional Councils Authority for their hard work and support during the last year. I must also thank my fellow Council members for their diligence and robust participation in Council business.

I look forward to the challenges that the next year will bring.

A handwritten signature in black ink, appearing to read 'Kim Nguyen', with a long horizontal line extending to the right.

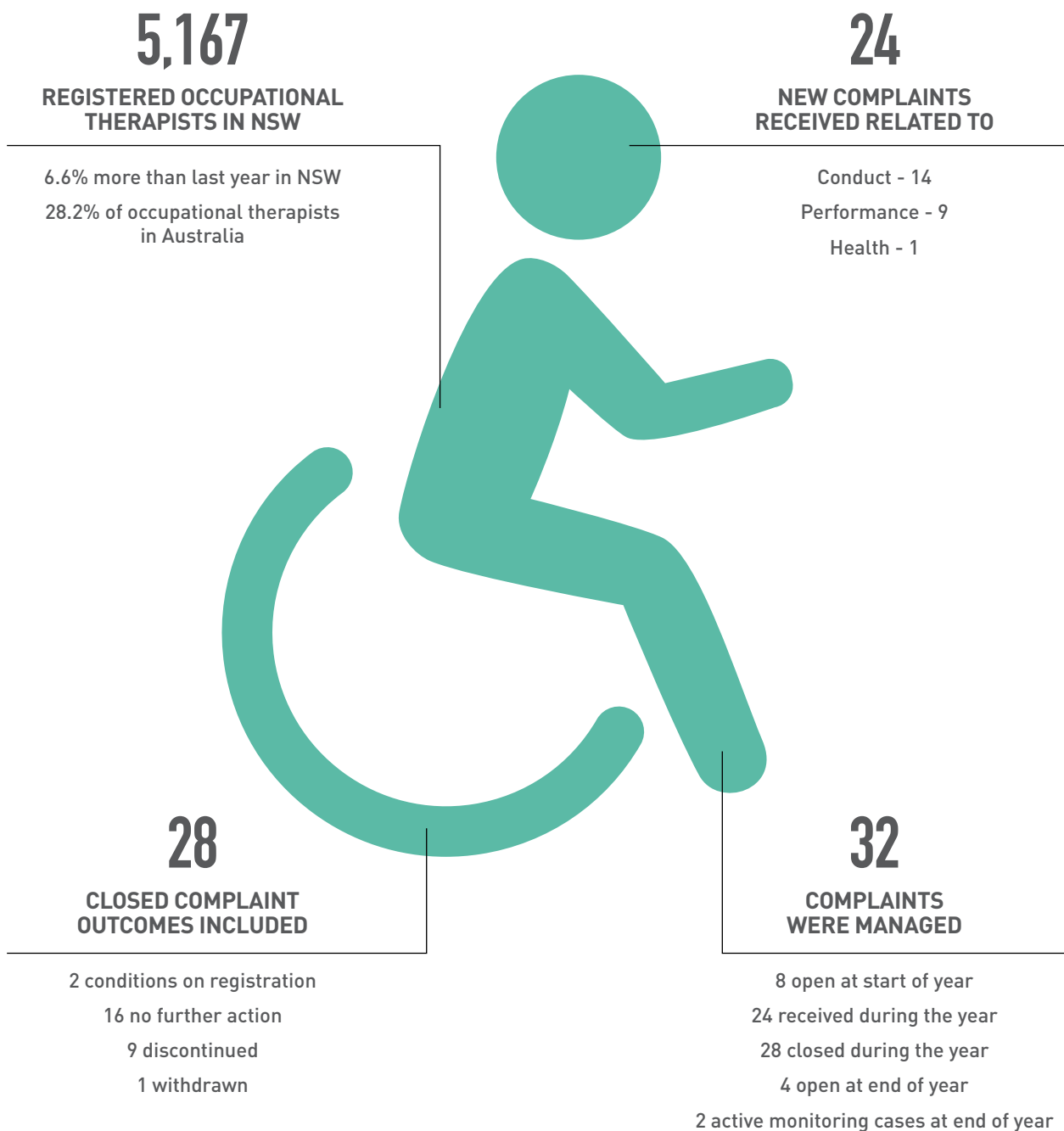
Mr Kim Nguyen

President

Occupational Therapy Council of NSW

Regulation of Occupational Therapists in 2015/16

Overview



Regulation of Occupational Therapists in NSW in 2015/16

Year in summary

As at 30 June 2016 NSW had 5,167 registered occupational therapists representing 28.2% of the 18,304 occupational therapists registered to practise in Australia. There was an increase of 6.6% on the 4,846 occupational therapists registered in NSW last year.

During the year the Occupational Therapy Council of NSW managed 32 complaints including:

- 8 open matters at the start of the year
- 24 new complaints received during the year.

By year end 28 complaints had been closed and four matters remained open.

The 24 new complaints received this year were about 24 practitioners representing 0.46% of NSW registered occupational therapists. There were eight more complaints received this year compared with the 16 complaints received in 2014/15.

This year there were no mandatory notifications.

The Council received seven complaints from a relative of a patient or practitioner; five complaints from patients; three from another health practitioner; three from an employer; two from AHPRA; two from a member of the public; one self report; and one anonymous complaint.

Complaints received about NSW occupational therapists related to:

- Conduct – 14 complaints
- Performance – 9 complaints
- Health – 1 complaint.

No complaints received immediate action consideration.

After Council consultations with the HCCC, 13 of the complaints received during the year were referred for Council management.

No matters were referred to NCAT.

One health assessment was conducted and three complaints involved Impaired Registrant Panels.

Outcomes for the 28 matters closed during the year were as follows.

Outcome	Number
Conditions on registration	2
No further action	16
Discontinued	9
Withdrawn	1
Total	28

At year end two health cases were being actively monitored.

Council membership

Section 41E of the law prescribes that there are 6 members of the Occupational Therapy Council appointed by the Governor.

Members who are registered occupational therapy practitioners:

- Mr Kim Nguyen BAppSc (OT), Grad Dip (Public Health) – President
- Dr Katherine Moore BAppSc (OT), MAppSc (OT), PhD – Deputy President
- Ms Carolyn Fozzard BAppSc (OT)
- Ms Melinda Hunt BAppSc (OT) LLB (Hons).

Legal member:

- Ms Angela Petrie BPharm, LLM, MLLP.

Community member:

- Mr John Peterson BCom(Hons).

Attendance at Council meetings

The Occupational Therapy Council met on 11 occasions. Attendance at the meetings was as follows.

Member	Meetings Attended	Meetings Eligible to Attend
Ms Carolyn Fozzard	11	11
Ms Melinda Hunt	11	11
Dr Katherine Moore	10	11
Mr Kim Nguyen	11	11
Ms Angela Petrie	7	11
Mr John Peterson	11	11

Executive Officer

The Occupational Therapy Council was supported by the Executive Officer and 1.5 FTE staff allocation. Mr Brad Skidmore and Ms Sarah Carroll provided Executive Officer support during the reporting period. The Executive Officer and support staff are employed by the HPCA.

Committees of 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 Occupational Therapy Council did not appoint any committees during the reporting period.

Regulatory committees and panels

Part 8 of the Law prescribes the committees and panels that support the Council in undertaking its regulatory activities. They include Assessment Committees, Impaired Registrants Panels and Performance Review Panels.

The Occupational Therapy Council was supported by six Impaired Registrants Panels during the reporting period, including three reviews. The panel members and panel attendance was as follows.

Name	Role on panel	Panels Attended
Dr Mary-Anne Friend	Medical practitioner	3
Dr Karen Arnold	Medical practitioner	4
Mrs Brenda McLeod	Occupational therapist	4
Mrs Michelle Williams	Occupational therapist	3
Miss Sarah Blakemore	Occupational therapist	4
Ms Linda Stone	Occupational therapist	1

Meetings and conferences

The Occupational Therapy Council was represented at the following meetings and conferences.

Name	Attendance
Council Presidents' Forum	Mr Kim Nguyen
Occupational Therapy Board of Australia Competency Standards Reference Group	Dr Katherine Moore Ms Melinda Hunt

Overseas travel

There was no overseas travel during the reporting period.

Council communications

The Occupational Therapy Council website is the principal medium used for communicating information to occupational therapists, occupational therapy students and the community. The website is updated regularly and includes links to other key bodies in the National Registration and Accreditation Scheme.

The Occupational Therapy Council also distributes electronic newsletters to occupational therapists with a principal place of practice in NSW. Further information may be accessed on the Council's website at www.occupationaltherapyCouncil.nsw.gov.au.

Remuneration

Remuneration for members of the Council was as follows:

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

In addition, Council members receive sitting fees for the conduct of Council inquiries and for attendance at committee meetings and other regulatory activities if held on a day other than the Council meeting. Council members are reimbursed for expenses incurred when travelling on official business at Council direction.

Members of panels and tribunals also receive remuneration and reimbursement of expenses.

Financial Management

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

Accounts Performance 2015/16	\$
Revenue	254,612
Operating expenditure	132,464
Gain/(loss) on disposal	83
Net result	122,231
Net cash reserves (cash and cash equivalents minus current liabilities)	678,704

* Included in the net cash reserves is Education and Research bank account balance of \$45,041.

The Occupational Therapy Council's budget for the period 1 July 2016 to 30 June 2017 is as follows.

Budget 2016/17	\$
Revenue	232,409
Operating expenditure	186,108
Net result	46,301

Full financial statements are presented in Part 3 of this report 'Financial Statements for NSW Health Professional Councils'.



**Annual
Report
2015-16**

**Optometry
Council**
of New South Wales

President's message



*Optometry Council
of New South Wales*

We now come to the end of my first year as President of the Optometry Council and I'm pleased to present the annual report for 2016.

This year our financial performance has resulted in an operating surplus and we have been able to reduce our shortfall from the equity target to cover any unexpected legal expenditure. We have been working with the Optometry Board of Australia and AHPRA to develop a national policy with practitioners who have been brought to our attention through AHPRA's audit of practitioner compliance with registration standards. We have also reviewed our stand-by panel from which practitioners are drawn to serve on tribunals and regulatory committees and panels.

The Council is currently investigating delivery options in their endeavour to raise awareness within the profession in adopting best practice in relation to record keeping, professional boundaries and communication with their clients. We see this as part of the Council's role to reduce complaints and to serve the public interest, which includes upholding the standing of the profession and maintaining public confidence in the high standards of optometrists.

I acknowledge the invaluable contribution that the Health Care Complaints Commission made towards the Council's role of regulating optometric practitioners and for its assistance in ensuring that the most appropriate and measured action is taken against practitioners who, through their performance, conduct or health, placed the public at risk of harm.

I would like to thank the members of this Council for their input and diligence throughout the year. The Council members' deliberations provided a strong foundation for sound decision making and helped fulfil our public protection responsibilities. I would also like to acknowledge the professional and efficient support provided by Michael Jaques and Christine Gursen, for their considerable amount of background work which ensures the Council is able to conduct its duties effectively.

A handwritten signature in black ink that reads "Albert Lee". The signature is written in a cursive style and is located below the main body of text.

Mr Albert Lee
President
Optometry Council of NSW

Regulation of Optometrists in 2015/16

Overview

1,743

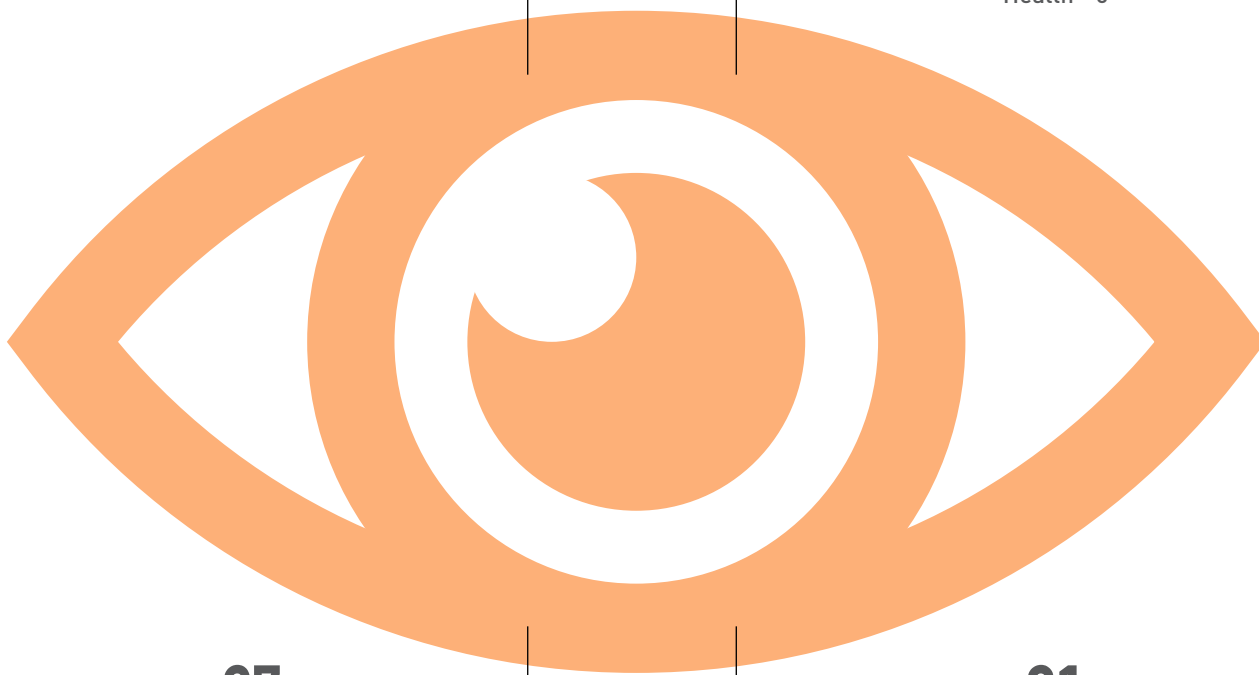
**REGISTERED
OPTOMETRISTS IN NSW**

4.8% more than last year in NSW
33.9% of optometrists in Australia

22

**NEW COMPLAINTS
RECEIVED RELATED TO**

Conduct - 12
Performance - 10
Health - 0



27

**CLOSED COMPLAINT
OUTCOMES INCLUDED**

11 counselling
2 referred to another body
4 no further action
9 discontinued
1 withdrawn

31

**COMPLAINTS
WERE MANAGED**

9 open at start of year
22 received during the year
27 closed during the year
4 open at end of year
2 active monitoring cases at end of year

Regulation of Optometrists in NSW in 2015/16

Year in summary

As at 30 June 2016 NSW had 1,743 registered optometrists representing 33.9% of the 5,142 optometrists registered to practise in Australia. There was an increase of 4.8% on the 1,663 optometrists registered in NSW last year.

During the year the Optometry Council of NSW managed 31 complaints including:

- 9 open matters at the start of the year
- 22 new complaints received during the year.

By year end 27 complaints had been closed and four matters remained open.

The 22 new complaints received this year were about 22 practitioners representing 1.26% of NSW registered optometrists. There were seven fewer complaints received this year compared with the 29 complaints received in 2014/15.

This year there were no mandatory notifications.

The Council received 12 complaints from patients; five from AHPRA; two from a relative of a patient or practitioner; one from another practitioner; one from a government department; and one anonymous complaint.

Complaints received about NSW optometrists related to:

- Conduct – 12 complaints
- Performance – 10 complaints.
- Health – 0 complaints.

No complaints required immediate action consideration.

After Council consultations with the HCCC, 12 of the complaints received during the year were referred for Council management.

No matters were referred to NCAT.

Outcomes for the 27 matters closed during the year were as follows.

Outcome	Number
Counselling	11
Discontinued	9
No further action	4
All or part referred to another body	2
Withdrawn	1
Total	27

At year end two cases were being actively monitored, including one performance matter and one health matter.

Council Membership

Section 41E of the Law prescribes that there are four members of the Optometry Council appointed by the Governor.

Members who are registered Optometry practitioners:

- Mr Albert Lee BOptom – President
- Mr John Davis BOptom
- Mr Derek Fails BSc(Hons), MCOptom (UK), Cert Oc Ther (SUNY), G Dip Bus (Tas), FAICD.

Legal member:

- Ms Pauline O'Connor LLB, LLM – Deputy President.

Attendance at Council Meetings

The Optometry Council met on 11 occasions. Attendance at the meetings was as follows.

Member	Meetings Attended	Meetings Eligible to Attend
Mr Albert Lee	11	11
Ms Pauline O'Connor	8	11
Mr John Davis	11	11
Mr Derek Fails	9	11

Executive Officer

The Optometry Council was supported by Mr Michael Jaques, Executive Officer and Ms Christine Gursen, Assistant Executive Officer, employed by the HPCA.

Committees of Council

Section 41F of the Law provides that the Council may establish committees to assist with the exercise of its functions. Members of committees need not be Council members. The Optometry Council did not appoint any committees during the reporting period.

Regulatory Committees and Panels

Part 8 of the Law prescribes the committees and panels that support the Council in undertaking its regulatory activities. They include Assessment Committees, Impaired Registrants Panels and Performance Review Panels. The Optometry Council did not establish any of these bodies during the reporting period.

Meetings and Conferences

The President, Mr Albert Lee, represented the Optometry Council at the Council Presidents' Forum.

Overseas Travel

There was no overseas travel during the reporting period.

Council Communications

The Optometry Council website is the principal medium used for communicating information to optometrists, optometry students and the community. The website is updated regularly and includes links to other key bodies in the National Registration and Accreditation Scheme. Further information is available on the Council's website at www.optometrycouncil.nsw.gov.au.

Remuneration

Remuneration for members of the Council was as follows:

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

In addition, Council members received sitting fees for the conduct of Council Inquiries, attendance at committee meetings and other regulatory activities if held on a day other than the monthly Council meeting. Council members are reimbursed for expenses incurred when travelling on official business at Council direction.

Members of panels and tribunals also receive remuneration and reimbursement of expenses.

Financial Management

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

Accounts Performance 2015/16	\$
Revenue	201,268
Operating expenditure	165,630
Gain/(loss) on disposal	80
Net result	35,718
Net cash reserves (cash and cash equivalents minus current liabilities)	313,937

* Included in the net cash reserves is Education and Research bank account balance of \$45,248.

The Optometry Council's budget for the period 1 July 2016 to 30 June 2017 is as follows.

Budget 2016/17	\$
Revenue	207,212
Operating expenditure	209,871
Net result	[2,659]

Full financial statements are presented in Part 3 of this report 'Financial Statements for NSW Health Professional Councils'.



**Annual
Report
2015-16**

**Osteopathy
Council**
of New South Wales

President's message



*Osteopathy Council
of New South Wales*

The Osteopathy Council of NSW has again had an extremely productive year, contributing to the satisfactory resolution of several complaints, investigations and NCAT (Tribunal) hearings.

The number of complaints this year has remained largely consistent with the volume over recent years, which has resulted in the Council all but finishing the year within budget.

During the year, the Council invited expressions of interest from NSW osteopaths to conduct performance assessments and serve on Tribunal hearings and regulatory committees and panels. We are grateful that we had a strong response to this campaign and we would like to thank with the greatest sincerity those members of the profession who have contributed their time, skills and wisdom to serve on those bodies. It should be noted that the purpose of any order consequent upon a finding that a complaint has been proved, is said to be protective of the interests of the public at large, but more particularly, patients or potential patients of the practitioner concerned. However, the public interests also include the standing of the profession and the maintenance of public confidence in the high standards of osteopathic practitioners.

The Council would like to thank its executive staff, Michael Jaques, Christine Gursen and Anthony Tobin for their kindness, support and sage advice throughout the year.

A handwritten signature in black ink, appearing to read 'Anne Cooper', with a long horizontal stroke extending to the right.

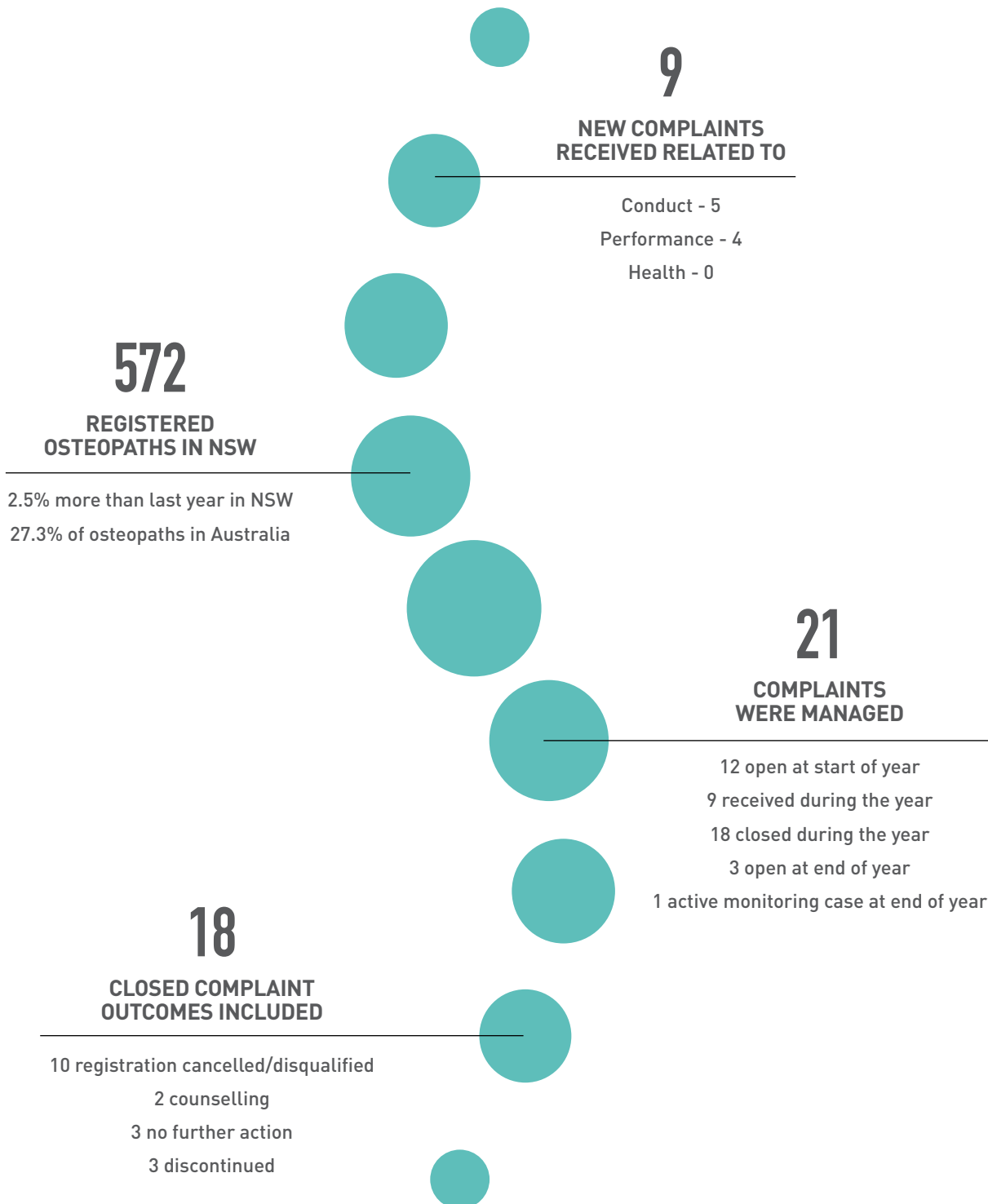
Ms Anne Cooper

President

Osteopathy Council of NSW

Regulation of Osteopaths in 2015/16

Overview



Regulation of Osteopaths in NSW in 2015/16

Year in summary

As at 30 June 2016 NSW had 572 registered osteopaths representing 27.3% of the 2,094 osteopaths registered to practise in Australia. There was an increase of 2.5% on the 558 osteopaths registered in NSW last year.

During the year the Osteopathy Council of NSW managed 21 complaints including:

- 12 open matters at the start of the year
- 9 new complaints received during the year.

By year end 18 complaints had been closed and three matters remained open.

The nine new complaints received this year were about eight practitioners representing 1.4% of NSW registered osteopaths. There was one more complaint received this year compared with the eight complaints received in 2014/15.

This year there was one mandatory notification.

The Council received three complaints from patients; two from members of the public; and one each from a relative of a patient or practitioner, a government department and the Police.

Complaints received about NSW osteopaths related to:

- Conduct – 5 complaints
- Performance – 4 complaints
- Health – 0 complaints.

One offence complaint received immediate action consideration.

After Council consultations with the HCCC, three of the complaints received during the year were referred for Council management.

Four matters were referred to NCAT.

One counselling/interview session was conducted.

Outcomes for the 18 matters closed during the year were as follows.

Outcome	Number
Registration cancelled or disqualified	10
No further action	3
Discontinued	3
Counselling	2
Total	18

At year end one conduct case was being actively monitored.

Council Membership

Section 41E of the Law prescribes that there are four members of the Osteopathy Council appointed by the Governor.

Members who are registered osteopathy practitioners:

- Ms Anne Cooper RN, DO, M Med Hum - President
- Mr Stiofan Mac Suibhne BSc (Hons), Osteo PG, CertEd, PGDip, HSc - Deputy President
- Mr Stuart Hammond BAppSci (Osteo), MO.

Legal member:

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

Attendance at Council Meetings

The Osteopathy Council met on 11 occasions. Attendance at the meetings was as follows:

Member	Meetings Attended	Meetings Eligible to Attend
Ms Anne Cooper	11	11
Mr Stiofan Mac Suibhne	9	11
Mr Stuart Hammond	11	11
Ms Soraya Mir	11	11

Executive Officer

The Osteopathy Council is supported by Mr Michael Jaques, Executive Officer and Ms Christine Gursen and Mr Anthony Tobin, Assistant Executive Officers, employed by the HPCA.

Committees of 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 Osteopathy Council did not appoint any committees during the reporting period.

Regulatory Committees and Panels

Part 8 of the Law prescribes the committees and panels that support the Council in undertaking its regulatory activities. They include Assessment Committees, Impaired Registrants Panels and Performance Review Panels. The Osteopathy Council did not establish any of these bodies during the reporting period.

Meetings and Conferences

The President, Ms Anne Cooper, represented the Osteopathy Council at the Council Presidents' Forum.

Overseas Travel

There was no overseas travel during the reporting period.

Council Communications

The Osteopathy Council website is the principal medium used for communicating information to osteopaths, osteopathy students and the community. The website is updated regularly and includes links to other key bodies in the National Registration and Accreditation Scheme.

Further information is available at www.osteopathycouncil.nsw.gov.au.

Remuneration

Remuneration for members of the Council was as follows:

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

In addition, Council members receive sitting fees for the conduct of Council Inquiries and for attendance at committee meetings and other regulatory activities if held on a day other than the Council meeting. Council members are reimbursed for expenses incurred when travelling on official business at Council direction.

Members of panels and tribunals also receive remuneration and reimbursement of expenses.

Financial Management

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

Accounts Performance 2015/16	\$
Revenue	188,359
Operating expenditure	183,039
Gain/(loss) on disposal	62
Net result	5,382
Net cash reserves (cash and cash equivalents minus current liabilities)	124,016

* Included in the net cash reserves is Education and Research bank account balance of \$228.

The Osteopathy Council's budget for the period 1 July 2016 to 30 June 2017 is as follows.

Budget 2016/17	\$
Revenue	197,091
Operating expenditure	199,357
Net result	[2,266]

Full financial statements are presented in Part 3 of this report 'Financial Statements for NSW Health Professional Councils'.



**Annual
Report
2015-16**

**Pharmacy
Council**
of New South Wales

President's message



Pharmacy Council
of New South Wales

Welcome to the Pharmacy Council of NSW annual report. The past twelve months has been a busy time for the Council. This is an important opportunity to provide some insight into the past year and the year ahead.

The number of complaints made about pharmacists in NSW has again risen, which is a trend seen nationally as well. An area of particular concern involves the receipt, storage and recording of Schedule 8 medicines in pharmacies. In an effort to proactively address the problem we are looking to change the conduct of pharmacy premises inspections. There is more work to be done in this area but I anticipate that changes will occur in the coming year.

Over the last few years there has been a significant increase in the number of pharmacies involved in the complex compounding of medicines. Recently members of the Council have met with staff from the Victorian Pharmacy Authority (VPA) to investigate issues involved in running a safe high quality compounding facility. The Council's Inspectors and Professional Officer have also spent time in Melbourne observing site visits to further educate themselves. A clear message has emerged from these meetings. If you are going to get involved in complex compounding, be well informed, resourced and educated because problems occur when you are unaware of what you do not know. This area is the subject of ongoing work.

We have recently surveyed pharmacists working in NSW to ascertain their understanding of the Pharmacy Council and its role. The results indicated stakeholders want more resources and information about the Council's role, responsibilities and functions. The Council has started to address this by providing additional resources via the website and newsletters and will continue to help broaden understanding of the Council over the coming year.

During November 2015 an election was held to select five pharmacist members to Council for a three year term. As a result we welcomed two new members, Anne Reynolds and Michael Anderson from 1 April 2016. Both Anne and Mike have extensive and broad ranging experience in pharmacy.

I would also like to acknowledge the contributions of our departing members. Alison Aylott, our past President, who transitioned to the Council from the Pharmacy Board in 2010 and Carl Cooper who served a three year term. Both Alison and Carl made significant contributions in their time on the Council.

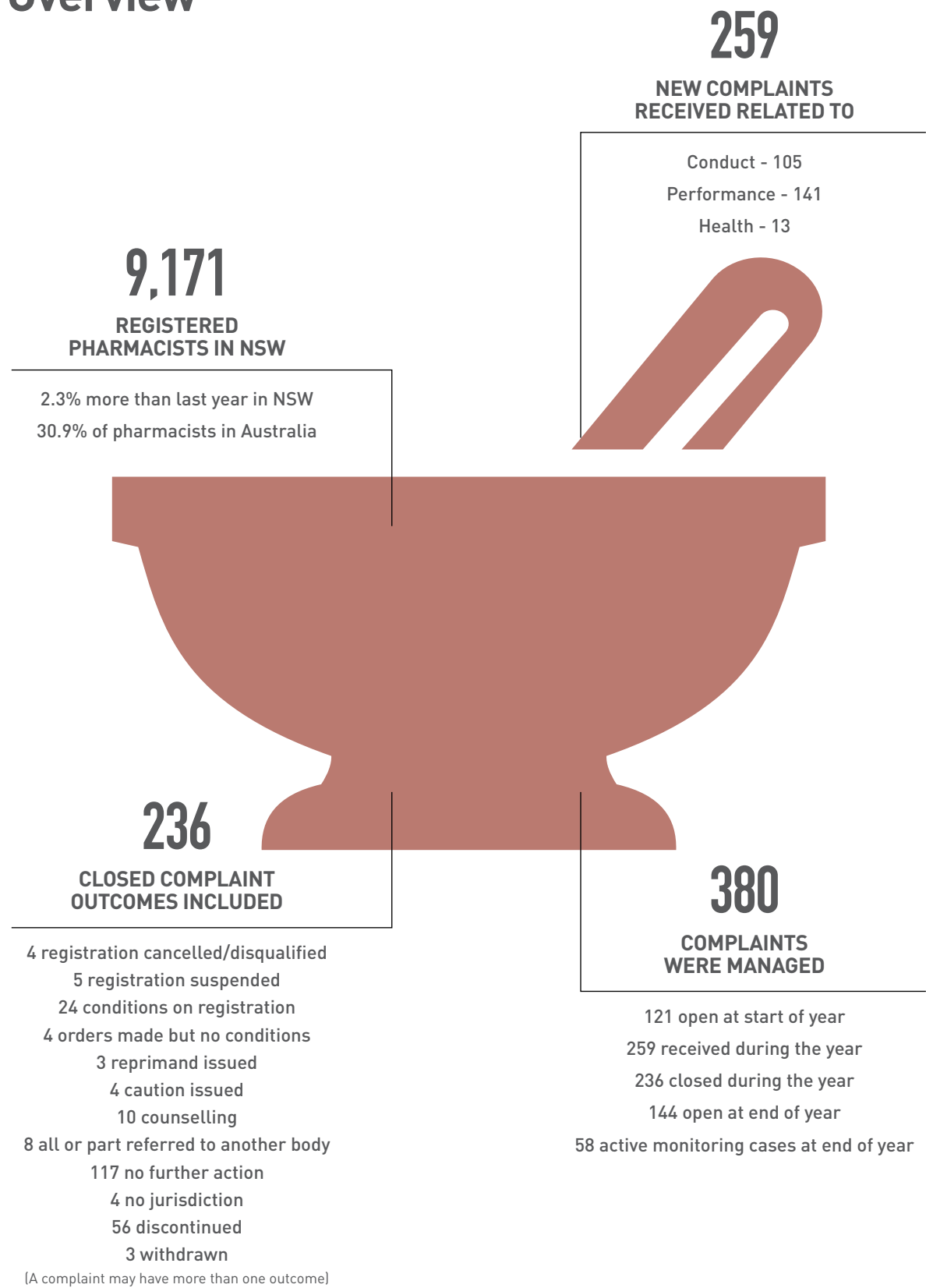
Finally, none of this could have been achieved without our dedicated staff. To those that have moved on we thank you for your commitment, and to those that remain we look forward to working with you in the next twelve months.

Mr Stuart Ludington

President
Pharmacy Council of NSW

Regulation of Pharmacists in 2015/16

Overview



Regulation of Pharmacists in NSW in 2015/16

Year in summary

As at 30 June 2016 NSW had 9,171 registered pharmacists representing 30.9% of the 29,717 pharmacists registered to practise in Australia. There was an increase of 2.3% on the 8,969 pharmacists registered in NSW last year.

During the year the Pharmacy Council of NSW managed 380 complaints including:

- 121 open matters at the start of the year
- 259 new complaints received during the year.

By year end 236 complaints had been closed and 144 matters remained open.

The 259 new complaints received this year were about 237 practitioners representing 2.58% of NSW registered pharmacists. There were 15 more complaints received this year compared with the 244 complaints received in 2014/15 representing a 6.1% increase.

This year there were four mandatory notifications about three pharmacists. Mandatory notifications made up 1.5% of complaints received about NSW registered pharmacists this year.

Complaints were received from the following sources.

Source of Complaint	Number	% of total
AHPRA	4	1.5%
Anonymous	21	8.1%
Council	32	12.3%
Education provider	1	0.4%
Employee	8	3.1%
Employer	5	1.9%
Government department	3	1.2%
Lawyer	1	0.4%
Members of the public	23	8.9%
Other health practitioners	18	6.9%
Patients	66	25.5%
Pharmaceutical services	23	8.9%
Police	3	1.2%
Relatives of patient or practitioner	36	13.9%
Self reports	2	0.8%
Treating practitioners	12	4.6%
Other	1	0.4%
TOTAL	259	100%

Complaints received about NSW pharmacists related to:

- Conduct – 105 complaints representing 40.6% of complaints received
- Performance – 141 complaints representing 54.4% of complaints received
- Health – 13 complaints representing 5.0% of complaints received.

Thirty complaints received immediate action consideration.

After Council consultations with the HCCC, 139 of the complaints received during the year were referred for Council management, that is 54% of complaints received.

No matters were referred to NCAT.

A total of 81 assessments and hearings were concluded during the year including:

- Health assessments – 7
- Impaired Registrants Panels – 8
- Performance assessments – 1
- Performance Review Panels – 4
- Counselling or interviews – 46
- Council inquiries – 10
- Tribunal hearings – 5

When a complaint is closed it is possible to have more than one outcome. During the reporting period there were 242 outcomes for the 236 complaints closed as follows.

Outcome	Number
Registration cancelled or disqualified	4
Registration suspended	5
Conditions on registration imposed	24
Orders made but no conditions	4
Reprimand issued	3
Caution issued	4
Counselling	9
All or part referred to another body	8
No further action required	119
No jurisdiction to act	4
Discontinued	54
Withdrawn	4
TOTAL	242

At year end 58 cases were being actively monitored including 37 conduct matters, 10 performance matters and 11 health matters.

Council Membership

Section 41E of the Law prescribes that there are 10 members of the Pharmacy Council.

Five members are nominated by the Minister for Health and appointed by the Governor.

Five members are local pharmacists elected by local pharmacists.

The five Ministerial nominees appointed by the Governor were as follows.

Members who are registered pharmacists:

- Ms Terry Anne Maunsell BPharm, FSHP
- Ms Joyce Cooper BSc(Pharmacy), GradDipClinPharm, MRPharmS(GB), MSHP.

Legal member:

- Ms Penny Ho LLB (Hons), LLM.

Community members:

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

The elected local pharmacist members were as follows:

- Ms Alison Joy Aylott BPharm, MPS (Term of office concluded 31.3.16) – President
- Mr Carl Cooper BA, MEd, GDip (Music Perf), BPharm, AACP (Term of office concluded 31.3.16)
- Mr Stuart Ludington BPharm, MPS (Re-elected 1.4.16) – President
- Mr Adrian Wei-Chun Lee BPharm, MCom, FACP (Re-elected 1.4.16) – Deputy President
- Mr Michael (Mike) Anderson BPharm, AACP (Term of office commenced 1.4.16)
- Mrs Anne Reynolds BPharm, MPS (Term of office commenced 1.4.16)
- Mr Paul Sinclair BPharm, MAICD (Re-elected 1.4.16).

Elections were held in November 2015 for the five elected pharmacist members for a term commencing 1 April 2016. Ms Alison Aylott did not seek re-election as she had completed the maximum number of three terms permitted. The Council thanks Ms Alison Aylott and Mr Carl Cooper for their valuable contributions to its work.

Mr Stuart Ludington was appointed as President and Mr Adrian Lee as Deputy President with terms commencing 1 April 2016.

Attendance at Council Meetings

The Pharmacy Council met on 13 occasions. Attendance at the meetings was as follows.

Member	Meetings Attended	Meetings Eligible to Attend
Mr Michael Anderson (from 1.4.16)	2	3
Ms Alison Aylott (to 31.3.16)	10	10
Ms Carolyn Burlew	12	13
Mr Carl Cooper (to 31.3.16)	10	10
Ms Joyce Cooper	12	13
Ms Penny Ho	11	13
Mr Adrian Lee	11	13
Mr Stuart Ludington	13	13
Ms Terry Maunsell	10	13
Mrs Anne Reynolds (from 1.4.16)	3	3
Mr Paul Sinclair	11	13
Ms Marilyn Starr	11	13

Executive Officer

The Pharmacy Council was supported by Ms Nina Beeston, Executive Officer, and staff employed by the HPCA.

Committees of 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 Pharmacy Council was supported by six committees during the reporting period with membership as follows.

Committee	Membership
<p>Notifications Committee</p> <p>This Committee reviews all new complaints in consultation with the HCCC. Complaints referred to the Council for management following consultation with the HCCC are dealt with according to the provisions of the Law.</p> <p>Committee meetings are held on the third Thursday of each month.</p>	<p>Mr Stuart Ludington (Chair)</p> <p>Ms Alison Aylott (to 31.3.16)</p> <p>Ms Joyce Cooper</p> <p>Ms Penny Ho</p> <p>Mr Adrian Lee</p> <p>Ms Marilyn Starr</p>

Committees of Council (continued)

Committee	Membership
<p>Ownership Committee</p> <p>The Ownership Committee considers complex matters related to pharmacy ownership and makes recommendations to the Council about:</p> <ul style="list-style-type: none"> ▪ What action may be taken in response to breaches of the Law of a serious nature relating to ownership ▪ Policy and procedural matters relating to pharmacy ownership. <p>The Committee met on 11 occasions during the reporting period.</p>	<p>Ms Tuyet Wallis (Chair)</p> <p>Ms Alison Aylott (to 31.3.16)</p> <p>Ms Carolyn Burlew</p> <p>Mr Carl Cooper (to 31.3.16)</p> <p>Mr Stuart Ludington</p> <p>Ms Maria Watts</p>
<p>Communications Committee</p> <p>This Committee assists the Council to publish and distribute relevant information to pharmacists, consumers and other interested people via the Council's Newsletter and to review, assess and determine the content of the Council's website.</p> <p>The Communications Committee met on six occasions. In addition to formal meetings, the Committee consulted as necessary by emailed correspondence between meeting dates.</p>	<p>Ms Marilyn Starr (Chair)</p> <p>Ms Alison Aylott (to 31.3.16)</p> <p>Ms Joyce Cooper</p> <p>Mr Adrian Lee</p> <p>Mr Stuart Ludington (from 1.4.16)</p> <p>Ms Terry Maunsell</p>
<p>Policy, Practice and Legal Issues Committee</p> <p>This Committee ensures that the Council's policies, procedures and guidelines are appropriate. It also formulates submissions in response to calls for stakeholder comment from pharmaceutical and related agencies and provides assistance with the review of any proposed legislative change.</p> <p>The Committee met once during the period. The majority of the Committee's work was actioned by way of emailed consultation in lieu of formal meetings.</p>	<p>Ms Penny Ho (Chair)</p> <p>Ms Alison Aylott (to 31.3.16)</p> <p>Ms Carolyn Burlew</p> <p>Ms Joyce Cooper</p> <p>Mr Adrian Lee</p> <p>Mr Stuart Ludington (from 1.4.16)</p> <p>Ms Terry Maunsell</p> <p>Mr Paul Sinclair</p>
<p>Finance Committee</p> <p>This Committee reviews, manages and makes recommendations to Council in relation to the following:</p> <ul style="list-style-type: none"> ▪ Council's budget and financial reports ▪ The Service Level Agreement between the HPCA and the Council ▪ Pharmacy premises application fees. <p>The Committee met on 11 occasions during the reporting period.</p>	<p>Ms Carolyn Burlew (Chair)</p> <p>Ms Alison Aylott (to 31.3.16)</p> <p>Mr Paul Sinclair</p> <p>Mr Adrian Lee</p> <p>Mr Stuart Ludington (from 1.4.16)</p> <p>Ms Terry Maunsell</p>
<p>Education and Research Committee</p> <p>Section 41S of the Law allows the Council to establish an Education and Research Account to provide funds for education and research purposes relevant to its regulatory functions and for meeting any associated administrative costs.</p> <p>The Committee met on four occasions to consider and make recommendations to Council on applications for funding grants.</p>	<p>Ms Terry Maunsell (Chair)</p> <p>Mr Carl Cooper (to 31.3.16)</p> <p>Ms Alison Aylott (to 31.3.16)</p> <p>Ms Joyce Cooper</p> <p>Ms Margaret Duguid</p> <p>Mr Stuart Ludington (from 1.4.16)</p>

Regulatory Committees and Panels

Part 8 of the Law prescribes the committees and panels that support the Council in undertaking its regulatory activities. They include Assessment Committees, Impaired Registrants Panels and Performance Review Panels.

The Pharmacy Council was supported by 14 Impaired Registrants Panels, including reviews, and four Performance Review Panels during the reporting period with membership as follows.

Regulatory Committee or Panel	Membership	Hearings Attended
Impaired Registrants Panels	Mrs Anne Reynolds	7
	Mrs Elizabeth Frost	3
	Dr Alison Reid	9
	Dr Susan Messner	1
Performance Review Panels	Ms Rosemary Kusuma	4
	Ms Zaheeda Patel	4
	Mr Jonathan Chen	4

Meetings and Conferences

The Pharmacy Council was represented at the following meetings and conferences.

Name	Attendance
Council Presidents' Forum	Ms Alison Aylott (to 31.3.16) Mr Stuart Ludington (from 1.4.16)
Pharmacy Premises Registering Authorities of Australia (PPRAA)	Ms Alison Aylott (to 31.3.16) Ms Maria Watts
HPCA Audit & Risk Committee	Ms Carolyn Burlew
HPCA New Finance System Project Steering Committee	Ms Carolyn Burlew
HPCA Pitt Street - Organisational Review Steering Committee	Ms Carolyn Burlew
Ministry of Health, National Law Review Working Group	Ms Terry Maunsell
Pharmacy Board of Australia/Therapeutic Goods Administration consultation on extemporaneous compounding	Ms Terry Maunsell

During the reporting period the Pharmacy Council provided input in response to calls for comment as follows.

Agency	Consultation
NSW Ministry of Health	Review of the Health Practitioner Regulation (Adoption of National Law) Act 2009
Pharmacy Board of Australia	Confidential targeted consultation – review of guidance on expiry of compounded parenteral medicines
Pharmacy Board of Australia	Public Consultation – review of guidance on expiry of compounded parenteral medicines
Pharmacy Practitioner Development Committee (PPDC)	Review of the National Competency Standards Framework for Pharmacists in Australia
NSW Ministry of Health	Draft Health Practitioner Regulation (New South Wales) Regulation 2016

Overseas Travel

There was no overseas travel during the reporting period.

Council Communications

The Pharmacy Council website is the principal medium used for communicating information to pharmacists, pharmacy owners, pharmacy students and the community. The website is updated regularly and includes links to other key bodies in the National Registration and Accreditation Scheme.

The Pharmacy Council also regularly distributes electronic newsletters to pharmacists with a principal place of practice in NSW, owners of NSW pharmacies and interested stakeholders. Further information is available at www.pharmacycouncil.nsw.gov.au.

Remuneration

Remuneration for members of the Council was as follows.

President	\$33,264 per annum
Deputy President	\$22,176 per annum
Members	\$11,088 per annum

In addition, Council members receive sitting fees for the conduct of Council Inquiries and attendance at committee meetings and other regulatory activities if held on a day other than the monthly Council meeting. Council members are reimbursed for expenses incurred when travelling on official business at Council direction.

Members of panels and Tribunals also receive remuneration and reimbursement of expenses.

Regulation of Pharmacy Businesses

The Pharmacy Council is responsible for the registration of pharmacies in NSW in addition to management of complaints about pharmacists.

The number of registered pharmacies for this year and the previous year was as follows.

Pharmacies	2015/2016	2014/2015
Number of registered pharmacies as at 30 June	1,936	1,926

Register of Pharmacies

Clause 14 of Schedule 5F of the Law requires the Council to keep a Register of Pharmacies. Changes to the Register of Pharmacies occurs upon the approval of applications to the Council, satisfactory inspection of premises where required and payment of the relevant fee.

The Council approved 349 pharmacy applications during the reporting period as follows.

Applications	Approvals
Change of Pharmacy Ownership	129
Change of Pharmacy Name	80
Change of Pharmacy Address	72
New Pharmacy	41
Acquisition of a pecuniary interest in a pharmacy business by acquiring shares in a Pharmacist's Body Corporate and / or appointment of new director(s)	21
Copy of the Register of Pharmacies	2
Professional Services Room	1
Relocation of Professional Services Room	3

The Council received notices of closure of 18 pharmacies.

Offences under Schedule 5F of the Law

Schedule 5F of the Law sets out provisions related to the holding of pecuniary interests in pharmacy businesses and the responsibilities of pharmacy owners which, if contravened, may give rise to a Council initiated Local Court prosecution.

No Local Court prosecutions were conducted in the reporting period.

Pharmacy Inspectors

Pharmacy inspectors have the state-wide function of conducting inspections and investigations to enforce compliance with the Law and the Regulations. This includes inspection of existing, new and relocating pharmacies and investigation of complaints about pharmacists.

Pharmacy inspectors are appointed as authorised persons under section 164 of the Law, with powers under section 164A to enter and inspect premises, to copy and/or seize records and to require persons to answer questions and also have responsibilities under the *Poisons and Therapeutic Goods Act 1966* regarding safe handling of medications.

Pharmacy inspectors undertake the following activities.

Routine inspections – pharmacies across NSW are routinely inspected every 18 months to ensure compliance with the requirements of the Law and Regulations.

Application approval inspections – the approval by the Council of an application concerning the relocation of an existing pharmacy or the establishment of a new pharmacy business is subject to a satisfactory inspection to ensure compliance with the legislative requirements prior to commencing business on a new site.

Complaints inspections – the Council's Notifications Committee may request an inspection be conducted as part of its process of making inquiries into a complaint. During the reporting period inspections were conducted after receiving the following types of complaints:

- Operating a pharmacy without a pharmacist in charge
- Dispensing error
- Physical condition of the pharmacy and storage of stock
- Inadequate record keeping
- Smoking/drinking alcohol on the premises.

Drug destructions – pharmacy inspectors are authorised by the NSW Ministry of Health Pharmaceutical Services to destroy and dispose of unusable Schedule 8 medication.

The Council was assisted by two pharmacy inspectors who undertook the following activities.

Activity	2015/2016	2014/2015
Routine inspections	1,751	1,418
Inspections of relocated pharmacies and new pharmacy premises	101	114
Compliance/Complaint related inspections	24	20
Drug destructions	270	260

Fees

Schedule 5F Clause 12(5) of the Law provides that an application for approval of a pharmacy premises or a registration of pecuniary interest in a pharmacy business must be accompanied by the fee decided by the Council.

The fees applying during the reporting period were as follows.

Application	Fee
New Pharmacy application plus inspection fee	\$855.65
Professional Services Room application plus inspection fee	\$481.30
Relocation or Expansion/Reduction in size of Pharmacy Premises application plus inspection fee	\$481.30
Relocation or Expansion/Reduction in size of Professional Services Room application plus Inspection fee	\$481.30
Change of Pharmacy Ownership application - sole pharmacist	\$534.80
Change of Pharmacy Ownership application - pharmacist partnership	\$534.80
Change of Pharmacy Ownership application - body corporate	\$1069.50
Change of Pharmacy Name application	\$53.50
Acquisition of pecuniary interest by acquiring shares in a Pharmacist's Body	\$534.80
Notice of Acquisition of Pecuniary Interest in a Pharmacy Business – as a unit holder or beneficiary of a Trust	\$534.80
Renewal of Pharmacy Premises Registration	\$314.00
Late fee - Renewal of Pharmacy Premises Registration	\$78.25
Copy of the Register of Pharmacies	\$802.15

New Pharmacy and Change of Pharmacy Ownership applications received by Council may include proposals for business structures involving trusts. The Council refers trust agreements for external legal review, the cost of which is met by the applicant.

All application forms are available on the Council's website www.pharmacycouncil.nsw.gov.au

Financial Management

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

Accounts Performance 2015/16	\$
Revenue	2,707,789
Operating expenditure	2,580,079
Gain/(loss) on disposal	(2,540)
Net result	125,170
Net cash reserves (cash and cash equivalents minus current liabilities)	2,761,995

* Included in the net cash reserves is Education and Research bank account balance of \$27,856.

The Pharmacy Council's budget for the period 1 July 2016 to 30 June 2017 is as follows.

Budget 2016/17	\$
Revenue	2,666,934
Operating expenditure	3,142,640
Net result	(475,706)

Full financial statements are presented in Part 3 of this report 'Financial Statements for NSW Health Professional Councils'.



**Annual
Report
2015-16**

**Physiotherapy
Council**

of New South Wales

President's message



*Physiotherapy Council
of New South Wales*

I am pleased to present the Physiotherapy Council of NSW's 2015/16 Annual Report, my second report as President.

While the Council has seen a slight reduction in the number of complaints received during the reporting year we have observed some continuing themes in complaints relating to professional boundaries, clinical record keeping and inappropriate billing of health insurance providers. The Council acknowledges that being the subject of a complaint can be one of the most stressful and challenging events in a physiotherapist's working life. The Council continues to endeavour to make sure that physiotherapists who are referred to the Council are dealt with respectfully and effectively in the interests of public safety in the first instance but also in a manner that, where appropriate, is constructive, supportive and non-punitive. A number of complaints over the last twelve months have been settled with remediation or counselling which continues to prove an effective mode of managing some complaints, with positive feedback from complainants and practitioners alike about the process.

As a proactive and constructive measure, the Council has embarked on an educational project aimed at providing practitioners and students in NSW with a practical and ethical framework to assist in decision making around professional boundaries, clinical record keeping and billing practices. This project will be completed in liaison with, and with reference to, the Physiotherapy Board of Australia and its National Guidelines. I look forward to reporting on the progress of this project.

The Council is committed to maintaining a high regulatory standard for the NSW community. To achieve this, the Council has developed a number of policies, guidelines and templates to provide guidance to decision makers and clarity on issues of interest to the Council. The Council is also fostering its relationship with the Physiotherapy Board of Australia to ensure consistent decision making across jurisdictions.

I wish to thank Mr David Cross, who extended his term and continued on the Council's Complaints and Notifications Committee from July 2015 to March 2016 to provide guidance to the new Committee members as they became familiar with their new roles.

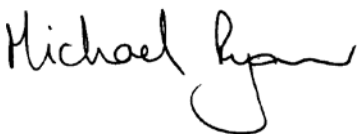
The Council continues to rely on many physiotherapists to assist us in our work. From auditing, to mentoring, to sitting on committees, a number of physiotherapists continue to generously provide invaluable input and assistance. In particular, I would like to thank Professor Catherine Dean, the outgoing Chair of the Physiotherapy Assessment Committee. Professor Dean was appointed to the Committee by the Minister for Health in 2012. Her contribution, both as member and leader of the Committee, has assisted the Council greatly in making determinations on complex complaints and we are very grateful for her service.

The Council recognises the tireless support of HPCA staff who assist the Council to work effectively and efficiently. There have been a number of changes over the last 12 months and the staff have managed a challenging time in this regard with aplomb. Of particular note, I would like to extend my thanks on behalf of the Council to Ms Sue Toohey who faithfully served the Physiotherapy Council and the Board before that for many more years than Sue would probably like me to divulge. The Council wish Sue all the best in her retirement.

President's message continued

Finally I must thank my fellow Council members for their dedication throughout the year.

With the ongoing support of the Council, our committees and staff, I look forward to continuing the important work of the NSW Physiotherapy Council, ensuring the regulation of physiotherapists in NSW is managed effectively and robustly, meeting the high expectations of the public and the profession.

A handwritten signature in black ink that reads "Michael Ryan". The signature is fluid and cursive, with the first name "Michael" written in a larger, more prominent script than the last name "Ryan".

Mr Michael Ryan

President
Physiotherapy Council of NSW

Regulation of Physiotherapists in 2015/16

Overview

8,408

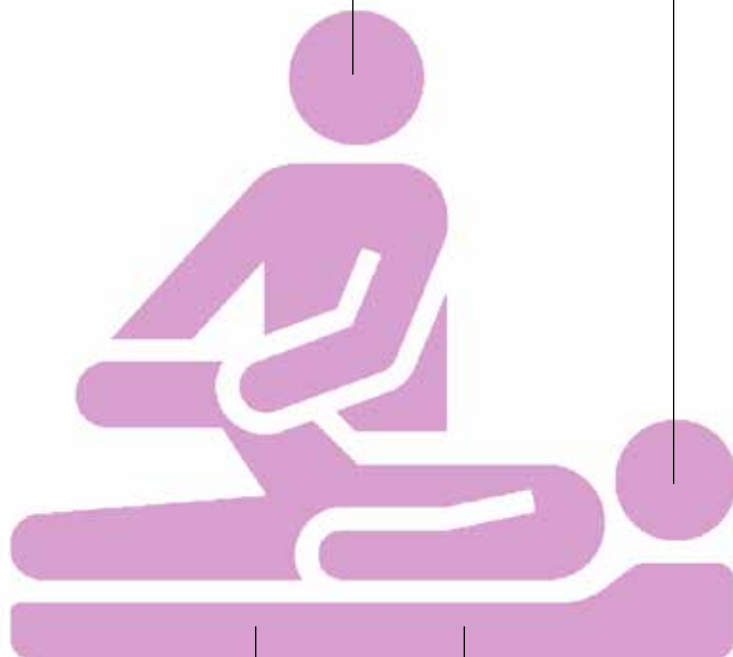
**REGISTERED
PHYSIOTHERAPISTS IN NSW**

5.9% more than last year in NSW
29.1% of physiotherapists in Australia

37

**NEW COMPLAINTS
RECEIVED RELATED TO**

Conduct - 16
Performance - 19
Health - 2



38

**CLOSED COMPLAINT
OUTCOMES INCLUDED**

- 1 conditions on registration
- 3 counselling
- 1 resolution/conciliation by HCCC
- 17 no further action
- 1 no jurisdiction
- 12 discontinued
- 3 withdrawn

55

**COMPLAINTS
WERE MANAGED**

- 19 open at start of year
- 36 received during the year
- 38 closed during the year
- 17 open at end of year
- 9 active monitoring cases at end of year

Regulation of Physiotherapists in NSW in 2015/16

Year in summary

As at 30 June 2016 NSW had 8,408 registered physiotherapists representing 29.1% of the 28,855 physiotherapists registered to practise in Australia. There was an increase of 2% on the 7,943 physiotherapists registered in NSW last year.

During the year the Physiotherapy Council of NSW managed 55 complaints including:

- 19 open matters at the start of the year
- 37 new complaints received during the year.

By year end 38 complaints had been closed and 18 matters remained open.

The 37 new complaints received this year were about 36 practitioners representing 0.4% of NSW registered physiotherapists. There were four fewer complaints received this year compared with the 40 complaints received in 2014/15.

This year there were four mandatory notifications about four physiotherapists.

Complaints were received from the following sources.

Source of Complaint	Number	% of total
Patients	21	56.8%
Employer	5	13.5%
Health insurance providers	3	8.1%
Relatives of patient or practitioner	2	5.4%
Self reports	1	2.7%
AHPRA	1	2.7%
Various other sources including anonymous complaints	4	10.8%

Complaints received about NSW physiotherapists related to:

- Conduct – 16 complaints representing 43.2% of complaints received
- Performance – 19 complaints representing 51.4% of complaints received
- Health – 2 complaints representing 5.4% of complaints received.

One complaint received immediate action consideration.

After Council consultations with the HCCC, 15 of the complaints received during the year were referred for Council management, that is 42% of complaints received.

No matters were referred to NCAT during the year.

A total of nine assessments and hearings were concluded during the year including:

- Assessment Committees – 2
- Health assessments – 1
- Impaired Registrants Panels – 1
- Counselling or interviews – 5

Outcomes for the 38 matters closed during the year were as follows.

Outcome	Number
Conditions imposed	1
Counselling with no further action	3
Resolution or conciliation by HCCC	1
Advice with no further action	7
Withdrawn prior to assessment with HCCC	3
Discontinued at assessment consultation	15
No further action after consultation process	4
No further action after HCCC investigation	3
Practitioner unregistered	1
TOTAL	38

At year end nine cases were being actively monitored including three conduct matters, three performance matters and three health matters.

Council membership

Clause 8 of Schedule 1A of the Health Practitioner Regulation (New South Wales) Regulation 2010 prescribes that there are 10 members of the Physiotherapy Council appointed by the Governor.

Members who are registered physiotherapy practitioners:

- Professor Darren Rivett PhD, MAppSc (Manip Phty), BAppSc (Phty), Grad Dip ManipTher, MAICD – Deputy President
- Mrs Jenny Aiken B App Sc (Phty), GAICD
- Ms Elizabeth Ward BSC, PGD (Phty), MPH, MHLthSc (Phty), GAICD
- Mr David Gonzalez B AppSc (Phty).

The registered physiotherapist member nominated by the professional association:

- Mr Michael Ryan BAppSc (Phty), MHLthSc (ManipPhty), FACP – President.

The registered physiotherapist member involved in conducting an approved program of study:

- Dr Martin Mackey PhD, MSafSc, BAppSc (Phty), BEc, Grad Cert Ed (Higher Ed).

Legal member:

- Ms Karen Thomas Dip Law, Dip Radiography.

Community members:

- Ms Janene Eagleton GAICD, FGIA, MBA, BHA, RD
- Ms Marie Clarke RN, RM, DipNEd, DipNAdmin, BBus, GradCertMgmt, FACN
- Ms Babette Smith OAM, BAarts, FDRP, Accr Mediator.

Attendance at Council meetings

The Physiotherapy Council met on 11 occasions. Attendance at the meetings was as follows.

Member	Meetings Attended	Meetings Eligible to Attend
Mrs Jenny Aiken	11	11
Ms Marie Clarke	9	11
Ms Janene Eagleton	9	11
Mr David Gonzalez	10	11
Dr Martin Mackey	9	11
Professor Darren Rivett	10	11
Mr Michael Ryan	10	11
Ms Babette Smith	9	11
Ms Karen Thomas	10	11
Ms Elizabeth Ward	10	11

Executive Officer

The Physiotherapy Council received Executive Officer support from Mr Brad Skidmore and Ms Sarah Carroll and a staff allocation of 1.5 full time equivalent positions. All support staff are employed by the HPCA.

Committees of 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 Physiotherapy Council was supported by three committees during the reporting period with membership as follows.

Committee	Membership	Meetings Attended
Complaints and Notifications Committee reviews all new complaints in consultation with the HCCC. The Committee met 11 times.	Prof. Darren Rivett (Chair)	10
	Mr David Cross*	6
	Ms Jenny Aiken	10
	Ms Karen Thomas	9
	Dr Martin Mackey*	1
Health Committee monitors and advises on management of impaired practitioners.	Dr Martin Mackey (Chair)	2
	Ms Maria Quinlivan	3
	Ms Elizabeth Ward	4
	Ms Marie Clarke	3
Publications Review Committee develops, reviews and advises on material published by the Council.	Ms Christine Campbell (Chair)#	1
	Mr David Gonzalez (Chair)^	1
	Ms Vicki Williams	2
	Mr David Young	1

* Retired from Committee March 2016.

+ Temporary appointment to Committee.

Retired from Committee September 2015.

^Appointed to Committee September 2015.

Regulatory committees and panels

Part 8 of the Law prescribes the committees and panels that support the Council in undertaking its regulatory activities. They include Assessment Committees, Impaired Registrants Panels and Performance Review Panels. The Physiotherapy Council was supported by two of these bodies during the reporting period with membership as follows.

Regulatory Committee	Membership	Attendance
Physiotherapy Assessment Committee	Associate Professor Catherine Dean – Chairperson	1 meeting
	Mr John Davies – Community Member	1 meeting
	Ms Libby Loneragan – Practitioner Member	1 meeting
	Mr Michael Ward – Practitioner Member	1 meeting
Impaired Registrants Panels	Professor Ian Cameron	1 panel
	Dr Karen Arnold	1 panel
	Ms Adrienne Hunt	1 panel
	Ms Vicki Williams	2 panels

Meetings and conferences

The Physiotherapy Council was represented at the following meetings and conferences.

Name	Attendance
Council Presidents' Forum	Mr Michael Ryan
Teleconferences with representatives of the Physiotherapy Board of Australia	Council members

Overseas travel

There was no overseas travel during the reporting period.

Council Communications

The Physiotherapy Council website is the principal medium used for communicating information to physiotherapists, students and the community. The website includes links to other key bodies in the National Registration and Accreditation Scheme.

Further information is available at www.physiotherapycouncil.nsw.gov.au.

Remuneration

Remuneration for members of the Council was as follows.

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

In addition, Council members receive sitting fees for the conduct of Council inquiries and for attendance at committee meetings and other regulatory activities if held on a day other than the Council meeting.

Council members are reimbursed for expenses incurred when travelling on official business at Council direction.

Members of panels and tribunals also receive remuneration and reimbursement of expenses.

Financial Management

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

Accounts Performance 2015/16	\$
Revenue	590,363
Operating expenditure	376,263
Gain/(loss) on disposal	186
Net result	214,286
Net cash reserves (cash and cash equivalents minus current liabilities)	1,073,838

* Included in the net cash reserves is Education and Research bank account balance of \$190,751.

The Physiotherapy Council's budget for the period 1 July 2016 to 30 June 2017 is as follows

Budget 2016/17	\$
Revenue	557,087
Operating expenditure	490,644
Net result	66,443

Full financial statements are presented in Part 3 of this report 'Financial Statements for NSW Health Professional Councils'.



**Annual
Report
2015-16**

**Podiatry
Council**

of New South Wales

President's message



*Podiatry Council
of New South Wales*

I am pleased to introduce the 2015-16 annual report for the Podiatry Council and to give this overview.

Following significant changes to the Council's membership last year, the 2015-16 year was much more stable and allowed the Council to spend time focusing on infection prevention measures and improving relationships with co-regulators and professional associations.

Complaints activity was consistent during the year. The Council dealt with 28 cases over the period (15 new), with 22 of those resolved by the end of the year. More information about the complaints is included in the body of this annual report.

Infection control standards were an area of focus for the Council this year. As part of its responsibilities to protect the public, the Council conducts routine inspections of podiatry practices to ensure compliance with standards of infection prevention. During the year, inspectors visited the practices of 47 podiatrists for this purpose. For the most part, practices are performing to the standard, but where there are areas for improvement, the Council is able to support practitioners in recognising these areas and implementing improvements proactively. To support practitioners in this regard, the Council has done several things this year, including updating and publishing its guidelines for routine inspections; presenting infection prevention workshops at the 2016 state podiatry conference; and including information on common issues and how to resolve them in our newsletter to practitioners.

During 2016, the Council had consultation meetings with both the Podiatry Board of Australia and the Australian Podiatry Association (NSW). The Council considers these relationships to be important to ensure collaboration in our roles to protect the public and to support the profession in providing safe and high quality care to the community. We look forward to continuing and strengthening these engagements during the year ahead.

The Council is very appreciative of the help and support it receives from the HPCA. In particular, the support of our Executive Officer Mr Michael Jaques and Assistant Executive Officer Ms Christine Gursen is greatly valued and highly appreciated.

I would also like to acknowledge the podiatrists who have recently offered to share their knowledge and expertise by putting their names forward to assist the Council by serving on various committees or panels when the need arises. Whilst we don't need to regularly call on their expertise, we wish to thank these practitioners for their willingness to contribute to the activities of the Council.

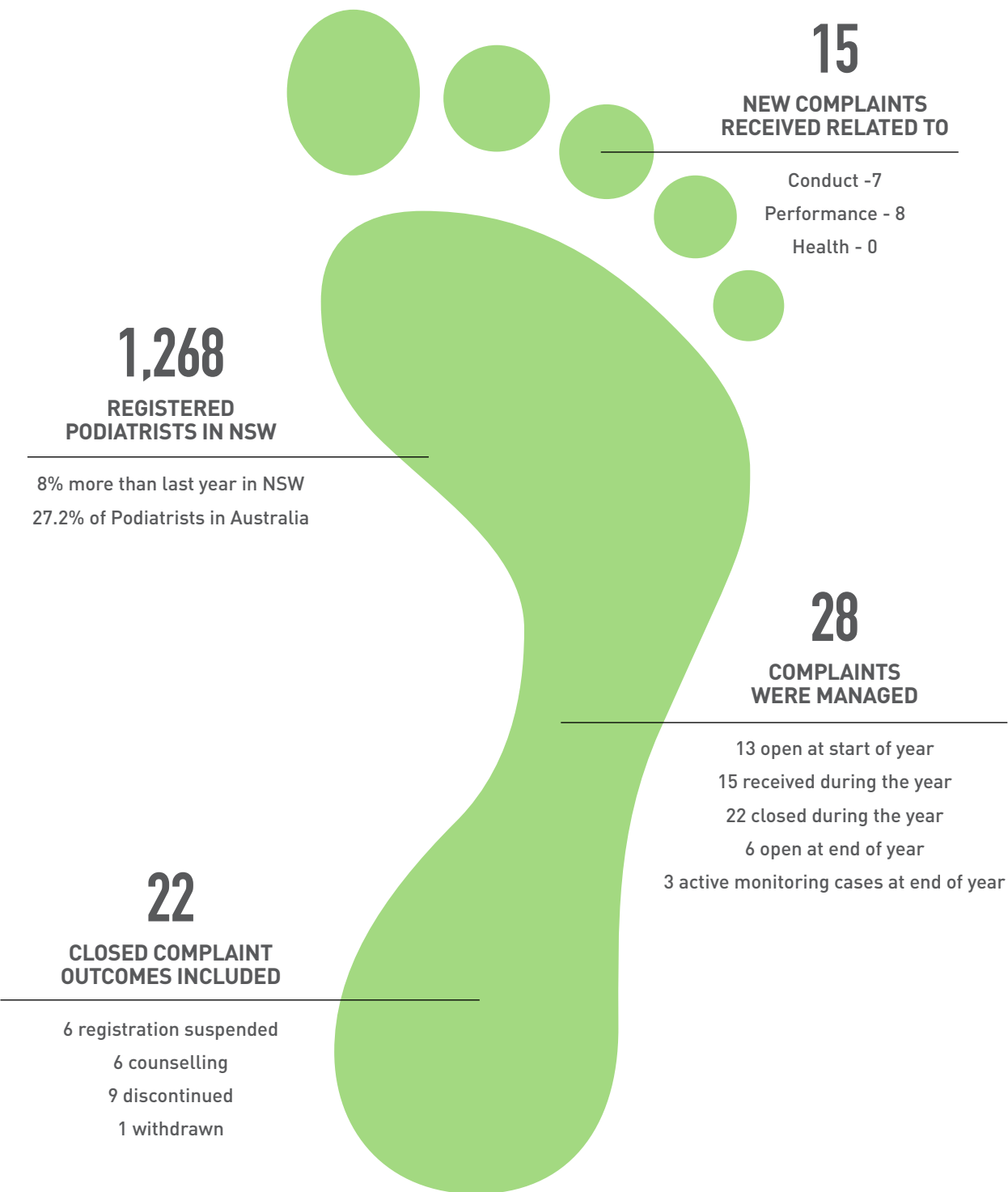
Mr Luke Taylor

President

Podiatry Council of NSW

Regulation of Podiatrists in 2015/16

Overview



Regulation of Podiatrists in NSW in 2015/16

Year in summary

As at 30 June 2016 NSW had 1,268 registered podiatrists representing 27.2% of the 4,655 podiatrists registered to practise in Australia. There was an increase of more than 8% on the 1,167 podiatrists registered in NSW last year.

During the year the Podiatry Council of NSW managed 28 complaints including:

- 13 open matters at the start of the year
- 15 new complaints received during the year.

By year end 22 complaints had been closed and six matters remained open.

The 15 new complaints received this year were about 15 practitioners representing 1.2% of NSW registered podiatrists. There were two less complaints this year compared with the 17 complaints received in 2014/15.

New complaints received this year included one mandatory notification.

Complaints were received from five patients; three relatives of a patient or practitioner; three employers; three insurance companies; and one from another source.

Complaints received about NSW podiatrists related to:

- Conduct – 7 complaints
- Performance – 8 complaints
- Health – 0 complaints.

No complaints required immediate action consideration.

After Council consultations with the HCCC, five of the complaints received during the year were referred for Council management.

No matters were referred to NCAT.

Three counselling/interview sessions were concluded.

Outcomes for the 22 matters closed during the year were as follows.

Outcome	Number
Registration suspended	6
Counselling	6
Withdrawn	1
Discontinued	9
Total	22

At year end three cases were being actively monitored, including one conduct matter and two performance matters.

Council Membership

Section 41E of the Law prescribes that there are four members of the Podiatry Council appointed by the Governor.

Members who are registered podiatry practitioners:

- Mr Luke Taylor BApp Sci (Pod), Grad Cert (Diab) – President
- Ms Kristy Robson MHS (Ed), Dip HSc (Podiatry) – Deputy President
- Ms Veronica Du Toit MAppSc, AssDipPod, BTeach.

Legal member:

- Mr Ebenezer Banful GradDip, LLB(Hons2A), GDLP.

Attendance at Council Meetings

The Podiatry Council met on 11 occasions. Attendance at the meetings was as follows.

Member	Meetings Attended	Meetings Eligible to Attend
Mr Ebenezer Banful	10	11
Ms Veronica Du Toit	8	11
Ms Kristy Robson	11	11
Mr Luke Taylor	10	11

Executive Officer

The Podiatry Council is supported by Mr Michael Jaques, Executive Officer and Ms Christine Gursen, Assistant Executive Officer, both employed by the HPCA.

Committees of 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 Podiatry Council did not appoint any committees during the reporting period.

Regulatory Committees and Panels

Part 8 of the Law prescribes the committees and panels that support the Council in undertaking its regulatory activities. They include Assessment Committees, Impaired Registrants Panels and Performance Review Panels. The Podiatry Council did not establish any of these bodies during the reporting period.

Meetings and Conferences

The Podiatry Council was represented at the following meetings and conferences.

Name of Meeting or Conference	Attendance
Council Presidents' Forum	Mr Luke Taylor Ms Kristy Robson
Australian Podiatry Association (NSW & ACT) Scientific State Committee	Mr Luke Taylor Ms Kristy Robson
Australian Podiatry Association - Board Meeting	Mr Luke Taylor
Joint meeting with the Podiatry Board of Australia	Mr Luke Taylor Ms Kristy Robson Ms Verona du Toit

Overseas Travel

There was no overseas travel during the reporting period.

Council Communications

The Podiatry Council website is the principal medium used for communicating information to podiatrists, podiatry students and the community. The website is updated regularly and includes links to other key bodies in the National Registration and Accreditation Scheme.

The Podiatry Council also distributes electronic newsletters to podiatrists with a principal place of practice in NSW. Further information is available at www.podiatrycouncil.nsw.gov.au.

Other Council Activities

The Council engaged authorised staff of the Monitoring, Inspections and Scheduling Unit to conduct infection control inspections at podiatry practices across NSW. Of 16 practices inspected, 47 podiatrists were assessed for compliance against the relevant standards and guidelines. Common deviations from the standards were:

- Use of domestic washing machines for clinical linen
- Absence of personal protective equipment
- Cracks in seating and flooring
- Inadequate sterilisation records and procedures.

Remuneration

Remuneration for members of the Council was as follows.

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

In addition, Council members receive sitting fees for the conduct of Council Inquiries and for attendance at committee meetings and other regulatory activities if held on a day other than the Council meeting. Council members are reimbursed for expenses incurred when travelling on official business at Council direction.

Members of panels and tribunals also receive remuneration and reimbursement of expenses.

Financial Management

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

Accounts Performance 2015/16	\$
Revenue	266,285
Operating expenditure	178,765
Gain/(loss) on disposal	82
Net result	87,602
Net cash reserves (cash and cash equivalents minus current liabilities)	215,886

* Included in the net cash reserves is Education and Research bank account balance of \$63,126.

The Podiatry Council's budget for the period 1 July 2016 to 30 June 2017 is as follows.

Budget 2016/17	\$
Revenue	279,794
Operating expenditure	217,144
Net result	62,650

Full financial statements are presented in Part 3 of this report 'Financial Statements for NSW Health Professional Councils'.

The background of the page is a dark blue color. It features a grid of small, light blue plus signs (+) arranged in a regular pattern. A white silhouette of the state of New South Wales is positioned on the left side of the page, partially overlapping the grid. The text is placed on the white area and the dark blue background.

**Annual
Report
2015-16**

**Psychology
Council**
of New South Wales

President's message

It is with great pleasure that I submit the 2016 Annual Report for the Psychology Council of New South Wales (Council).

The past year has been a very busy one characterised by an increase in the number of more difficult and complex cases, including those requiring immediate action. This report outlines the number of conduct, performance and health matters and shows a significant increase in matters where Council has exercised its powers under section 150 of the National Law (NSW). This year saw an increase in complaints about psychologists from 157 to 190. The number of assessments and hearings completed increased from 72 in 2014/15 to 83 in 2015/16 and the number of times Council took immediate interim action to suspend a practitioner from practising or impose conditions on their registration rose from 9 to 15.

The report details the range of complaints received by the Council. However, of note, and as highlighted in the Council's newsletter edited by Dr Robyn Vines, psychologists need to be fully aware of the nature and content of material that is placed on their professional websites, and the requirement to be compliant with the Australian Health Practitioner Regulation Agency's guidelines for advertising services. Remaining updated and aware of regulations and professional obligations is the best approach to preventing complaints being made.

The year also witnessed changes to the membership of the Council, with the resignations of Ms Tracy Flintoff, legal representative, and Dr Susan Gould, community member, due to work and personal commitments. On behalf of the Council and personally, I would like to extend my gratitude and appreciation for the substantive support and contributions made by both members. They will be sadly missed. At the time of writing, nominations for their replacement are with the Minister awaiting final approval before announcements can be made.

It is clear that the Council's capacity to discharge its duties in an effective and efficient manner relies in large part on the assistance provided behind the scenes by the Health Professional Councils Authority (HPCA) and the dedicated staff assigned to this Council. Accordingly, on behalf of the whole Council, I would like to acknowledge and express appreciation of the level of secretariat support and cooperation provided over the year.

I am looking forward to another productive and rewarding year ahead as we continue working collaboratively with the Health Care Complaints Commission in a co-regulatory environment and continue to be more than ably supported by the HPCA Director and his staff.



Professor Alexander Blaszczyński
President
Psychology Council of New South Wales

Regulation of Psychologists in 2015/16 Overview

11,236

**REGISTERED
PSYCHOLOGISTS IN NSW**

3.7% more than last year in NSW
33.1% of psychologists in Australia

197

**NEW COMPLAINTS
RECEIVED RELATED TO**

Conduct - 84
Performance - 94
Health - 19

177

**CLOSED COMPLAINT
OUTCOMES INCLUDED**

8 registration cancelled/disqualified
2 registration suspended
8 registration surrendered
15 conditions on registration
1 orders made but no conditions
1 reprimand issued
13 counselling
1 resolution/conciliation by HCCC
3 all or part referred to another body
42 no further action
14 no jurisdiction
62 discontinued
8 withdrawn

267

**COMPLAINTS
WERE MANAGED**

70 open at start of year
197 received during the year
177 closed during the year
90 open at end of year
39 active monitoring cases at end of year

Regulation of psychologists in NSW in 2015/16

Year in summary

As at 30 June 2016 NSW had 11,236 registered psychologists representing 33.1% of the 33,907 psychologists registered to practise in Australia. There was an increase of 3.7% on the 10,840 psychologists registered in NSW last year.

During the year the Psychology Council of NSW managed 267 complaints including:

- 70 open matters at the start of the year
- 197 new complaints received during the year.

By year end 177 complaints had been closed and 90 matters remained open.

The 197 new complaints received this year were about 168 practitioners representing 1.5% of NSW registered psychologists. There were 40 more complaints received this year compared with the 157 complaints received in 2014/15 representing a 25.5% increase.

This year there were 42 mandatory notifications about 31 psychologists. Mandatory notifications made up 21.3% of complaints received about NSW registered psychologists this year.

Complaints were received from the following sources.

Source of Complaint	Number	% of total
AHPRA	9	4.5%
Anonymous	3	1.5%
Council	3	1.5%
Education provider	2	1.0%
Employee	7	3.5%
Employers	10	5.0%
Government department	1	0.5%
Lawyer	2	1.0%
Members of the public	24	12.0%
Other health practitioners	18	9.0%
Patients	56	29.5%
Pharmaceutical services	1	0.5%
Police	1	0.5%
Relatives of patient or practitioner	34	17.0%
Self reports	4	2.0%
Treating practitioners	22	11.0%
TOTAL	197	100%

Complaints received about NSW psychologists related to:

- Conduct – 84 complaints representing 42.6% of complaints received
- Performance – 94 complaints representing 47.7% of complaints received
- Health – 19 complaints representing 9.7% of complaints received.

Fifteen complaints received immediate action consideration.

After Council consultations with the HCCC, 73 of the complaints received during the year were referred for Council management, that is 37% of complaints received.

A total of 83 assessments and hearings were concluded during the year including:

- Counselling or interviews – 30
- Health assessments – 22
- Impaired Registrant Panels – 15
- Performance assessments – 6
- Performance Review Panels – 3
- Council inquiries – 2
- Tribunal (NCAT) hearings - 5

When a complaint is closed it is possible to have more than one outcome. During the reporting period there were 178 outcomes for the 177 complaints closed as follows.

Outcome	Number
Registration cancelled or disqualified	8
Registration suspended	2
Surrender of registration accepted	8
Conditions on registration imposed	15
Orders made but no conditions	1
Reprimand issued	1
Counselling	13
Resolution or conciliation by HCCC	1
All or part referred to another body	3
No further action required	42
No jurisdiction to act	14
Discontinued	62
Withdrawn	8
TOTAL	178

At year end 39 cases were being actively monitored including 11 conduct matters, 8 performance matters and 20 health matters.

Council Membership

Section 41E of the Law prescribes that there are eight members of the Psychology Council appointed by the Governor.

Members who are registered psychology practitioners:

- Professor Alexander Blaszczyński BA (Econ), MA, Dip Clin Psych, PhD, MAPS
- Associate Professor William Warren BA (Hons) (Psych), MA (Philosophy), MPsyCh (Clin), PhD, DipLaw (LPAB)
- Dr Robyn Vines BA (Hons) (Psych), MSc (ClinPsych), PhD, FAPS, FIAAP, GAICD
- Mr Thomas O'Neill BA (Hons) (Psych), MPsyCh (Clin), FAPS
- Dr Elizabeth Tong BA (Hons) (Psych), MA, Dip Clin Psych, PhD (Med), Cert TSL (Eng), AFBPS, MACPA, MAPS.

Legal member:

- Ms Tracy Flintoff LLB, BA (to 30.5.16).

Community members:

- Ms Margo Gill DMU, MApp Sc, MBA, Cert IV Training & Assessment
- Dr Susan Gould BSc (Hons) (Botany), PhD, FAICD, GAIST (Adv) (to 31.1.16).

Attendance at Council Meetings

The Psychology Council met on 11 occasions. Attendance at the meetings was as follows.

Member	Meetings Attended	Meetings Eligible to Attend
Professor Alexander Blaszczyński	8	11
Associate Professor William Warren	10	11
Ms Margo Gill	11	11
Mr Thomas O'Neill	10	11
Dr Robyn Vines	10	11
Dr Elizabeth Tong	11	11
Ms Tracy Flintoff (to 20.5.16)	4	10
Dr Susan Gould (to 31.1.16)	4	6

Executive Officer

The Psychology Council was supported by Executive Officer, Ms Myra Nikolich, Deputy Executive Officer, Ms Maxine Kauter, part time Professional Officer, Ms Miriam Wyzenbeek and two Program Officers. All support staff are employed by the HPCA.

Committees of 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 Psychology Council was supported by the Finance Committee during the reporting period, with membership as follows.

Committee	Membership	Meetings Attended
Finance	Professor Alexander Blaszczynski	4
	Associate Professor William Warren	4
	Dr Robyn Vines	4

Regulatory Committees and Panels

Part 8 of the Law prescribes the committees and panels that support the Council in undertaking its regulatory activities. They include Assessment Committees, Impaired Registrants Panels and Performance Review Panels.

The Psychology Council was supported by two of these bodies during the reporting period with membership as follows.

Regulatory Committee or Panel	Membership	Meetings Attended
Impaired Registrants Panel¹	Dr Emma Collins	20
	Dr Vida Bliokas	3
	Ms Gail Purkis	15
	Professor Trevor Waring	2
	Mr David Mutton	1
	Associate Professor Michael Kiernan	3
	Associate Professor Christopher Willcox	4
	Mr Peter Walker	2
	Dr Wendy Roberts	4
	Dr Michael Diamond MD	12
	Dr Mary-Anne Friend MD	10
	Dr Alison Reid MD	10
	Performance Review Panel	Associate Professor Michael Kiernan
Mr David Mutton		3
Ms Gail Purkis		1
Ms Frances Taylor		3

¹Includes reviews.

Meetings and Conferences

The Psychology Council continued its regular practice of meeting with the Heads of Departments and Schools and Senior Public Sector and Local Health District Psychologists to facilitate information sharing on topics of interest to all parties. The Council held this annual meeting on 10 November 2015.

The Council was also represented at the following meetings.

Name	Attendance
Council Presidents' Forum	Professor Alexander Blaszczynski

Overseas Travel

There was no overseas travel during the reporting period.

Council Communications

The Psychology Council website is the principal medium used for communicating information to psychologists and the community. The website is updated regularly and includes links to other key bodies in the National Registration and Accreditation Scheme.

The Psychology Council also regularly distributes electronic newsletters to registered psychologists with a principal place of practice in NSW. Further information is available at www.psychologycouncil.nsw.gov.au.

Remuneration

Remuneration for members of the Council is as follows.

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

In addition, Council members receive sitting fees of for the conduct of Council Inquiries or hearings under section 150 of the Law, counselling interviews and other regulatory activities if held on a day other than monthly Council meetings. Council members are reimbursed for expenses incurred when travelling on official business at Council direction.

Members of panels and tribunals also receive remuneration and reimbursement of expenses.

Financial Management

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

Accounts Performance 2015/16	\$
Revenue	1,255,652
Operating expenditure	1,214,597
Gain/(loss) on disposal	547
Net result	41,602
Net cash reserves (cash and cash equivalents minus current liabilities)	1,731,692

* Included in the net cash reserves is Education and Research bank account balance of \$106,320.

The Psychology Council's budget for the period 1 July 2016 to 30 June 2017 is as follows.

Budget 2016/17	\$
Revenue	1,258,417
Operating expenditure	1,538,530
Net result	[280,113]

Full financial statements are presented in Part 3 of this report 'Financial Statements for NSW Health Professional Councils'.