



Nursing & Midwifery Council

New South Wales

Annual Report 2013

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

Dear Minister,

On behalf of the Nursing and Midwifery Council of New South Wales we are pleased to submit the Council's third annual report, for the year ending 30 June 2013, for presentation to Parliament.

During 2012/13 the Council continued to manage 652 notifications (complaints) and finalised 432 of these during that time. The Register in NSW includes 94,901 active registrants whose principal place of practice is NSW.

214 nurses and midwives were actively monitored during 2012/13 as their professional practice had been restricted (generally through the imposition of conditions on their registration), or they were suspended from practice. This was done after the consideration of their matter by a Tribunal, Professional Standards Committee, Impaired Registrants Panels or Performance Review Panel, who determined that their practice posed a risk to the public safety. In some cases (70), a decision was made under the immediate action provisions of the *Health Practitioner Regulation National Law (NSW)*, and was only in place for an interim period.

The Council launched an online professional development program this year. This program is designed to members of the Council and those persons appointed by the Council to Impaired Registrants Panels, Performance Review Panels, Professional Standards Committees and the Nursing and Midwifery Tribunal. The program is the first of its kind in Australia, and we hope that it will support more effective decision-making in the regulation of nurses and midwives, and potentially, other regulated health professions.

The Council has also launched a quarterly, electronic newsletter to all registered nurses and midwives in NSW. There has been significant interest within the profession for the case studies presented in the newsletter.

In the next financial year, the Council hopes to complete a number of research-based projects which will give the Council an understanding of best practice internationally and the development of a tool with which to consider the consistency of its decisions. We will also continue to monitor our own administrative targets and improve the speed and efficiency of our processes. We will gather more information about the experiences of those being managed and monitored by the Council. We also hope to work more closely with employers, in order to better protect the public's safety.

The Council will continue to meet the challenges of safeguarding the community and ensuring nursing and midwifery practice is within accepted professional standards.

Yours faithfully



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

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

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

Charter

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

Aims and Objectives

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

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

Council Membership

Since 1 July 2012, the Council has consisted of 15 members appointed by the Governor. The following members held those positions for the full year of the reporting period:

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

Adj Prof John G Kelly AM RN BA(Hons) LLB
GradDipLegPrac FACN AFAM MAPS MAICD (*President*)

Steven Jeffs RN BN GradCert(Onc)
GradCertComm

Francis Ross RN RM PaedCert MRCert BAppSc(Nsg)
MPH FCN

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

Susan Hendy RN RM AdvDipMid BHSc(USQ)
MMid(USQ)

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

Rebecca Roseby EN AdDipNsg MCN

Stephen Brand EN MedicationMgmt(CoN) MCN

- (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 PhD MEd MSc BSc RN
RMN RNT MACHSC FCN MACMHN

Maira Williamson BN RN RM
GradCertHigherEd MHLthAdm PhD

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

Kathryn Adams RN RM BA

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

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

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

Bethne Hart RN Cert 1V TAA
DipClinHypnotherapy BS(SocSc) MPHEd
PhD(UNSW)

- (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 DipMedUltrasonography
MAppSc(QUT) 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 subcommittees of the Council. Council members are reimbursed for expenses incurred only when travelling on official business at Council direction.

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

Attendance at Council Meetings

The Council met on 11 occasions on the first Thursday of each month during the reporting period, except January 2013. Attendance at meetings is as follows:

Name	Meetings Attended
John Kelly	9
Steven Jeffs	11
Francis Ross	4
Susan Hendy	7
Rebecca Roseby	8
Iain Graham	9
Moirra Williamson	9
Kathryn Adams	8
Marie Clarke	9
Stephen Brand	11
Ian Linwood	9
Margo Gill	10
David Spruell	11
Margaret Winn	8
Bethne Hart	8

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 throughout the reporting period to support the Council: Notifications, Counselling, Education and Research, s150 Review, Health Review and Strategic Management.

Each committee's 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 to it by the Council.

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

Notifications Committee

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

The Committee met on 23 occasions during the reporting period. Meetings of the Committee are held on the second and last Friday of each month and are attended by senior officers of the HCCC. 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 nurse. Members were not required to attend all meetings.

Attendance at meetings is as follows:

Name	Meetings Attended
Stephen Brand	10
Marie Clark	9
Margo Gill	18
Bethne Hart	15
Susan Hendy	10
John Kelly	10
Ian Linwood	1
Rebecca Roseby	10
Francis Ross	15
David Spruell	1
Margaret Winn	8

Section 150 Review Committee

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

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

The Committee met 33 times and considered matters relating to 70 nurses and midwives including eight s reviews under ss 150A and 150C of the Law.

Name	Matters Attended
Marie Clark	11
Margo Gill	64
Bethne Hart	10
Susan Hendy	4
John Kelly	45
Ian Linwood	1
Francis Ross	10
David Spruell	2
Moira Williamson	2
Margaret Winn	2
Sue Kennedy (external expert)	1

Health Review Committee

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

One matter was considered by the Health Review Committee during this year.

Name	Meetings Attended
Sue Kennedy	1
Nick Miles	1

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 his or her actions and discuss strategies to improve performance, conduct or behaviour. If necessary, the Committee may provide a reprimand or caution to the practitioner or student.

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

The Committee meets on the first Thursday of the month and when necessary holds extra meetings. It met on 20 occasions in the reporting period and interviewed 43 registrants.

Name	Matters Attended
Stephen Brand	21
Marie Clark	3
Margo Gill	34
Susan Hendy	2
Rebecca Roseby	12
Francis Ross	28
Moira Williamson	2
Sue Kennedy (external expert)	3

Education and Research Committee

Under the Law, the Council may establish an account named the Nursing and Midwifery Education and Research Account. The purpose of the Education and Research Committee is to make recommendations to the Council about the expenditure of this money. The full committee met six times in the year. 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 Clark	1
Margo Gill	3
Iain Graham	3
Susan Hendy	0
John Kelly	3
Moirra Williamson	4
Margaret Winn (Chairperson)	5

Some of the goals for the Committee over the next year are:

- to monitor completion of the Council's newly launched online professional development program and commence work towards a second revision.
- to provide oversight of the completion of three research projects, including a literature review; international case studies; and *Improvement in Quality and Consistency of Decision-Making* project.

Strategic Management Committee

The Committee provides strategic oversight of the Council's activities and makes recommendations to the Council. The Committee has replaced the previous Legal Issues and Finance Committees. It takes a role in monitoring the Council's performance and progress against its strategic plan, assists in setting the Council's annual budget and considers legal issues that may arise.

The Committee revised the Council's delegations manual, monitored progress against the strategic plan and supervised the development of the Council's electronic newsletter. It continued to develop the risk register and the quality framework by reviewing trends in notifications (complaints) and developing a balanced scorecard to monitor the Council's operational performance. The Committee also provided oversight for the development of the 2013/2014 budget.

The Committee met on four occasions during the financial year.

Name	Meetings Attended
Marie Clark	4
John Kelly (Chairperson)	4
Ian Linwood	4
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 s 169 and comprise four members appointed by the Council. The Chairperson is an Australian lawyer. Two members are health practitioners who are registered in the same profession as the practitioner who is the subject of proceedings and one member is a person who is not a registered health practitioner.

The PSC members for 2012/2013 are listed in Appendix 3. There were six matters concluded by PSCs during the year.

Impaired Registrants Panel

Impaired Registrants Panels are established under s 173 of the Law to deal with matters concerning practitioners or students who suffer from a physical or mental impairment which affects or is likely to affect their capacity to practise or capacity to undertake clinical training. The Panel consists of two or three members appointed by the Council. At least one member must be a registered medical practitioner and at least one member must be a registered nurse or midwife. The IRP members for 2012/2013 are listed in Appendix 3. IRPs considered 98 matters during the year of which 42 were reviews.

Performance Review Panels

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

The PRP members for 2012/2013 are listed in Appendix 3. Eleven matters were considered by the PRPs during the year.

Nursing and Midwifery Tribunal

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

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

Tribunal members are listed in Appendix 3. The current Tribunal appointments are for a period of three years from 1 March 2012 until 28 February 2015.

The Tribunal concluded 13 disciplinary matters during the year. The Tribunal also completed one review and 47 appeals only one of which was an appeal against the outcome of a complaint; the remainder were appeals against decisions made by the Nursing and Midwifery Board of Australia. Refer to the Regulatory Activities section for details.

Executive Officer

Under s 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.

Meetings and Conferences

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

- AHPRA National Registration and Accreditation Scheme Combined Meeting, September 2012
- Nursing and Midwifery Board of Australia monthly meeting with State and Territory Chairs
- NSW Ministry of Health Nursing and Midwifery Leaders Forum, 14 March 2012
- International Council of Nurses (ICN)

Conference, Melbourne, 18-22 May 2013

- Nursing and Midwifery Board of Australia Notifications Workshop, 8 August 2012
- NSW Nurses and Midwives' Association Nursing and Midwifery Leaders Forum, 7 September 2012
- AHPRA Directors of Notifications quarterly meetings
- Ministry of Health Nursing and Midwifery Office quarterly meetings
- HPCA Audit and Risk Committee quarterly meetings
- AHPRA Combined National Board Chairs Forum
- Council Presidents' Forum.

Education and Research

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

The Council has developed an online professional development program for Council members and appointees to IRPs, PRPs, PSCs and the Nursing and Midwifery Tribunal available through the NSW Health Education Training Institute.

In the next year the Council will be undertaking three research projects including a literature review; international case studies; and *Improvement in Quality and Consistency of Decision-Making* project.

Overseas Travel

There has been no overseas travel in the reporting period.

Other Council Activities

The Council developed a strategic plan for the period from 1 July 2012 - to 30 June 2015 to focus on the following objectives:

- developing and implementing a quality framework
- developing more efficient and effective business processes
- improving communication between key stakeholders using a variety of strategies, such as improving web-based resources and establishing a regulatory newsletter for practitioners
- developing an education program to

assist members of adjudicating bodies to have a greater understanding of their responsibilities and powers under the Law; and

- commencing a program of research to facilitate the evidence-based management of health, conduct and performance notifications (complaints).

Promotion of Council Activities

A newsletter to nurses, midwives and other stakeholders was launched in 2012/2013. The newsletter provides information about current issues related to the regulation of nurses and midwives and the maintenance of professional standards and public safety.

The Council maintains a website (www.nursingandmidwiferycouncil.nsw.gov.au) and has completed some work to improve its accessibility and content over the last twelve months. The new section of case studies provides an opportunity for everyone to better understand the Council's regulatory processes.

The Council's Annual Reports and the Annual Reports of the former Nurses and Midwives Board are on the website.

Complaints Received About Council Administrative Processes

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

Although no formal complaint has been received, the Council received one notification in relation to its administrative processes about a breach in confidentiality of the name (but no other details) of a person against whom a complaint had been made. The breach was due to human error and the person was informed about the breach and an apology was made.

Legislative Changes

Details of the legislative changes in 2012/2013 are at Appendix 1.

Regulatory Activities

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

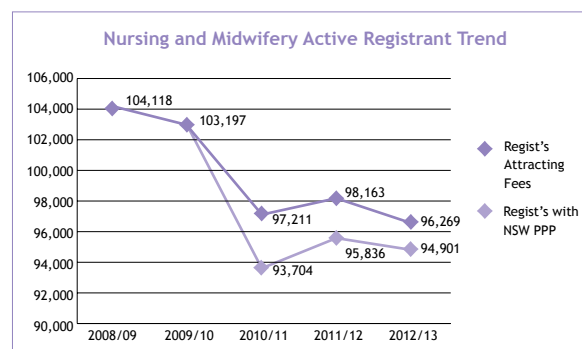
Further information about the operations of the National Board can be obtained on the Australian Health Practitioner Regulation Agency (AHPRA) website (www.ahpra.gov.au).

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 2013, there were 94,901 registered nurses and midwives whose principal place of practice was in NSW. This represents 27.4% of the total number of nurses and midwives registered under the Scheme across Australia.

The graph below provides information about the number of nurses and midwives registered in NSW from 2008/2009 to 2012/2013. There was a 0.01% decrease in 2012/2013 (935 practitioners) compared with 2011/2012.



Students are also registered. AHPRA advised that the number of NSW students registered as at 30 June 2013 was 17,105. Figures are based on the student's residential address, not the location of the education provider.

Registrations by registration type as at 30 June 2013 were as follows:

Profession	Registration Type	Principal Place of Practice (PPP) in NSW	NSW Share of registrants with no PPP listed	Registrants for whom fees were paid to NSW (PPP + no PPP)
Midwife	General	442	15	457
	Non-practising	5	1	6
Nurse	General	82,179	1,255	83,434
	Non-practising	1,562	26	1,588
Nurse and Midwife	General	9,759	64	9,823
	General and Non-practising	628	0	628
	Non-practising	326	7	333
Total		94,901	1,368	96,269

Notifications (Complaints) Received

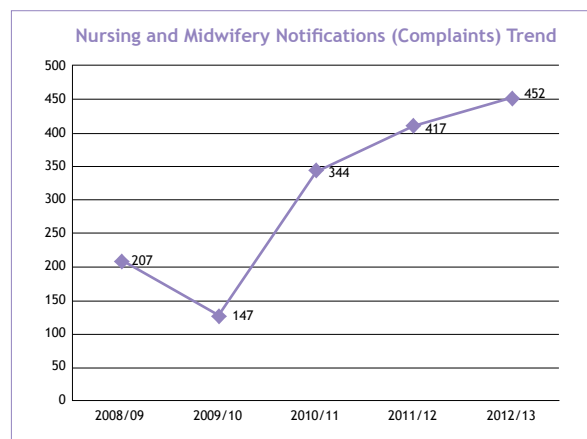
Any person may make a notification (complaint) against a registered nurse or midwife, or student. Notifications (complaints) may relate to the conduct, health or performance of a registered nurse or midwife, or the health or conduct of a registered student. A notification (complaint) may be made to the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

The *Health Care Complaints Act 1993* requires the Council and the HCCC to advise each other about notifications (complaints) received and to consult concerning the course of action to be taken.

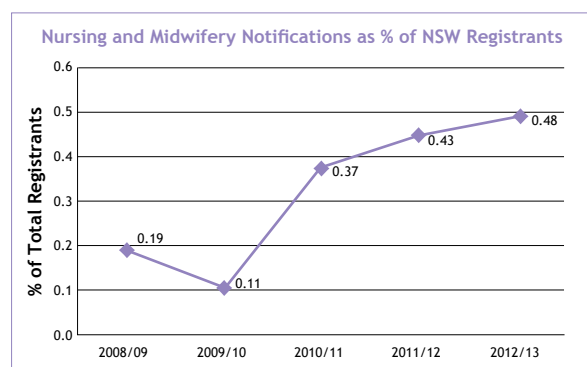
A notification made to the Council is deemed to be also made to the HCCC, and vice versa.

The Council received 452 new notifications (complaints) against 405 individuals during the reporting period.

The following graph indicates the trend in notifications received since 2008/2009 and shows a slight increase in the past year.



The graph below shows the number of notifications (complaints) as a percentage of the total number of registered nurses and midwives in NSW, which is less than 0.48%.



A more accurate measure is the number of nurses and midwives about whom a notification was received (i.e. a nurse or midwife with more than one notification is only counted once in the calculation) as a percentage of the total number of nurses and midwives practising in NSW. These data are only available since 1 July 2010. On this basis, the percentage of nurses who had notifications or complaints made against them in NSW was 0.43% for the year. The number of nurses who have had notifications made against them in the last three years has increased by 0.04% each year since 2010.

	2011/2012	2012/2013	Variance
% of nurses and midwives with notifications received	0.39	0.43	0.04

The notifications (complaints) managed by the Council were as follows:

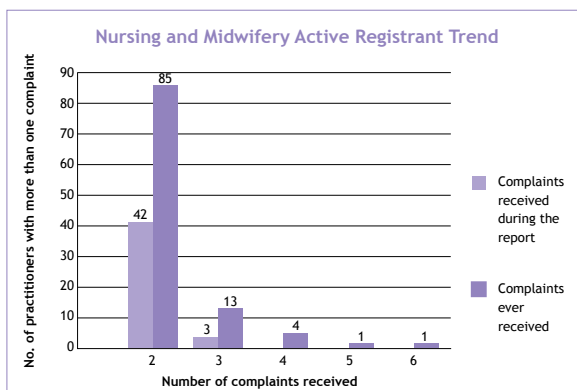
Notifications (Complaints)	2012/2013	2011/2012
Case volume open* at year beginning	201 [^]	197
New notifications received	453	417
Notifications closed	431	407
Case volume open* at year end	222	207 [^]
Total case volume managed	653	614

* See Glossary for definition of open matters

[^] Numbers are not consistent due to a delay in closing cases which were finalised in the previous reporting period

The 452 new complaints received in 2012/2013 were made against 404 nurses and midwives: 359 practitioners had one complaint during the 2012/2013, 42 had two complaints and three practitioners had three complaints. That is 11% (45/404) of nurses and midwives had more than one complaint made against them during the reporting period. Multiple complaints within the reporting period may, at times, be related to the same incident, for example, an employer and a patient may both make a report about a practitioner's behaviour. The number of complaints ever received by a practitioner provides a more accurate picture of recidivism.

Twenty five percent (104/404) of practitioners had more than one complaint ever (i.e. prior to or during the reporting period). The figure below reports the number of individuals who had multiple notifications made against them in the current reporting period and those who have ever had multiple complaints (i.e. either during the current reporting period or in previous years).



When they are received, notifications (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 stream is identified as the primary stream based on the seriousness and issues of concern within the matter. There were 210 new notifications (complaints) classified as relevant to the performance stream, 139 to the conduct stream and 103 to the health stream.

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

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



The source of notifications relates to the organisation or type of person who has made the notification. The number of notifications submitted by different sources in 2012/2013 is provided in the table below:

Sources of Referral	Number of Notifications	Percent
Courts	1	*
HCCC	1	*
AHPRA	7	2
Council	20	4
Government organisation	12	3
Patient	51	11
Carer / relative / friend - patient	72	16
Health practitioner treating patient	8	2
Member of the public	7	2
Self report	27	6
Relative / friend - practitioner	6	1
Employer	169	37
Colleague - practitioner	37	8
Health practitioner / hospital treating practitioner	29	6
Anonymous	5	1
Total	452	100

* <0.3%

Thirty seven percent of individuals who made a complaint or notification did so on behalf of employers; 25% of notifications were made by patients or their friends or relatives; 18% were made by other health practitioners and 6% were self notifications. Six percent of notifications were also made to regulators within NSW (i.e. the Council, AHPRA or the HCCC).

Of the 653 notifications (complaints) managed by the Council in 2012/2013 (this includes notifications still open at the end of 2011/2012), 32% (205) were related to the conduct of practitioners, 43% (284) were related to performance and 25% (164) 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 student has behaved in a way that constitutes notifiable conduct i.e.

For a health practitioner:

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

For a student:

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

AHPRA then refers the matter to the Council for management.

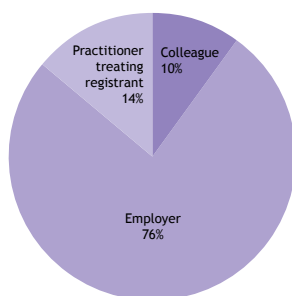
There were 120 mandatory notifications about nurses and midwives (including one student) received during the reporting period as follows:

Category	Number	Percent
Sexual misconduct	3	3
Alcohol or other drugs	43*	36
Impairment	16	13
Departure from standards	58	48
Total	120	100

* Mandatory reports were sometimes made when individuals had misappropriated drugs from the workplace and there may not have been direct evidence that the practitioner was intoxicated while at work

Mandatory notifications represent 26% of all notifications received in the reporting period. Twelve (10%) notifications were made by other health practitioners, 17 (14%) by treating health practitioners and 91 (75%) by employers. No mandatory notifications were made by education facilities. Twenty nine mandatory notifications (24%) resulted in the Council taking immediate action under s 150 of the Law.

Sources of Referral for Mandatory Notifications 2012/2013



The status of mandatory notifications is provided below:

Status of Mandatory Notifications	2012/2013	2011/2012
Mandatory notifications received in prior period but not completed at year beginning	59*	16
Mandatory notifications received	120	77
Mandatory notifications closed	103	42
Mandatory notifications open at year end	76	51*
Total case volume managed in 2012/2013	179	93

* Numbers are not consistent due to a delay in closing cases which were finalised in the previous reporting period

Notifications (Complaints) Management

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

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

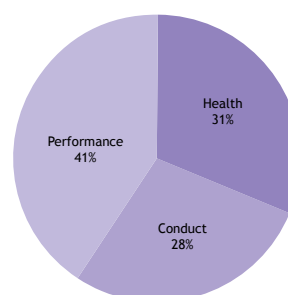
Following consultation with the HCCC, the majority of matters were either discontinued (96) or referred to the Council for further management (250). Thirty eight have not completed assessment at the end of the reporting period. Other outcomes included:

Outcome of Consultation	Number	Percent
Assessment	37	8
Discontinued	96	21
Refer AHPRA - No Jurisdiction	15	3
Refer Council	250	55
Refer HCCC - Investigation	42	9
Refer HCCC - Resolution / Conciliation	7	2
Withdrawn	5	1
Total	452	100

Of notifications managed in 2012/2013, 33% (217/653) were referred during the period for management to other legislated committees or adjudication bodies other than regular Council meetings. Of those matters referred to an adjudication body in this, or prior periods, 74% (161/217) were completed in 2012/2013.

The volumes of notifications that were referred to an adjudication body or for counselling in 2012/2013 are provided in the graph below:

Identified Stream for Notifications Referred to Adjudication Bodies and Counselling in 2012/2013



Protective Orders - Immediate Action under s 150 of the Law

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

During the reporting period, the Council considered taking immediate action on 77 occasions and exercised its powers on 65 occasions. This represents action being considered for 17% (77/452) of notifications received during the reporting period.

Approximately half the matters considered by s 150 proceedings related to health issues such as drug and alcohol, cognitive or mental health disorders.

Issues referred to s 150 proceedings	Number	Percent
Criminal offence / breach of Law	6	8
Sexual misconduct	4	5
Assault	2	3
Alcohol or drug use	26	34
Mental / cognitive health	13	17
Competence / performance	17	22
Review	9	11
Total	77	100

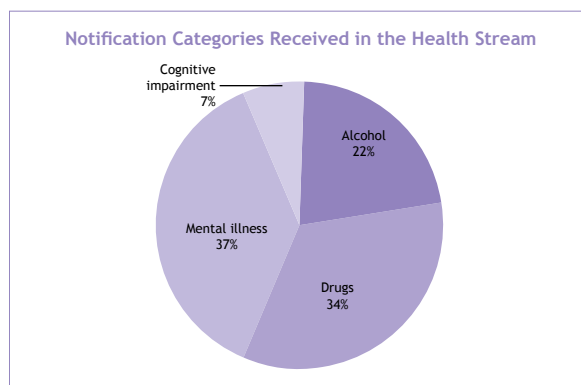
A total of 84% of matters referred for immediate action resulted in conditions being imposed or amended or a suspension of registration.

Outcome of Section 150 Action	Number	Percent
Conditions altered	5	7
Conditions imposed	42	59
Suspended registration	12	17
Decision set aside	2	3
No further action	6	8
Did not proceed	4	6
Total	71	100

Health

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

During the reporting period the Council managed 164 matters in the health stream of which 103 were new health matters and 61 matters carried over from the prior period. Of the new notifications received, 36 matters involved drug addictions, 22 involved an alcohol dependency, 38 related to mental health issues and seven related to cognitive impairment.



Council Appointed Practitioner Assessments

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

The Council managed 73 practitioners by referral for a health assessment during the reporting period. Five of these practitioners had two types of health assessment (neuropsychological and neurological), therefore 78 health assessments were completed. Of these, 64 (88%) were referred to an Impaired Registrants Panel. A further 15 health reassessments were conducted as part of the monitoring processes.

Impaired Registrants Panels

The Law provides for the convening of 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 the nurse's or midwife's capacity to practise.

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

The Panel may counsel the nurse or midwife or, on the recommendation of the Panel, the Council may counsel the nurse or midwife, impose conditions on the registration, or suspend the registration for a period if the Council is satisfied the nurse or midwife, or

student has voluntarily agreed to the conditions or suspension.

Status of IRP Inquiries	2012/2013	2011/2012
Referred to an IRP but not completed at year beginning	27*	10
Referred to an IRP during the year	66	50
IRPs finalised	56	32
Referred to an IRP but not completed at year end	35	28*
Total case volume managed	93	60

* Numbers are not consistent due to a delay in closing cases which were finalised in the previous reporting period

The matters referred to an IRP in 2012/2013 related to the following issues:

Issues referred to IRP	Number	Percent
Drug misuse	28	30
Alcohol misuse	15	16
Capacity / competence	8	9
Impairment / mental health	42	45
Total	93	100

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

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

Outcomes of IRP Inquiries	Number	Percent
Conditions altered*	7	12
Conditions imposed	25	45
Conditions lifted*	4	7
Counselling	1	2
Did not proceed	5	9
No further action	14	25
Total	56	100

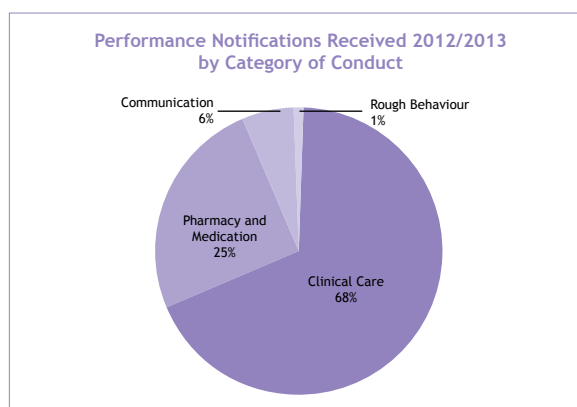
* Conditions imposed under immediate action (s 150 of the law) amended or removed

Performance

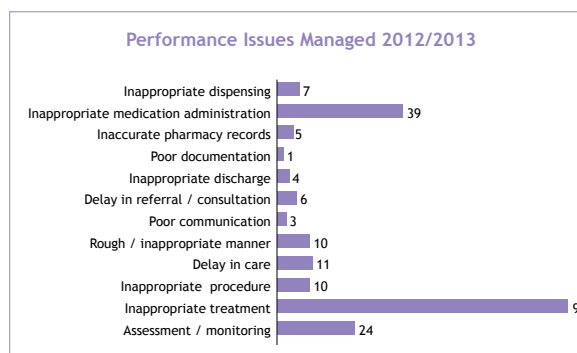
Performance issues generally relate to concerns about the standard of a nurse's or midwife's clinical performance, that is, whether the knowledge, skill or judgement possessed, or care exercised, is significantly below the standard reasonably expected of a nurse or midwife of an equivalent level of training 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. The program aims to address patterns of practice rather than one-off

incidents, unless a single incident is thought to be demonstrative of a broader problem.



There were 284 matters managed in the performance stream in 2012/2013: 210 new matters and 74 matters carried over from the previous year. The performance issues managed in the period were:



There were 210 nurses and midwives managed in the performance program in 2012/2013. The majority were identified with primary performance issues related to inadequate treatment or procedure (care planning and clinical judgement); inappropriate administration or documentation of medications; inadequate assessment or monitoring; delay in care; poor communication, documentation and manner. Most nurses and midwives about whom performance notifications (complaints) were made had more than one issue of concern about their performance.

Performance Assessments

The Council may require a nurse or midwife to participate in a performance assessment to assist it in determining a course of action. The aim of such an assessment is to establish whether the nurse's or midwife's performance is at a standard expected of a similarly trained or experienced nurse or midwife. Consequently, assessments are intended to be broad-based and

not limited to the substance of the matter that triggered them.

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

The Council managed 41 matters which were referred for performance assessment during the reporting period. Of these 19 were concluded during the reporting period and four did not proceed as practitioners ceased to be registered.

Status of Performance Assessments	2012/2013	2011/2012
Registrants referred for a performance assessment but not completed at year beginning	12	10
Registrants referred for a performance assessment during the year	29	20
Registrants for whom performance assessment were completed	19	15
Not registered - no longer required	4	4
Registrants referred for a performance assessment but not completed at year end	18	11*

* Numbers are not consistent due to a delay in closing cases in the previous reporting period

The matters referred to a performance assessment in 2012/2013 related to the following issues:

Issues Assessed during Performance Assessment	Number
Assessment and monitoring	6
Medication administration	13
Care planning and clinical judgement	13
Documentation	11
Communication / attitude / teamwork	5
Infection control / wound care	9
Time management	7
Consultation and referral	3
Care of a deteriorating patient	6
Delegation and supervision	1
Clinical knowledge	3
All competencies	5

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

The outcomes for finalised assessments after Council consideration are provided in the table below:

Outcomes for Performance Assessment	Number
Referred to a PRP	13
Assessment no longer required - practitioner no longer registered	4
No further action - performing within acceptable standards of practice	6
Total	23

The assessment is generally conducted in the nurse's or midwife's own practice environment by assessors appointed by the Council who are familiar with the area of practice of the nurse or midwife concerned.

Nineteen performance assessments were completed during the reporting period. Of these, 13 (81%) were referred to a Performance Review Panel.

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

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

Status of PRP Inquiries	Number
Referred to a PRP but not completed at 1/7/2012	2
Referred to a PRP in 2012/2013	13
PRPs finalised in 2012/2013	11
Referred to a PRP but not completed at 30/6/2013	4
Total case volume managed in 2012/2013	15

The matters referred to a PRP in 2012/2013 are provided in the graph below. The majority of practitioners had more than one issue of concern identified.



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

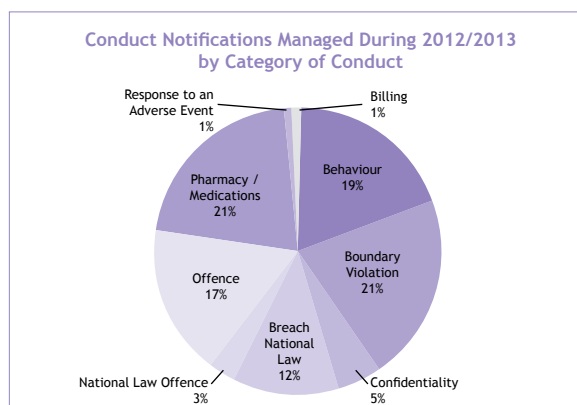
The outcomes of matters following a PRP were:

Outcomes of Performance Review Panels	Number
Conditions imposed on practice	8
Did not proceed - not registered	1
No further action	1
Referred for investigation	1
Total	11

Conduct

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

The total number of nurses and midwives managed in the conduct stream in 2012/2013 was 205: 66 matters carried over from the previous period and 139 new matters. The conduct issues for notifications managed in the period are provided in the graphs below and are primarily related to inappropriate dispensing and use of drugs, aggressive behaviour or threats, boundary violations and either criminal offences or breaching the national law.



The conduct issues identified during the year are included in the following graph:



Investigations by the Health Care Complaints Commission (HCCC)

During 2012/2013, 37 matters were investigated by the HCCC and finalised during the reporting period. The outcomes were as follows:

Closed Complaints which had Investigations	Number	Percent
Referred to Council	11	30
HCCC - No action after investigation	4	11
Surrender	6	16
Refer to PSC	4	11
Refer to Tribunal	12	32
Total investigations finalised	37	100

* Note: These numbers may vary from data provided by the HCCC due to different time frames and criteria for closing matters.

The following table provides the status for an additional 45 matters which have been referred to the HCCC for investigation but have not been finalised.

Open Complaints referred to Investigation	Number	Percent
Investigation ongoing	33	73
Referred to Director of Proceedings	8	18
Referred to Tribunal (waiting receipt of signed complaint)	1	2
Referred to Council for management following investigation but matter not closed	3	7
Total	45	100

Reviews by the Council

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 under s 150 of the Law or on the recommendation of an Impaired Registrants Panel may request a review of the conditions or suspension by the Council.

The Council conducted 42 reviews for practitioners who had restrictions as a result of Impaired Registrant Panels. The outcomes for the IRP reviews are provided below.

IRP Review Outcomes 2012/2013	Number	Percent
Registration suspended	1	2
Conditions altered	22	52
Conditions remain the same	9	21
Conditions lifted	9	21
Did not proceed	1	2
Total	42	100

The Council also conducted 8 reviews for practitioners who had s 150 action taken in relation to their registration. The outcomes of these reviews are provided below.

S 150 Review Outcomes 2012/2013	Number
Registration suspended	2
Conditions altered	3
Decision set aside	2
Did not proceed	1
Total	8

Professional Standards Committee

Notifications (complaints) which may lead to a finding of unsatisfactory conduct are usually referred to a Professional Standards Committee (PSC). A PSC takes an investigatory approach

rather than a strict adversarial format. Unlike a court, a PSC is not bound to observe the strict rules governing the admissibility of evidence and can inform itself on a matter in a manner it deems appropriate within its powers.

A PSC may do one or more of the following:

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

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

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

Status of PSC Inquiries	2012/2013	2011/2012
Matters referred to a PSC but not completed at year beginning	4	14
Matters referred to a PSC during the year	4	3
Matters where a PSC was completed	6	13
Matters referred to a PSC but not completed by year end	2	4
Total case volume managed	8	17

The matters referred to a PSC in 2012/2013 related to examination and treatment provided to patients.

Matters referred to a PSC	Number
Assault	1
Competence	2
Assessment of patients	2
Treatment	3
Total	8

The outcomes for the six matters finalised by the PSC in 2013/2013 were as follows:

Outcomes of PSC Inquiries	Number
Reprimand only	1
Conditions imposed	1
Conditions and reprimand / caution	3
Dismissed - no further action	1
Total	6

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

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

Nursing and Midwifery Tribunal

The Nursing and Midwifery Tribunal deals with serious notifications (complaints) that may lead to suspension or deregistration; appeals against Council decisions regarding regulatory matters and appeals against decisions of the National Board in relation to registration matters.

The Tribunal finalised 13 disciplinary matters.

Tribunal Matters	2012/2013	2011/2012
Matters referred to a Tribunal but not completed at year beginning	12	14
Matters referred to a Tribunal during the year	12	13
Matters completed by a Tribunal	13	15
Matters referred to a Tribunal but not completed by year end	11	12
Total case volume managed	24	27

During the reporting period, the Tribunal finalised the following matters:

Name	Date of Decision	Outcome Summary
Maria Santos	04/09/2012	Cancelled registration
Kelly Randall	04/09/2012	Cancelled registration
Gregory Pearsall	13/09/2012	Cancelled registration
Lorna Karja	25/09/2012	Conditions / reprimand
Gavin Stewart	28/09/2012	Critical Compliance Order / Conditions
Lisa Belkadi	31/10/2012	Cancelled registration

Shu Zhang	18/12/2012	Cancelled registration
Bhaves Shah	12/03/2013	Cancelled registration
Jane Waddell	16/03/2013	Cancelled registration
Alexander Townsend	27/03/2013	Conditions imposed
Amanda Twomey	19/06/2013	Suspend for a defined period
Kelda Brown	20/06/2013	Cancelled registration

One case did not proceed as the person was no longer registered. The Reasons for Decision of the Tribunal are published in full on the Australasian Legal Information Institute website (www.austlii.edu.au) or may be accessed via the Council's website.

Nursing and Midwifery Tribunal Reviews

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

Tribunal Reviews	2012/2013	2011/2012
Matters referred to a Tribunal for a review but not completed at year beginning	1	2
Matters referred to a Tribunal for a review	2	6
Matters completed by a Tribunal for a review	1	5
Matters referred to a Tribunal for a Review but not completed by year end	2	3
Total case volume managed	3	8

The Tribunal review finalised during the reporting period was dismissed.

Appeals to the Tribunal

Nurses and midwives who have had conditions imposed on their registration by the Council or a Performance Review Panel, had their registration suspended by the Council, or who have had a request for review of conditions or suspension refused by the Council, may appeal to the Tribunal. Practitioners may also lodge an appeal 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	2012/2013	2011/2012
Appeals lodged but not completed at year beginning	12	2
Appeals lodged	51	42
Appeals completed	47	32
Appeals lodged but not completed	16	12
Total case volume managed	63	44

Almost all of the appeals to the Tribunal were appeals against decisions made under the Law by the Nursing and Midwifery Board of Australia as follows:

Applications for Tribunal Appeals	Number
Appeal against Nursing and Midwifery Board of Australia decision about registration status	62
Appeal against a PSC decision by the HCCC	1
Total	63

During the reporting period there were 47 appeals to the Tribunal. The outcomes of these are provided below.

Tribunal Appeals	Number
Withdrawn	44
Dismissed	2
Upheld - conditions amended	1
Total	47

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 2012/2013.

Notifications (Complaints) Outcomes

The outcomes of all notifications (complaints) closed in 2012/2013 are summarised below. About 30% of matters did not require investigation or referral to a regulatory or adjudicating body. A little over a quarter were dealt with by either written or face to face counselling. Sixteen percent had no further action following a Council process and a similar proportion had a reprimand or restrictions imposed on their registration following an inquiry.

The outcomes of these matters were as follows:

Outcomes of Closed Notifications 2012/2013	Number	Percent
No Jurisdiction	6	1
Withdrawn	7	2
Discontinued at assessment	114	26
Referred to AHPRA	11	3
HCCC resolution	3	1
HCCC conciliation	6	1
No further action following investigation	3	1
No further action following Council process	67	16
Written counselling comments	57	13
Counselling	55	13
Reprimand	1	*
Order for education	1	*
Conditions by consent	34	8
Conditions imposed	15	3
Conditions / reprimand	4	1
Critical compliance condition	1	*
Suspend for definite period	1	*
Cancel registration	10	2
Non-Practising Registration	2	*
Failed to reapply / surrender	34	8
Total	432	100

* <0.5%

Of the notifications referred to the Council and closed in 2012/2013, 67 (16%) were considered to require no action by the Council. The reasons for closing the matters were as follows:

Reasons for No Further Action	Number
Practice within acceptable standards	4
Not registered	2
Matter already dealt with	4
Insufficient evidence	3
Matter already in investigation	1
Not related to the practice of nursing / midwifery	5
Employer appropriately managing	6
Dealt with by written advice	3
Health assessment - not impaired	6
Managing health issue - not impaired	12
Performance assessment - competent	4
Panel - no further action required	17
Total	67

The stage at which matters were closed is as follows:

Stage* at Closure of Notification	Number	Percent
Assessment	168	39
Health	98	23
Performance	69	16
Investigation	11	3
Panel (IRP, PRP, PSC)	73	17
Tribunal	13	3
Appeal / Court	1**	

* See Glossary for description of each stage-

** Appeal was an appeal to the Tribunal about a decision of a PSC
- this matter is included in the Panel stage and is not counted in the total

Notifications Received Under Former Nurses and Midwives Act 1991

The Council finalised 11 matters that had been were lodged with the former Nurses and Midwives Board. Complex matters in particular may take a number of years to finalise and at the end of the reporting period there were four matters referred to the Tribunal still to be finalised.

Matters under the former Act	2012/2013	2011/2012
Open matters under former Act at year beginning	15	66
Matters under former Act closed	11	51
Matters under former Act open at year end	4	15

The outcomes for the former Law matters are as follows:

Outcomes of matters under the former Act	Number
Cancellation of registration	6
Surrendered registration	1
Critical compliance condition	1
Conditions and reprimand	2
Reprimand	1
Total	11

All of the four former Law notifications not closed during 2012/2013 have been referred to the Tribunal.

Counselling

The Council may direct a nurse or midwife, or student to attend for 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.

During the reporting period, the Council managed 55 notifications by directing the practitioner to attend for counselling. There were no students referred to counselling.

Matters referred for Counselling	Number
Matters referred for counselling but not completed at 1/7/2012	7
Matters referred for counselling in 2012/2013	55
Matters completed for counselling in 2012/2013	43
Matters referred for counselling but not completed at 30/6/2013	19
Total case volume managed in 2012/2103	62

The practitioners were counselled in relation to the following issues:

Issues considered by the Counselling Committee	Number
Assault	1
Boundary crossing	3
Fraud	1
Offence	1
Drug use	5
Alcohol use	1
Manner	3
Confidentiality	5
Performance	29
Practice management	3
Medication administration	6
Competence	1
Failure to attend patients	3
Total	62

Of the 43 matters where counselling was undertaken, 41 were finalised following counselling. Two registrants who completed counselling were referred for further action, one registrant was referred for performance assessment and following a PRP had conditions on registration imposed and one registrant was referred for investigation. Three matters did not proceed as the practitioners were no longer registered and counselling for 19 matters will be conducted in the next reporting period.

Matters Referred to Another Entity

During the reporting period, the Council directed 11 matters to AHPRA. These related to cases where the individual was no longer registered but who had notifications 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 or advertising.

Matters Referred to the HCCC for Assisted Resolution and Conciliation

The Council may refer a notification to the HCCC for assisted resolution or conciliation to be dealt with under the *Health Care Complaints Act 1993*. In 2012/2013, there were nine matters referred to the HCCC for either of these actions.

Outcomes of Mandatory Notifications

The outcomes of the 103 mandatory notifications completed in the reporting period were as follows:

Outcome	Number	Percent
Withdrawn	1	1
No jurisdiction	1	1
Discontinued	8	8
No Further action following Council process	12	12
Written counselling	19	19
Face-to-face counselling	16	16
No further action following investigation	1	1
Finding no orders	2	2
Conditions by consent	19	18
Conditions imposed	7	7
Cancel	2	2
Surrender	13	13
Non-practising	2	2
Total	103	100

Thirty-four percent of practitioners with mandatory notifications which were finalised during the reporting period had some form of counselling, 28% had conditions on registration or their registration cancelled, 15% surrendered their registration or changed to non-practising registration and 21% required no further action following assessment or investigation.

Monitoring and Compliance of Orders and Conditions

The Council is responsible for monitoring compliance with orders made and conditions imposed by the Nursing and Midwifery Tribunal, a Council Inquiry, a PRP, an immediate action (s150) decision, or conditions following an IRP.

Conditions fall into two categories:

a) practice conditions, which are published on

the AHPRA website (www.ahpra.gov.au) or

b) health conditions, which are not published.

During the year, 213 cases were monitored, and 159 remain active as at 30 June 2013.

Status of Monitoring Matters	2012/2013	2011/2012
Practitioners monitored at year beginning	130	105
Practitioners commencing monitoring during the year	83	94
Practitioners for which monitoring was completed	54	71
Practitioners under monitoring as at year end	159	128
Total practitioners managed	213	199

Number of monitoring cases by stream					
Stream	As at 1/7/2012	Commenced 2012/2013	Completed 2012/2013	As at 30/6/13	Total managed 2012/2013
Conduct	49	21	25	45	70
Health	66	46	25	87	112
Performance	15	16	4	27	31
Total	130	83	54	159	213

The monitoring matters managed in 2012/2013 related to the following conditions:

Matters Monitored	Number
Supervision of practice	126
Education or training required	44
Mentoring	16
Restrict access to scheduled drugs	25
Not in charge or sole practitioner	45
Not provide care to children	2
Records audited	1
Urine drug testing	30
Alcohol testing	10

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

Throughout the year effective working relationships with AHPRA facilitated compliance monitoring across both organisations.

Management and Administration

Shared Services

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

On behalf of the Councils, the HPCA liaises with:

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

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

The Council and the HPCA have signed a three year service level agreement (SLA) effective from 1 July 2012. The SLA articulates 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.

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 Council's 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.

The Council releases all new and revised policies and other information publicly 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:

- Nursing and Midwifery Council Annual Report 2012
- Conflict of Interest Policy
- Gifts and Benefits Policy
- Reporting Corrupt Conduct
- Remuneration and Payment Policy
- Official Travel Policy
- Audit and Risk Charter
- Complaint Handling Policy
- Documents and Subpoena - information
- CDT - Carbohydrate-Deficient Transferrin Testing: Summary of Procedures and Policy Document
- EtG - Urine Ethyl Glucuronide Testing Policy
- UDT - Urine Drug Testing: Policy and Summary of Procedures

The Council also published two newsletters in March and June 2012 and has case studies from the performance and health pathways available on its webpage.

The Council also complies with NSW Government policies and procedures including those that are available on the Department of Premier and Cabinet, Public Service Commission and the NSW Ministry of Health websites.

Number of Access Applications Received

The Council received no formal access applications (including withdrawn applications excluding invalid applications).

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

The Council refused no applications (either wholly or partly) 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 Appendix 2.

Privacy

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

The Council received no complaints regarding privacy matters.

The Council has adopted the NSW Health Privacy Management policy pending development of a specific privacy management plan. A number

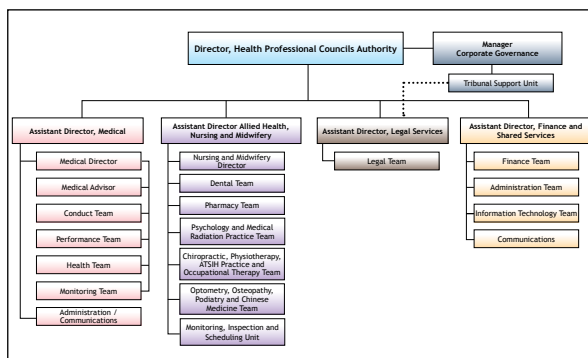
of staff attended privacy awareness training conducted by the Office of the Information and Privacy Commissioner.

Human Resources

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

As at 30 June 2013 the HPCA employed 97 permanent full-time equivalent (FTE) staff and two temporary FTE staff, of whom 10 FTE staff provided secretariat support directly to the Council.

HPCA Organisation Chart as at 30 June 2013



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. Individual staff training needs are identified through the Coaching and Performance System (CAPS).

Staff attended training sessions on:

- GIPA, privacy management and public interest disclosure 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 National Law (NSW)* - regulatory responsibilities and Council processes to protect the public
- HCCC webinars on topics including mandatory reporting, professional boundaries, incident disclosure
- Managing complaint calls and enquiries
- Writing decision documents, writing minutes.
- Work health and safety
- Staff selection techniques

- NMBA notifications workshop
- Managing conflict
- Audit training
- Mental health and substance abuse management
- Procedural fairness
- Professional leaders' forum.

Details are at Appendix 5.

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 Public Interest Disclosure policy and information is available on the Councils website 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:

July 2012 - June 2013	
Number of public officials who made PIDs	0
Number of PIDs received	0
Of PIDs received, number primarily about:	
Corrupt conduct	0
Maladministration	0
Serious and substantial waste	0
Government information contravention	0
Number of PIDs finalised	0

Audit and Risk Management

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

In 2012/2013 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. On the Committee's advice the HPCA established the role of Chief Audit Executive, which is fulfilled by the HPCA Assistant Director, Legal.

During the year the HPCA implemented the recommendations of the Audit Office of NSW 2011/2012 Management Letter, developed a business continuity management framework and commissioned a review of the 2012/2013 budget process following the identification of certain errors and omissions in some budget line items. These matters have been addressed and monitored through the 2013/2014 budget development process.

The business continuity management framework comprises a policy, Business Continuity Plan and procedures. Members of the Recovery Team have received training and been issued with documents and resources in case of an emergency. Documentation of an IT disaster recovery plan has been initiated and will be completed during 2013/2014.

IAB is commissioned to undertake the internal audits nominated in the internal audit plan. The IAB conducted an internal audit of the HPCA's Workforce Management Framework, which identified the need for a more consistent approach to performance monitoring, and improving turnaround times on recruitment activity. All of the review's recommendations were accepted and are being addressed.

A review of monitoring of practitioners with orders and/or conditions on their registration commenced in June 2013.

Information Management and Systems

Further improvements have been achieved to information management, control and reporting. System modifications have been 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 ongoing training and support as changes are implemented and the accuracy and reliability of reporting is improving.

The TRIM records management system has been further embedded in practice. The Business Classification Scheme was reviewed and is being modified to address the specific needs of Councils. Training has been a focus and priorities developed to promote the use of TRIM to meet State Records compliance requirements.

Exemptions from the Reporting Provisions

As a small statutory body, the Council is exempt from certain reporting provisions and provides a

triennial report in relation to:

- multicultural policies and services programs
- disability services
- equal employment opportunity
- occupational health and safety, and
- waste management (WRAPP).

The Council last reported on these provisions in the 2010/2011 Annual Report and will next report in 2013/2014. The Council continued to meet its compliance obligations with regard to each of these matters and remains committed to implementing the relevant policy requirements.

Consultants

The health professional Councils together commissioned six consultancies related to Council business process improvement, system improvements and the ongoing development of the HPCA's shared services to Councils.

The Council made the following contribution to these consultancies:

Service Provided	Number	Cost inc. GST \$
Administration	2	21,597.50
Council business processes	1	39,768.05
Financial management	1	15,691.31
Information management and systems	2	4,660.32
Total	6	81,717.18

Business Process Improvement

Through the course of several reviews (including of Council business planning processes), risk assessment and the 2011/2012 Council Satisfaction Survey a number of Councils and the HPCA identified the need to embark on a project to analyse selected core processes and to develop maps and procedure documents to guide work processes and decision-making. A consultant was engaged to undertake the project.

The purpose of process mapping is to optimise efficiency and provide support tools to staff and Councils and to help manage workflow and assist with sound decision-making.

The consultants in consultation with staff are working on process maps for the management of correspondence, handling notifications and immediate action, and refinement of the business classification scheme for records management.

Insurance

The Council's insurance activities are conducted by the HPCA through the NSW 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.

Annual Report Costs

The Council did not produce printed copies of this Annual Report in accordance with the Premier's Memorandum *Production costs of Annual Reports* (M2013-09). The total cost of layout and design was \$817.01 (GST inc.), which is significantly lower than in previous years.

The report is published on the Council's website.

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 a revised cost allocation methodology for the distribution of shared costs across all Councils. The methodology is largely based on Council activity and provides a formula to apportion shared services staff, facilities and other resources. The methodology will be reviewed in 2013/2014 to ensure that it is equitable and is the best means of cost allocation.

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 starting on page 28.

Performance

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

	\$
Operating expenditure	5,652,981
Revenue	6,775,669
Net profit/(loss)	787,840
Net cash reserves (cash and cash equivalents minus current liabilities)*	2,136,957
* Included in the net cash reserves is Education and Research bank account balance of:	246,500

Investment Performance

The Council, through a Special Interest Arrangement with the Commonwealth Bank of Australia earned an average of 2.81% p.a. on all bank account balances.

Payments Performance

The Council's accounts are managed by the Health Administration Corporation. The consolidated accounts payable performance report for all 14 Councils is as shown below:

Quarter	Current (within due date) \$	Less than 30 days overdue \$	Between 30 to 60 days overdue \$	Between 60 to 90 days overdue \$	More than 90 days overdue \$
All suppliers					
September	1,201,178	620	0	218	0
December	1,106,321	26,167	0	165	0
March	1,310,988	1,225	0	657	0
June	1,758,606	4,583	141	1,758	0
Small business suppliers					
September	426,997	620	0	218	0
December	255,185	11,203	0	165	0
March	501,058	1,225	0	657	0
June	678,088	3,106	0	706	0

Measure	Sept	Dec	Mar	June
All suppliers				
Number of accounts due for payment	158	130	130	198
Number of accounts paid on time	156	105	128	177
% of accounts paid on time (based on number of accounts)	98.7	80.8	98.5	89.4
\$ amount of accounts due for payment	1,202,016	1,132,653	1,312,870	1,765,088
\$ amount of accounts paid on time	1,201,178	1,106,321	1,310,988	1,758,606
% of accounts paid on time (based on \$)	99.9	97.7	99.9	99.6
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
Small business suppliers				
Number of accounts due for payment	141	112	120	170
Number of accounts paid on time	139	96	118	156
% of accounts paid on time (based on number of accounts)	98.6	85.7	98.3	91.8
\$ amount of accounts due for payment	427,835	266,553	502,940	981,900
\$ amount of accounts paid on time	426,997	255,185	501,058	678,088
% of accounts paid on time (based on \$)	99.8	95.7	99.6	99.4
Number of payments for interest on overdue accounts	0	0	0	0
Interest paid on overdue accounts	0	0	0	0

The HPCA is confirming relevant details with small business suppliers in accordance with Treasury Circular TC11/21.

Budget

The budget for the period 1 July 2013 to 30 June 2014 is as follow:

	\$
Revenue	7,183,686
Operating expenses	6,294,300
Education and research	116,500
Net profit/(loss)	773,671



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 2013, 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 2013, 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

24 October 2013
SYDNEY

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

YEAR ENDED 30 JUNE 2013

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 2013 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.


Council Member:

Date: 22 October 2013


Council Member:

Date: 22 October 2013

Nursing and Midwifery Council of New South Wales

Statement of Comprehensive Income for the Year Ended 30 June 2013

		2013	2012
	Notes	\$	\$
EXPENSES EXCLUDING LOSSES			
Operating expenses			
Personnel services	2(a)	(2,628,377)	(3,296,639)
Other operating expenses	2(b)	(1,848,992)	(1,840,923)
Depreciation and amortisation	2(c)	(155,697)	(289,775)
Finance costs	2(d)	(4,723)	(8,788)
Other expenses	2(e)	(964,962)	(1,029,797)
Education and research expenses	3	(50,230)	-
Total Expenses Excluding Losses		<u>(5,652,981)</u>	<u>(6,465,922)</u>
REVENUE			
Registration fees		6,593,151	5,508,833
Interest revenue	5(a)	148,774	225,831
Other revenue	5(b)	33,744	2,489
Total Revenue		<u>6,775,669</u>	<u>5,737,153</u>
Gain/(Loss) on disposal/additions	6	<u>(334,849)</u>	<u>3,317</u>
Net Result		<u>787,839</u>	<u>(725,452)</u>
Other comprehensive income		-	-
Total Comprehensive Income		<u>787,839</u>	<u>(725,452)</u>

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 2013

	Notes	2013 \$	2012 \$
ASSETS			
Current Assets			
Cash and cash equivalents	7	9,110,334	7,670,363
Receivables	8	319,413	669,768
Total Current Assets		9,429,747	8,340,131
Non-Current Assets			
Plant and equipment			
Leasehold improvements		233,101	458,245
Motor vehicles		5,072	13,717
Furniture and fittings		47,652	103,755
Other		74,429	180,759
Total plant and equipment		360,254	756,476
Intangible assets	10	144,832	339,117
Total Non-Current Assets		505,086	1,095,593
Total Assets		9,934,833	9,435,724
LIABILITIES			
Current Liabilities			
Payables	11	1,052,945	1,526,585
Fees in advance	12	5,920,433	5,611,100
Total Current Liabilities		6,973,378	7,137,685
Non-Current Liabilities			
Fees in advance	12	45,122	-
Provisions	13	109,725	279,270
Total Non-Current Liabilities		154,847	279,270
Total Liabilities		7,128,225	7,416,955
Net Assets		2,806,608	2,018,769
EQUITY			
Accumulated funds		2,806,608	2,018,769
Total Equity		2,806,608	2,018,769

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 2013

	Notes	Accumulated Funds \$
Balance at 1 July 2012		2,018,769
Changes in accounting policy		-
Correction of errors		-
Restated Total Equity at 1 July 2012		<u>2,018,769</u>
Net Result for the Year		787,839
Other comprehensive income		-
Balance at 30 June 2013		<u><u>2,806,608</u></u>
Balance at 1 July 2011		2,744,221
Changes in accounting policy		-
Correction of errors		-
Restated Total Equity at 1 July 2011		<u>2,744,221</u>
Net Result for the Year		(725,452)
Other comprehensive income		-
Balance at 30 June 2012		<u><u>2,018,769</u></u>

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 2013

	Notes	2013 \$	2012 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Payments			
Personnel services		(2,737,924)	(3,265,533)
Other		(3,022,906)	(2,620,507)
Total Payments		<u>(5,760,830)</u>	<u>(5,886,040)</u>
Receipts			
Receipts from registration fees		7,086,547	7,313,485
Interest received		154,817	227,894
Other		313	3,039
Total Receipts		<u>7,241,677</u>	<u>7,544,418</u>
Net Cash Flows from Operating Activities	17	<u>1,480,847</u>	<u>1,658,378</u>
CASH FLOWS FROM INVESTING ACTIVITIES			
Proceeds from sale of plant and equipment		446	37,248
Purchases of plant and equipment and intangible assets		(41,322)	(747,014)
Net Cash Flows from Investing Activities		<u>(40,876)</u>	<u>(709,765)</u>
CASH FLOWS FROM FINANCING ACTIVITIES			
Net Cash Flows from Financing Activities		<u>-</u>	<u>-</u>
Net Increase/(Decrease) in Cash		1,439,971	948,612
Opening cash and cash equivalents		7,670,363	6,721,750
Closing Cash and Cash Equivalents	7	<u>9,110,334</u>	<u>7,670,363</u>

The accompanying notes form part of these financial statements.

Nursing and Midwifery Council of New South Wales

Notes to the Financial Statements

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

a. Reporting Entity

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

These financial statements for the year ended 30 June 2013 have been authorised for issue by the Council on 22 October 2013.

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

Effective from 1 July 2012, the Health Professional Councils Authority (HPCA) introduced an agreed cost sharing arrangement for the distribution of pooled costs between health professional Councils. This was a change from the cost sharing arrangements from prior years.

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

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 (HCCC).

Under s 26A of the Law, the complaints element of the registration fees payable during 2013 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 2013 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

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.

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

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 \$1,609 (2011/2012 - \$3,005) (all Council shared use asset), or \$2,386 (2011/2012 - \$3,654) (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 1.7% - 4%

v. Revaluation of Plant and Equipment

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

vi. Maintenance

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

vii. Intangible Assets

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

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

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

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

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

k.

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

viii. Loans and Receivables

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

l. 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

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

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

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

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

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

iii. Provision for Make Good

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

m. Equity

Accumulated Funds

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

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.

Nursing and Midwifery Council of New South Wales

Notes to 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, amendments to standards and interpretations are effective for annual periods beginning after 1 July 2013, 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 NSWTC13/02 circular which states none of the new or revised Standards of Interpretations are to be adopted early.

List of new standards that are relevant to the Council are as follows:

- a) AASB 9 Financial Instruments (2010), AASB 9 Financial Instruments (2009)
- b) AASB 13 Fair Value Measurement (2011)

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:

	2013	2012
	\$	\$
Salaries and wages (including recreation leave)	2,208,918	2,783,064
Superannuation	227,737	274,704
Payroll taxes	158,399	209,415
Workers compensation insurance	33,323	29,456
	<u>2,628,377</u>	<u>3,296,639</u>

b. Other Operating Expenses

	2013	2012
	\$	\$
Auditor's remuneration	15,785	17,000
Rent and building expenses	377,741	717,395
Council fees	25,988	28,881
Sitting fees	490,721	445,889
Contracted labour	938,757	631,758
	<u>1,848,992</u>	<u>1,840,923</u>

c. Depreciation and Amortisation Expense

	2013	2012
	\$	\$
Depreciation		
Motor vehicles	2,345	7,182
Furniture and fittings	11,912	-
Other	49,941	67,908
	<u>64,198</u>	<u>75,090</u>
Amortisation		
Leasehold improvement	18,656	16,438
Intangible assets	72,843	198,247
	<u>91,499</u>	<u>214,685</u>
Total Depreciation and Amortisation	<u>155,697</u>	<u>289,775</u>

Nursing and Midwifery Council of New South Wales

Notes to the Financial Statements

d. Finance Costs

	2013	2012
	\$	\$
Unwinding of discount rate on make good provision	4,723	8,788
	<u>4,723</u>	<u>8,788</u>

e. Other Expenses

	2013	2012
	\$	\$
Subsistence and transport	102,608	82,672
Fees for service	627,405	698,653
Postage and communication	40,295	49,980
Printing and stationery	60,299	72,384
Equipment and furniture	7,653	8,593
General administration expenses	126,702	117,515
	<u>964,962</u>	<u>1,029,797</u>

3. EDUCATION AND RESEARCH

a. Education and Research Expenses

	2013	2012
	\$	\$
Grants	-	-
Other expenses	50,230	-
Total (excluding GST)	<u>50,230</u>	<u>-</u>

b. Education and Research Account Receipts and Payments Reconciliation

	Notes	2013	2012
		\$	\$
Opening balance 1 July 2012		255,767	245,867
Deposits		-	-
Interest		6,963	9,900
		<u>262,730</u>	<u>255,767</u>
Outgoings		(16,230)	-
Closing Balance 30 June 2013	7	<u>246,500</u>	<u>255,767</u>

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

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

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

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

5. (a) INTEREST REVENUE

	2013 \$	2012 \$
Interest revenue from financial assets not at fair value through profit or loss	148,774	225,831
	<u>148,774</u>	<u>225,831</u>

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

	2013 %	2012 %
Weighted Average Interest Rate		2.814

(b) OTHER REVENUE

	2013 \$	2012 \$
Make good revenue resulting from decrease in make good provision	33,431	
Other revenue	313	2,489
	<u>33,744</u>	<u>2,489</u>

6. GAIN/(LOSS) ON DISPOSAL/ADDITIONS

	2013 \$	2012 \$
Plant and equipment		
Net book value disposed/acquired during the year	(203,665)	(33,932)
Proceeds from sale/acquisition costs	446	37,249
	<u>(203,219)</u>	<u>3,317</u>
Intangible assets		
Net book value disposed/acquired during the year	(131,630)	-
Proceeds from sale/acquisition costs	-	-
	<u>(131,630)</u>	<u>-</u>
Total Gain/(Loss) on Disposal/Additions	<u>(334,849)</u>	<u>3,317</u>

Included in the above Gain/(Loss) on Disposal/Additions for 2013 is an adjustment arising from the Council's decision to dispose of a portion of its share of the opening carrying values of the pooled net assets located at Level 6, 477 Pitt Street, Sydney for no charge.

This adjustment was necessary as the HPCA introduced a revised cost sharing arrangement with the agreement with all the health professional Councils for the distribution of costs of depreciation of the pooled assets between all the health professional Councils effective from 1 July 2012 - refer Note 1.d.

Nursing and Midwifery Council of New South Wales

Notes to the Financial Statements

7. CASH AND CASH EQUIVALENTS

	2013	2012
	\$	\$
Cash at bank and on hand	1,412,386	1,390,644
Short-term bank deposits	675,214	653,487
Cash at bank - held by HPCA*	7,022,734	5,626,232
	<u>9,110,334</u>	<u>7,670,363</u>

* This is cash held by the HPCA, an administrative unit of the HAC, on behalf of the Council for its operating activities.

The Council operates the bank accounts shown below:

	Notes	2013	2012
		\$	\$
Operating account**		1,165,386	1,134,377
Education and research account**	3	246,500	255,767
		<u>1,411,886</u>	<u>1,390,144</u>

** managed by the HPCA, an administrative unit of the HAC.

8. RECEIVABLES

	2013	2012
	\$	\$
Prepayments	8,493	20,590
Other receivables	(1,812)	184,781
Interest receivable	14,096	20,139
Trade receivables	298,636	444,808
Less: allowance for impairment	0	(550)
	<u>319,413</u>	<u>669,768</u>

Movement in the Allowance for Impairment

Balance at 1 July 2012	550	-
Amounts written off during the year	-	-
Amounts recovered during the year	-	-
Increase/(decrease) in allowance recognised in profit or loss	(550)	550
Balance at 30 June 2013	<u>-</u>	<u>550</u>

Trade receivables have been considered for impairment.

The trade receivables include monies that AHPRA has collected from registrants as at 30 June 2013 and has remitted the monies to HPCA in July 2013.

Nursing and Midwifery Council of New South Wales

Notes to the Financial Statements

Analysis of Trade Debtors Overdue		\$	
2013	Total	Past due but not impaired	Considered impaired
< 3 months overdue	-	-	-
3-6 months overdue	-	-	-
> 6 months overdue	-	-	-
2012			
< 3 months overdue	-	-	-
3-6 months overdue	-	-	-
> 6 months overdue	645	145	550

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.

Notes to the Financial Statements

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
	\$	\$	\$	\$	\$
At 1 July 2012					
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)
Net Carrying Amount	458,245	13,717	103,755	180,759	756,476
At 30 June 2013					
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)
Net Carrying Amount	233,101	5,072	47,652	74,429	360,254

Reconciliation

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

	Leasehold Improvements	Motor Vehicles	Furniture & Fittings	Other	Total
	\$	\$	\$	\$	\$
Year Ended 30 June 2013					
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 ¹	(223,468)	(6,300)	(44,191)	(70,543)	(344,502)
Depreciation	(18,656)	(2,345)	(11,912)	(49,941)	(82,854)
Net Carrying Amount at End of Year	233,101	5,072	47,652	74,429	360,254

	Leasehold Improvements	Motor Vehicles	Furniture & Fittings	Other	Total
	\$	\$	\$	\$	\$
At 1 July 2011					
Gross carrying amount	135,142	54,646	-	431,627	621,415
Accumulated depreciation and impairment	(871)	(17,334)	-	(263,152)	(281,357)
Net Carrying Amount	134,271	37,312	-	168,475	340,058
At 30 June 2012					
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)
Net Carrying Amount	458,245	13,717	103,755	180,759	756,476

Reconciliation

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

	Leasehold Improvements	Motor Vehicles	Furniture & Fittings	Other	Total
	\$	\$	\$	\$	\$
Year Ended 30 June 2013					
Net carrying amount at start of year	134,271	37,312	-	168,475	340,058
Additions	340,412	17,519	103,755	80,192	541,878
Disposals	-	(33,932)	-	-	(33,932)
Depreciation	(16,438)	(7,182)	-	(67,908)	(91,528)
Net Carrying Amount at End of Year	458,245	13,717	103,755	180,759	756,476

1. Other includes:

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

10. INTANGIBLE ASSETS

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

	Software Work in Progress	Software	Total
	\$	\$	\$
At 1 July 2012			
Cost (gross carrying amount)	11,551	872,460	884,011
Accumulated amortisation and impairment	-	(544,894)	(544,894)
Net Carrying Amount	11,551	327,566	339,117
At 30 June 2013			
Cost (gross carrying amount)	20,190	548,589	568,779
Accumulated amortisation and impairment	-	(423,947)	(423,947)
Net Carrying Amount	20,190	124,642	144,832
Year Ended 30 June 2013			
Net carrying amount at start of year	11,551	327,566	339,117
Additions	8,639	1,549	10,188
Disposals	-	-	-
Other ¹	-	(131,630)	(131,630)
Amortisation	-	(72,843)	(72,843)
Net Carrying Amount at End of Year	20,190	124,642	144,832
At 1 July 2011			
Cost (gross carrying amount)	47,854	596,728	644,582
Accumulated amortisation and impairment	-	(312,354)	(312,354)
Net Carrying Amount	47,854	284,374	332,228
At 30 June 2012			
Cost (gross carrying amount)	11,551	872,460	884,011
Accumulated amortisation and impairment	-	(544,894)	(544,894)
Net Carrying Amount	11,551	327,566	339,117
Year Ended 30 June 2012			
Net carrying amount at start of year	47,854	284,374	332,228
Additions	11,551	193,585	205,136
Transfers	(47,854)	47,854	-
Disposals	-	-	-
Amortisation	-	(198,247)	(198,247)
Net Carrying Amount at End of Year	11,551	327,566	339,117

1. Other includes:

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

Nursing and Midwifery Council of New South Wales

Notes to the Financial Statements

11. PAYABLES

	2013	2012
	\$	\$
Personnel services - Ministry of Health	341,848	451,395
Trade and other payables	711,097	1,075,190
	<u>1,052,945</u>	<u>1,526,585</u>

12. FEES IN ADVANCE

	2013	2012
	\$	\$
Current		
Registration fees in advance	5,920,433	5,611,100
	<u>5,920,433</u>	<u>5,611,100</u>
Non-Current		
Registration fees in advance	45,122	-
	<u>45,122</u>	<u>-</u>

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

	2013	2012
	\$	\$
Non-Current		
Make good	109,725	279,270
	<u>109,725</u>	<u>279,270</u>

Movement in Provisions (other than personnel services)

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

	Make good
	2013
	\$
Carrying amount at the beginning of year	279,270
Decrease in provisions recognised due to re-allocation of opening balances as at 1 July 2012	(109,639)
Decrease in provisions recognised due to the decrease in the provision for make good due to changes in restoration costs and interest rates	(64,629)
Amount used	-
Unused amounts reversed	-
Unwinding/change in discount rate	4,723
Carrying Amount at the End of Year	<u>109,725</u>

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.

Nursing and Midwifery Council of New South Wales

Notes to the Financial Statements

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 2013, 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.

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 2013.

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

14. COMMITMENTS FOR EXPENDITURE

a. Capital Commitments

There is no aggregate capital expenditure contracted (2012 acquisition of audio-visual equipment and furniture at Level 6, 477 Pitt Street office) for at balance date and not provided for.

	2013	2012
	\$	\$
Not later than one year	-	16,118
Later than one year and not later than five years	-	-
Total (including GST)	<u>-</u>	<u>16,118</u>

b. Operating Lease Commitments

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

	2013	2012
	\$	\$
Not later than one year	481,060	785,832
Later than one year and not later than five years	1,247,135	2,902,444
Total (including GST)	<u>1,728,195</u>	<u>3,688,276</u>

15. RELATED PARTY TRANSACTIONS

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

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

16. CONTINGENT LIABILITIES AND CONTINGENT ASSETS

There are no material unrecorded contingent assets and liabilities as at 30 June 2013.

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

	2013	2012
	\$	\$
Net result	787,839	(725,452)
Depreciation and amortisation	155,697	289,775
Allowance for impairment	-	550
Increase/(Decrease) in receivables	350,354	314,200
Increase/(Decrease) in fees in advance	354,455	1,448,815
Increase/(Decrease) in payables	(473,640)	325,018
Increase/(Decrease) in provisions	(28,707)	8,789
Net gain/(loss) on sale of plant and equipment	334,849	(3,317)
Net Cash used on Operating Activities	<u>1,480,847</u>	<u>1,658,378</u>

Nursing and Midwifery Council of New South Wales

Notes to the Financial Statements

18. FINANCIAL INSTRUMENTS

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

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

a. Financial Instrument Categories

Financial Assets Class	Notes	Category	Carrying Amount 2013 \$	Carrying Amount 2012 \$
Cash and cash equivalents	7	N/A	9,110,334	7,670,363
Receivables ¹	8	Loans and receivables (measured at amortised cost)	312,732	464,397
Financial Liabilities Class	Notes	Category	Carrying Amount 2013 \$	Carrying Amount 2012 \$
Payables ²	11	Financial liabilities (measured at amortised cost)	1,052,945	1,526,585

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.

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 the daily bank balances.

Receivables - Trade Debtors

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

Nursing and Midwifery Council of New South Wales

Notes to the Financial Statements

Authority Deposits

The Council has placed funds on deposit with the Commonwealth Bank. These deposits are fixed term, the interest rate payable by the bank is negotiated initially and is fixed for the term of the deposit. The deposits at balance date were earning an interest rate of 2.65%, while over the year the weighted average interest rate was 2.98%. None of these assets are past due or impaired.

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.

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 2013.

End of Audited Financial Statements

Appendix 1 - Legislative Changes

Health Practitioner Regulation National Law

During 2012/2013 the NSW Parliament passed two minor amendments to the *Health Practitioner Regulation National Law (NSW)* (the National Law). Amendments were made by the *Health Legislation Amendment Act 2013*. Those amendments are:

1. The inclusion of s 150D(4A) to provide that notwithstanding ss 150D(3) and (4), the Health Care Complaints Commission is not required to investigate a complaint that is referred to it following the taking of immediate action under s 150 if the matter that is the subject of the complaint is being, or has been, investigated as, or as part of, another complaint to the Commission.
2. Amendment of s 152J(b) to provide that a practitioner's consent is required before the Council suspends his or her registration following the recommendation of an Impaired Registrants Panel (IRP). The amendment clarifies that, in keeping with the cooperative and remedial nature of the impaired practitioner process, both suspension and conditions on registration following an IRP require the practitioner's consent.
3. Amendment of clause 11 of Schedule 5C to provide that the appointment of a person as an acting member of a Council or of a member as the acting President of a Council is by the Minister for Health rather than by the Governor.

Health Practitioner Regulation (New South Wales) Regulation 2010

The Governor approved amendments to the *Health Practitioner Regulation (New South Wales) Regulation 2010* concerning the composition of certain Councils.

Amendments were made by the *Health Practitioner Regulation (New South Wales) Amendment (Health Professional Councils) Regulation 2012*. They comprised minor amendments to the membership composition of the Dental Council, Medical Council, Nursing and Midwifery Council, Pharmacy Council, Physiotherapy Council and Psychology Council.

Appendix 2 - GIPA Statistics 2012/2013

Government Information (Public Access) Act 2009

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	0	0	0	0	0	0
Members of the public (other)	0	0	0	0	0	0	0	0

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

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

	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	0	0	0	0	0	0	0

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

Table C: Invalid applications

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

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

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

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

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

	Number of occasions when application not successful
Responsible and effective government	0
Law enforcement and security	0
Individual rights, judicial processes and natural justice	0
Business interests of agencies and other persons	0
Environment, culture, economy and general matters	0
Secrecy provisions	0
Exempt documents under interstate Freedom of 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)	0
Not decided within time (deemed refusal)	0
Total	0

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

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

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

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

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

Appendix 3 - Members of Committees, Panels and Tribunals 2012/2013

Nursing and Midwifery Tribunal

Chairperson

The Hon. Jennifer Margaret Boland AM

Deputy Chairpersons

Ms Mary Brennan
Mr Peter Dwyer
Ms Julie Hughes
Mr Michael Joseph sc
Mr Mark Lynch
The Hon. Graham Mullane
Ms Joanne Muller
Mr Ian Newbrun
Mr Nicholas O'Neill
Ms Diane Robinson
Mr Oscar Shub
Mr Robert Titterton

Professional Members

Elizabeth Bide
Amanda Currie
Kathleen Dixon
Jennifer Evans
Jane Ford
Valerie Gibson
Jennifer Haines
Lynette Hopper
Mark Keating
Susan Kennedy
Jocalyn Lawler
Daniel McCluskie
Maureen McGovern
Donna Muscardin
Peter Newman
Rosie O'Donnell
Leigh Schalk
Shirley Schulz-Robinson
Karen Sherwood
Sheree Smiltnieks
Gerda Tolhurst
Neal Tolley
Ronald Wilson

Lay Persons

Catherine Berglund
Sandra Everett

Christopher Gardiner
Boyd Higgins
Margaret Knibb
Susan Lovrovich
James Lyon
Wayne Morrison
Peter Shearing
Babette Smith
Leanne Wrightson

Nursing and Midwifery Professional Standards Committee

Chairs

Belinda Baker
Mark Paul

Professional Members

Jill Boehm
Alyson Jarrett
Deborah Jones
Melissa Maimann
Leigh Schalk
Helen Stirling

Lay Persons

Adam Johnston
Peter Shearing
Babette Smith

Impaired Registrants Panel

Registered Medical Practitioners

John Adams
Karen Arnold
Ian Cameron
Michael Diamond
Mary-Anne Friend
Beth Kotze
Susan Messner
Patricia Morey
Saw Toh

Professional Members

Christine Anderson
Eileen Anderson
Elizabeth Angel
Lucy Burns
Janette Curtis
Sue Dawson
Janice Dilworth
Kathleen Dixon
Jennifer Evans
Jennifer Haines
Angela Heenan
Susan Kennedy
Maxwell Kettle
Rosanna McMaster
Judith Mair
Kerry Mawson
Nicholas Miles
Ann Maree Nicholls
Rosie O'Donnell
Kerrie O'Leary
Deborah O'Neill
Christine Selkirk
Sheree Smiltnieks
Gerda Tolhurst
Neal Tolley
Mary White
Ronald Wilson

Performance Review Panel

Professional Members

Tania Andrews
Deborah Armitage
Jill Boehm
Deborah Burrows
Kathleen Dixon
Jennifer Evans
Valerie Gibson
Linda Gregory
Ronald Kerr
Rosemary Kusuma
Jocalyn Lawler
Judith Mair
Catherine Maloney
Suellen Moore
Wayne Morrison
Rosie O'Donnell
Leigh Schalk

Shirley Schulz-Robinson
Christine Selkirk
Ronald Wilson

Lay Persons

Sandra Everett
Christopher Gardiner
Noel Greenaway
Margaret Knibb
Rosemary Kusuma
Wayne Morrison
Peter Shearing
Frances Taylor
Maree Turner

Performance Assessors

Faiza Anwar
Annette Callaghan
Sam Capolino
Charmaine Crispin
Jennifer Evans
Suman Kumar
Janie Leggett
Kat Leung
Joanne McGoldrick
Rosanna McMaster
Jennifer Major
Jane Martin
Elizabeth Peck
Renee Pinkney
Ella Scott
Irene Stein

Appendix 4 - Nursing and Midwifery Professional Standards Committees and Tribunal Decisions 2012/2013

Nursing and Midwifery Professional Standards Committee Decisions 2012/2013

Practitioner Name	Date of Decision	Outcome
Sonja MacGregor	23/08/2012	Conditions imposed
Janelle Crook	30/10/2012	Conditions / reprimand
Anthony Fischli	09/05/2013	Conditions / caution
Andrew Blough	09/05/2013	Did not proceed

Note: Two cases were considered under the former Law which did not allow a decision of the Professional Standards Committee to be made public.

Nursing and Midwifery Tribunal Disciplinary Decisions 2012/2013

Practitioner Name	Date of Decision	Outcome Summary
Kelly Randall	4/09/2012	Cancelled registration
Maria Santos	4/09/2012	Cancelled registration
Gregory Pearsall	13/09/2012	Cancelled registration
Lorna Karja	25/09/2012	Conditions / reprimand
Gavin Stewart	28/09/2012	Critical Compliance Order / Conditions
Bhavesh Shah	12/03/2013	Cancelled registration
Jane Waddell	16/03/2013	Cancelled registration
Alexander Townsend	27/03/2013	Conditions imposed
Amanda Twomey	19/06/2013	Suspend for a defined period
Kelda Brown	20/06/2013	Cancelled registration

Note: one case withdrawn

Nursing and Midwifery Tribunal Appeal Decisions 2012/2013

Practitioner Name	Type of appeal	Date of Decision	Outcome Summary
Jane Thompson	Appeal of PSC decision	2/10/2012	Dismissed
Jisha Mechery	Registration Appeal	8/03/2013	Dismissed
Susan McMahon	Registration Appeal	2/04/2013	Upheld
Reshma Tauro	Registration Appeal	24/05/2013	Dismissed

Note: 43 registration appeals withdrawn

Nursing and Midwifery Tribunal Review Decisions 2012/2013

Practitioner Name	Date of Decision	Outcome Summary
Melinda Mew	17/08/2012	Dismissed
Ingrid Powell	17/04/2013	Dismissed
Jamie Day	19/04/2013	Dismissed
Amelia Scully	20/06/2013	Conditions imposed
Vera Anderson	21/06/2013	Dismissed

Note: 1 case withdrawn, 1 case referred to the Council to review

Appendix 5 - Learning and Development attended by Nursing and Midwifery Council Staff 2012/2013

NAME OF STAFF	EDUCATION ATTENDED	HOURS	DATE
Karen Carratt	Work Health and Safety Committee (WHS) - Bridging Course	7	7/12/2012
	NSW Ombudsman - Managing Unreasonable Complaints	7	26/02/2013
	Webinar - HCCC - Incident Disclosure and Prevention of Patient Complaints	1	3/04/2013
	IPAA - Medical Council Minutes Training	7	29/04/2013
	Webinar - HCCC - Mandatory Reporting, What When How	1	15/05/2013
	Webinar - HCCC - Crossing Professional Boundaries	1	17/07/2013
Margaret Cooke	NSW Ombudsman - Managing Unreasonable Complaints		
	Development of Churchill Fellowship Project	30	20/02/2013
	ICN Conference	35	18/05/2013
	Nursing and Midwifery Leaders Forum	7	18/07/2012
	Nursing and Midwifery Board of Australia Notifications Workshop	7	8/08/2012
	National Regulation Authority 2012 Combined Meeting	14	14/09/2012
	NSW Ministry of Health Merit Selection Techniques	7	25/10/2013
	NSW Nurses and Midwives' Association Nursing and Midwifery Leaders Forum	28	7/09/2012
	NSW Ministry of Health Managing Conflict	7	13/11/2012
	AHPRA Directors of Notifications Quarterly	28	
	NAMO Quarterly Meetings		
	HCCC Webinar Incident Disclosure and Prevention of Patient Complaints	1	3/04/2013
	HCCC Webinar - Crossing Professional Boundaries	1	17/07/2013
	Staff Selection Techniques - North Sydney	5	21/03/2013
Margaret Jarosz	PSA Introduction to WHS - New Legislation - Journey Stopped	7	22/08/2012
	PSA Central Councillor Induction Training	7	26/11/2012
	Work Health and Safety Committee (WHS) Update Training and HSR Training	7	7/12/2012
	NSW Ombudsman - Managing Unreasonable Complaints	7	26/02/2013
	IPAA - Medical Council Minutes Training	7	29/04/2013
	Audit Preparation - Peter Madden	1	
Anna Kettle	Learning about how registrants can have conditions reviewed or how they can appeal	0.5	23/08/2012
	The Briginshaw Decision, - HPCA Inservice	2	27/08/2012
	Learning about Monitoring of Conditions	2	23/07/2012
	NMC Website - Information Gathering	3	18/08/2012
	Carers Giving Medications	0.5	2/11/2012
	study of Health Practitioner Regulation National Law	2	4/01/2013
	Study of Health Practitioner Regulation National Law	2	7/01/2013
	Writing Decision Documents	3	28/02/2013

NAME OF STAFF	EDUCATION ATTENDED	HOURS	DATE
	Reviewing Performance Review Panel Legislation and Documents	5	25/04/2013
Mags Moloney	TRIM Training	2	
Mary Shanahan	NSW Ombudsman - Managing Unreasonable Complaints	7	15/11/2013
	Complaints Training HPCA - Gladesville	7	12/11/2013
	Webinar - HCCC - Incident Disclosure and Prevention of Patient Complaints	1	3/04/2013
	Webinar - HCCC - Mandatory Reporting, What When How	1	15/05/2013
Alison Tankard	TRIM Power User	3	22/10/2012
	Webinar - HCCC - Mandatory Reporting, What When How	1	15/05/2013
	Complaint Calls and Enquiries - Medical Council		20/11/2012
	TRIM - Introduction to the Audit Tool	1	8/04/2013
	NSW Ombudsman - Managing Unreasonable Complaints	7	26/02/2013
	MaCS - Report Training	3	18/09/2012
	MaCS - Monitoring Management - Medical Council	2	22/04/2013
Melinda Weir	NSW Ombudsman - Managing Unreasonable Complaints		
Robyn Weller	Mental Health/ Substance Misuse Seminar	7	20/07/2012
	Procedural Fairness	7	4/09/2012
	NSW Nurses and Midwives' Association Nursing and Midwifery Leaders Forum	14	8/09/2012
	Decision Writing	7	8/11/2012
	Mental Health and Wellbeing for Nurses, Wesley Centre	7	16/11/2012
	Australian War Memorial: Nurses from Zululand to Afghanistan	4	10/12/2012
	Professional Discussions and Networking		
	Professional Nursing and Midwifery journals		

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 practice 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 Notification

A notification (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 notification (complaint) to a health complaint entity:

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

Conciliation

The Council may refer a notification (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 (Complaint)

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

Notifiable Conduct/Mandatory Reporting

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

Open Matter

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

Order

An order is a decision, condition or restriction placed on a 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 relates to determining if the registrant has a health issue that impacts on practice and the support of the registrant in managing the health issues to remain in practice
- Performance - the matters primarily relates to determining if the registrant has a performance issue that impacts on practice and the support of the registrant in managing the health 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 registrants] or a Professional Standards Committee (PSC) [only for medical, nursing and midwifery registrants]
- 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 Professional Standards Committee or Tribunal
- accepting or offering a benefit for referral or recommendation to a health service provider or a health product
- engaging in over servicing
- failure to disclose pecuniary interest in giving a referral or recommendation
- permitting assistants not registered in the profession to provide services requiring professional discretion or skill, or
- other unethical or improper behaviour.

Additional matters apply to medical practitioners and pharmacists.

Abbreviations

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

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