



Nursing & Midwifery Council

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New South Wales

# *Annual Report 2014*

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ISSN: 1839-3217

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The total cost of layout and design was \$891.62 (GST Inc.).

The Hon. Jillian Skinner MP  
Minister for Health and Minister for Medical Research  
Parliament House  
Sydney NSW 2000

Dear Minister

On behalf of the Nursing and Midwifery Council of New South Wales, we are pleased to submit the Council's fourth Annual Report for the year ending 30 June 2014, for presentation to the Parliament.

During 2013/14, the Council managed 813 complaints, of which 596 were new complaints. This represents a 32% increase in the number of complaints compared with the previous reporting period. Complaints have increased each year since national regulation commenced in July 2010 and have increased by 362% compared with 2009/10. This trend does not appear to be primarily related to an increase in mandatory notifications, which have accounted for, on average, 24% of new complaints since mandatory reporting was introduced. Employers and registered health professionals were our primary notifiers compared with consumers, relatives and friends.

The Council took urgent interim action in 15% of new complaints as a result of public safety issues. Also, almost a quarter of cases managed by the Council in 2013/14 were finalised by a panel, committee or tribunal. The majority of these cases resulted in restrictions on registration. Consequently, there was also an increase in the number of practitioners being monitored and reviewed by the Council to minimise risks to public safety. The increase in complaints has meant that the Council has prioritised risk assessment and improving processes and efficiency. This increase has also required a restructuring of Council staff which will be implemented in the next reporting period.

To improve complaints management, during 2013/14, the Council conducted research to develop an audit tool which will assist in the identification of similar cases to allow for in-depth review and assessment of outcomes and also allow examination of the consistency or variation in decision making over time. The Council is in the process of refining the audit tool and will do so in collaboration with the Nursing and Midwifery Board of Australia. The preliminary results indicate that decision making by panels and the Council has been largely consistent and relevant to the issues of concern. Further research will be conducted over the next year to examine effectiveness.

Increasing communication and engagement with stakeholders is also a critical target area for the Council. The Council's newsletters are received by approximately 85,000 nurses and midwives, professional groups and organisations. The implementation of the online education program for Council and panel members has been successfully established. The program is mandatory for Council decision makers. The Council's regulatory seminars are conducted three times a year. These seminars enable discussion of controversial and complex topics related to public safety.

The Council will continue to implement innovative programs and strategies to manage our priorities and improve our complaints handling processes.

Yours sincerely



Adj Prof John G Kelly AM  
President



Marie Clarke  
Deputy President

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## About the Council

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

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

The Council is one of 14 health professional Councils in NSW. The Health Professional Councils Authority (HPCA) provides secretariat and corporate support to assist the Councils in carrying out their regulatory responsibilities.

### Charter

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

### Aims and Objectives

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

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

### Key Results

- A total of 813 complaints were managed, including 596 new complaints. This is a 32% increase in complaints received compared with the previous reporting period and a 362% increase compared with 2009/10, the year prior to the introduction of national registration.
- 138 mandatory notifications were received representing 23% of all complaints. 38% of these resulted in conditions or suspension of registration.
- 92 (15%) complaints resulted in immediate interim action proceedings for public protection. 86% of these resulted in protective action (conditions or suspension of registration). The majority of these cases

resulted in action being taken within three weeks, with all matters dealt with within 6 weeks.

- 125 complaints were finalised through inquiry by an adjudication body.
- 50% of matters were closed in less than three months of receipt, 71% within 6 months and 90% within one year.
- 284 nurses and midwives who had conditions on their registration were monitored. Of those, 15 were identified as having breached conditions imposed under the Law requiring further action by the Council.
- Significant achievements were:
  - o establishment of online education for Council and panel members, completed by 78% of relevant participants
  - o completion of three research projects to improve the quality and consistency of decision making and Council processes
  - o implementation of performance indicators
  - o provision of regular evening seminars for panel members and stakeholders on complex regulatory issues
  - o publication of a regular newsletter
  - o completion of a review of the organisational structure and business processes.

### Council Membership

The Council consists of 15 members appointed by the Governor. The following members held those positions for the full year:

- (a) three registered nurses (Div 1) nominated by the Minister:

Adj Prof John G Kelly AM (NMW0001278509) RN BA(Hons) (UQld) LLB(UNSW) Grad Dip Leg Prac (UTS) FACN AFAIM MAPS (*President*)

Steven Jeffs (NMW0000952372) RN BN GradCert(Onc) GradCertComm

Francis Ross (NMW0001239196) (NMW0001239195) RN RM PaedCert MRCert BAppSc(Nsg) MPH FACN

- (b) one registered midwife nominated by the Minister:

Susan Hendy (NMW0001639659) (RM NMW0001639660) RN, AdvDipMid BHSc(USQ) MMid(USQ)

- (c) two registered nurses (Div 2) nominated by the Minister:

Rebecca Roseby (NMW0001377084) EN AdDipNsg MACN

Stephen Brand (NMW0001014038) EN Medication Mgmt (CoN) MACN

- (d) two nurses or midwives engaged in the tertiary or pre-enrolment education of nurses or midwives in NSW nominated by the Minister, at least one of whom is a registered nurse:

Iain Wilson Graham (NMW0001303895)  
RMN RNT RN–UK PhD MEd MSc BSc RN RMN  
FACN MACMHN

Moirra Williamson (NMW0001209923) (RM  
NMW000120992) RN RM CertMcN BNursing  
MHlthAdmin GCertHiEd PhDBN

- (e) one registered nurse or registered midwife nominated by the NSW Nurses and Midwives' Association:

Kathryn Adams (RN NMW0001176211) (RM  
NMW0001176210) RN RM BA (Psych/Soc)

- (f) one registered nurse or registered midwife nominated by the Australian College of Nursing:

Marie Clarke (RN NMW0001190700)  
(RM NMW0001190699) RN RM DipNEd DipNAdmin  
BBus GradCertMgmt FACN (*Deputy President*)

- (g) one registered nurse who is nominated by the Minister who practises nursing in the area of mental health:

Bethne Hart (NMW0001221571) RN, Cert IV Trg  
& Assess BA(SocSc) MHealth Prof Ed PhD (UNSW)  
MACN MCMHNRN DipClinHypnotherapy

- (h) one Australian lawyer nominated by the Minister:

Ian Linwood BEc(Syd) LLB(UNSW)

- (i) three person(s) who are not nurses or midwives nominated by the Minister for Health to represent the community:

Margo Gill DMU, MAppSc MBA (QUT)

David Spruell BComm(B'ham) Fellow FINSIA  
Fellow AICD

Margaret Winn BA(USyd) DipEd(USyd)

## Remuneration

Remuneration for members of the Council is as follows:

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

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

on official business at Council direction.

Members of Council Committees, Panels and Tribunals also receive remuneration and reimbursement of expenses.

## Attendance at Council Meetings

The Council met on nine occasions on the first Thursday of each month in the first half of the reporting period, and bimonthly in the second half of the year with the introduction of a new governance framework. Attendance at meetings is as follows:

Name	Meetings Attended
John Kelly	6
Steven Jeffs	7
Francis Ross	5
Susan Hendy	7
Rebecca Roseby	8
Iain Graham	7
Moirra Williamson	7
Kathryn Adams	5
Marie Clarke	8
Stephen Brand	9
Ian Linwood	6
Margo Gill	8
David Spruell	9
Margaret Winn	7
Bethne Hart	6

## Committees of the 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 following committees operated to support the Council: Notifications, Counselling, Education and Research, S150 Review, Monitoring and Review and Strategic Management.

Each committees' philosophy revolved around public safety and public interest; and transparency, fairness and equity to all stakeholders. The Committees functioned within the prescribed boundaries of the Law and the functions delegated by the Council.

## Notifications Committee

The Notifications Committee acts under Council delegation to deal with a diverse range of complaints concerning health, conduct and performance issues as they impact on the

practice of registered nurses and midwives and the provision of nursing and midwifery services. This Committee reviews all new complaints in consultation with the HCCC.

The Committee met on 23 occasions and two or more Council members attended each meeting. At least one member was a registered nurse and one member was a person who is not a registered practitioner. A registered midwife attended for matters related to midwifery. Senior officers of the HCCC also attended.

Council member attendance is as follows:

Name	Meetings Attended
Stephen Brand	14
Marie Clarke	10
Margo Gill	18
Bethne Hart	21
Susan Hendy	9
John Kelly	4
Ian Linwood	3
Rebecca Roseby	10
Francis Ross	17
David Spruell	2
Moira Williamson	5

### Section 150 Review Committee

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

The Committee has eight Council members. At least one registered nurse or midwife, and one member who has not at any time been a nurse or midwife conduct the section 150 proceedings (as required under section 150(7) of the Law). On occasion the Council co-opts appropriately qualified and experienced external professional members to the Committee to ensure that it has relevant expertise for the matter under consideration.

The Committee met 40 times and considered matters relating to 92 matters including 11 reviews under sections 150A and 150C of the Law.

Name	Meetings	Matters Attended
Marie Clarke	15	34
Margo Gill	33	69
Bethne Hart	10	25
David Spruell	4	14
John Kelly	13	25
Francis Ross	7	11
Moira Williamson	1	1
Margaret Winn	4	6
Carole Doyle ( <i>external expert</i> )	1	1

### Monitoring and Review Committee

The Monitoring and Review Committee was established in February 2014. The Committee's role is 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 Committee consists of four Council members, including one member who is not a registered practitioner. Two health advisors attend to assist with the review of practitioners in the health pathway. They are registered nurses with experience in mental health and drug and alcohol that are selected from the list of appointed members for Tribunals, Panels and Committees.

The Committee met on five occasions.

Name	Meetings Attended
Kathryn Adams ( <i>Chairperson</i> )	5
Margo Gill	5
Iain Graham	5
Steve Jeffs	3
Sue Dawson	1
Nick Miles	2

### Counselling Committee

The purpose of the Counselling Committee is to counsel a nurse, midwife or student regarding professional standards, provide an opportunity for the practitioner or student to reflect on their actions and discuss strategies to improve their performance, conduct or behaviour. On behalf

of the Council the Committee may provide a corrective warning to the practitioner or student about their behaviour.

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

The Committee met on 21 occasions and interviewed 69 practitioners.

Name	Meetings Attended	Matters Attended
Stephen Brand	12	30
Marie Clarke	12	45
Margo Gill	15	45
Bethne Hart	5	6
Susan Hendy	2	3
John Kelly	1	1
Rebecca Roseby	7	19
Francis Ross	11	32
Moirra Williamson	1	1
Sue Kennedy ( <i>external expert</i> )	6	16

## Education and Research Committee

The Education and Research Committee makes recommendations to the Council about the expenditure of funds from the Nursing and Midwifery Education and Research Account. The full Committee met five times. Sub-groups of the Committee met as needed to provide input into the development of the online professional development program and interview potential suppliers of research services.

Name	Meetings Attended
Kathryn Adams	2
Marie Clarke	5
Margo Gill	4
Iain Graham	5
Susan Hendy	1
John Kelly	4
Moirra Williamson	4
Margaret Winn ( <i>Chairperson</i> )	4

Some of the Committee's achievements were:

- Establishment of the Council's online professional development program. A majority of Council members and panel members have now completed the five modules on

Legal Standards; Roles and Accountabilities; Evidence; Decision-Making and Decision Writing. The modules were well received and the Committee is commencing work towards a second revision.

- Completion of three research projects, including a literature review; international case studies and *Improvement in Quality and Consistency of Decision-Making* project.
- Formation of a newsletter editorial group to assist with the direction, editing and oversight of the Newsletter content. The group consists of Council members Iain Graham and Moira Williamson.

## Strategic Management Committee

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.

This year the Committee provided oversight for the development of the 2014/15 budget, identified stakeholder engagement to be a key focus area and established performance indicators for the Council against which it commenced monitoring performance. The Committee is also exploring valid effectiveness measures and will work with the Education and Research Committee to further this in the next reporting period.

The Committee met on four occasions.

Name	Meetings Attended
Marie Clarke	3
John Kelly ( <i>Chairperson</i> )	3
Ian Linwood	4
Margaret Winn	3
David Spruell	4

## Regulatory Committees and Panels

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

## Professional Standards Committee

Professional Standards Committees (PSCs) are established under section 169 of the Law and

comprise four members appointed by the Council. The Chairperson is an Australian lawyer; two members are health practitioners registered in the same profession as the practitioner who is the subject of proceedings and one member is a person who is not a registered health practitioner.

The PSC members for 2013/14 are listed in the Appendix.

### **Impaired Registrants Panel**

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

The IRP members for 2013/14 are listed in the Appendix.

### **Performance Review Panels**

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

The PRP members for 2013/14 are listed in the Appendix.

### **Nursing and Midwifery Tribunal and NSW Civil and Administrative Tribunal**

The Nursing and Midwifery Tribunal of NSW was established under section 165 of the Law and comprised four members: the Chairperson or Deputy Chairperson being an Australian lawyer appointed by the Governor; two registered nurses or midwives and a lay member appointed by the Council.

The Nursing and Midwifery Tribunal ceased on 31 December 2013 with the commencement of the NSW Civil and Administrative Tribunal (NCAT) on 1 January 2014. The NCAT exercises jurisdiction for all matters previously dealt with by the 14 distinct health profession Tribunals. Health practitioner matters are now dealt with in the Health Practitioner Division List in the Occupational Division of NCAT. The Council

nominates two registered practitioners and a lay member to NCAT for appointment to a Tribunal.

Tribunal members in 2013/14 are listed in the Appendix.

### **Executive Officer**

Under section 41Q of the Law, the Council's Executive Officer is responsible for the affairs of the Council subject to any directions of the Council.

Dr Margaret Cooke is the Executive Officer of the Council.

### **Education and Research**

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 administrative costs incurred.

The Council is committed to education and research to provide learning for members of the Council, committees and panels, to support the understanding of regulation and standards among the nursing and midwifery profession and to research and benchmark Council business practices and priorities to promote excellence and continuous improvement.

Information on education and research activities is reported in the *Management and Administration* section.

### **Overseas Travel**

#### **World Health Professions Regulation Conference Geneva 18 & 19 May 2014**

The President, John Kelly, attended the World Health Professions Regulation Conference in Geneva. 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 whose members are: the International Council of Nurses; International Pharmaceutical Federation; World Confederation for Physical Therapy; World Dental Federation, and the World Medical Association.

The Conference focused on three themes: (a) Challenges facing health professional regulation; (b) Lessons from the evolution of competence based approaches to regulatory functions; and (c) Contrasting regulatory models to promote best practices in regulatory governance and performance.

### **Churchill Fellowship: Cross-jurisdictional comparative case study into the management of health, performance and conduct notifications by regulatory bodies**

The Executive Officer, Margaret Cooke, was awarded a Churchill Fellowship to conduct research in the United Kingdom, Ireland, United States, Canada and New Zealand. The project explored the methods used by other regulators in managing complaints.

Dr Cooke met with individuals from the Nursing and Midwifery Council, United Kingdom; Professional Standards Authority (London); Irish Nurses Board; Office of Professions (New York); Illinois Department of Financial & Professional Regulation; National Council of State Boards of Nursing; College of Nurses, Ontario; College of Registered Nurses British Columbia; Nursing Council of New Zealand and the Midwifery Council of New Zealand.

### **Plans for next year**

In 2014/15 the Council will refine the new business processes being implemented once the restructure of the direct staffing team is in place. The Council will then prioritise identifying and inducting new Council members, ahead of a significant turnover in membership at the end of the financial year.

The strategic plan will be updated for the next three years, the online professional development program will be revised and development of internal resources and training sessions will continue to support improvement in the Council's administrative processes.

Further, the Council has identified a number of research projects to explore the efficacy of the current regulatory process and to inform best practice. The projects will include focus groups with employers, surveys of nurses and midwives being managed by the Council and changes to the management of the performance pathway.

### **Complaints Received About Council Administrative Processes**

The Council acknowledges that the trust and confidence of the public are essential to its role and values all forms of feedback. A complaint handling policy and procedures are in place for addressing complaints regarding the Council's administrative processes, activities, staff or service delivery. Information on the website about the process for managing complaints and the responsibilities of the HCCC and the Council has

also been improved.

The Council managed over 800 cases this year and received one formal complaint about administrative processes. It related to conflict of interest, inconsistent panel reports, discrepancies in reports and the timeliness of complaint management processes.

The matter was formally investigated and found that there was insufficient evidence of inconsistent reports, bias or conflict of interest. The Council apologised for the factual errors made in panel reports and any delays that had occurred during the processing of the practitioner's case. The errors were not substantive to the panel determination of the outcome for the practitioner.

A range of strategies have been implemented to support quality assurance and improvement of administrative processes such as the requirement that all members complete the online course; professional development seminars on regulation for members and the research project into the quality and consistency of reports.

### **Legislative Changes**

Details of the legislative changes in 2013/14 are in the Appendix.

# Regulatory Activities

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

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

## National Registration

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

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

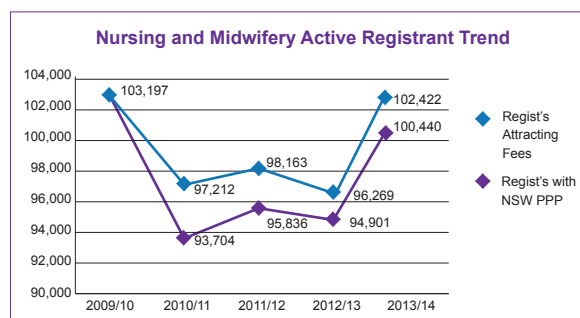
Further information about the operations of the National Board can be obtained on the Australian Health Practitioner Regulation Agency (AHPRA) website ([www.ahpra.gov.au](http://www.ahpra.gov.au)).

## Registrations in NSW

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

At 30 June 2014, there were 100,440 registered nurses and midwives whose principal place of practice was in NSW. This represents 27.7% of the total number of nurses and midwives registered under the Scheme across Australia.

The graph shows the trend in the number of nurses and midwives registered in NSW from 2009/10 to 2013/14. There was a 5.8% increase in 2013/14 (5,539 practitioners) compared with 2012/13.



PPP= principal place of practice

Registrants attracting fees includes the NSW share of registrants who have not specified a place of practice and all registrants with a PPP in NSW

Students are also registered. AHPRA advised that the number of NSW students registered as at 30 June 2014 was 16,863. Figures are based on the student's residential address, not the location of the education provider.

Profession	Registration Type	Principal Place of Practice (PPP) in NSW	Share of registrants with no PPP listed	Registrants for whom fees were paid to NSW (PPP + no PPP)
Midwife	General	682	25	707
	Non-practising	17	0	17
Nurse	General	88,230	1,793	90,023
	Non-practising	1,716	79	1,795
Nurse and Midwife	General	9,458	80	9,538
	Non-practising	337	5	342
<b>Total</b>		<b>100,440</b>	<b>1,982</b>	<b>102,422</b>

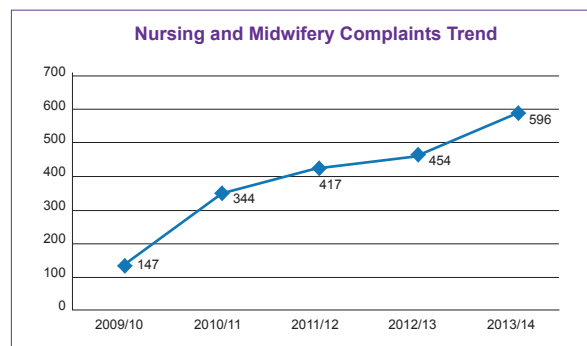
## Complaints Received

Any person may make a complaint against a registered nurse or midwife, or student. Complaints may relate to the conduct, health or performance of a registered nurse or midwife, or the health or conduct of a registered student. A complaint may be made to the HCCC, the Council, or AHPRA.

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

The Council received 596 new complaints against 538 individuals during the reporting period.

The following graph indicates the trend in complaints received since 2009/10 and shows a significant increase in the past year (31.3%).



The percentage of nurses and midwives about whom complaints were received was 0.54%. This compares with 0.43% in 2012/13 and 0.39% in 2011/12.

The complaints managed were as follows:

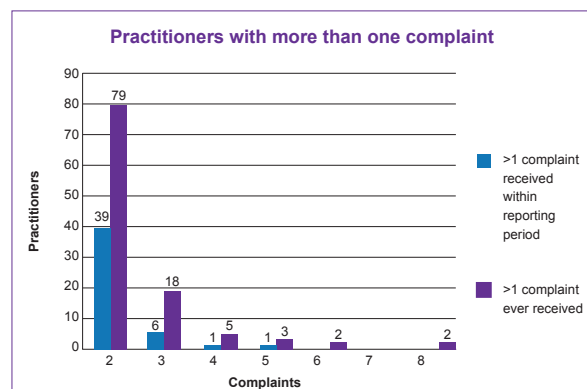
Complaints	2013/14	2012/13 <sup>^</sup>
Case volume open* at year beginning	217	199 <sup>^</sup>
New complaints received	596	454
Complaints closed	558	436
Case volume open at year end	255	217
<b>Total case volume managed</b>	<b>813</b>	<b>653</b>

\* See Glossary for definition of open matters

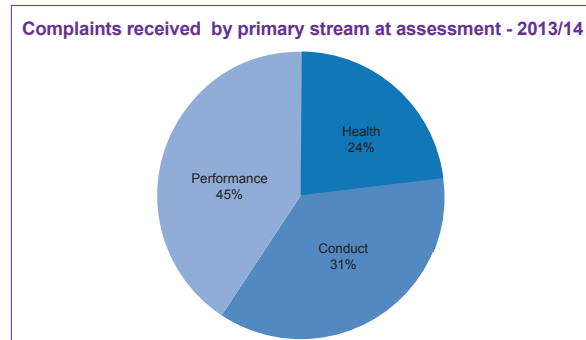
<sup>^</sup> Numbers may vary from the previous annual report due to a delay in data entry for cases finalised in the previous reporting period

The 596 new complaints received were made against 538 nurses and midwives: 491 practitioners had one complaint, 39 had two complaints; six had three complaints, one had four complaints and one practitioner had five complaints.

The graph below reports the number of individuals who have had multiple complaints made against them this year and in the past.

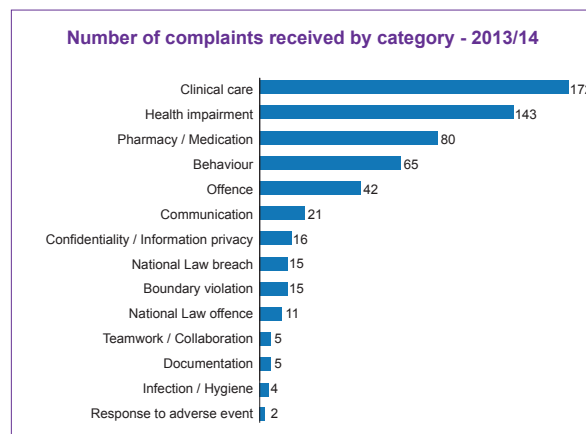


When they are received, complaints are classified into the conduct, health or performance stream, depending on the nature of the matter. In some instances, more than one stream may be applicable; however, one primary stream is identified based on the seriousness of the matter. There were 267 new complaints classified to the performance stream, 186 to the conduct stream and 143 to the health stream.



Complaints are also allocated to an issue category. The Council has adopted the AHPRA issue categories, which facilitates reporting across jurisdictions.

The number of complaints received by the issue category is provided in the graph below:



<sup>^</sup> Numbers may vary from the AHPRA figures due to a delay in data entry for cases received during the current period

The source of complaints relates to the organisation or type of person who has made the complaint. The number of complaints submitted by different sources is provided in the graph below:



Nine percent of complaints were made by either the Council or AHPRA. Approximately 31% of complaints were made on behalf of employers or education facilities; 28% by patients or their friends or relatives; 12% were made by other health practitioners and 7% were self notifications. Five percent of complaints were made anonymously or were of unknown relationship to the practitioner about whom the complaint was made.

Of the 813 complaints managed in 2013/14, 266 (33%) were related to practitioners' conduct, 335 (41%) to performance and 212 (26%) were related to health.

## Mandatory Notifications

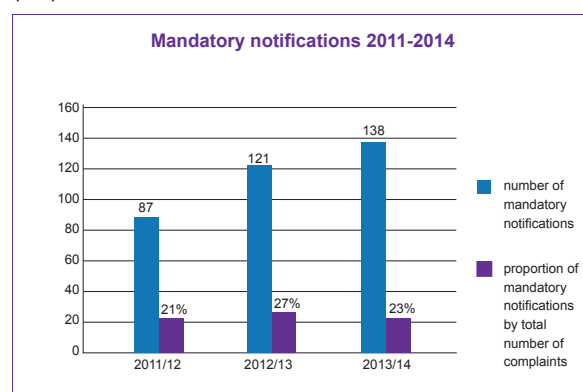
The Law requires health practitioners, employers and education providers to make mandatory notifications to AHPRA if they believe a nurse or midwife or a student has behaved in a way that constitutes notifiable conduct. AHPRA then refers the matter to the Council for management. There were 138 mandatory notifications about nurses and midwives received as follows:

Category	Number	Percent
Departure from standards	68	49
Alcohol or other drugs	32	24
Impairment	32	24
Sexual misconduct	6	3
<b>Total</b>	<b>138</b>	<b>100</b>

<sup>^</sup> Numbers may vary from the AHPRA data due to a delay in data entry for cases received during the current period

Mandatory notifications represent 23% of all complaints. Although the number has been increasing over the last three years, the proportion compared to the total number of complaints is not increasing which suggests that the number of mandatory notifications is not a cause of the increase in complaint numbers.

There were 85 mandatory notifications made by employers (62%); 35 (25%) by treating health practitioners or facilities and 11 (8%) were made by other health practitioners. Education facilities made 5% of mandatory notifications about seven students, three of whom were registered nurses studying for further nursing qualifications. The Council took immediate action under section 150 of the Law for 38% of mandatory notifications (52).



The status of mandatory notifications is provided below:

Status of Mandatory Notifications	2013/14	2012/13 <sup>^</sup>
Mandatory notifications received in prior period but not completed at year beginning	75	59
Mandatory notifications received	138	121
Mandatory notifications closed	140	105
Mandatory notifications open at year end	73	75
<b>Total case volume managed</b>	<b>213</b>	<b>180</b>

<sup>^</sup> Numbers may vary from the previous annual report due to a delay in data entry for cases finalised in the previous reporting period

## Complaints Management

A decision is made by the Council (in consultation with the HCCC) about which agency will manage the matter. Sometimes this decision is deferred until further assessment is carried out. Information on the processes for making and managing complaints is available on the Council's website.

Following an assessment, the HCCC and the Council determine if the matter requires some form of action or should be dismissed. A complaint may be dismissed if the matter falls outside the jurisdiction of the Council or the

HCCC, if it does not raise issues of sufficient seriousness to warrant further action, or if the parties have resolved the matter.

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

Following consultation with the HCCC, the majority of matters were either discontinued (25%) or referred to the Council for further management (34%). Outcomes included:

Outcomes of Consultation	Number	Percent
Refer Council	204	34
Assessment	202	34
Discontinued	146	25
Refer HCCC - Investigation	20	3
Refer AHPRA - No jurisdiction	16	3
Withdrawn	5	0.5
Refer HCCC – Resolution / Conciliation	3	0.5
<b>Total</b>	<b>596</b>	<b>100</b>

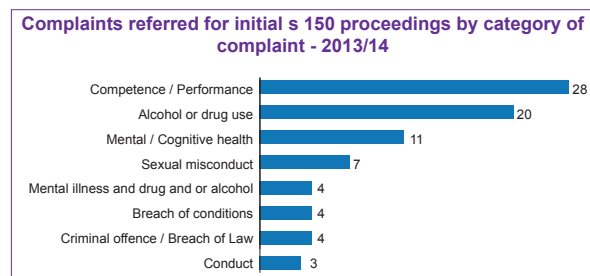
<sup>^</sup> Numbers may vary from the Health Care Complaints Commission data due to differences in data definition and categorisation

## Protective Orders – Immediate Action under section 150 of the Law

The Council must exercise its powers to either suspend or impose conditions on a nurse's or midwife's registration if it is satisfied that such action is appropriate for the protection of the health or safety of the public, or is otherwise in the public interest.

The Council considered taking immediate action on 92 occasions. Four hearings did not proceed as the practitioners either surrendered or did not renew their registration, or withdrew their request for a review.

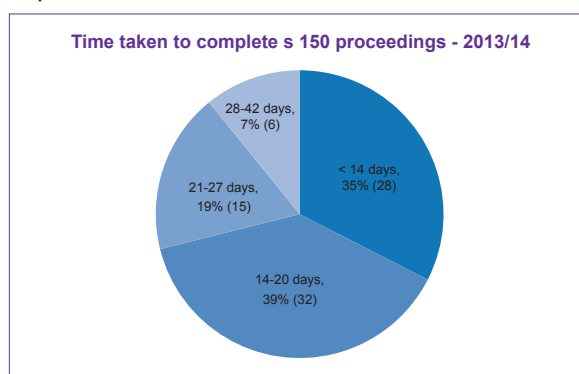
The Council referred 86 matters for immediate action proceedings, of which 11 were reviews. Conditions or suspension of registration were imposed on 81 occasions. The graph below provides the category of complaints which have been referred to section 150 immediate action and resulted in conditions being imposed or a suspension of registration.



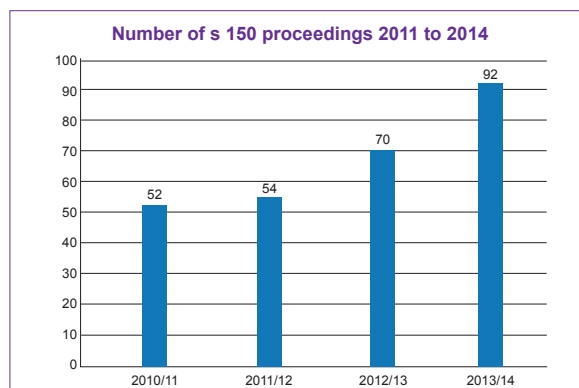
Time is critical in the consideration of urgent interim action proceedings under section 150.

During the reporting period 74% of proceedings where action was taken were dealt with within three weeks.

Reasons for a longer time period from referral to completion included that the practitioner was in hospital, on leave from work or requested an extension to provide a response to the complaint, to which the Council agreed it was considered safe to do so. On some occasions time was required to establish a panel with relevant experience to consider the matter.



Although the number of referrals to section 150 immediate action proceedings has increased over the last four years the proportion in relation to the number of complaints received is relatively stable between 13-15%.

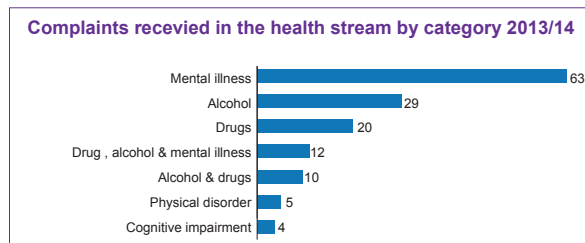


## Health Program

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

The Council managed 212 matters in the health stream of which 143 were new matters and 69 carried over from the previous period. Of the new complaints received, 41% involved substance misuse, 44% related to mental health issues, 8% related to both mental illness and substance misuse, 3.5% related to cognitive impairment and 3.5% to physical impairment.

The graph below provides the number of complaints received in the health stream during 2013/14 by category of complaint.



## Council Appointed Practitioner Assessments

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

Status of Health Assessments	Initial
Referred to a health assessment in prior period but not completed at year beginning	22
Referred to a health assessment	140
Health assessments finalised	133
Referred to a health assessment but not completed at year end	29
<b>Total case volume managed</b>	<b>162</b>

Of the 133 assessments finalised, 15 were either rescheduled or did not proceed as the practitioner had surrendered or not renewed their registration.

The qualifications of the health practitioners who conducted the health assessments and the number of practitioners who attended are provided below.

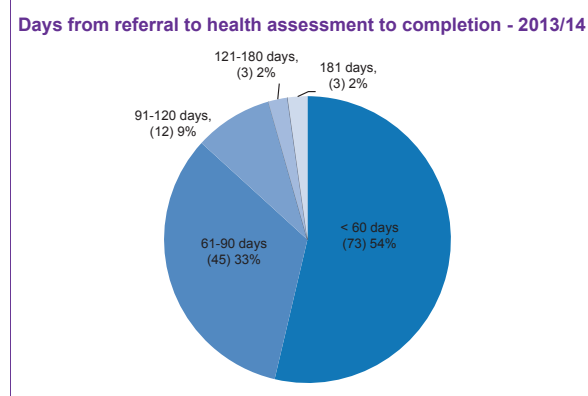
Type of Health Assessment Finalised	Number of practitioners
Psychiatrist	105
Neuropsychologist	11
Neurologist	2
<b>Total health assessments finalised</b>	<b>118</b>

Of the 118 practitioners who completed an initial health assessment, 109 (92%) were referred to Impaired Registrants Panels.

The graph below reports the time taken from referral to a health assessment to completion. The median time for completion was 57 days.

Health assessments may be delayed when the practitioner has been admitted to hospital or a residential facility, or is residing overseas or interstate. The process may also be delayed if there is more than one type of health assessment for which the practitioner is required to attend. Scheduling of health assessments may also be

delayed by the availability of appointments with relevant specialist health practitioners.



Note: Includes 3 assessments finalised shortly after the period ended

## Impaired Registrants Panels

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, or students to undertake clinical training.

An IRP is non-disciplinary and aims to assist nurses and midwives to manage their impairment while remaining in professional practice as long as it is safe to do so. The Panel'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.

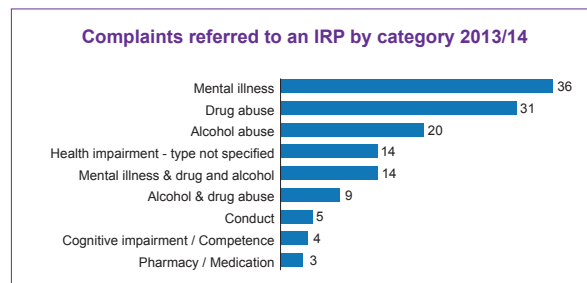
The Panel may counsel the nurse or midwife and/or make recommendations to the Council to impose conditions on registration, or suspend the registration for a period. The Council may take the recommended action if it is satisfied the practitioner or student has voluntarily agreed to the proposed restrictions or suspension.

The table below provides information about the number of practitioners referred to IRP's.

Status of IRP Inquiries	2013/14	2012/13 <sup>^</sup>
Referred to an IRP but not completed at year beginning	28	28*
Referred to an IRP during the year	108	59
IRPs finalised	98	59
Referred to an IRP but not completed at year end	38	28
<b>Total case volume managed</b>	<b>136</b>	<b>87</b>

<sup>^</sup> Numbers may vary from the previous annual report due to a delay in data entry for cases finalised in the previous reporting period

The 136 complaints referred to an IRP related to the following issues:



Of the matters referred to IRPs 46% related to substance misuse, 27% related to mental illness, and in 10% of cases both substance misuse and mental health issues were identified. The type of health impairment was not specified in 10% of matters and 7% were related to issues such as cognitive impairment, behaviour and conduct.

The outcomes of matters recommended to the Council following an IRP were:

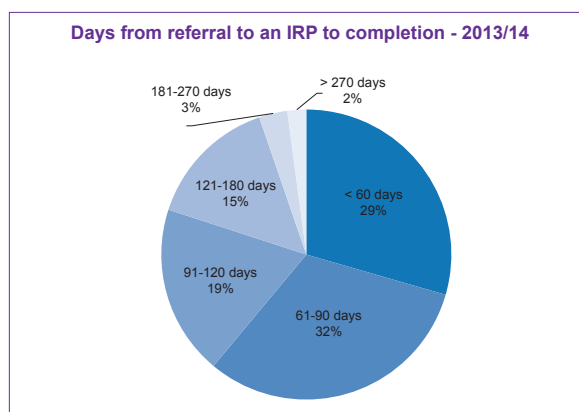
Outcomes of IRP Inquiries	Number
Conditions imposed	38
Conditions - alteration recommended*	27
Did not proceed	12
No further action following IRP	11
Suspension recommended	4
Conditions recommended to be lifted*	3
Refer HCCC investigation	2
Conditions remain unchanged*	1
<b>Total</b>	<b>98</b>

\*The conditions were initially imposed under the immediate interim action provisions (s 150 of the Law). The conditions were reconsidered by the IRP following the receipt of the health assessment or further information and the conditions were either amended or removed, or remained unchanged.

Of the 98 initial IRPs that were completed, 70 resulted in restrictions on registration (either conditions or suspension). Two practitioners did not agree to the restrictions on registration recommended by the IRP and were referred to the HCCC for investigation.

The Council has commenced measuring and evaluating the timeliness of its functions. Auditing over time will assist in identifying roadblocks and strategies to overcome them so that matters can be dealt with more efficiently. The next graph shows the time taken from referral to an IRP to completion. The median time for completion was 95 days. The Council has been working through a backlog of Panels due to increased complaints and in the last six months has significantly reduced the time taken to complete an IRP.

Factors outside the Council's control sometimes impact on the time it takes to complete an IRP. These include the ability of the practitioner to attend because of their impairment, the requirement to have multiple health assessments by different practitioners prior to the panel meeting, the practitioner attending residential rehabilitation facilities for the management of chronic drug use or that the practitioner has travelled overseas or interstate. Where there is a concern about health and safety, urgent interim action will be taken prior to the IRP.

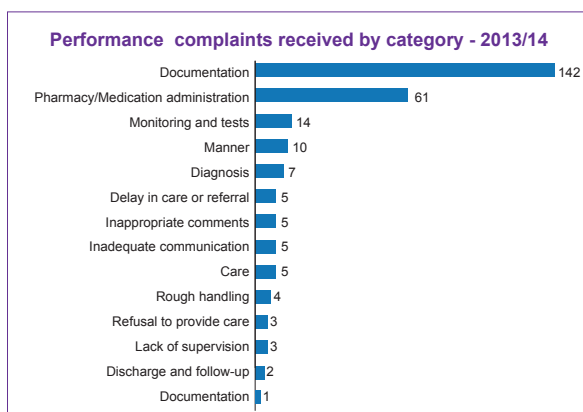


## Performance Program

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

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

There were 335 matters managed in the performance stream in 2013/14: 267 new matters and 68 carried over from the previous year. The category and frequency of performance issues received are provided in the graph below. It should be noted that only the primary category is identified and that many of the performance complaints related to a number of issues.



Almost two thirds of performance complaints related to clinical care (65%), followed by 23% related to medication administration, 11% to communication issues and teamwork and 1% related to conduct or behaviour issues.

## Performance Assessments

To assist it in determining a course of action the Council may require a nurse or midwife to participate in a performance assessment to establish whether their performance is at a standard expected of a similarly trained or experienced practitioner. It is intended to be broad-based and not limited to the substance of the matter that triggered it.

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

The Council managed 45 matters by way of a performance assessment. Many of the cases were related to multiple issues, including health impairment. Performance assessments may be paused while the practitioner's health issues are managed.

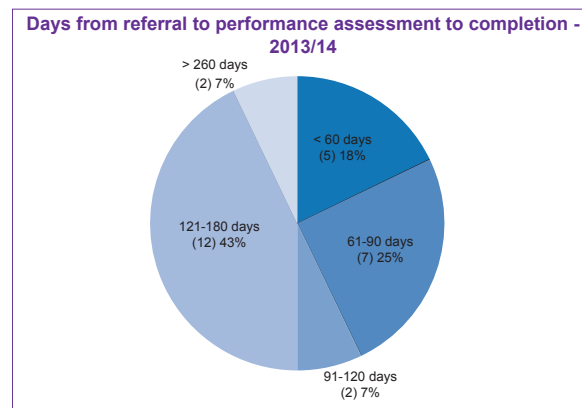
Status of Performance Assessments	2013/14	2012/13 <sup>^</sup>
Referred for a performance assessment not completed at year beginning	12	12
Referred for a performance assessment during the year	33	29
Performance assessment finalised	42	29
Performance assessment not completed at year end	3	12
<b>Total performance assessments managed</b>	<b>45</b>	<b>41</b>

<sup>^</sup> Numbers may vary from the previous annual report due to a delay in data entry for cases finalised in the previous reporting period

Of the 42 performance assessments finalised, 29 were initial assessments, seven were reassessments and six were not required as the practitioner was no longer registered. Of the 29 initial assessments, 16 practitioners were referred to a Performance Review Panel, five were referred for a health assessment, five were counselled about their performance and three were assessed as having satisfactory performance.

The graph below reports the time taken from referral to completion of a performance assessment. The median time period was 112 days.

Performance assessment may be delayed when the practitioner is on leave from work or not working, residing overseas or interstate. Performance assessment may be delayed if there are concerns about health status which need to be assessed prior to completion of the performance assessment. Performance assessments may also be delayed if an assessor with specialised knowledge or skills is required.



## 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 Panel is to review the practitioner's professional performance by examining the evidence placed before it to establish whether their practice meets the standard reasonably expected of a nurse or midwife of an equivalent level of training or experience at the time of the review.

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

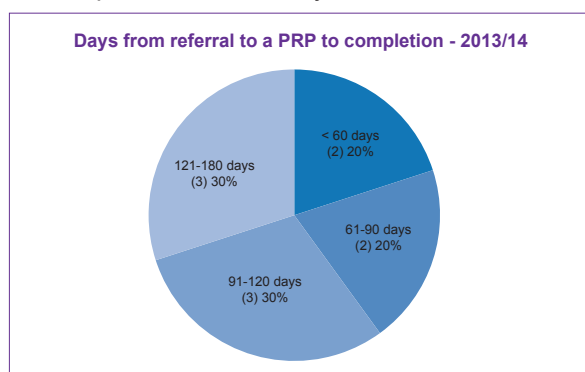
Status of PRP Inquiries	2013/14	2012/13
Referred to a PRP but not completed at year beginning	4	2
Referred to a PRP during the year	16	13
PRPs finalised	12	11
Referred to a PRP but not completed at year end	8	4
<b>Total case volume managed</b>	<b>20</b>	<b>15</b>

All the practitioners for whom a PRP was completed had multiple issues of concern about their performance and capacity to practise as a registered nurse.

The outcomes of matters following a PRP were:

Outcomes of Performance Review Panels	Number
Conditions imposed on practice	10
Did not proceed – not registered	2
<b>Total</b>	<b>12</b>

The graph below presents the time taken from referral to a PRP to completion. The median time for completion was 101 days.



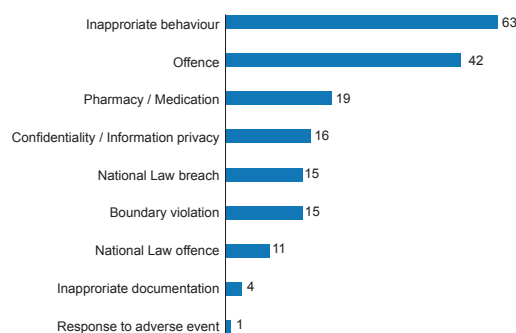
## Conduct Program

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

The total number of nurses and midwives managed in the conduct stream in 2013/14 was 266: 80 carried over from the previous period and 186 new matters. The conduct issues primarily related to aggressive and threatening behaviour (33%), offences (22%), medication offences (10%), confidentiality, boundary violation and breach of the Law (11%).

The number of complaints received in the conduct stream by complaint category is provided in the following graph.

**Complaints received in the conduct stream by category-2013/14**



## Investigations by the Health Care Complaints Commission (HCCC)

As reported in the HCCC Annual Report, a number of investigations by the HCCC, of complaints against nurses and midwives, were ongoing from the previous period and 20 new cases were referred to the HCCC following initial consultation with the Council. Where investigations were finalised, the possible outcomes were as follows:

- Referred to the Director of Proceedings
- Referred to the Tribunal
- Referred to a PSC
- Referred to the Council
- Surrender registration
- HCCC – no further action following investigation.

At the end of the reporting period there were 33 open complaints under investigation by the HCCC.

## Professional Standards Committee

Complaints which may lead to a finding of unsatisfactory professional 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 be imposed on his or her registration
- order the practitioner to seek and undergo medical or psychiatric treatment or counselling
- order the practitioner to complete an educational course
- order that the practitioner report on his or her practice as required
- order the practitioner to seek and take advice in relation to the management of his or her practice.

If it becomes apparent 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.

Complaints of unsatisfactory professional conduct against nurses and midwives heard by way of a PSC were as follows:

Status of PSC Inquiries	2013/14	2012/13 <sup>^</sup>
Matters referred to a PSC but not completed at year beginning	2	4
Matters referred to a PSC during the year	3	4
Matters where the PSC was completed	3	6
Matters referred to a PSC but not completed by year end	2	2
<b>Total case volume managed</b>	<b>5</b>	<b>8</b>

<sup>^</sup> Numbers may vary from the previous annual report due to a delay in data entry for cases finalised in the previous reporting period

The matters referred to a PSC related to:

Matters Referred to a PSC	Number
Assault	1
Examination of patient	1
Treatment	3
<b>Total</b>	<b>5</b>

The outcomes for the three matters finalised by the PSC were two practitioners had conditions imposed on registration and were reprimanded. The third matter did not proceed as the practitioner was no longer registered as a nurse (see Appendix).

The Reasons for Decision of the PSC are published in full on the Australasian Legal Information Institute website ([www.austlii.edu.au](http://www.austlii.edu.au)) or may be accessed via the Council's website.

## Nursing and Midwifery Tribunal and NSW Civil and Administrative Tribunal

Tribunals deal 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.

Matters may be referred to a Tribunal by the Council or the HCCC Director of Proceedings. Hearings are generally open to the public unless otherwise directed by the Tribunal. Notices of hearings are posted on the Council's website one week prior to the first hearing day.

The Nursing and Midwifery Tribunal was replaced by the NSW Civil and Administrative Tribunal

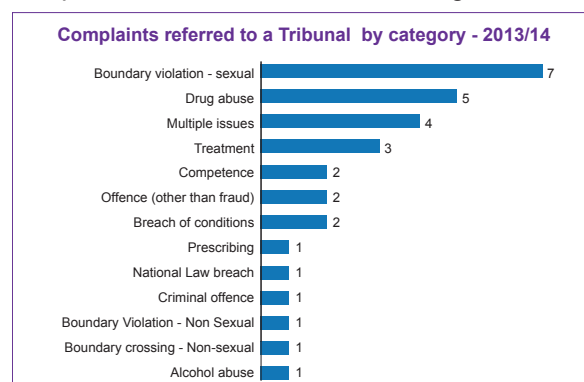
(NCAT) on 1 January 2014. The Nursing and Midwifery Tribunal finalised nine disciplinary matters to 31 December 2013 and the NCAT has finalised three nursing and midwifery matters.

Tribunal Matters	2013/14	2012/13 <sup>^</sup>
Matters referred to a Tribunal but not completed at year beginning	11	12
Matters referred to a Tribunal	10	12
Matters completed by a Tribunal	12	13
Matters referred to a Tribunal but not completed by end of year	9	11
<b>Total case volume managed</b>	<b>21</b>	<b>24</b>

<sup>^</sup> Numbers may vary from the previous annual report due to a delay in data entry for cases finalised in the previous reporting period

The matters referred to the Tribunal related to drug and alcohol misuse (19%), boundary issues (29%), offences and breaches of the Law (19%) and clinical practice issues (32%).

The graph below presents the category of complaints referred to a Tribunal during 2013/14.



Note: There may be more than one issue for each matter referred to the Tribunal

The outcomes of Tribunal cases are as follows:

Outcomes of Tribunal Inquiries	Number
Cancelled registration	9
Disqualification from being registered	2
Suspended for a defined period	1
<b>Total</b>	<b>12</b>

NCAT decisions are published on the NSW Case law website ([www.caselaw.nsw.gov.au](http://www.caselaw.nsw.gov.au)) and may be accessed via the Council's website. The Reasons for Decision of the former Tribunal are published in full on the Australasian Legal Information Institute website ([www.austlii.edu.au](http://www.austlii.edu.au)) or may be accessed via the Council's website. The list of matters concluded by the Tribunal is in the Appendix.

## Tribunal Reviews

Nurses and midwives who have had restrictions placed on their registration or have been

suspended by an adjudication body may request a review or can request to be reinstated following cancellation of registration by the Tribunal.

Tribunal Reviews	2013/14	2012/13 <sup>^</sup>
Matters referred to a Tribunal for a review but not completed at year beginning	4	2
Matters referred to a Tribunal for a review	6	4
Matters completed by a Tribunal for a review	7	2
Matters referred to a Tribunal for a review but not completed by year end	3	4
<b>Total case volume managed</b>	<b>10</b>	<b>6</b>

<sup>^</sup> Numbers may vary from the previous annual report due to a delay in data entry for cases finalised in the previous reporting period

The Tribunal referred two cases to the Council as the appropriate review body.

## Appeals to the Tribunal

Nurses and midwives may appeal to the Tribunal if they have had conditions imposed on their registration, had their registration suspended or who have had a request for review of conditions or suspension refused by the Council. Appeals may also be lodged against a decision of the Nursing and Midwifery Board of Australia regarding registration status.

The status of matters appealed was as follows:

Status of Tribunal Appeals	2013/14	2012/13 <sup>^</sup>
Appeals lodged but not completed at year beginning	13	12
Appeals lodged	16	50
Appeals completed	21	49
Appeals lodged but not completed at year end	8	13
<b>Total case volume managed</b>	<b>29</b>	<b>62</b>

<sup>^</sup> Numbers may vary from the previous annual report due to a delay in data entry for cases finalised in the previous reporting period

There were 26 appeals against decisions made by the Nursing and Midwifery Board of Australia. There were three appeals against a Council action, all of which were withdrawn.

There were 21 appeals to the Tribunal completed. The outcomes of these are provided below.

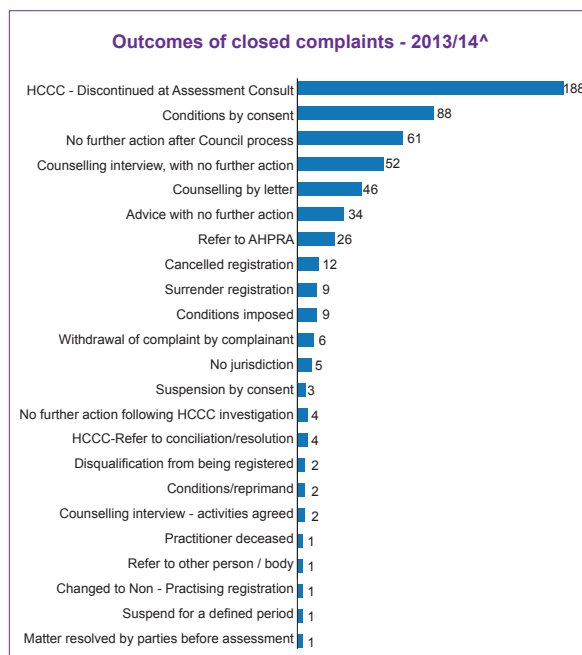
Tribunal Appeals	Number
Did not proceed (withdrawn)	19
Dismissed	1
Registration not allowed (appeal dismissed)	1
<b>Total</b>	<b>21</b>

## Appeals to the Supreme Court

Nurses and midwives may appeal a decision made by the Tribunal to the Supreme Court. There were no appeals in 2013/14.

## Complaints Outcomes

The outcomes of all complaints closed in 2013/14 are summarised in the graph below.



<sup>^</sup> Numbers may vary from the AHPRA figures due to a delay in data entry for cases received during the current period

Of the complaints referred to the Council for management and closed in 2013/14, 61 (11%) were considered to require no action. The reasons for closing the matters were as follows:

Reasons for No Further Action	Number	Percent
No impairment following IRP	16	26
No impairment following health assessment	12	20
Satisfied performance is within acceptable standards	9	15
Insufficient information	4	7
Already monitored in health pathway	4	7
Already monitored in the conduct pathway	4	7
Matter has been dealt with by the employer	3	5
Within acceptable standards after performance assessment	3	5
Remedial action taken	1	2
Industrial workforce issue	1	2
No concerns about public safety with current conditions	1	2
No grounds for complaint	1	2

Reasons for No Further Action	Number	Percent
No longer a registered student	1	2
Referral from another state	1	2
<b>Total</b>	<b>61</b>	<b>100</b>

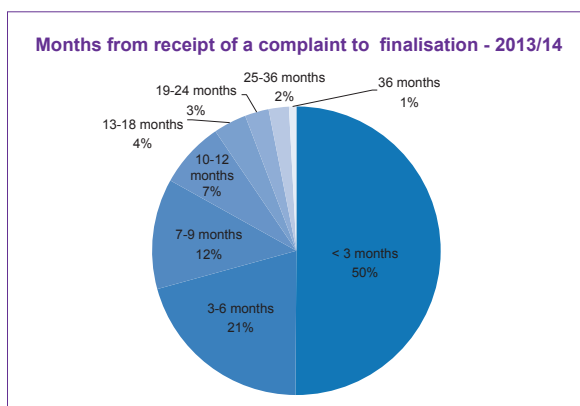
The stage at which matters were closed is as follows:

Stage* at Closure of Complaints	Number	Percent
Assessment	287	52
Health	56	10
Performance	64	11
Investigation	15	3
Panel	119	21
Tribunal	17	3
Appeal / Court	0	0
<b>Total</b>	<b>558</b>	<b>100</b>

\*See Glossary for description of each stage

Approximately half the complaints closed were closed following assessment, about a quarter following performance assessment, performance interview, health assessment or investigation by the HCCC and about a quarter were referred to an adjudication body for inquiry.

The following graph provides the time period required to finalise complaints from the time of receipt to final determination. The median time to finalisation was five months. The longer time periods usually related to Tribunal cases where the matters were not prioritised for prosecution as the practitioner was no longer registered or was incarcerated. Some complex cases, which had elements of both performance and health issues, also required longer time periods for finalisation.



## Complaints Received Under Former Nurses and Midwives Act 1991

The Council finalised two matters that had been lodged with the former Nurses and Midwives Board. Complex matters may take a number of years to complete and there are two matters referred to the Tribunal still to be finalised.

Matters Under the Former Act	2013/14	2012/13
Open matters under former Act at year beginning	4	15
Matters under former Act closed	2	11
Matters under former Act open at year end	2	4

The outcomes for the former Act matters are as follows:

Outcomes of Matters Under the Former Act	Number
Registration cancelled	1
Disqualified from applying for registration	1
<b>Total</b>	<b>2</b>

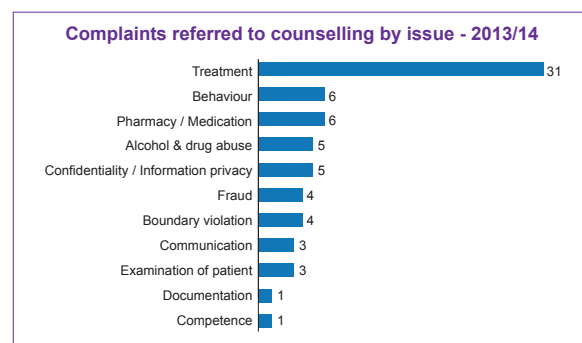
## Counselling

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

The Council managed 81 complaints by directing the practitioner to attend counselling. No students were referred to counselling.

Matters Referred for Counselling	Number
Matters referred for counselling but not completed at year beginning	18
Matters referred for counselling	63
Matters completed for counselling	69
Matters referred for counselling but not completed at year end	12
<b>Total case volume managed in 2013/2104</b>	<b>81</b>

Counselling was conducted in relation to the following issues:



Of the 69 matters where counselling was undertaken 54 (78%) were finalised, and 14 practitioners were referred for other Council processes including making further inquiries, referring the practitioner for performance assessment and requesting the practitioner to complete agreed professional development activities. One matter did not proceed as the practitioner was no longer registered. Over half the counselling matters related to treatment and administration of medication issues.

### Matters Referred to Another Entity

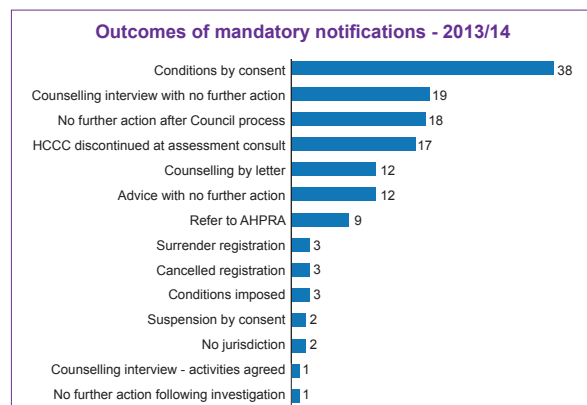
During the reporting period, the Council referred 26 matters to AHPRA. These related to cases where the individual was no longer registered but who had complaints which had not been finalised. The Council requested that AHPRA and the National Board consider the matter prior to making a determination in relation to any new application for registration. Some matters referred to AHPRA also related to title protection.

### Matters Referred to the HCCC for Assisted Resolution and Conciliation

The Council may refer a complaint to the HCCC for assisted resolution or conciliation to be dealt with under the *Health Care Complaints Act 1993*. In 2013/14, there were four matters referred to the HCCC for either of these actions.

### Outcomes of Mandatory Notifications

The outcomes of the 140 mandatory notifications completed were as follows:



Of the mandatory notifications that were finalised 24% of practitioners had some form of counselling, 32% had conditions imposed or their registration suspended or cancelled, 2% surrendered their registration, 22% required no further action following assessment and 15% required no further action following investigation by the HCCC or after a Council process such as medical assessment, performance assessment or a panel.

### Monitoring and Compliance of Orders and Conditions

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

- public conditions, which are published on the AHPRA website ([www.ahpra.gov.au](http://www.ahpra.gov.au)) or
- private conditions, which relate to impairment.

During the year, 284 cases were monitored, and 210 remained active as at 30 June 2014.

Status of Monitoring Matters	2013/14	2012/13 <sup>^</sup>
Practitioners monitored at year beginning	157	132
Practitioners commencing monitoring during the year	127	82
Practitioners for which monitoring was completed	74	57
Practitioners under monitoring as at year end	210	157
<b>Total practitioners managed</b>	<b>284</b>	<b>214</b>

<sup>^</sup> Numbers may vary from the previous annual report due to a delay in data entry for cases finalised in the previous reporting period

The number of practitioners who were being monitored in the health, conduct and performance streams is provided below.

Number of monitoring cases by stream				
Monitoring cases	Conduct	Health	Performance	Total
Cases at year beginning	43	89	25	157
Cases commenced	23	90	14	127
Cases completed	22	41	11	74
Cases at year end	44	138	28	210
<b>Total managed</b>	<b>66</b>	<b>179</b>	<b>39</b>	<b>284</b>

The table below provides the number of practitioners with different types of restrictions on registration as at 30 June 2014:

Matters Monitored	Number
Supervision of practice	89
Not to practise as a sole practitioner	77
Drug and alcohol testing	68
Not to be in charge	34
Education or training required	28
Restricted access to scheduled drugs	24

Matters Monitored	Number
Mentoring	10
Not to provide care to children	2
Records audited	2

\*Note: Each practitioner usually has a number of conditions on registration.

The Monitoring, Inspections and Scheduling Unit (MISU) manages the monitoring of practitioners' compliance with suspension of registration and conditions and other orders imposed on behalf of the Council.

## Reviews by the Council

The Monitoring and Review Committee reviews compliance and the progress of practitioners in the health stream. These reviews are conducted on the papers and include the review of alcohol and drug tests, medical reports, self-reflections and employer reports. This is a new process and five reviews have been conducted. There are 108 practitioners in the health stream who require regular monitoring and review at three, six or 12 monthly intervals.

In cases where practitioners in the health stream request a review of their health conditions, the matter is referred to an IRP. Prior to a review by an IRP, the practitioner is required to attend a repeat health assessment conducted by a Council appointed practitioner. During the reporting period 56 health reassessments were completed.

Similarly, a practitioner in the performance stream may be required to complete a performance reassessment on completion of an education order. Three performance reassessments were completed.

## Reviews by Impaired Registrant Panels

The Council conducted 60 reviews for practitioners who had restrictions as a result of IRPs. The outcomes of the reviews are provided below.

IRP Review Outcomes	Number	Percent
Conditions - alteration recommended	27	45
Did not proceed	12	20
Conditions recommended to be lifted	8	13
Conditions remain the same recommended	7	12
Conditions imposed	2	3.3
Recommendation- Other	2	3.3
Suspension recommended	2	3.3
<b>Total</b>	<b>60</b>	<b>100</b>

## Immediate Action Reviews

Nurses and midwives who have had conditions placed on their registration or had their registration suspended as a result of Council's immediate action powers or on the recommendation of an IRP may request a review of the conditions or suspension by the Council.

The Council conducted 11 reviews for practitioners who had section 150 action taken in relation to their registration. The outcomes of these reviews are provided below:

Section 150 Review Outcomes	Number
Conditions altered	6
Conditions remain the same	3
Conditions lifted	1
Did not proceed	1
<b>Total</b>	<b>11</b>

## Section 163 Reviews of Orders by Adjudication Bodies

The Council was also identified as the appropriate review body under section 163 of the Law for four other matters where conditions had been imposed by an adjudication body. In all cases the Council determined that the conditions should be altered.

# Management and Administration

## Shared Services

The HPCA provides shared executive and corporate services to the 14 NSW health professional Councils to support their regulatory activities.

On behalf of the Councils, the HPCA liaises with:

- AHPRA regarding financial, registration and reporting matters
- the HCCC on complaints management issues, and
- the Ministry of Health on human resources and providing advice and responses to the Minister for Health and the Secretary on regulatory matters and member appointments.

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

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

The HPCA Advisory Committee was established in October 2013 to advise on strategy and improvements to services the HPCA provides to Councils and to support communication with the Ministry of Health and the Secretary on matters relating to Council regulatory practices and emerging issues. The Committee is chaired by the Ministry's Director of Legal and Regulatory Services and includes selected Council Presidents and the HPCA Director. A priority for the Committee will be a response to the NRAS review and a review of the Law in 2015.

## Strategic Planning

The Council developed a strategic plan for the period July 2012 – June 2015. This is the second year of the strategic plan and included the implementation or continuation of a number of projects initiated in the first year of the plan, including the online professional development program, newsletter, evening seminars and research program.

## Outcomes against the Strategic Plan

### Developing more efficient and effective business processes

A significant increase in complaint numbers requires the Council to prioritise projects that allow better management of the increased workload. This has meant focusing on process improvement and developing a staffing structure that would be more responsive to current and future changes in workload.

The Council has also adopted a risk register to manage the approval and implementation of strategic projects so that it is better able to identify, manage and mitigate current and future risks.

New systems have assisted this process, including electronic agenda management and the continued development of the Council's internal database.

### Developing and implementing a quality framework

The Council has implemented a quarterly operational dashboard report and benchmarks to monitor the timeliness of its processes. Changes to the timing, frequency and structure of Council committees have been implemented to allow for quicker decision-making and improvements have been realised in a number of key areas. Data on the timeliness of key regulatory processes are included in this Report for the first time.

In the future the Council will also focus on and assess the quality and outcomes of its regulatory activities.

### Developing an education program to assist members of adjudication bodies

More than 80 Council members and appointees to committees, panels and tribunals completed the online professional development program. The Program is available through the NSW Health Education and Training Institute.

### Communication with key stakeholders

The Council is improving its engagement with key stakeholders such as the Nursing and Midwifery Office, Nursing and Midwifery Board of Australia, AHPRA Directors of Notifications, the HCCC and Panel members through regular scheduled meetings or other forums such as workshops and seminars. The Council has also applied for auxiliary membership of the National Council of State Boards of Nursing. In the next

year the Council aims to extend collaboration with employers, practitioners and consumer groups.

The Council newsletter is distributed to more than 85,000 nursing and midwifery practitioners every 3 – 4 months. The Council has appointed Professor Iain Graham as Editor, working with a group of members and staff to produce the newsletters.

The Council website is regularly updated and improvement to its accessibility and content will be a priority next year.

In April 2014, the Council Presidents and senior HPCA staff participated in a facilitated planning session to agree a shared strategic vision and priorities for the next three years. A broad Strategic Framework was outlined and further work is underway to develop a strategic plan. The first priorities focus on communication and stakeholder engagement, in particular to improve Council websites and electronic communication, including newsletters and to develop a research plan. These plans will be developed during 2014/15.

## **Business Process Improvement**

A process improvement plan is being implemented that brings together the recommendations of the business process reviews completed in 2012 and 2013. It also includes the priorities in the records management plan and the workforce management plan. A priority in 2014/15 is to develop a regulatory handbook for use by staff in Council teams that will bring together the complaints management business process maps and other key business processes, resources and information guides. This will promote consistency in the way complaints are managed from receipt to resolution by the Council.

A project to publish an electronic conditions handbook is underway to promote consistent decision making and monitoring. The handbook includes generic information about the regulatory adjudication bodies and considerations when drafting conditions; information unique to individual professions that decision-makers need to take into account when imposing conditions, and a set of resources. The first tranche of conditions is nearing completion and covers procedural conditions, limiting practice conditions and prescribing and drug conditions.

A series of process indicators has been developed as a mechanism for Councils to report on qualitative aspects of their work and to

supplement the current quantitative measures in place. The indicators will also identify areas where there is a need to focus on strategies for improvement and support consistent and regular reporting across Councils.

A major initiative this year was implementation in February 2014 of a technology solution for the preparation and distribution of Council and committee meeting papers. Diligent Boardbooks software was selected through a comprehensive tender and evaluation process.

Staff upload the agenda papers to a secure Internet portal from which Council members download them to iPads prior to their meeting. The Boardbooks application allows members to read and annotate the papers on their iPad during the meeting when the agenda is discussed. The system eliminates the need to print large agenda packs for all members for each meeting, saves on mailing and courier costs, enhances security over confidential information and provides members with a lightweight and effective means of viewing Council material. It has been very positively received by members.

To support quality assurance and process improvement, the Council requires all Panel members to complete the online course within a specific period to prepare them for their role including report writing. The Council also provides seminars three times a year to assist in the professional development of members in relation to regulation.

The research project that is examining the quality and consistency of reports will also inform further education and professional development for members to assist them to continually improve their regulatory activities.

## **Research**

A twelve-month research project is nearing completion that has produced a literature review, case studies of international best practice, an audit report of a sample of closed matters over 12 months, and development of a pilot tool to analyse the consistency of decision-making. This research is expected to inform the focus for improvement in the next year.

The Council continues to participate in and contribute to an Australian Research Council (ARC) research project in partnership with the University of Sydney, the Medical, Psychology, Dental and Pharmacy Councils, the HCCC and AHPRA. The project involves a number of studies to enable comparative review of the notifications

and complaint systems in NSW compared with other states, inform best practice and investigate complainants' expectations and experiences under the two systems. The project outcomes will be progressively reported in 2014 and 2015.

This year complaints data from July 2012 to June 2014 has been collected from each of the participating professions across Australia and is being analysed. Staff and members of tribunals, committees and panels participated in a survey to determine their priorities in handling complaints and decision-making, and will be reported later in 2014.

### **Audit and Risk Management**

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

In 2013/14 the HPCA Audit and Risk Committee continued to review and monitor the Risk Register, discussed and monitored internal audits and reviews, and received high level summaries on the Council's financial reports.

The HPCA implemented the recommendations of the Audit Office of NSW 2012/13 Management Letter, and improved the finance working papers in preparation for the 2014 audit. A repeat recommendation that the HPCA has a memorandum of understanding (MOU) with the Ministry of Health for the services the Ministry provides has been completed with the MOU being signed in May 2014.

### **Internal Audit**

IAB is commissioned to undertake the internal audits nominated in the internal audit plan. An audit of monitoring of practitioners with orders and/or conditions on their registration was completed and the recommendations are being implemented. Standard operating procedures for dealing with monitoring cases have been documented and will be published following consultation with staff.

Implementation of the recommendations of the audit of the HPCA's workforce management framework was also completed. Position descriptions have been updated and the performance management framework is being

implemented in accordance with the *Government Sector Employment Act 2013*.

An internal audit of complaint handling by Council teams was undertaken in June 2014 and the report and recommendations will be considered in the next financial year.

### **Information Management and Systems**

An Information and Communications Technology (ICT) strategic plan is being developed that formally identifies the ICT infrastructure, capability and priorities for the next three years. An ICT Steering Committee has been established and includes a Ministry of Health IT professional to inform the Committee on developments within the health sector and provide expert advice on proposed ICT projects.

Further system modifications were made to the case management system (MaCS) to improve usability and reporting. The MaCS user group guides priorities and contributes to user testing. Staff received training and support as changes were made and the accuracy and reliability of reporting is improving.

The TRIM records management system has been further embedded in practice. Training has been a focus and priorities developed to promote the use of TRIM to meet State Records compliance requirements. Planning is underway to upgrade and integrate TRIM to one platform across the Pitt Street and Gladesville sites. A request for quote was issued and a successful provider selected.

A TRIM user group has been established to finalise the file and document naming conventions for regulatory activities that will be applied consistently across all Council teams. The user group members also provide back up support and training within their work groups.

### **Information Security**

The Council has adopted the NSW Government Digital Information Security Policy. As the Councils' shared services provider the HPCA has submitted an attestation statement to the Department of Finance and Services which outlines the timeframes for compliance with the core requirements of the Policy.

The Council is also required to present an attestation statement in the Annual Report, which is in the Appendix.

## Access to Information – Government Information Public Access (GIPA)

The Council is committed to the principles of the *Government Information (Public Access) Act 2009* (GIPA Act) and provides access to policies, publications and information through the Council website. The Council complies with the *Government Information (Public Access) Regulation 2009* regarding annual reporting requirements.

The Agency Information Guide was updated and is accessible on the website.

### Review of Proactive Release Program

The Council reviewed its program for the release of government information to identify the type of information that can be made publicly available.

All new and revised policies and other information are publicly released on the website. In addition, the Council reviewed the program and the policy register including monitoring the completion and approval of relevant information.

New and revised policies and documents released on the Council website are:

- Annual Report 2012/13
- Business Continuity Management Plan
- Council/HPCA Strategic Framework Summary (April 2014)
- Handbook for Council, Committee and Panel members
- HPCA Strategic Action Plan 2013/14
- Managing email access policy and procedures
- Media and communication policy and procedures
- Council newsletter
- Staff handbook
- YourSay staff survey report summary.

### Number of Access Applications Received

The Council received one formal access application which was a valid application.

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

The Council refused one application in part for the disclosure of information (information for which there is conclusive presumption of overriding public interest against disclosure).

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

## Privacy

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

Two minor privacy breaches occurred due to incorrectly scanned forms used in correspondence. The nurses involved were notified of the breach and an apology made. Further education was provided to all staff.

The Council has adopted the NSW Health Privacy Management policy pending development of a specific privacy management plan. A number of staff attended privacy awareness training conducted by the Office of the Information and Privacy Commissioner.

## Public Interest Disclosures

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

There were no public interest disclosures (PIDs) made by staff or Council members during the year. The PID statistics are reported in the Appendix.

## Human Resources

The HPCA staff who support the Council are employed under Part 4 of the *Government Sector Employment Act 2013*.

As at 30 June 2014 the HPCA employed 97 permanent full-time equivalent (FTE) staff and three temporary FTE staff, of whom 10 FTE staff provided secretariat support directly to the Council. The organisation chart is provided in the Appendix.

The Council now receives three times the number of complaints compared with prior to National Registration in 2010. To ensure there were sufficient resources and processes to appropriately manage this increase, the Council commissioned an independent review of the Nursing and Midwifery team structure and processes. The purpose of the project was to review workload, organisation and resourcing, and to make recommendations to facilitate

the effective and efficient administrative and professional support provided to the Council. The main recommendations of the report are being implemented and the Ministry of Health has approved a restructure to enable the Council to meet its core and strategic objectives. Recruitment action will commence in 2014.

## Learning and Development

Learning and development opportunities are available to staff to ensure that they have the skills and knowledge to support the Council's core business and the HPCA's organisational priorities.

Staff attended training sessions on:

- GIPA and privacy provisions
- Writing procedures and policy documents, and minute taking
- Dealing with difficult complainants
- TRIM records management system and Monitoring and Complaints System (MaCS) for case management
- Understanding of the *Health Practitioner Regulation Law (NSW)* – regulatory responsibilities and Council processes to protect the public
- *Government Sector Employment Act 2013* requirements. Managers and staff also attended training on the Performance Management Framework.

*The Government Sector Employment Act 2013* requires agencies to implement a Performance Management Framework and for all employees to have a performance agreement. Performance agreements are being developed and staff and managers are working on their individual priorities and identifying training needs.

The first all staff forum was held in July 2013, which brought staff together to hear about priority, strategic and operational issues and to provide an opportunity for discussion about matters of interest. It also enabled staff from across teams and work groups to meet and share ideas. The forum included discussion on the common issues raised through the YourSay staff survey that was conducted through the Ministry of Health.

The second forum was held in February 2014 and included staff led discussion to develop team building and communication activities. The forums have been well received by staff and will be held twice each year. Each forum includes a presentation and discussion on an aspect in the Code of Conduct.

Induction sessions for members of Councils, committees and panels were held in September and October 2013. These annual events aim to introduce new members to their legislative and regulatory responsibilities and were very well received. A number of long-standing members also participated and reported that the workshops provide a valuable opportunity to refresh their knowledge and share their experiences.

A series of seminars on the Council's core programs was also initiated for members of all Councils, committees and panels. The Conduct Program seminar in June 2014 was attended by over 70 members from all Councils, committees and panels as well as practitioners who provide assessments, counselling and other services to the Council. Sessions focused on the management of complaints about practitioners' conduct, including progression to a tribunal. The conduct and content of the seminar received overwhelmingly positive feedback.

Seminars on the Performance Program and the Health Program are being planned for 2014/15.

In addition the Council held two evening seminars: *Managing Notifications about Students* and *Impairment and Performance: how do we manage cognitive impairment?* The Council also provided a panel discussion at the Chief NSW Nursing and Midwifery Leaders Forum. These seminars were very well received with requests from participants for this program to be continued and expanded.

Council professional staff also provide education to large nursing and midwifery forums on regulation, mandatory reporting and the shared responsibility for patient safety.

The Handbook for members of Councils, committees and panels was also revised and is available on the Council website.

## Workforce Diversity

The HPCA recognises the value of workforce diversity and encourages and aims to attract and retain people with diverse skills, experience and background. Appointments to the Council, committees and panels are also made on the understanding that diversity of knowledge, experience and background supports the Council's regulatory activities.

The workforce diversity statistics provided by the Public Service Commission are in the Appendix.

## Multicultural Policies and Services Program

The Council applies the NSW Government's Principles of Multiculturalism and ensures that information and services are available to meet the diverse language needs of the people of NSW.

The Council and the HPCA websites provide advice on how to access translating and interpreting services in 19 languages for people making an inquiry or a complaint. A number of HPCA staff are also able to provide assistance in translating and interpreting in a range of languages.

Responsibility for the registration and accreditation of overseas trained health professionals rests with the National Board. The Council supports the National Board's commitment to providing opportunities for overseas trained health practitioners to be registered and practise in Australia.

The following strategies are in place to address the *Principles of Multiculturalism*:

- promoting a culturally diverse workforce, membership of committees and participation in the Council's regulatory activities
- maintaining ongoing commitment to the *Principles of Multiculturalism* and the requirements of relevant legislation and Government policy.

The HPCA is organising cultural awareness and diversity training for staff and members. Staff are also encouraged to complete the Health Education and Training Institute's online cultural training modules.

## Disability Services

The Council supports the NSW Government's *Disability Policy Framework* and the Principles outlined in Schedule 1 of the *Disability Services Act 1993*.

The HPCA maintains a range of strategies to implement these requirements including:

- workplace assessment and adjustments to support staff and members with a disability
- assistance from external providers to prepare and coordinate return to work plans for staff with work related injuries and/or temporary disabilities
- provision of ergonomic furniture and equipment for all staff, including those requiring workplace adjustment

- access to disabled washrooms
- a TTY service and a hearing loop in hearing rooms available for the hearing impaired.

## Occupational Health and Safety

The Work Health and Safety Committee oversights the workplace environment to ensure compliance with legislation and government policy. Committee members participated in training in the legislative requirements and new members received appropriate induction. Fire wardens undertook refresher training and the outcomes of an evacuation drill were reviewed.

## Waste Management (WRAPP)

The HPCA manages implementation of the NSW Government's WRAPP on behalf of the Council. During the year the HPCA maintained efforts to reduce waste, recycle paper products, consumables and equipment, and to purchase resources with recycled content, with the following results:

- purchased all A4 copy paper with 50% recycled content
- recycled 95% of total paper waste
- recycled 100% of paper/cardboard packaging; separated and directed packaging material to the building's centralised recycling systems
- provided paper recycling containers at each workstation to divert paper from waste bins and landfill
- sent 100% of toner cartridges for recycling.

The following waste avoidance strategies are in place:

- scrap recycled paper diverted for use as message pads and note taking
- increased use of email for internal communication and with Council members. The introduction of the Boardbooks technology for the distribution and management of Council meeting papers has significantly reduced the use of paper. It will be progressively extended to other meetings to further reduce dependence on printed papers.
- clients referred to Council websites for access to publications and other information as an alternative to providing hard copy documents
- use of double-sided printing as much as possible
- inclusion of "please consider the environment before printing" note on email communication.

The HPCA also participates in the Sydney Central Recycling Program managed by the owners of the Pitt Street building. The Program aims to improve recycling activity with increased use of centrally located colour-coded bins. An opportunity to dispose of electronic equipment securely is provided twice a year.

## Consultants

The Councils together commissioned six consultancies. The Council made the following contribution to these consultancies:

### Engagements costing less than \$50,000

Service Provided	Number	Cost inc. GST \$
Council business processes	2	9,648
Financial management	2	19,206
Governance	2	10,849
<b>Total</b>	<b>6</b>	<b>39,703</b>

In addition the Nursing and Midwifery team business process and structure review was completed at a cost of \$32,000.

## Insurance

The Council's insurance activities are conducted by the HPCA through the Ministry of Health's insurance cover with the NSW Treasury Managed Fund, and include:

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

## Financial Management

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

In signing the Service Level Agreement, the Council endorsed revised cost allocation methodologies for the distribution of shared costs across all Councils. The methodologies are largely based on Council activity and provide a formula to apportion shared services staff, facilities and other resources. The methodologies were reviewed in 2013/14 to ensure they are

equitable and the best means of cost allocation. The review concluded that the existing formulae are equitable and the most effective means of calculating Councils' individual contributions to shared costs. Minor adjustments were made to the methodologies following consultation with all Councils.

## Format

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

## Performance

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

	\$
Operating expenditure	6,192,314
Revenue	7,242,994
Net Profit/(Loss)	1,139,679
Net cash reserves (cash and cash equivalents minus current liabilities)*	3,246,974
* Included in the net cash reserves is Education and Research bank account balance of:	564,340

## Investment Performance

The Council's banking arrangements transferred to Westpac Banking Corporation in accordance with the agreement between NSW Treasury and Westpac Banking Corporation for the provision of transactional banking.

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

## Payments Performance

The consolidated accounts payable performance report for all 14 Councils is in the Appendix.

## Budget

The budget for the period 1 July 2014 to 30 June 2015 is as follows:

	\$
Revenue	7,195,986
Operating expenses	7,031,493
Education and research	77,000
Net Profit/(Loss)	87,493

**NURSING AND MIDWIFERY COUNCIL OF NEW SOUTH WALES**

**YEAR ENDED 30 JUNE 2014**

**STATEMENT BY MEMBERS OF THE COUNCIL**

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

1. The accompanying financial statements exhibit a true and fair view of the financial position of the Nursing and Midwifery Council of New South Wales as at 30 June 2014 and financial performance for the year then ended.
2. The financial statements have been prepared in accordance with the provisions of Australian Accounting Standards, Accounting Interpretations, the *Public Finance and Audit Act 1983*, the *Public Finance and Audit Regulation 2010*, and the Treasurer's Directions.

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



John Kelly  
President



David Spruell  
Council Member

Date: 18.10.14

Date: 18.10.14



## INDEPENDENT AUDITOR'S REPORT

### Nursing and Midwifery Council of New South Wales

To Members of the New South Wales Parliament

I have audited the accompanying financial statements of the Nursing and Midwifery Council of New South Wales (the Council), which comprise the statement of financial position as at 30 June 2014, the statement of comprehensive income, statement of changes in equity and statement of cash flows, for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information.

### Opinion

In my opinion, the financial statements:

- give a true and fair view of the financial position of the Council as at 30 June 2014, and of its financial performance and its cash flows for the year then ended in accordance with Australian Accounting Standards
- are in accordance with section 41B of the *Public Finance and Audit Act 1983* (the PF&A Act) and the Public Finance and Audit Regulation 2010.

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

### The Council's Responsibility for the Financial Statements

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

### Auditor's Responsibility

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

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

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

My opinion does *not* provide assurance:

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

### **Independence**

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

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



C J Giumelli  
Director, Financial Audit Services

20 October 2014  
SYDNEY

## Nursing and Midwifery Council of New South Wales

### Statement of Comprehensive Income for the Year Ended 30 June 2014

	Notes	2014 \$	2013 \$
<b>EXPENSES EXCLUDING LOSSES</b>			
Operating expenses			
Personnel services	2(a)	(2,864,994)	(2,628,377)
Other operating expenses	2(b)	(2,043,295)	(1,848,992)
Depreciation and amortisation	2(c)	(243,826)	(155,697)
Finance costs	2(d)	(4,185)	(4,723)
Other expenses	2(e)	(937,199)	(964,962)
Education and research expenses	3	(62,815)	(50,230)
<b>Total Expenses Excluding Losses</b>		<b>(6,192,314)</b>	<b>(5,652,981)</b>
<b>REVENUE</b>			
Registration fees		7,019,057	6,593,151
Interest revenue	5(a)	203,016	148,774
Other revenue	5(b)	20,921	33,744
<b>Total Revenue</b>		<b>7,242,994</b>	<b>6,775,669</b>
Gain/(Loss) on disposal/additions	6	88,999	(334,849)
<b>Net Result</b>		<b>1,139,679</b>	<b>787,839</b>
Other comprehensive income		-	-
<b>Total Comprehensive Income</b>		<b>1,139,679</b>	<b>787,839</b>

The accompanying notes form part of these financial statements.

## Nursing and Midwifery Council of New South Wales

Statement of Financial Position  
as at 30 June 2014

	Notes	2014 \$	2013 \$
<b>ASSETS</b>			
<b>Current Assets</b>			
Cash and cash equivalents	7	10,414,645	9,110,334
Receivables	8	434,972	319,413
<b>Total Current Assets</b>		<b>10,849,617</b>	<b>9,429,747</b>
<b>Non-Current Assets</b>			
Plant and equipment	9		
Leasehold improvements		182,033	233,101
Motor vehicles		2,738	5,072
Furniture and fittings		56,356	47,652
Other		44,199	74,429
Total plant and equipment		285,326	360,254
Intangible assets	10	109,891	144,832
<b>Total Non-Current Assets</b>		<b>395,217</b>	<b>505,086</b>
<b>Total Assets</b>		<b>11,244,834</b>	<b>9,934,833</b>
<b>LIABILITIES</b>			
<b>Current Liabilities</b>			
Payables	11	898,835	1,052,945
Fees in advance	12	6,268,836	5,920,433
<b>Total Current Liabilities</b>		<b>7,167,671</b>	<b>6,973,378</b>
<b>Non-Current Liabilities</b>			
Fees in advance	12	31,917	45,122
Provisions	13	98,959	109,725
<b>Total Non-Current Liabilities</b>		<b>130,876</b>	<b>154,847</b>
<b>Total Liabilities</b>		<b>7,298,547</b>	<b>7,128,225</b>
<b>Net Assets</b>		<b>3,946,287</b>	<b>2,806,608</b>
<b>EQUITY</b>			
Accumulated funds		3,946,287	2,806,608
<b>Total Equity</b>		<b>3,946,287</b>	<b>2,806,608</b>

The accompanying notes form part of these financial statements.

## *Nursing and Midwifery Council of New South Wales*

### Statement of Changes In Equity for the Year Ended 30 June 2014

	Notes	Accumulated Funds
		\$
<b>Balance at 1 July 2013</b>		2,806,608
<b>Net Result for the Year</b>		1,139,679
Other comprehensive income		-
<b>Balance at 30 June 2014</b>		<b>3,946,287</b>
<b>Balance at 1 July 2012</b>		2,018,769
<b>Net Result for the Year</b>		787,839
Other comprehensive income		-
<b>Balance at 30 June 2013</b>		<b>2,806,608</b>

The accompanying notes form part of these financial statements.

## Nursing and Midwifery Council of New South Wales

Statement of Cash Flows  
for the Year Ended 30 June 2014

	Notes	2014 \$	2013 \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
<b>Payments</b>			
Personnel services		(2,878,620)	(2,737,924)
Other		(3,276,494)	(3,022,906)
<b>Total Payments</b>		<b>(6,155,114)</b>	<b>(5,760,830)</b>
<b>Receipts</b>			
Receipts from registration fees		7,284,895	7,086,547
Interest received		217,059	154,817
Other		2,429	313
<b>Total Receipts</b>		<b>7,504,383</b>	<b>7,241,677</b>
<b>Net Cash Flows from Operating Activities</b>	17	<b>1,349,269</b>	<b>1,480,847</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Proceeds from sale of plant and equipment		-	446
Purchases of plant and equipment and intangible assets		(44,958)	(41,322)
<b>Net Cash Flows from Investing Activities</b>		<b>(44,958)</b>	<b>(40,876)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
<b>Net Cash Flows from Financing Activities</b>		<b>-</b>	<b>-</b>
<b>Net Increase/(Decrease) in Cash</b>		<b>1,304,311</b>	<b>1,439,971</b>
Opening cash and cash equivalents		9,110,334	7,670,363
<b>Closing Cash and Cash Equivalents</b>	7	<b>10,414,645</b>	<b>9,110,334</b>

The accompanying notes form part of these financial statements.

## Nursing and Midwifery Council of New South Wales

### Notes to the Financial Statements

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#### 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

##### a. Reporting Entity

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

These financial statements for the year ended 30 June 2014 have been authorised for issue by the Council on 18 October 2014.

##### b. Basis of Preparation

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

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

- applicable Australian Accounting Standards (which include Australian Accounting Interpretations), and
- the requirements of the *Public Finance and Audit Act 1983* and Regulation.

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

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

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

##### c. Statement of Compliance

The financial statements and notes comply with Australian Accounting Standards, which include Australian Accounting Interpretations.

##### d. Significant Accounting Judgments, Estimates and Assumptions

There has been no significant change from the agreed cost sharing arrangements for the pooled costs between Health Professional Councils introduced effective 1 July 2012.

These indirect costs are shown as part of the Council's statement of comprehensive income under the following expense line items:

1. Personnel services
2. Rent and building expenses
3. Contracted labour
4. Depreciation and amortisation
5. Postage and communication
6. Printing and stationery

##### e. Insurance

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

## Nursing and Midwifery Council of New South Wales

### Notes to the Financial Statements

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#### **f. Accounting for the Goods and Services Tax (GST)**

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

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

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

#### **g. Income Recognition**

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

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

Under Section 26A of the Law, the complaints element of the registration fees payable during 2014 by NSW health practitioners was decided by the Council established for that profession subject to approval by the Minister for Health.

The Council, under the Law, receives fees on a monthly basis from the Australian Health Practitioner Regulation Agency (AHPRA) being the agreed NSW complaints element for the 2014 registration fee.

Fees are progressively recognised as income by the Council as the annual registration period elapses. Fees in advance represent unearned income at balance date.

#### **h. Personnel Services**

In accordance with an agreed Memorandum of Understanding, the Ministry of Health (MOH) being the employer charges the Council for personnel services relating to the provision of all employees. Staff costs are shown in the Statement of Comprehensive Income as personnel services in the financial statements of the Council. Amounts owing for personnel services in the Statement of Financial Position represent amounts payable to the MOH in respect of personnel services.

#### **i. Interest Revenue**

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

#### **j. Education and Research**

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

#### **k. Assets**

##### **i. Acquisition of Assets**

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

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

## *Nursing and Midwifery Council of New South Wales*

### Notes to the Financial Statements

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Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

#### **ii. Capitalisation Thresholds**

The Health Professional Councils Authority (HPCA) acquires all assets on behalf of the Council. Shared use assets that cost over \$5,000 at the time of purchase by the HPCA are capitalised. These capitalised shared use assets are then allocated to the Council using an appropriate allocation method. The minimum capitalisation threshold limits applied to the Council for the asset are \$1,565 (2012/2013 - \$1,609) (all Council shared use asset), or \$2,463 (2012/2013 - \$2,386) (Pitt Street shared use asset), whichever is applicable.

#### **iii. Impairment of Plant and Equipment**

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

#### **iv. Depreciation of Plant, Equipment and Leasehold Improvements**

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

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

Depreciation rates used are as follows:

Plant and equipment 20% - 25%

Furniture and fittings 16% - 20%

Motor vehicles 25% - 29%

Leasehold improvements 17% - 27.8%

#### **v. Fair Value of Plant and Equipment**

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

#### **vi. Maintenance**

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

#### **vii. Intangible Assets**

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

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

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

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

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

## Nursing and Midwifery Council of New South Wales

### Notes to the Financial Statements

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

#### viii. Loans and Receivables

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

### I. Liabilities

#### i. Trade and Other Payables

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

#### ii. Personnel Services – Ministry of Health

In accordance with an agreed Memorandum of Understanding, personnel services are acquired from the MOH. As such the MOH accounting policy is below.

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

In accordance with NSWTC 14/04 'Accounting for Long Service Leave and Annual Leave', the Council's annual leave has been assessed as a short-term liability as these short-term benefits are expected to be settled wholly before 12 months after the end of the annual reporting period in which the employee renders the related services.

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

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

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

#### iii. Provision for Make Good

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

### m. Equity

#### Accumulated Funds

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

## *Nursing and Midwifery Council of New South Wales*

### Notes to the Financial Statements

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#### **n. Comparative information**

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

#### **o. Cash and cash equivalents**

Cash and cash equivalent assets in the statement of financial position would normally comprise cash on hand, cash at bank and short-term deposits and include deposits in the NSW Treasury Corporation's Hour-Glass cash facility, other Treasury Corporation deposits (less than 90 days) and other at-call deposits that are not quoted in the active market.

Bank overdrafts are included within liabilities.

#### **p. Adoption of New and Revised Accounting Standards**

A number of new standards were applied from 1 July 2013, including AASB 13 *Fair Value Measurement* and AASB 119 *Employee Benefits*. The application of these new standards did not have a significant impact on the financial statements.

A number of new standards, amendments to standards and interpretations are effective for annual periods beginning after 1 July 2014, and have not been applied in preparing these financial statements. None of these are expected to have a significant effect on the financial statements of the Council.

NSW Treasury issued TC14/03 circular states which states none of the new revised Standards of Interpretations are to be adopted early.

The standards that are relevant to the Council are as follows:

- a) AASB 9, AASB 2010-7 and AASB Financial Instruments 2012-6 regarding financial instruments (2015/2016)
- b) AASB 10 Consolidated Financial Statements with NFP guidance
- c) AASB 12 Disclosure of interests in other entities.

## Nursing and Midwifery Council of New South Wales

### Notes to the Financial Statements

#### 2. EXPENSES EXCLUDING LOSSES

##### a. Personnel Services Expenses

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

	2014 \$	2013 \$
Salaries and wages (including recreation leave)	2,434,755	2,208,918
Superannuation	231,322	227,737
Payroll taxes	178,893	158,399
Workers compensation insurance	20,024	33,323
	<b>2,864,994</b>	<b>2,628,377</b>

##### b. Other Operating Expenses

	2014 \$	2013 \$
Auditor's remuneration	18,853	15,785
Rent and building expenses	452,696	377,741
Council fees	26,864	25,988
Sitting fees	510,182	490,721
NSW Civil & Administrative Tribunal fixed costs	96,700	
Contracted labour	938,000	938,757
	<b>2,043,295</b>	<b>1,848,992</b>

##### c. Depreciation and amortisation expense

	2014 \$	2013 \$
<b>Depreciation</b>		
Motor vehicles	2,281	2,345
Furniture and fittings	18,075	11,912
Other	43,183	49,941
	<b>63,539</b>	<b>64,198</b>
<b>Amortisation</b>		
Leasehold improvement	117,681	18,656
Intangible assets	62,606	72,843
	<b>180,287</b>	<b>91,499</b>
<b>Total Depreciation and Amortisation</b>	<b>243,826</b>	<b>155,697</b>

## Nursing and Midwifery Council of New South Wales

### Notes to the Financial Statements

#### 2. EXPENSES EXCLUDING LOSSES (continued)

##### d. Finance Costs

	2014 \$	2013 \$
Unwinding of discount rate on make good provision	4,185	4,723
	<b>4,185</b>	<b>4,723</b>

##### e. Other Expenses

	2014 \$	2013 \$
Subsistence and transport	96,745	102,608
Fees for service	658,456	627,405
Postage and communication	44,274	40,295
Printing and stationery	50,370	60,299
Equipment and furniture	1,245	7,653
General administration expenses	118,568	126,702
Loss re-allocation of Make good	3,541	-
	<b>973,199</b>	<b>964,962</b>

#### 3. EDUCATION AND RESEARCH

##### Education and Research Expenses

	2014 \$	2013 \$
Other expenses	62,815	50,230
<b>Total (excluding GST)</b>	<b>62,815</b>	<b>50,230</b>

## Nursing and Midwifery Council of New South Wales

### Notes to the Financial Statements

#### 4. EXPENDITURE MANAGED ON BEHALF OF THE COUNCIL THROUGH THE NSW MINISTRY OF HEALTH

The Council's accounts are managed by the NSW Ministry of Health (MOH). Executive and administrative support functions are provided by the HPCA, which is an executive agency of the MOH.

In accordance with an agreed Memorandum of Understanding, salaries and associated oncosts are paid by the MOH. The MOH continues to pay for the staff and associated oncosts. These costs are reimbursed by the Council to the MOH.

#### 5. (a) INTEREST REVENUE

	2014 \$	2013 \$
Interest revenue from financial assets not at fair value through profit or loss	203,016	148,774
	<b>203,016</b>	<b>148,774</b>

During the year, in accordance with the agreement between NSW Treasury and Westpac Banking Corporation on 1 April 2013 for the provision of Transactional Banking, the HPCA on behalf of the Council, transitioned all current banking arrangements to Westpac Banking Corporation.

The guaranteed credit interest rate is calculated on daily balances as per the RBA cash rate plus an agreed fixed margin for five years.

	2014 %	2013 %
Average Interest Rate	2.54	2.814

#### (b) OTHER REVENUE

	2014 \$	2013 \$
Make good revenue resulting from decrease in make good provision	18,492	33,431
Other revenue	2,429	313
	<b>20,921</b>	<b>33,744</b>

#### 6. GAIN/(LOSS) ON DISPOSAL/ADDITIONS

	2014 \$	2013 \$
<b>Plant and equipment</b>		
Net book value disposed/acquired during the year	86,328	(203,665)
Proceeds from sale/acquisition costs	-	446
	<b>86,328</b>	<b>(203,219)</b>
<b>Intangible assets</b>		
Net book value disposed/acquired during the year	2,671	(131,630)
Proceeds from sale/acquisition costs	-	-
	<b>2,671</b>	<b>(131,630)</b>
<b>Total gain/(loss) on disposal / additions</b>	<b>88,999</b>	<b>(334,849)</b>

Included in the above Gain/(Loss) on disposal are adjustments arising from the Council's prior year decision to adopt a significant accounting policy, an agreed cost sharing arrangement for the distribution of pooled costs between health professional Councils and to dispose or acquire of a portion of its share of the opening carrying values of the pooled assets. Refer Note 1 (d).

## Nursing and Midwifery Council of New South Wales

### Notes to the Financial Statements

#### 7. CASH AND CASH EQUIVALENTS

	2014 \$	2013 \$
Cash at bank and on hand	564,840	1,412,386
Short-term bank deposits	-	675,214
Cash at bank - held by HPCA*	9,849,805	7,022,734
	<b>10,414,645</b>	<b>9,110,334</b>

\* This is cash held by the HPCA, an executive agency of the MOH, on behalf of the Council for its operating activities.

The Council operates the bank accounts shown below:

	2014 \$	2013 \$
Operating account**	-	1,165,386
Education and research account**	564,340	246,500
	<b>564,340</b>	<b>1,411,886</b>

\*\* managed by the HPCA, an executive agency of the MOH.

#### 8. RECEIVABLES

	2014 \$	2013 \$
Prepayments	24,748	8,493
Other receivables	43,989	(1,812)
Interest receivable	53	14,096
Trade receivables	366,182	298,636
Less: allowance for impairment	-	0
	<b>434,972</b>	<b>319,413</b>

##### Movement in the Allowance for Impairment

Balance at 1 July 2013	-	550
Increase/(decrease) in allowance recognised in profit or loss	-	(550)
<b>Balance at 30 June 2013</b>	<b>-</b>	<b>-</b>

Trade receivables have been considered for impairment.

The trade receivables include monies that AHPRA has collected from registrants as at 30 June 2014 and has remitted the monies to HPCA in July 2014.

## Nursing and Midwifery Council of New South Wales

### Notes to the Financial Statements

#### Analysis of Trade Debtors Overdue

2014	Total	Past due but not impaired	Considered impaired
	\$	\$	\$
< 3 months overdue	-	-	-
3-6 months overdue	-	-	-
> 6 months overdue	174	174	-
<b>2013</b>			
< 3 months overdue	-	-	-
3-6 months overdue	-	-	-
> 6 months overdue	-	-	-

#### Notes

1. Each column in the table represents the 'gross receivables'.
2. The ageing analysis excludes statutory receivables that are not past due and not impaired.

#### 9. PLANT AND EQUIPMENT

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

	Leasehold Improvements	Motor Vehicles	Furniture & Fittings	Other	Total
	\$	\$	\$	\$	\$
<b>At 1 July 2013</b>					
Gross carrying amount	244,618	9,370	59,564	305,214	618,766
Accumulated depreciation and impairment	(11,517)	(4,298)	(11,912)	(230,785)	(258,512)
<b>Net carrying amount</b>	<b>233,101</b>	<b>5,072</b>	<b>47,652</b>	<b>74,429</b>	<b>360,254</b>
<b>At 30 June 2014</b>					
Gross carrying amount	339,407	9,125	91,526	326,197	766,255
Accumulated depreciation and impairment	(157,374)	(6,387)	(35,170)	(281,998)	(480,929)
<b>Net carrying amount</b>	<b>182,033</b>	<b>2,738</b>	<b>56,356</b>	<b>44,199</b>	<b>285,326</b>

## Nursing and Midwifery Council of New South Wales

### Notes to the Financial Statements

#### Reconciliation

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

	Leasehold Improvements	Motor Vehicles	Furniture & Fittings	Other	Total
	\$	\$	\$	\$	\$
<b>Year ended 30 June 2014</b>					
Net carrying amount at start of year	233,101	5,072	47,652	74,429	360,254
Additions	-	-	6,674	13,290	19,964
Disposals	-	-	-	-	-
Other <sup>1</sup>	66,613	(53)	20,105	(337)	86,328
Depreciation	(117,681)	(2,281)	(18,075)	(43,183)	(181,220)
<b>Net carrying amount at end of year</b>	<b>182,033</b>	<b>2,738</b>	<b>56,356</b>	<b>44,199</b>	<b>285,326</b>

	Leasehold Improvements	Motor Vehicles	Furniture & Fittings	Other	Total
	\$	\$	\$	\$	\$
<b>At 1 July 2012</b>					
Gross carrying amount	461,470	17,234	103,755	477,526	1,059,985
Accumulated depreciation and impairment	(3,225)	(3,517)	-	(296,767)	(303,509)
<b>Net carrying amount</b>	<b>(458,245)</b>	<b>13,717</b>	<b>103,755</b>	<b>180,759</b>	<b>756,476</b>

<b>At 30 June 2013</b>					
Gross carrying amount	244,618	9,370	59,564	305,214	618,766
Accumulated depreciation and impairment	(11,517)	(4,298)	(11,912)	(230,785)	(258,513)
<b>Net carrying amount</b>	<b>233,101</b>	<b>5,072</b>	<b>47,652</b>	<b>74,429</b>	<b>360,254</b>

#### Reconciliation

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

	Leasehold Improvements	Motor Vehicles	Furniture & Fittings	Other	Total
	\$	\$	\$	\$	\$
<b>Year ended 30 June 2013</b>					
Net carrying amount at start of year	458,245	13,717	103,755	180,759	756,476
Additions	16,980	-	-	14,154	31,134
Disposals	-	-	-	-	-
Other <sup>1</sup>	(223,468)	(6,300)	(44,191)	(70,543)	(344,502)
Depreciation	(18,656)	(2,345)	(11,912)	(49,941)	(82,854)
<b>Net carrying amount at end of year</b>	<b>233,101</b>	<b>5,072</b>	<b>47,652</b>	<b>74,429</b>	<b>360,254</b>

#### 1. Other includes:

- Adjustments required to opening balances due to the agreed Cost Allocation Methodology as at 1 July 2013 & 1 July 2012.
- Adjustments required to make good asset/liability in accordance with AASB 137.

## Nursing and Midwifery Council of New South Wales

### Notes to the Financial Statements

#### 10. INTANGIBLE ASSETS

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

	Software Work in Progress	Software	Total
	\$	\$	\$
<b>At 1 July 2013</b>			
Cost (gross carrying amount)	20,190	548,589	568,779
Accumulated amortisation and impairment	-	(423,947)	(423,947)
<b>Net carrying amount</b>	<b>20,190</b>	<b>124,642</b>	<b>144,832</b>

<b>At 30 June 2014</b>			
Cost (gross carrying amount)	45,184	564,083	609,267
Accumulated amortisation and impairment	-	(499,376)	(499,376)
<b>Net carrying amount</b>	<b>45,184</b>	<b>64,707</b>	<b>109,891</b>

	Software Work in Progress	Software	Total
	\$	\$	\$
<b>Year Ended 30 June 2014</b>			
Net carrying amount at start of year	20,190	124,642	144,832
Additions	24,994	-	24,994
Disposals	-	-	-
Other <sup>1</sup>	-	2,671	2,671
Amortisation	-	(62,606)	(62,606)
<b>Net carrying amount at end of year</b>	<b>45,184</b>	<b>64,707</b>	<b>109,891</b>

	Software Work in Progress	Software	Total
	\$	\$	\$
<b>At 1 July 2012</b>			
Cost (gross carrying amount)	11,551	872,460	884,011
Accumulated amortisation and impairment	-	(544,894)	(544,894)
<b>Net carrying amount</b>	<b>11,551</b>	<b>327,566</b>	<b>339,117</b>

<b>At 30 June 2013</b>			
Cost (gross carrying amount)	20,190	548,589	568,779
Accumulated amortisation and impairment	-	(423,947)	(423,947)
<b>Net carrying amount</b>	<b>20,190</b>	<b>124,642</b>	<b>144,832</b>

	Software Work in Progress	Software	Total
	\$	\$	\$
<b>Year Ended 30 June 2013</b>			
Net carrying amount at start of year	11,551	327,566	339,117
Additions	8,639	1,549	10,188
Transfers	-	-	-
Disposals	-	-	-
Other <sup>1</sup>	-	(131,630)	(131,630)
Amortisation	-	(72,843)	(72,843)
<b>Net carrying amount at end of year</b>	<b>20,190</b>	<b>124,642</b>	<b>144,832</b>

**1. Other includes:**

a. Adjustments required to opening balances due to the agreed Cost Allocation Methodology as at 1 July 2013 & 1 July 2012.

## Nursing and Midwifery Council of New South Wales

### Notes to the Financial Statements

#### 11. PAYABLES

	2014	2013
	\$	\$
Personnel services - Ministry of Health	308,198	341,848
Trade and other payables	590,637	711,097
	<b>898,835</b>	<b>1,052,945</b>

#### 12. FEES IN ADVANCE

	2014	2013
	\$	\$
<b>Current</b>		
Registration fees in advance	6,268,836	5,920,433
	<b>6,268,836</b>	<b>5,920,433</b>
<b>Non-Current</b>		
Deferred other revenue	31,917	45,122
	<b>31,917</b>	<b>45,122</b>

Registration fees in advance is the unearned revenue from NSW Regulatory Fees received on behalf of the Council by the HPCA from the AHPRA.

#### 13. PROVISIONS

	2014	2013
	\$	\$
<b>Non-Current</b>		
Make good	98,959	109,725
	<b>98,959</b>	<b>109,725</b>

##### Movement in Provisions (other than personnel services)

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

<b>Make Good</b>	2014	2013
	\$	\$
Carrying amount at the beginning of financial year	109,725	279,270
Increase/(Decrease) in provisions recognised due to re-allocation of opening balances at beginning of year	3,541	(109,639)
Decrease in provisions recognised	(18,492)	(64,629)
Unwinding/change in discount rate	4,185	4,723
<b>Carrying amount at the end of financial year</b>	<b>98,959</b>	<b>109,725</b>

The HPCA recognised a lease make good provision on entering into lease arrangements for Level 6, 477 Pitt Street. The provision was first included in the financial statements for 30 June 2011 and was based on a market-based estimate of the cost per square metre to make good the areas of the Pitt Street building that the HPCA occupies at the end of the lease.

As required under paragraph 59 of AASB 137, provisions are required to be reviewed at the end of each reporting period and adjusted to reflect the current best estimate of the provision. The HPCA has recalculated the estimated lease make good provision as at 30 June 2014, taking into account the updated discount rate and inflation rates that are required under TC 11/17 and an updated estimate of the cost per square metre to make good the leased areas.

## Nursing and Midwifery Council of New South Wales

### Notes to the Financial Statements

The impact of the changes to the three inputs to the overall lease make good provision has been to reduce the required provision as at 30 June 2014.

The lease arrangements for the Pitt Street building will expire in November 2016.

#### 14. COMMITMENTS FOR EXPENDITURE

##### a. Capital Commitments

Aggregate capital expenditure contracted (2014) for the acquisition of duress alarm upgrade equipment at Level 6, 477 Pitt Street office for at balance date and not provided for.

	2014 \$	2013 \$
Not later than one year	3,953	16,118
Later than one year and not later than five years	-	-
<b>Total (including GST)</b>	<b>3,953</b>	<b>16,118</b>

##### b. Operating Lease Commitments

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

	2014 \$	2013 \$
Not later than one year	538,344	785,832
Later than one year and not later than five years	810,695	2,902,444
<b>Total (including GST)</b>	<b>1,349,039</b>	<b>3,688,276</b>

#### 15. RELATED PARTY TRANSACTIONS

The Council has only one related party, being the HPCA, an executive agency of the MOH.

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

#### 16. CONTINGENT LIABILITIES AND CONTINGENT ASSETS

The Health Professional Councils Authority received advice from the Ministry of Health and the Ministry's independent tax advisors to the effect that payments made to Council and Hearing members attract a pay as you go (PAYG) withholding tax obligation and superannuation guarantee levy payments. As a result of that advice, the Health Professional Councils Authority had undertaken an audit of the financial records. The impact of the superannuation back pay adjustments and administration fees has been included in the annual accounts as well as an estimate of the nominal interest as at 30 June 2014. However, the nominal interest component cannot be finally determined until the voluntary disclosure of the superannuation guarantee charge statements by the Health Professional Councils Authority on behalf of the Council are submitted and agreed to by the Australian Taxation Office for all the affected Council and Hearing members. The variation between the accrued estimated nominal interest and the final agreed amount are considered to be immaterial.

There are no material contingent assets as at 30 June 2014.

## Nursing and Midwifery Council of New South Wales

### Notes to the Financial Statements

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

	2014	2013
	\$	\$
Net Result	1,139,679	787,839
Depreciation and amortisation	243,826	155,697
Increase/(Decrease) in receivables	(115,559)	350,354
Increase/(Decrease) in fees in advance	335,195	354,455
Increase/(Decrease) in payables	(154,110)	(473,640)
Increase/(Decrease) in provisions	(10,763)	(28,707)
Net gain/(loss) on sale of plant and equipment	(88,999)	334,849
<b>Net cash used on operating activities</b>	<b>1,349,269</b>	<b>1,480,847</b>

#### 18. FINANCIAL INSTRUMENTS

The Council's principal financial instruments are outlined below. These financial instruments arise directly from the entity's operations or are required to finance the Council's operations. The Council's main risks arising from financial instruments are outlined below, together with the Council's objectives, policies and processes for measuring and managing risk. Further quantitative and qualitative disclosures are included throughout the financial statements.

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

##### a. Financial Instrument Categories

Financial Assets	Notes	Category	Carrying Amount 2014	Carrying Amount 2013
Class			\$	\$
Cash and cash equivalents	7	N/A	10,414,645	9,110,334
Receivables <sup>1</sup>	8	Loans and receivables (measured at amortised cost)	366,235	312,732
Financial Liabilities	Notes	Category	Carrying Amount 2014	Carrying Amount 2013
Class			\$	\$
Payables <sup>2</sup>	11	Financial liabilities (measured at amortised cost)	898,835	1,052,945

Notes:

1. Excludes statutory receivables and prepayments (i.e. not within scope of AASB 7).
2. Excludes statutory payables and unearned revenue (i.e. not within scope of AASB 7).
3. There are no financial instruments accounted for at fair value.

## *Nursing and Midwifery Council of New South Wales*

### Notes to the Financial Statements

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#### **b. Credit Risk**

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

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

#### **Cash**

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

#### **Receivables - Trade Debtors**

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

#### **c. Liquidity Risk**

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

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

All payables are current and will not attract interest payments.

#### **d. Market Risk**

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

#### **e. Interest Rate Risk**

The Council has minimal exposure to interest rate risk from its holdings in interest bearing financial assets. The Council does not account for any fixed rate financial instruments at fair value through profit or loss or as available-for-sale. A reasonably possible change of +/- 1% is used, consistent with current trends in interest rates. The basis will be reviewed annually and amended where there is a structural change in the level of interest rate volatility.

### **19. EVENTS AFTER THE REPORTING PERIOD**

There are no events after the reporting period to be included in the financial statements as of 30 June 2014.

### **End of Audited Financial Statements**

# Appendix

## Tribunals, Committees and Panels 2013/2014

### Members of Tribunals

		Cases		Cases
Presiding members	Jennifer Boland AM	10	Joanne Muller	1
	Julie Hughes	1	Nick O'Neill	2
	Mark Lynch	1	Diane Robinson	1
	Graham Mullane	1	Robert Titterton	1
Professional members	Tania Andrews	1	Suellen Moore	2
	Deborah Beaumont	1	Jennifer O'Baugh	1
	Richelle Bond	1	Rosie O'Donnell	1
	Lucy Burns	1	Leigh Schalk	1
	Leeanne Carlin	1	Catherine Sharp	3
	Mark Constable	1	Karen Sherwood	1
	Amanda Currie	2	Helen Stirling	1
	Janette Curtis	2	Gerda Tolhurst	1
	Kathleen Dixon	3	Bradley Warner	1
	Carole Doyle	1	Mary White	1
	Scott Hillsley	1	Jullianne Williams	1
	Lynette Hopper	1	Ronald Wilson	1
	Lea Kirkwood	1	Zena Wilson	1
	Jenifer Littlewood	1		
Lay members	John Davies	2	Margaret Knibb	1
	Sandra Everett	1	Siew-Foong Liew	1
	Boyd Higgins	1	David Rosen	2
	Peter Hooker	1	Frances Taylor	2

### Tribunal cases

Practitioner Surname	Practitioner First Name	Decision Date	Hearing Order
Cieslak	Xenia	12/07/2013	Cancelled registration
Bard	Kahli	06/09/2013	Cancelled registration
Buksh	Nazir	23/10/2013	Cancelled registration
Simonsen	Andrew	23/12/2013	Cancelled registration
Davis	Andrew	03/12/2013	Cancelled registration
Ingram	Deborah	24/02/2014	Cancelled registration
Nkomo	Thulani	28/02/2014	Cancelled registration
Lopez	Mavis	19/03/2014	Disqualification
Perceval	Kirrilly	29/04/2014	Cancelled registration
Khalsa	Akal	06/05/2014	Cancelled registration
Bousfield	Alison	02/06/2014	Disqualification
Piper	Rosalie	12/06/2014	Suspended for a defined period

### Members of Professional Standards Committees

Professional members	Deborah Beaumont Scott Hillsley Ian McQualter Kerrie O'Leary
Legal members	Belinda Baker Vince Sharma
Lay members	Babette Smith Frances Taylor

## Professional Standards Committee cases

Practitioner Surname	Practitioner First Name	Decision Date	Hearing Order
McCormack	Grahame	18/11/2013	Conditions/reprimand
Jarrett	Janelle	02/12/2013	Conditions/reprimand
Ventura-Motta	Gregoria	27/06/2014	Did not proceed

## Members of Impaired Registrant Panels

		Cases		Cases
Professional members	Christine Anderson	6	Susan Kennedy	20
	Elizabeth Angel	16	Melissa Maimann	2
	Deborah Armitage	7	Kerry Mawson	3
	Richelle Bond	7	Daniel McCluskie	2
	Lucy Burns	13	Rosanna McMaster	2
	Leeanne Carlin	8	Nicholas Miles	4
	Kathryn Crews	2	Adrian Pink	1
	Janette Curtis	23	Mark Pratt	2
	Sue Dawson	35	Shirley Schulz-Robinson	8
	Janice Dilworth	8	Karen Sherwood	2
	Carole Doyle	3	Deirdre Sinclair	3
	Jennifer Evans	17	Sheree Smiltnieks	12
	Murray Fisher	8	Gerda Tolhurst	7
	Valerie Gibson	6	Mary White	2
	Scott Hillsley	14	Ronald Wilson	11
Medical members	John Adams	23	Beth Kotze	7
	Karen Arnold	16	Patricia Morey	39
	Ian Cameron	2	Alison Reid	6
	Mary-Anne Friend	23	Saw Toh	12

## Members of Performance Review Panels

		Cases		Cases
Professional members	Lucy Burns	1	Barbra Monley	1
	Jane Cotter	1	Rosie O'Donnell	2
	Amanda Currie	1	Leigh Schalk	1
	Linda Gregory	1	Karen Sherwood	1
	Ronald Kerr	1	Sheree Smiltnieks	2
	Jenifer Littlewood	1	Susan Kennedy	2
	Daniel McCluskie	1	Jullianne Williams	1
	Ian McQualter	3		
Lay members	Catherine Berglund	1	Susan Lovrovich	1
	Sandra Everett	1	Leonard Mahemoff	1
	Phillip French	1	Wayne Morrison	1
	Rosemary Kusuma	1	Frances Taylor	3

## Meetings and Conferences attended by Council representatives

The Council was represented at the following meetings and conferences:

- Health Education Training Institute – Superguide Launch 28 August 2013
- AHPRA National Registration and Accreditation Scheme Combined Meeting, 20-21 August 2013
- NSW Ministry of Health Nursing and Midwifery Leaders Forum
- Nursing and Midwifery Board of Australia Review of Eligible Midwifery and Nurse Practitioner Regulation Standards Workshop, 8 August 2013
- Sydney University, Masters of Nursing program (Regulation), August 2013
- Nursing and Midwifery Board meeting, 4 September 2013 and 11 March 2014
- Joint AHPRA Director of Notifications and Council Executive Officer meeting
- Leading Age Services NSW Conference 30 May 2014
- ICU Nurses Conference, St George Hospital 11 September 2013
- ARC Linkage Grant stakeholders meeting (quarterly)
- World Health Professions Regulation Conference Geneva 18 & 19 May 2014
- Nursing and Midwifery Board of Australia monthly meeting with State and Territory Chairs
- Ministry of Health Nursing and Midwifery Office quarterly meetings
- HPCA Audit and Risk Committee quarterly meetings
- HPCA Advisory Committee
- Meetings for overseeing projects involving other NSW health professional councils
- Council Presidents' Forum and strategic planning workshop.

## Legislative Changes

### Health Practitioner Regulation National Law

The NSW Parliament passed the *Civil and Administrative Legislation (Repeal and Amendment) Act 2013*. The *Civil and Administrative Legislation (Repeal and Amendment) Act* commenced on 1 January 2014 and is one part of the suite of legislation that established the Civil and Administrative Tribunal of New South Wales (NCAT).

The *Civil and Administrative Legislation (Repeal and Amendment) Act* amended the *Health Practitioner Regulation National Law (NSW)* (the Law) to abolish each of the 14 separate health practitioner Tribunals and to incorporate their functions within the Health Practitioner Division List of the Occupational Division of NCAT. NCAT is now the responsible Tribunal as defined in section 5 of the Law.

Extensive consequential amendments were required to Part 8 of the Law along with minor consequential amendments to Part 5A of the Law and to the *Health Practitioner Regulation (New South Wales) Regulation 2010*.

## Digital Information Security Annual Attestation Statement for the 2013/2014 financial year

I, Adjunct Professor John Kelly, President of the Nursing and Midwifery Council of New South Wales, am of the opinion that the Nursing and Midwifery Council had an Information Security Management System in place during the financial year being reported on which is materially consistent with the Core Requirements set out in the Digital Information Security Policy for the NSW Public Sector with the following exceptions:

### Core Requirement 1 – Information Security Management System

Policy PD2013\_033, *Electronic Information Security Policy - NSW Health* applies to the Nursing and Midwifery Council. Agreement has been received that at its next update the Policy will be amended in view of the changes in NSW since 1 July 2010 following the enactment of the *Health Practitioner Regulation National Law (NSW)* and the commencement of the National Registration and Accreditation Scheme.

The Health Professional Councils Authority's *ICT Strategic Plan*, to be finalised in 2014/2015, will implement the Ministry of Health Policy Directive PD2013\_033 for the Nursing and Midwifery Council.

### Core Requirement 2 – Compliance with Minimum Controls

Full adoption of DFS C2013-5 *Information Classification and Labelling Guidelines* will be completed in 2014/2015. An information security review is planned for 2015/2016 as a prelude to seeking ISO 27001 Certification.

### Core Requirement 3 – Compliance by Shared Service Provider

The Health Professional Councils Authority provided its Digital Information Security Annual Attestation for the 2013/2014 Financial Year to the ICT Board on 30 June 2014.

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

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

## Government Information (Public Access) Act 2009 (GIPA) Statistics 2013/2014

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

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

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

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

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

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

**Table C: Invalid applications**

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

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

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

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

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

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

**Table F: Timeliness**

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

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

	Decision varied	Decision upheld	Total
Internal review	0	0	0
Review by Information Commissioner*	0	0	0
Internal review following recommendation under section 93 of Act	0	0	0
Review by ADT	0	0	0
Total	0	0	0

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

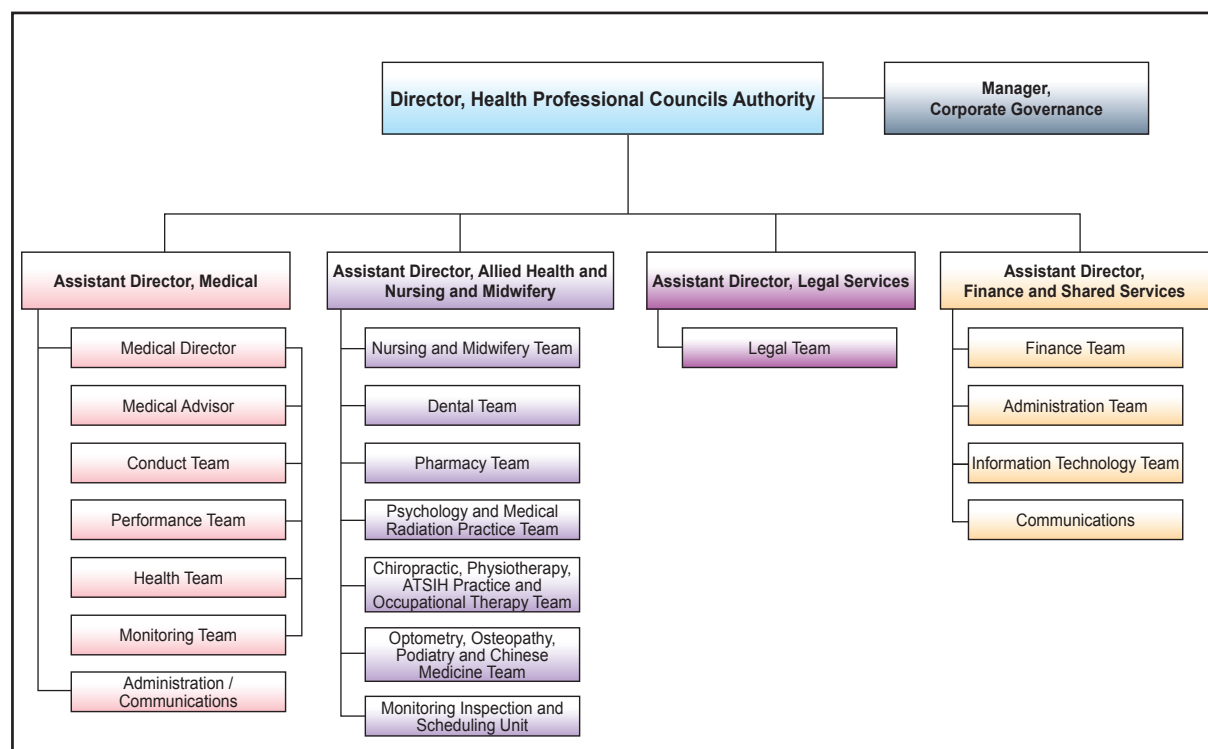
**Table H: Applications for review under Part 5 of the Act (by type of applicant)**

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

## **Public Interest Disclosure Statistics July 2013 – June 2014**

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

## HPCA Organisation Chart as at 30 June 2014



## Workforce diversity statistics

### Trends in the Representation of Workforce Diversity Groups

Workforce Diversity Group	Benchmark/Target	2012	2013	2014
Women	50%	N/A	N/A	85.1%
Aboriginal People and Torres Strait Islanders	2.60%	N/A	N/A	0.0%
People whose First Language Spoken as a Child was not English	19.00%	N/A	N/A	2.3%
People with a Disability	N/A	N/A	N/A	0.0%
People with a Disability Requiring Work-Related Adjustment	1.50%	N/A	N/A	0.0%

### Trends in the Distribution of Workforce Diversity Groups

Workforce Diversity Group	Benchmark/Target	2012	2013	2014
Women	100	N/A	N/A	N/A
Aboriginal People and Torres Strait Islanders	100	N/A	N/A	N/A
People whose First Language Spoken as a Child was not English	100	N/A	N/A	N/A
People with a Disability	100	N/A	N/A	N/A
People with a Disability Requiring Work-Related Adjustment	100	N/A	N/A	N/A

Note 1: A Distribution Index of 100 indicates that the centre of the distribution of the Workforce Diversity group across salary levels is equivalent to that of other staff. Values less than 100 mean that the Workforce Diversity group tends to be more concentrated at lower salary levels than is the case for other staff. The more pronounced this tendency is, the lower the index will be. In some cases the index may be more than 100, indicating that the Workforce Diversity group is less concentrated at lower salary levels.

Note 2: The Distribution Index is not calculated where Workforce Diversity group or non-Workforce Diversity group numbers are less than 20.

## Payments Performance

Quarter	Current (within due date) \$	Less than 30 days overdue \$	Between 30 to 60 days overdue \$	Between 60 to 90 days overdue \$	More than 90 days overdue \$
<b>All suppliers</b>					
September	1,832,116	6,704	-	-	-
December	1,137,594	2,880	-	-	-
March	1,327,468	4,705	2,316	2,494	-
June	1,585,322	11,586	68	2,658	-
<b>Small business suppliers</b>					
September	636,714	5,204	-	-	-
December	178,388	2,400	-	-	-
March	399,398	2,720	2,316	2,494	-
June	291,675	9,455	68	2,376	-

Measure	Sept	Dec	Mar	June
<b>All suppliers</b>				
Number of accounts due for payment	203	121	210	133
Number of accounts paid on time	195	117	205	121
% of accounts paid on time (based on number of accounts)	96.1	96.7	97.6	91
\$ amount of accounts due for payment	1,838,819	1,140,474	1,336,982	1,599,633
\$ amount of accounts paid on time	1,832,116	1,137,594	1,327,468	1,585,322
% of accounts paid on time (based on \$)	99.6	99.7	99.3	99.1
Number of payments for interest on overdue accounts	0	0	0	0
Interest paid on overdue accounts	0	0	0	0

Measure	Sept	Dec	Mar	June
<b>Small business suppliers</b>				
Number of accounts due for payment	173	101	181	101
Number of accounts paid on time	167	97	177	92
% of accounts paid on time (based on number of accounts)	97	96	98	91
\$ amount of accounts due for payment	641,918	180,788	406,927	303,574
\$ amount of accounts paid on time	636,714	178,388	399,398	291,675
% of accounts paid on time (based on \$)	99	99	98	96
Number of payments for interest on overdue accounts	0	0	0	0
Interest paid on overdue accounts	0	0	0	0

# Glossary

## Adjudication Body

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

## Cancellation

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

## Closed Complaint

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

## Complainant

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

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

## Conciliation

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

## Caution

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

## Condition

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

## Notification

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

## Notifiable Conduct/Mandatory Reporting

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

## Open Matter

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

## Order

An order is a decision, condition or restriction placed on a practitioner's registration or practice

## Professional Misconduct

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

## Reprimand

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

## Stage

This refers to the stage at which a matter was at any point in time. These are:

- Assessment by the HCCC and/or Council to determine the course of action to be taken
- Health: the matters primarily relate to determining if the practitioner has a health issue that impacts on practice and the support of the practitioner in managing the health issues to remain in practice
- Performance: the matters primarily relate to determining if the practitioner has a performance issue that impacts on practice and the support of the practitioner in managing the performance issues to remain in practice
- Investigation by the HCCC or being considered by the HCCC for prosecution
- Panel: the matter has been referred to or is being considered by an Impaired Registrants Panel (IRP), a Performance Review Panel (PRP) and Inquiry at a meeting of the Council [except for medical, nursing and midwifery practitioners] or a Professional Standards Committee (PSC) [only for medical, nursing and midwifery practitioners]
- Tribunal: the matter has been referred to or is being heard by the Tribunal
- Appeal/Court: appeals against the decisions of an adjudicating body

## Stream

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

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

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

## Supervision

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

## Suspension

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

## Unsatisfactory Professional Conduct

Conduct which is:

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

Additional matters apply to medical practitioners and pharmacists.

## Abbreviations

AABS	Australian Accounting Standards Board	IAB	Internal Audit Bureau
AHPRA	Australian Health Practitioner Regulation Agency	IRP	Impaired Registrants Panel
ARC	Australian Research Council	MaCS	Monitoring and Complaints System
ATO	Australian Taxation Office	MOH	Ministry of Health
AustLII	Australasian Legal Information Institute	NB	National Board
CAP	Council appointed practitioner	NCAT	NSW Civil and Administrative Tribunal
CAPS	Coaching and Performance System	NRAS	National Registration and Accreditation Scheme
CPI	Consumer Price Index	PA	Performance Assessment
DP	Director of Proceedings	PRP	Performance Review Panel
DPP	Director of Public Prosecutions	PSC	Professional Standards Committee
FTE	Full-time Equivalent	SLA	Service level agreement
GIPA Act	<i>Government Information (Public Access) Act 2009</i>	The Law	<i>Health Practitioner Regulation National Law (NSW) No 86a</i>
GST	Goods and Services Tax	TRIM	Total Records Information Management - the document management system used by the HPCA
HCCC	Health Care Complaints Commission	WRAPP	Waste Reduction and Purchasing Policy
HPCA	Health Professional Councils Authority		

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