



PART 2

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

Aboriginal and Torres Strait Islander Health Practice Council of NSW

Annual Report 2017-18

President's Message



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

As the newly appointed President of the Aboriginal and Torres Strait Islander Health Practice Council of New South Wales (Council), I am pleased to present the 2017/18 annual report for the Council.

As a Yorta Yorta Aboriginal man from country Cummeroogunja I share my cultural heritage and right-of-passage. My totem is the Long-neck turtle of the Murray River waterways. I am a 'freshwater man' of country located across the New South Wales and Victoria regions. I am a direct descendant of Mr William Cooper (Father NAIDOC) a diligent innovator of his time, my third-great grandfather descending from the Cooper and Atkinson lineage. I am a father of four sons and a dedicated partner. I have many years of experience in Aboriginal and Torres Strait Islander holistic health in both non-government and government sectors. This is testament to my professional portfolio and extensive skills, knowledge and expertise. It is with great privilege I take the presidential appointment for the Aboriginal and Torres Strait Islander Health Practice Council of NSW to term with responsibilities as required to safeguard the community and practitioners in the best interest of the public.

Since its establishment in 2012, the Council has not received any complaints about Aboriginal and Torres Strait Islander Health practitioners. However this profession is one of the fastest growing registered health professions in Australia and the Council remains alert and ready to effectively manage any complaints if they arise.

We commend the Aboriginal and Torres Strait Islander Health Practice Board of Australia on its efforts to promote and regulate the profession and we welcome opportunities to collaborate with the Board and other stakeholders regulating health practitioners.

Our gratitude and appreciation goes to Ms Lisa Penrith as she retires from the Council and as President. We also thank Ms Renee Owen as she retires from Council.

Ms Rosemary MacDougal and Mr Peter Pangquee remain on Council and their experience and ongoing commitment is invaluable. Ms Rae Reed is a welcome new member of Council.

The efforts of the HPCA staff supporting the Council are also greatly valued.

I am looking forward to the coming year and the role the Council plays.

A handwritten signature in black ink, appearing to read 'Chris O'Brien', written in a cursive style.

Mr Christopher O'Brien

President

Aboriginal and Torres Strait Islander Health Practice Council of New South Wales

Regulation of Aboriginal and Torres Strait Islander Health Practitioners in 2017/18

SNAPSHOT



Practitioner information

129

Aboriginal and Torres Strait
Islander health practitioners
registered in NSW

7.5% more than last year

20.1% of registered Aboriginal
and Torres Strait Islander health
practitioners in Australia



Complaints received

0

new complaints
were received

- the same as last year



Complaints managed

0

complaints were
managed directly
by the Council



Practitioners monitored

0

cases were being actively
monitored at year end

Council Members

Four members sit on the Aboriginal and Torres Strait Islander Health Practice Council as prescribed by the National Law.

Registered Aboriginal and Torres Strait Islander health practitioner members:

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

Legal member:

- Ms Rosemary MacDougal Dip Law (LPAB) – Deputy President

The NSW Governor, appointed Ms Lisa Penrith as the President and Ms Rosemary MacDougal as the Deputy President of the Aboriginal and Torres Strait Islander Health Practice Council.

Ms Lisa Penrith and Ms Renee Owen complete their terms of appointment on 30 June 2018.

Mr Christopher O'Brien commences as President on Ms Penrith's retirement.

Executive Officer

Ms Farina Bains is the current Executive Officer for the Aboriginal and Torres Strait Islander Health Practice Council. Ms Rebecca Greenwood and Ms Sarah Carroll were previous Executive Officers during the year and their work is acknowledged with thanks and appreciation. The Executive Officer leads a team that works directly and indirectly with the Council as part of the HPCA Combined Councils Team.

All staff working both directly and indirectly with the Council are employed by the HPCA as an executive agency of the Ministry of Health. Councils cannot employ staff under the National Law.

Council Meeting Attendance

There were no meetings of the Aboriginal and Torres Strait Islander Health Practice Council during the year as no complaints were received in 2017/18.

Regulatory Committees and Panels

The National Law sets out the committees and panels that support the Council in undertaking its regulatory activities.

Regulatory committees and panels include:

- Assessment Committee
- Impaired Registrants Panels (IRP)
- Performance Review Panels (PRP)

The Aboriginal and Torres Strait Islander Health Practice Council did not appoint any regulatory committees during the year.

Council Committees

Councils may establish committees to assist with Council functions. Committee members are not necessarily Council members.

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

Meetings and Events

The Aboriginal and Torres Strait Islander Health Practice Council was not represented at any meetings and events during the year.

Overseas Travel

The Aboriginal and Torres Strait Islander Health Practice Council did not incur any overseas travel costs during the year.

Remuneration

Council members are entitled to the following remuneration.

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

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

Financial Management

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

Accounts Performance 2017/18	\$
Revenue	6,095
Operating expenditure	9,383
Gain / (loss) on disposal	-
Net result	(3,288)
Net cash reserves (cash and cash equivalents minus current liabilities)	28,865

The Aboriginal and Torres Strait Islanders Health Practice Council's budget for the period 1 July 2018 to 30 June 2019 is as follows.

Budget 2018/19	\$
Revenue	6,069
Operating expenditure	12,415
Net result	-6,346

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



**Chinese
Medicine
Council**
of NSW

Chinese Medicine Council of NSW

Annual Report 2017-18

President's Message



I am pleased to submit the Annual Report for the Chinese Medicine Council of New South Wales (Council) for 1 July 2017 to 30 June 2018.

Over the course of the year the Chinese Medicine Council support of education and research work continued, through a research project undertaken on Chinese Medicine practitioners' knowledge, experiences and attitudes towards professional registration in NSW. The Council will now look to implement recommendations from the report.

The Council continued its work in collaboration and liaison with external stakeholders and was represented at a number of meetings and events throughout the year which are detailed further in this report. We aim to continue with engagement and raising the Council's profile into the next financial year.

I extend my sincere appreciation to Council members for their contributions. I would like to acknowledge the outgoing members, Christopher Zaslowski (President), Richard Li (practitioner member) and Michelle Dillon (legal member) who provided significant time and expertise towards Council activities during their years as Council members. I am pleased that experienced members Christine Berle (Deputy President, practitioner member) and Stephen Woods (community member) have been reappointed for another term, ensuring continuity. I welcome new members Wenbo Peng (practitioner member), Li Meikin Rees (practitioner member) and Christina Lam (legal member).

I would also like to acknowledge those who have ably assisted the Council's work through audits, inspections or panels.

The Council looks forward to continued work with its coregulatory partner, the HCCC, as well as with the National Board and the Australian Health Practitioner Regulation Agency.



Professor Danforn Lim

President

Chinese Medicine Council of New South Wales

Regulation of Chinese Medicine Practitioners in 2017/18

SNAPSHOT



Practitioner information

1,992

Chinese medicine practitioners registered in NSW

0.4% more than last year

40.8% of registered Chinese medicine practitioners in Australia

30

NSW Chinese medicine practitioners had complaints made about them

7 more than last year

1.5% of registered Chinese medicine practitioners in NSW



Complaints received

31

new complaints were received

6 more than last year

0 mandatory notifications were received

32.3% of complaints were about National Law offences (n10) followed by:

- clinical care – 7 complaints and
- National Law breach – 6 complaints

48.3%

of complaints were from AHPRA (n 15) followed by:

- patient – 9 complaints and
- other practitioners – 2 complaints



Complaints managed

28

complaints were managed directly by the Council

9 more than last year

12

assessments and hearings were concluded

1 less than last year

2

immediate actions were considered or taken by Council

1 more than last year

0

outcomes for closed complaints involved cancelled or suspended registration

1 involved conditions on practice and
4 involved counselling or interview



Practitioners monitored

2

cases were being actively monitored at year end

1 conduct

1 performance

0 health

Council Members

Six members sit on the Chinese Medicine Council as prescribed by the National Law.

Registered Chinese Medicine practitioner members:

- Associate Professor Christopher Zaslowski PhD, DipAc, BAppSc (Physiotherapy), MHLthScEd
- Ms Christine Berle MSc (Research), DipAc
- Professor Danforn (Chi Eung) Lim PhD(Med)(UNSW), EDBA(INE PAN), MBBS(UNSW), BSc(Med)(UNSW), BHltSc(CSU), DCH(Syd), ClinDipPallMed(RACP), GradDipAcup(RMIT), MMed(Syd), MAppSc(Acup)(RMIT), MAppMgt(Health)(Newcastle), RCMP(Acup&CHM), FRACGP, FASLM, FIML, CMgr, AFRACMA, AFCHSM, FFCMASA, JP
- Mr Richard Li BMed (SUTCM), FAACMA

Legal member:

- Mrs Michelle Dillon LLB, SFE

Community members:

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

The NSW Governor appointed Associate Professor Christopher Zaslowski as the President and Ms Christine Berle as the Deputy President of the Chinese Medicine Council.

Prof Danforn Lim commences as President on Associate Professor Zaslowski's retirement in July 2018.

Executive Officer

Mrs Maricel O'Farrell is the current Executive Officer for the Chinese Medicine Council. Mr Michael Jaques was the previous Executive Officer. Ms Farina Bains and Mrs Christine Gurson also provided Executive Officer support to Council during the year. Their work is acknowledged with thanks and appreciation. The Executive Officer leads a team that works directly and indirectly with the Council as part of the HPCA's Combined Councils Team.

All staff working both directly and indirectly with the Council are employed by the HPCA as an executive agency of the Ministry of Health. Councils cannot employ staff under the National Law.

Council Meeting Attendance

The Chinese Medicine Council met 12 times.

Table i: Member attendance at Council meetings, eligibility to attend and term of office

Member	Meetings Attended	Meetings Eligible to Attend	Date of First Appointment	Current Term of Office
Assoc Prof Christopher Zaslowski – President	12	12	1 July 2012	1 July 2015 - 30 June 2018
Ms Christine Berle – Deputy President	12	12	1 July 2012	1 July 2015 - 30 June 2018
Prof Danforn Lim	9	12	1 July 2012	1 July 2015 - 30 June 2018
Mr Richard Li	11	12	1 July 2012	1 July 2015 - 30 June 2018
Mr Stephen Woods	9	12	1 July 2015	1 July 2015 – 30 June 2018
Mrs Michelle Dillon	3	12	29 June 2016	29 June 2016 - 30 June 2018

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

Regulatory Committees and Panels

The National Law sets out the committees and panels that support the Council in undertaking its regulatory activities.

Regulatory committees and panels include:

- Assessment Committee
- Impaired Registrants Panels (IRP)
- Performance Review Panels (PRP)

The Council appoints regulatory committees and panels as needed.

Council Committees

Councils may establish committees to assist with Council functions. Committee members are not necessarily Council members.

The Chinese Medicine Council did not appoint any committees during the year.

Meetings and Events

The Chinese Medicine Council was represented at the following meetings and events during the year.

Table ii: Chinese Medicine Council representation at meetings and events

Name of Meeting / Event	Attended By
AHPRA Forum - Responsible advertising in health care	A/Prof Christopher Zaslowski - President
Chinese Medicine Board of Australia Practitioner Forum	Mr Richard Li - Council Member
Chinese Medicine Board of Australia Meeting	Ms Christine Berle - Deputy President
AHPRA & HCPC UK Research Seminar - Using data and intelligence to drive improvement	A/Prof Christopher Zaslowski - President
The Council on Licensure, Enforcement and Regulation International Congress	A/Prof Christopher Zaslowski - President
NSW Ministry of Health Workforce Planning & Development Consultation Forum	A/Prof Christopher Zaslowski - President
National Board Chairs and NSW Council Presidents joint meeting	A/Prof Christopher Zaslowski - President
Australian Acupuncture and Chinese Medicine Association Ltd Annual Conference	A/Prof Christopher Zaslowski (presenter) - President
International Forum of Chinese-Australian Traditional Medicine	Prof Danforn Lim (presenter) - Council Member
Australian Acupuncture and Chinese Medicine Association Conference	A/Prof Christopher Zaslowski (presenter) - President

Overseas Travel

The Chinese Medicine Council did not incur any overseas travel costs during the year.

Remuneration

Council members received the following remuneration.

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

Council members also receive sitting fees for conducting Council Inquiries, attending committee meetings and undertaking other regulatory activities if these are on a day other than the regular Council meeting.

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

Panel and Tribunal members receive remuneration and reimbursement of expenses related to Council business.

Education and Research Account

The Chinese Medicine Council maintains an Education and Research account. This helps fund activities that promote better understanding of professional standards and compliance, issues that can lead to complaints and how complaints are managed. The account may also be used to fund relevant research activity including both Council specific initiatives and collaborative projects.

Education and Research account expenditure this year included \$5,900 to the University of Technology Sydney for a research project undertaken on Chinese Medicine practitioners' knowledge, experiences and attitudes towards professional registration in NSW.

Financial Management

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

Accounts Performance 2017/18	\$
Revenue	509,830
Operating expenditure	216,260
Gain / (loss) on disposal	(36)
Net result	293,534
Net cash reserves* (cash and cash equivalents minus current liabilities)	2,001,611

* Included in the cash reserves is an Education and Research bank account balance of \$21,975.

The Chinese Medicine Council's budget for the period 1 July 2018 to 30 June 2019 is as follows.

Budget 2018/19	\$
Revenue	476,956
Operating expenditure	285,415
Net result	191,541

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

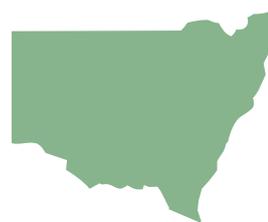


**Chiropractic
Council
of NSW**

Chiropractic Council of NSW

Annual Report 2017-18

President's Message



**Chiropractic
Council**
of NSW

I am pleased to present the Chiropractic Council of New South Wales 2017/18 Annual Report.

The Council managed a lower number of complaints against NSW Chiropractors in this financial year. However misleading or inappropriate material published on a chiropractor's website or on social media remains a concern. The Council continues to work closely with all stakeholders to ensure that chiropractic advertising and public profiles comply with the expectations of the National Board and AHPRA.

The Council remains committed to promoting good standards of ethical behaviour and practice for NSW chiropractors. As part of this commitment, in September 2017 the Council jointly hosted a forum with the Chiropractic Board of Australia to further inform chiropractors on the topics of advertising, continuing professional development, the code of conduct and the NSW/National Law.

The Council also met with the representatives of the Chiropractic Board of Australia to discuss areas of shared interest in the regulation of chiropractors in Australia. We look forward to collaborating with the Board on our regulatory activities in the coming year.

I would like to take this opportunity to thank my fellow Council members for their work over the last year. All our members have busy professional lives and must be recognised for their careful consideration of often complex matters.

A special thank you is extended to the retiring members of Council which include Dr Peter Cowie, a practitioner member of Council and Ms Pamela Soon, the legal member of Council. Both members have contributed greatly to the work of Council over many years and will be sorely missed.

Finally I must thank the Executive Officers and the staff of the Health Professional Councils Authority (HPCA) for their diligence and hard work throughout the year. Without them it would not be possible for the Council to undertake its work to protect the public.

A handwritten signature in black ink that reads "Wayne R Minter".

Dr Wayne Minter AM

President

Chiropractic Council of New South Wales

Regulation of Chiropractors in 2017/18

SNAPSHOT



Practitioner information

1,813

chiropractors registered in NSW

2.4% more than last year

33.5% of registered chiropractors in Australia

44

NSW chiropractors had complaints made about them

19 less than last year

2.4% of registered chiropractors in NSW



Complaints received

45

new complaints were received

23 less than last year

2 complaints were mandatory notifications

26.6% of complaints were about National Law breach (n 12) followed by:

- National Law offence – 11 complaints and
- clinical care – 5 complaints

28.9%

of complaints were from AHPRA (n 13) followed by:

- member of the public – 10 complaints and
- patient – 8 complaints



Complaints managed

38

complaints were managed directly by the Council

2 less than last year

11

assessments and hearings were concluded

2 less than last year

4

immediate actions were considered or taken by Council

2 less than last year

1

1 outcome for closed complaints involved cancelled or suspended registration

3 involved conditions on practice

4 involved counselling or interview



Practitioners monitored

7

cases were being actively monitored at year end

4 conduct

0 performance

3 health

Council Members

Four members sit on the Chiropractic Council as prescribed by the National Law.

Registered chiropractic practitioner members:

- Dr Wayne Minter AM, BEc, BAppSc (Chiro), PG Dip, (NMS Rehabilitation), FICC
- Dr Lawrence Whitman BSc, DC Chiro
- Dr Peter Cowie OAM BAppSc (Chiro), FICC, FACC

Legal member:

- Ms Pamela Soon BCom, LLB, LLM, EMPA

The NSW Governor appointed Dr Wayne Minter AM as the President and Dr Lawrence Whitman as the Deputy President of the Chiropractic Council.

Executive Officer

Mrs Maricel O'Farrell is the current Executive Officer for the Chiropractic Council. Ms Sarah Carroll and Ms Rebecca Greenwood also provided Executive Officer support to Council during the year. Their work is acknowledged with thanks and appreciation. The Executive Officer leads a team that works directly and indirectly with the Council as part of the HPCA Combined Councils Team.

All staff working both directly and indirectly with the Council are employed by the HPCA as an executive agency of the Ministry of Health. Councils cannot employ staff under the National Law.

Council Meeting Attendance

The Chiropractic Council met eleven times during the year.

Table i: Member attendance at Council meetings, eligibility to attend and term of office

Member	Meetings Attended	Meetings Eligible to Attend	Date of First Appointment	Current Term of Office
Dr Wayne Minter AM - President	6	7	1 July 2017	1 July 2017 – 20 June 2020
Dr Lawrence Whitman - Deputy President	11	11	6 March 2013	6 March 2013 – 30 June 2018
Dr Peter Cowie OAM	10	11	1 July 2015	1 July 2015 – 30 June 2018
Ms Pamela Soon	10	11	16 November 2016	16 November 2016 – 30 June 2018

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

Regulatory Committees and Panels

The National Law sets out the committees and panels that support the Council in undertaking its regulatory activities.

Regulatory committees and panels include:

- Assessment Committee
- Impaired Registrants Panels
- Performance Review Panels

Part 2: Reports from Health Professional Councils

The Chiropractic Council appointed Impaired Registrants Panels during the year with membership as shown in Table ii.

Table ii: Chiropractic Council Regulatory Committees and Panels

Impaired Registrants Panels
Dr Susan Messner
Dr Karen Arnold
Dr Julie Uren
Dr Geoffrey Wynn
Dr Daniel Kostur

Council Committees

Councils may establish committees to assist with Council functions. Committee members are not necessarily Council members.

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

Meetings and Events

The Chiropractic Council was represented at the following meetings and events during the year.

Table iii: Chiropractic Council representation at meetings and events

Name of Meeting / Event	Attended By
National Board Chairs and NSW Council Presidents joint meeting	Dr Wayne Minter – President
AHPRA's Stakeholder Forum	Dr Lawrence Whitman – Deputy President

Overseas Travel

The Chiropractic Council did not incur any overseas travel costs during the year.

Remuneration

Council members received the following remuneration.

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

Council members also receive sitting fees for conducting Council Inquiries, attending committee meetings and undertaking other regulatory activities if these are on a day other than the regular Council meeting.

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

Panel and Tribunal members receive remuneration and reimbursement of expenses related to Council business.

Education and Research Account

The Chiropractic Council maintains an Education and Research account. This helps fund activities that promote better understanding of professional standards and compliance, issues that can lead to complaints and how complaints are managed. The account may also be used to fund relevant research activity including both Council specific initiatives and collaborative projects.

A grant of \$3,000 was approved from the Education and Research account to support a Chiropractors' Association of Australia NSW course 'Claims, Communication and Complaints: What's the connection?' held on 25 June 2017 and paid in 2017/18.

Financial Management

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

Accounts Performance 2017/18	\$
Revenue	335,093
Operating expenditure	235,575
Gain / (loss) on disposal	[41]
Net result	99,477
Net cash reserves* (cash and cash equivalents minus current liabilities)	859,961

* Included in the cash reserves is an Education and Research bank account balance of \$18,798.

The Chiropractic Council's budget for the period 1 July 2018 to 30 June 2019 is as follows.

Budget 2018/19	\$
Revenue	415,688
Operating expenditure	443,696
Net result	-28,008

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



Dental Council of NSW

Annual Report 2017-18

President's Message



The 2017/18 Annual Report for the Dental Council of New South Wales (Council) is presented.

The Council is a statutory body established under the Health Practitioner Regulation National Law (NSW). Council members are appointed by His Excellency the Governor of NSW and the Council is comprised of twelve members from all Divisions of registered dental practitioners, as well as community and legal members.

The Council's activity continues to be focused on protecting the public through avenues that require safe practice and compliance with professional Guidelines and Standards.

In 2018, complaint numbers were up slightly on previous years.

Significantly, the majority of complaints relate to performance (treatment) factors with conduct and health having substantially lower numbers.

For complaints about clinical care or treatment, issues related to infection control continue to arise. Council is acting swiftly with infection control complaints and inspections of the dental practice are being conducted in a timely and efficient manner.

Practitioners are reminded of their obligations as health professionals to ensure compliance with the relevant standards, codes, guidelines and declarations of the Dental Board of Australia in order to practise in a professional and ethical manner.

As is indicated above, the Council is comprised of twelve members. I would like to acknowledge Mr Stephen McGlynn who retired as the dental prosthetist member of the Council on 30 June 2018. Mr McGlynn has been exemplary in his service to the Council and I wish him well in his future endeavours. On that note I would like to welcome Mr Christiaan Claassens (dental prosthetist) as the new member of the Council.

I would also like to acknowledge the contribution made by Mr Michael Miceli, who retired during the year and welcome Ms Jebby Phillips as the new community member.

Our longstanding Executive Officer, Ms Farina Bains, accepted a new role within the Health Professional Councils Authority and we wish her well in her new position. Ms Bains has wisely provided advice to Council to facilitate the decision-making process and we thank her. Following this we welcome our new Executive Officer, Mr Colin Borg, who has hit the ground running in keeping the Council business progressing.

Thanks are extended to Dental Council members, the Professional Officers, the Authorised Persons, the Hearing and Panel members, and the whole Dental Council team in the HPCA who have made this a successful year.

It also behoves me to acknowledge Conjoint Associate Professor Bill O'Reilly and Dr Penny Burns who have not sought reappointment as of 30 June 2018 as President and Deputy President of the Council respectively. Both of these individuals have given much more than required in serving the Dental Council and their leadership and counsel is greatly appreciated. They have both offered their services to continue as members of the Council.

Conjoint Associate Professor F Shane Fryer OAM

President

Dental Council of New South Wales

Regulation of Dental Practitioners in 2017/18

SNAPSHOT



Practitioner information

6,981

dental practitioners registered in NSW

3.2% more than last year

30.2% of dental practitioners in Australia

321

NSW dental practitioners had complaints made about them

3.9% less than last year (n 13 less)

4.6% of registered dental practitioners in NSW



Complaints received

425

new complaints were received

5.5% more than last year (n 22 more)

0 complaints were mandatory notifications

63.8% of complaints were about clinical care (n 271) followed by:

- billing 7.5% (n 32) and
- National Law breach 6.8% (n 29)

61.9%

of complaints were from patients (n 263) followed by:

- relatives 14.6% (n 62) and
- member of the public 4.5% (n 19)



Complaints managed

348

complaints were managed directly by the Council

74.9% more than last year (n 149 more)

180

assessments and hearings were concluded

57.9% more than last year (n 66 more)

24

immediate actions were considered or taken by Council

14.2% less than last year (n 4 less)

14

outcomes for closed complaints involved cancelled or surrendered registration

36 involved conditions on practice

50 involved counselling or interview



Practitioners monitored

86

cases were being actively monitored at year end

26.7% conduct (n 23)

58.2% performance (n 50)

15.1% health (n 13)

Council Members

Twelve members sit on the Dental Council as prescribed by the National Law.

Registered dental practitioner members:

- Conjoint Associate Professor William O'Reilly AM, BDS (Syd), Dip Law, BAB, FACLM, CHE (Dentist)
- Dr Penny Burns BDS (Hons) Syd, FPFA, FICD, FADI (Dentist)
- Dr Christine Biscoe BDS (Syd) (Dentist)
- Dr Anthony Burges BDS, FRACDS, FICD, FPFA, FADI (Dentist)
- Conjoint Associate Professor Frederic (Shane) Fryer OAM, BDS, MSc (Syd), FRACDS, MRACDS(Orth) (Dentist/Dental Specialist)
- Dr Kavita Lobo BDS (Hons), FADI (Dentist)
- Mr Stephen McGlynn Adv Dip DP(Syd), Dip DT (Syd) (Dental Prosthetist)
- Dr John Pearman BDS (Syd), FPFA, FADI, FICD (Dentist)
- Associate Professor Janet Wallace PhD, GCPTT, BOH, Dip DT, Dip BM, FADI (Oral Health Therapist)

Legal member:

- Ms Rosemary MacDougal Dip Law (LPAB)

Community members:

- Mr Michael Miceli LLM (Until 31 December 2017)
- Mr David Owen MBA BSc
- Ms Jebby Phillips BA (Hons) (From 28 March 2018)

The NSW Governor appointed Conjoint Associate Professor William O'Reilly AM as the President and Dr Penny Burns as the Deputy President of the Dental Council.

Conjoint Associate Professor Fryer OAM commences as President on the retirement of Conjoint Associate Professor O'Reilly AM as President in July 2018.

Dr Lobo commences as Deputy President on the retirement of Dr Burns as Deputy President in July 2018.

Executive Officer

Mr Colin Borg is the current Executive Officer for the Dental Council. Ms Farina Bains was the previous Executive Officer during the year and her work is acknowledged with thanks and appreciation. The Executive Officer leads a team of nine that works directly with the Council.

In addition, the Dental Council is supported by four part-time Professional Officers who are registered dental practitioners and provide clinical expertise.

All staff working both directly and indirectly with the Council are employed by the HPCA as an executive agency of the Ministry of Health. Councils cannot employ staff under the National Law.

Council Meeting Attendance

The Dental Council met ten times during the year.

Table i: Member attendance at Council meetings, eligibility to attend and term of office

Member	Meetings Attended	Meetings Eligible to Attend	First Date of appointment	Current Term of Office
Conjoint Associate Professor William O'Reilly AM - President	10	10	1 July 2012	1 July 2015-30 June 2018
Dr Penny Burns – Deputy President	10	10	1 July 2010	1 July 2015-30 June 2018
Dr Christine Biscoe	9	10	1 July 2015	1 July 2015-30 June 2018
Dr Anthony Burges	9	10	1 July 2012	28 March 2018 – 30 June 2020
Conjoint Associate Professor Frederic (Shane) Fryer OAM	9	10	1 May 2014	1 May 2017 – 30 June 2019
Dr Kavita Lobo	9	10	1 July 2015	1 July 2015-30 June 2018
Ms Rosemary MacDougal	7	10	17 July 2013	1 July 2016– 30 June 2019
Mr Stephen McGlynn	8	10	1 July 2012	1 July 2015– 30 June 2018
Mr Michael Miceli	6	6	1 July 2012	1 July 2015 – 31 December 2017
Mr David Owen	9	10	1 July 2012	28 March 2018– 30 June 2020
Dr John Pearman	7	10	1 July 2015	28 March 2018– 30 June 2020
Ms Jebby Phillips	2	3	28 March 2018	28 March 2018 – 30 June 2020
Associate Professor Janet Wallace	6	10	1 July 2012	28 March 2018 – 30 June 2020

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

Regulatory Committees and Panels

The National Law sets out the committees and panels that support the Council in undertaking its regulatory activities.

Regulatory committees and panels include:

- Assessment Committee
- Impaired Registrants Panels (IRP)
- Performance Review Panels (PRP)

The Dental Council appointed one Assessment Committee and 10 Impaired Registrants Panels during the year.

Part 2: Reports from Health Professional Councils

Table ii provides information on regulatory committee and panel membership.

Table ii: Dental Council Regulatory Committees and Panels

Assessment Committee	Impaired Registrants Panels
Chair Dr Mark Sinclair	Chair Nil
Council Members Nil	Council Members Nil
Non Council Members Dr Megan Phillips Mrs Frances Taylor Mr Martin Dunn Dr David Wheatley Dr Edward Peel Ms Kay Franks	Non Council Members Dr Beth Kotze, Medical Practitioner (4 panels) Dr Angie Marie Lang, Dental Practitioner (5 panels) Dr Mary-Anne Friend, Medical Practitioner (3 panels) Dr Denise Yvonne Salvestro, Dental Practitioner (2 panels) Dr Ian Brian Ditchfield, Dental Practitioner (1 panel) Dr Robert Alexander Smith, Dental Practitioner (2 panels) Dr Karen Arnold, Medical Practitioner (3 panels)

The Council acknowledges and thanks the practitioners and lay members appointed to the many panels and hearings conducted during the year.

Council Committees

Councils may establish committees to assist with Council functions. Committee members are not necessarily Council members.

The Dental Council has a Complaints and Notifications Committee and Health Committee.

Meetings and Events

The Dental Council was represented at the following meetings and events during the year.

Table iii: Dental Council representation at meetings and events

Name of Meeting / Event	Attended By
Charles Sturt University presentation to final year dental students – Orange	Conjoint Associate Professor William O’Reilly - President
Ministry of Health Regulators Forum – Sydney	Conjoint Associate Professor William O’Reilly - President
Dental Board of Australia National Conference – Melbourne	Dr Penny Burns – Deputy President Mr Michael Miceli – Council member Ms Farina Bains – HPCA Ms Rebecca Greenwood – HPCA
Meeting with NSW Health and AHPRA regarding mandatory reporting – Melbourne	Conjoint Associate Professor William O’Reilly - President
Dental Board of Australia meeting on revalidation – Melbourne	Dr Kavita Lobo – Council member
Australian Dental Association’s North Eastern Division presentation – Coffs Harbour	Dr John Pearman – Council member
Australian Dental Council Forum – Melbourne	Dr Anthony Burges – Council member
University of Newcastle presentation to final year Oral Health Therapist students – Newcastle	Associate Professor Janet Wallace – Council member
University of Sydney presentation to dental students – Sydney	Conjoint Associate Professor Frederic (Shane) Fryer – Council member
Meeting with Minister for Health, The Hon. Brad Hazzard MP regarding key topical or emerging issues for Councils – Sydney	Conjoint Associate Professor William O’Reilly – President Conjoint Associate Professor Frederic (Shane) Fryer – Council member
Dental Hygienists Association of Australia presentation – Canberra	Associate Professor Janet Wallace – Council member

Overseas Travel

The Dental Council did not incur any overseas travel costs during the year.

Remuneration

Council members received the following remuneration.

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

Council members also receive sitting fees for conducting Council Inquiries, attending committee meetings and undertaking other regulatory activities if these are on a day other than the regular Council meeting.

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

Panel and Tribunal members receive remuneration and reimbursement of expenses related to Council business.

Education and Research Account

The Dental Council maintains an Education and Research account. This helps fund activities that promote better understanding of professional standards and compliance, issues that can lead to complaints and how complaints are managed. The account may also be used to fund relevant research activity including both Council specific initiatives and collaborative projects.

Education and Research account expenditure this year included \$17,358 to the Australian Dental Association NSW Centre for Professional Development for License costs to enable access for all registered dental practitioners to a DVD on medical emergencies.

Financial Management

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

Accounts Performance 2017/18	\$
Revenue	3,064,288
Operating expenditure	2,656,867
Gain / (loss) on disposal	(3,481)
Net result	403,940
Net cash reserves* (cash and cash equivalents minus current liabilities)	2,486,614

* Included in the cash reserves is an Education and Research bank account balance of \$430,781.

The Dental Council's budget for the period 1 July 2018 to 30 June 2019 is as follows.

Budget 2018/19	\$
Revenue	2,742,671
Operating expenditure	3,176,936
Net result	-434,265

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



Medical Council
OF NEW SOUTH WALES

Medical Council of NSW

Annual Report 2017-18

President's Message



This year was busy and productive with the Council beginning to leverage the benefits from a restructure completed the previous year.

This resulted in improvements and efficiencies across our program areas as well as building on the foundations for the Council to continue its role as a recognised leader in medical regulation. In particular our growing research and data analytic capability is contributing to soundly based decision making.

These improvements were achieved during a year in which our complaint workload continued to increase. 2,599 complaints were received by the Council concerning 2,088 practitioners (of over 35,000 in NSW), a 13 per cent increase of complaints on 2016/17. Hopefully, our success will be measured by declining numbers of complaints about a smaller number of practitioners.

Many medical practitioners who are referred to us do not require ongoing regulatory intervention. However a trend, evident again this year, is the increasing number of complaints about doctors whose unsatisfactory professional performance is compounded by a variety of contributing factors requiring considerable expertise to ensure our assessment, decision-making, and monitoring activities are both fair and consistent. Many practitioners who are the subject of complaints do not fall into 'conduct', 'performance' or 'health' categories established under the legislation by which the Council is governed. Our challenge is to manage these practitioners effectively so as to ensure the safety of the public and that they continue to serve the medical needs of their communities.

To grow our capacity to manage these challenges we continue to invest in projects to support quality risk assessment and decision-making, a core strategic goal of the Council. This year we undertook a major collaboration with the NSW Nursing and Midwifery Council to develop an online learning program for decision makers due for completion in November 2018.

Evidence suggests that more than 10% of the adult population has a drug or alcohol problem and sadly medical practitioners are no exception. This year the Council successfully implemented a new policy which will result in more consistent and robust monitoring of medical practitioners with conditional registration as a result of a history of substance misuse. The introduction of the new Drug and Alcohol Policy was a significant achievement involving consultation with stakeholders, education of Council decision-makers and engagement with practitioners participating in our health program.

As part of its role in promoting better regulation and public safety, the Council contributed responses to the NSW Parliamentary Committee on the Health Care Complaints Commission Inquiry into the Cosmetic Health Service Industry, to several policy papers issued by the Medical Board of Australia for consultation, and to ongoing dialogue with officials from the Ministry of Health and others on opportunities to further improve the regulation of medical practitioners in NSW.

Part 2: Reports from Health Professional Councils

Our work could not continue without the commitment of our Council members and delegates in the service of the community and the medical profession. On behalf of all of us at the Council and those we serve, I thank Professor Tony Eyers, as the Royal Australasian College of Surgeons nominee on the Council, for his outstanding nine years' service to the Council. I also particularly thank my predecessor, Dr Greg Kesby, whose 10-year term on the Council ended on 30 June 2018, including the last 3 years as President. Dr Kesby's commitment to high professional standards as the bedrock of public safety and his determination to include the voice of the community in Council decision-making were among many hallmarks of his Presidency.

The Council members are only the tip of an iceberg of dedicated contributors to the work of the Medical Council. We could do nothing without our Hearing Members and Assessors, our Council appointed practitioners, our co-regulators, and every one of the HPCA staff supporting our Council, who work tirelessly to ensure the Council's work is undertaken efficiently and with compassion. I thank them all and I look forward to continuing excellence in regulation of our industry.



Associate Professor Richard Walsh

President

Medical Council of New South Wales

Regulation of Medical Practitioners in 2017/18

SNAPSHOT



Practitioner information

35,303

medical practitioners registered in NSW

3% more than last year

30.7% of registered medical practitioners in Australia

2,088

NSW medical practitioners had complaints made about them

9.8% more than last year (n 186 more)

5.9% of registered medical practitioners in NSW



Complaints received

2,599

new complaints were received

13% more than last year (n 299 more)

3.4% of complaints were mandatory notifications (n 88)

49.9% of complaints were about clinical care (n 1,298) followed by:

- communications 10.4% (n 271) and
- pharmaceutical/medication issues 7.6% (n 198)

50.6%

of complaints were from patients (n 1,316) followed by:

- relatives 20.8% (n 541) and
- other practitioners 6.6% (n 171)



Complaints managed

764

complaints were managed directly by the Council

52% more than last year (n 262 more)

326

assessments and hearings were concluded

10.9% less than last year (n 40 less)

134

immediate actions were considered or taken by Council

17.5% more than last year (n 20 more)

47

outcomes for closed complaints involved cancelled, suspended or surrendered registration

65 involved conditions on practice

16 involved counselling or interview



Practitioners monitored

346

cases were being actively monitored at year end

55.5% conduct (n 192)

8.4% performance (n 29)

36.1% health (n 125)

Achievements

Drug and alcohol screening policy implemented

The Council completed a cross-Council initiative to implement a new Drug and Alcohol Screening Policy for impaired practitioners and students who participate in our monitoring programs.

The new policy and procedures will result in more robust monitoring of participants and ensures better protection of the public, as well as ensuring more consistent and cost effective screening processes by the Council and all NSW health professional councils. As a result of the engagement of a single pathology provider, participants in our monitoring program will now have better access to more screening services in NSW.

The initiative was a major achievement for the Council, with a considerable investment by the HPCA staff who support the Council. This involved engaging with multiple stakeholders and developing new processes and resources to ensure a smooth transition to the new policy.

The new policy also aligns the Council with the drug and alcohol screening protocol published by the national regulatory body, the Australian Health Practitioner Regulation Agency (AHPRA), supporting a nationally consistent policy approach.

Response to inquiry into HCCC complaints handling in the cosmetic health service industry

The Council provided a public written submission to the NSW Parliamentary Committee into complaints handling by the HCCC in the Cosmetic Health Service Industry. The regulation of cosmetic surgery has become an increasing area of public concern, following recent cases involving both registered and non-registered health practitioners.

The Council sees it has a role in ensuring NSW registered medical practitioners who provide cosmetic health services are competent, perform to an appropriate standard of competence and comply with the Medical Board of Australia's code of conduct for medical practitioners in Australia.

Council's view is that effective protection for consumers of cosmetic health services requires additional and co-ordinated action by state and federal governments and regulators. The Council supports a range of strategies to improve public safety including public education also encompassing health practitioners; better business regulation; and surveillance of imports and the supply and management of medicines and other agents.

Online learning modules underway for hearing members

In collaboration with the Nursing and Midwifery Council, the Council engaged the Health Education and Training Institute (HETI) to design and develop five e-learning modules for hearing members. The project will provide hearing members with more timely and better access to core learning modules to support their important roles as decision-makers on behalf of the Council.

Modules commissioned include:

- The legal framework
- Acting fairly
- Roles and accountabilities
- Communication techniques
- Decision-making process

The modules are currently being reviewed and will be launched in late 2018 to form part of a broader education and skills development framework that supports Council hearing members.

New initiatives

Improved training for hearing members

A high priority for the Council is training hearing members to ensure they have the knowledge and skills to make appropriate and fair decisions. To achieve this the Council is developing:

- training that identifies competencies for hearing members
- a regular training program for hearing and Council members
- five e-learning modules for Council and hearing members that can be done online at their convenience.

Several focus groups were held with key staff to determine the knowledge and skills required to effectively contribute to proceedings as a hearing member.

A training needs survey will be sent to all hearing members to determine their learning and development needs. The results of the survey will be analysed and used to create customised and consistent learning strategies for hearing members.

Dashboard Project to provide real time information

Council commenced a business intelligence project designed to improve the quality and timeliness of information it receives to better support the decision making process.

The project will provide management with real time intelligent data analytics and allow support staff to monitor processes and track the progress of complaints against benchmarks. Once completed the Dashboard Project will provide Council with reliable single source information and reduce the time and resources needed to manage and interpret performance data.

Research Projects

Public Interest Project

In addition to its primary goal of protecting public health and safety, the Council is required to take account of 'the public interest' when using its immediate action powers.

The Council initiated a project to examine the use of the 'public interest' test in its decision making. The project involves a qualitative analysis of Medical Council and Tribunal decisions over eight years. The results will form part of a guide for Council hearing members to support quality decision-making.

The study will also be published in both the Medical Journal of Australia and the Journal of Law and Medicine so that the research can be shared more widely with academic and medico-legal communities.

Framework developed to support best practice decision-making

Council drafted a framework to support best practice for new members and delegates so that they can arrive at decisions based on a consistent approach to risk assessment and clearly articulated reasoning taking into account relevant issues and information.

The Council will implement the new Decision Making Framework in 2018/19.

Stakeholder Engagement

New Council website

Council redeveloped and successfully launched a new website in September 2017 as part of the larger HPCA's umbrella site.

The new site includes a more user friendly online complaint form, a guided search function to allow visitors to find popular content more quickly and resources for practitioners.

The website included new features such as a good practice section for the NSW medical profession with guidance on prescribing, patient communication and medical record keeping. As part of the development of the new section, HPCA staff negotiated with stakeholders, such as medical indemnity insurers, for permission to publish some of their best practice content to share more widely with the NSW medical profession.

Revamped e-news service for medical practitioners

In early 2018, the Council reviewed and redeveloped its quarterly e-news service to NSW medical practitioners to deliver more concise and valued content. The revamped e-news service places a greater emphasis on the provision of good practice resources to assist doctors to reduce their risk of future complaints. The changes resulted in a five-fold increase in practitioners engaging with Council's e-news content compared to the previous year.

Presentations

During the year the medical team presented to a number of medical student groups about complaints handling in NSW, the importance of good communication skills in preventing complaints and the importance of self-care and care of peers.

The medical team also presented to medical indemnity insurers about the new drug and alcohol screening policy, the masters of forensic mental health program about medical regulation in NSW and at the induction program for new hearing members at HPCA.

Learning and development

In line with the Council's strategic goal of supporting quality decision-making, the Council held two connect + learn events on hot button issues for hearing members. In September 2017 the Council hosted an evening with key note speakers Professor Arthur Glass and Dr Alison Reid on assessing risk and public interest. In April the Council held an evening for Council decision-makers around the theme of doctors with addictions and assessing impairment.

The Council also hosted a special connect + learn evening in November 2017 for Council hearing members and the broader health regulatory sector. The keynote speakers were Her Hon A/ Judge Jennifer Boland from the NSW Civil and Administrative Tribunal and Dr Michael Diamond, Medical and Psychiatric consultant to the Medical Council. Attendees included representatives from the Health Care Complaints Commission (HCCC), other health professional councils, medical insurers and the medico-legal fraternity. The event aimed to improve participant knowledge and understanding of quality decision-making and was attended by over 150 people.

In April 2018, the Council trialed a live webinar event with hearing members and assessors to assist them to understand and apply the new drug and alcohol screening policy following its implementation in June 2018. An edited version of the webinar was also produced and shared with hearing members who could not attend, as well as other health professional councils.

The webinar proved to be highly successful, with 100% of the participants indicating they would participate in a future Council webinar education event. As a result of this trial, the Council will be incorporating webinars in its mix of education and training in 2018/19.

In February 2018, the Council launched a new e-news service for hearing members and performance assessors. The initiative aims to keep Council decision-makers better informed about available resources, upcoming learning events and policies to assist them to make quality decisions and recommendations.

Programs

Reporting this year focuses on the numbers of practitioners being referred to and managed in each of the Medical Council programs, as well as complaint numbers and outcomes. This aligns with the Council's strategic decision to focus on identifying practitioners at potential risk of causing harm to the public and addressing that risk.

Intake and assessment

Complaints about medical practitioners in NSW are received and jointly assessed by the Medical Council and the Health Care Complaints Commission (HCCC). We received complaints about 2,088 practitioners this year. The majority of complaints were discontinued. Fifteen per cent of complaints were referred to the Council for further consideration and management and a small percentage were referred to the HCCC for investigation.

Fitness to Practise

Where public safety may be at risk unless immediate action is taken, the Council can suspend or impose conditions on a medical practitioner's registration via s150 proceedings, pending further action by the HCCC or the Council. In 2017/18, 136 immediate action inquiries were finalised. This represents a 19% increase on the previous year, continuing a trend in the Council's increasingly proactive approach for high risk matters. Of these inquiries, 114 were initial inquiries and 22 were reviews (15 instigated by the practitioner and seven by the Council).

The Council suspended a practitioner immediately in 18% of initial s150 matters and imposed conditions on a practitioner's registration to restrict their practice in 61% of these matters. Four per cent of practitioners surrendered their registration in lieu of attending an inquiry.

Health

A medical practitioner's health problems may impair his or her capacity to practise medicine safely or effectively. The Medical Council has a long-established Health Program which aims to manage impaired medical practitioners and medical students in a constructive and non-disciplinary manner while still safeguarding the public. More information about the Health Program is available at www.mcnsw.org.au. The Health Program Participant's Handbook was updated in May 2018 and is available on the Council website.

During the year, the Council managed notifications about the possible impairment of 75 practitioners. The Council conducted initial Impaired Registrants Panels for 69 practitioners and review interviews for 106 practitioners on the Council's Health program.

Performance

Where a complaint is received about a medical practitioner's professional performance, the Council acts to support the primary objective of public safety.

The Council uses performance interviews, performance assessments and performance review panels to determine whether a practitioner's professional performance is of a standard that could reasonably be expected of a practitioner with an equivalent level of training or experience. Where inadequacies are identified, the Performance Program focuses on education and retraining to address unsatisfactory patterns of practice. This is typically achieved by imposing conditions on registration via a Performance Review Panel, such as a direction to undertake training courses, but may also require supervision of the practitioner by another practitioner approved by the Council. The Council monitors compliance with these conditions.

During the year, complaints about 160 practitioners were referred to the Performance Program, with many practitioners the subject of more than one complaint. Complaints referred to the Performance Program increased by 35 per cent this year.

Part 2: Reports from Health Professional Councils

The following actions were completed to manage these complaints:

- performance interviews for 59 practitioners
- performance assessments for 14 practitioners and performance re-assessments for 12 practitioners
- Performance Review Panels for 14 practitioners.

Conduct

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

More information about disciplinary procedures and hearings is available at www.mcnsw.org.au. A number of counselling interviews and disciplinary proceedings were conducted during 2017/18.

Counselling interviews:

- matters about 15 practitioners were closed by year end
- matters about 17 practitioners were open at year end

PSC matters:

- matters about 11 practitioners were closed by year end
- matters about 7 practitioners were open at year end

NCAT complaint matters:

- matters about 24 practitioners were closed by year end
- matters about 21 practitioners were open at year end

Monitoring

Our Monitoring Program is responsible for monitoring compliance with orders and conditions imposed on a medical practitioner's registration following a health, performance, or conduct outcome. It also includes monitoring of conditions imposed as a result of the Council's immediate action proceedings.

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

- Limitations on a medical practitioner's practice. Examples include restricting the type of procedure(s) a medical practitioner may perform or limiting the number of patient consultations per day.
- Conditions aimed at remediating the medical practitioner. Examples include requiring a practitioner to undertake specific courses or be supervised, and/or requiring a practitioner to attend for treatment to manage their health so that they may continue to practise. Monitoring conditions can also include regular review by the Council appointed practitioners or participating in alcohol or drug testing.

During the year 86 practitioners exited the Monitoring Program.

At 30 June 2018, the Medical Council was monitoring 346 practitioners, a slight increase of 1.5% on the previous reporting year. Fifty six per cent of these practitioners' conditions resulted from conduct hearings, 36% resulted from health related hearings and the remaining 8% of practitioners had conditions imposed through a Performance Hearing. A practitioner may have more than one condition. Conditions imposed on NSW medical practitioners are included on the publically available National Register of Health Practitioners which is published online by AHPRA.

Case Studies

DR A: MANAGING COMPLEX AND URGENT COMPLAINTS TO PROTECT PUBLIC SAFETY

In 2017 three complaints were referred to the Medical Council by the Health Care Complaints Commission (HCCC) about Dr A, a 50-year-old solo general practitioner. The complaints alleged Dr A had made an incision that was larger and deeper than necessary; that Dr A had not given an option for a specialist referral; had demonstrated poor use of anaesthesia and poor infection control. Dr A was alleged to have also responded inappropriately to obvious infections which had resulted in hospital admissions.

Shortly after referral of the three complaints to the Council, the HCCC received a further complaint from a patient alleging that Dr A was performing procedures beyond the expertise of the practitioner and in unsuitable conditions. The Council requested an urgent referral in order to consider the four complaints together. Due to serious concerns regarding Dr A's performance, the Council convened s150 proceedings to determine if urgent action was required to protect the health and safety of the public. Conditions were consequently imposed on Dr A's registration and the complaints were referred back to the HCCC for investigation.

Three subsequent complaints were received by the HCCC regarding Dr A performing procedures inappropriately on patients involving multiple co-morbidities without referral to a specialist and performing an inappropriate procedure leading to disfigurement. The Council, on the basis of these further similar complaints, convened further immediate action proceedings due to concerns about Dr A's continued risk to the public. Dr A's registration was suspended and the suspension remains in effect until the outcome of the investigation in relation to these complaints.

This case study illustrates how the Council manages complex complaints involving a medical practitioner to ensure the protection of the health and safety of the public.

DR S: SUPPORTING A PRACTITIONER THROUGH MONITORING

The NSW Civil and Administrative Tribunal (NCAT) had imposed conditions on the registration of Dr S as a result of her inappropriate prescribing practices. These conditions restricted her access to schedule 8 and schedule 4 appendix D drugs, obliged her to move into a group practice and required her to be supervised and mentored for some periods.

Several years after participating in the Council's Monitoring Program, Dr S sought to have her conditions lifted. Dr S submitted that she had gained valuable insight into why her previous conduct had come to the attention of NCAT and had benefited from being actively mentored. Dr S was able to demonstrate to the Council that she had made positive changes to her practice, including recognising the benefits of participating in a group practice where she was able to develop her clinical leadership skills.

Her submission to resume full practice was supported by her Council approved mentor, whose reports to Council documented how Dr S had developed and improved to the point where she could resume full practice. Her conditions were lifted.

Council Members

Nineteen members sit on the Medical Council as prescribed by the National Law.

Registered medical practitioner members:

- Dr Gregory John Kesby MBBS Hons (UNSW), BSc Hons (UNSW), PhD (Cambridge), DDU (ASUM), FRANZCOG, CMFM, MAICD – Royal Australian and New Zealand College of Obstetricians and Gynaecologists nominee
- Adjunct Associate Professor Richard George Walsh MBBS (Sydney), FANZCA – Australian and New Zealand College of Anaesthetists nominee
- Dr Merran Auland FACRRM, BM.BCh (Oxon), PhD, B.Pharm – Australian College of Rural Remote Medicine nominee
- Dr Roger Gregory David Boyd MBBS (Sydney), MBA (Geneva), MHP (UNSW), FRACMA, AFCHSM, FHKCCM(Hon), GAICD – Royal Australasian College of Medical Administrators nominee
- Dr Stephen Richard Buckley MBBS (UNSW), FACRM, FAFRM (RACP) – Royal Australasian College of Physicians nominee
- Professor Anthony Andrew Evers MBBS (Sydney), FRACS, FRCS, Master of Bioethics (Monash) – Royal Australasian College of Surgeons nominee
- Dr Jennifer Kendrick BSc (Sydney), MBBS (Sydney), MPH (UNSW), GAICD, FRACGP – Royal Australian College of General Practitioners nominee
- Associate Professor Ross Kerridge MBBS, FRCA, FANZCA – Australian Medical Association (NSW) nominee
- Dr Brian Morton AM, MBBS (UNSW), FRACGP, FAMA – Australian Medical Association (NSW) nominee
- Professor Balakrishnan (Kichu) Nair AM MBBS, MD (Newcastle), FRACP, FRCPE, FRCPG, FRCPI, FANZSGM, GradDipEpid - Universities of Sydney, New South Wales and Newcastle nominee
- Dr Julian Parmegiani MBBS (Hons) (UNSW), FRANZCP, GAICD – Royal Australian and New Zealand College of Psychiatrists nominee
- Dr John Frank Charles Sammut MBBS (Hons) (Sydney), FACEM – Australasian College for Emergency Medicine nominee

Legal member:

- Professor Cameron Stewart BECLLB (Hons) (Macquarie), GradDipJur (Sydney), GradDipLegalPrac (College of Law), PhD (Sydney), FACLM (Hon)

Part 2: Reports from Health Professional Councils

Community members:

- Mr David Bell MBA (Sydney), BEcon (UQld), BA (UNSW), GAICD, JP (NSW)
- Ms Maria Cosmidis BA, BSW, MM
- Mr Kenneth Hong BA (Bond), GDLP (College of Law), GDL (Sydney) – Community Relations Commission nominee
- Dr Alix Genevieve Magney BA Sociology (Hons), PhD Sociology (UNSW)
- Mr Jason Masters BEd (Flinders), GAICD, CFIAA, CRMA, CGEIT, CFE, JP
- Ms Frances Taylor BA/BSocWk (Sydney)

Dr Gregory Kesby was appointed by the Governor as President of the Medical Council.

Adjunct Associate Professor Richard Walsh was appointed by the Governor as Deputy President of the Medical Council.

Adjunct Associate Professor Walsh commences as President on Dr Kesby's retirement in July 2018, and Dr John Sammut commences as Deputy President.

Senior Officers

Executive Officer

Ms Caroline Lamb, BA (Queensland), LLB (UNSW), FCIS, GAICD, M Bioethics (Sydney), is the current Executive Officer for the Medical Council and Assistant Director, Medical of the HPCA. Ms Lamb leads a team that works directly with the Medical Council.

Medical Director

Dr Annette Pantle, MBBS, MPH, FRACMA, FAICD, FAAQHC is the current Medical Director, Medical Council of NSW and Health Professional Councils Authority. Dr Pantle commenced in this role on 11 December 2017.

Dr Stuart Dorney, MBBS FRACP was the previous Medical Director, Medical Council of NSW and Health Professional Councils Authority. He retired on 30 September 2017.

All staff working both directly and indirectly with the Council are employed by the HPCA as an executive agency of the Ministry of Health. Councils cannot employ staff under the National Law.

Council meeting attendance

The Medical Council met six times during the year.

Table i: Member attendance at Council meetings, eligibility to attend and term of office

Member	Meetings Attended	Meetings Eligible to Attend	First Date of Appointment	Current Term of Office
Dr Gregory Kesby – President	5	6	1 October 2007	1 July 2015 – 30 June 2018
Adjunct Associate Professor Richard Walsh – Deputy President	6	6	1 July 2012	1 July 2015 – 30 June 2018
Dr Merran Auland	5	6	2 June 2017	2 June 2017 – 30 June 2019
Mr David Bell	2	4	12 November 2014	1 January 2018– 30 June 2020
Dr Roger Boyd	5	5	1 July 2012	2 June 2017 – 30 June 2019
Dr Stephen Buckley	4	6	1 July 2015	1 July 2015 – 30 June 2018
Ms Maria Cosmidis	6	6	1 July 2017	1 July 2017 – 30 June 2020
Professor Anthony Eyers	4	6	1 October 2009	1 July 2015 – 30 June 2018
Mr Kyung (Kenneth) Hong	4	6	1 July 2015	1 July 2015 – 30 June 2018
Dr Jennifer Kendrick	4	6	1 July 2015	1 July 2015 – 30 June 2018
Associate Professor Ross Kerridge	5	6	1 July 2015	1 July 2015 – 30 June 2018
Dr Alix Magney	4	5	1 July 2012	1 January 2018 – 30 June 2020
Mr Jason Masters	4	5	1 July 2012	1 January 2018 – 30 June 2020
Dr Brian Morton AM	5	6	1 July 2015	1 July 2015 – 30 June 2018
Professor Balakrishnan (Kichu) Nair AM	5	6	1 July 2017	1 July 2017 – 30 June 2020
Dr Julian Parmegiani	4	6	1 July 2015	1 January 2018 – 30 June 2020
Dr John Frank Charles Sammut	5	6	1 July 2017	2 June 2017– 30 June 2019
Ms Frances Taylor	4	6	1 July 2015	1 July 2018 – 30 June 2021
Professor Cameron Stewart	5	6	1 July 2017	1 July 2017 – 30 June 2019

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

Regulatory Committees and Panels

The National Law sets out the committees and panels that support the Council in undertaking regulatory activities.

Regulatory committees and panels include:

- Impaired Registrants Panels (IRP)
- Performance Review Panels (PRP)
- Professional Standards Committee (PSC)

The Council appoints regulatory committees and panels as needed.

Council Committees

Councils may establish committees to assist with Council functions. Committee members are not necessarily Council members.

The Medical Council appointed the following committees during the year.

- Conduct Committee – assesses and manages complaints about medical practitioners and students’ unsatisfactory professional conduct.
- Health Committee – assesses and manages complaints about medical practitioners and students who are suffering impairment.
- Performance Committee – assesses and manages complaints about medical practitioners whose clinical performance is below the standard which might reasonably be expected of a medical practitioner with an equivalent level of experience.
- Corporate Governance Committee – makes recommendations about the rules, practices and processes for the conduct of Council business.
- Executive Committee – acts on behalf of the Council between full Council meetings.
- Research Committee – plans research activities which contribute to building the evidence base for effective regulatory action.

Council members generally serve on at least two committees that assist the Council.

Five non-Council Members also sat on the Council’s committees this year.

Table ii: Medical Council Committees and Membership

Conduct	Health	Performance	Corporate Governance	Executive	Research
Council Members					
Chair: Richard Walsh	Chair: Anthony Evers	Chair: John Sammut	Chair: Roger Boyd	Chair: Greg Kesby	Chair: Cameron Stewart
Stephen Buckley	Merran Auland	Merran Auland	David Bell	Roger Boyd	Alix Magney
Maria Cosmidis	David Bell	David Bell	Maria Cosmidis	Anthony Evers	Anthony Evers
Anthony Evers	Roger Boyd	Roger Boyd	Kenneth Hong	Jason Masters	Greg Kesby
Kenneth Hong	Maria Cosmidis	Stephen Buckley	Greg Kesby	John Sammut	Jason Masters
Ross Kerridge	Jennifer Kendrick	Kenneth Hong	Jason Masters	Cameron Stewart	
Greg Kesby	Ross Kerridge	Jennifer Kendrick	Frances Taylor	Richard Walsh	
Alix Magney	Greg Kesby	Greg Kesby	Richard Walsh		
Jason Masters	Alix Magney	Balakrishnan Nair			
Julian Parmegiani	Brian Morton	Brian Morton			
John Sammut	Balakrishnan Nair	Frances Taylor			
Cameron Stewart	Julian Parmegiani	Richard Walsh			
Frances Taylor					
Non-Council Members					
Martine Walker		Elizabeth Tompsett			Peter Procopis
		Choong-Siew Yong			
		Geoff Brieger			

Meetings and events

The Medical Council was represented at the following meetings and events during the year.

Table iii: Medical Council representation at meetings and events

Name of Meeting / Event	Attended By
International Association of Medical Regulatory Authorities Continued Competency Symposium 2017	Dr Greg Kesby - President
Quarterly meetings of the Medical Council of NSW and Medical Board of Australia	Dr Greg Kesby - President Caroline Lamb – Assistant Director, Medical
AHPRA Stakeholder Forum	Dr Greg Kesby - President
National Board Chairs and NSW Council Presidents joint meeting	Dr Greg Kesby - President
Quality decision-making, risk assessment and the impaired practitioner	Dr Greg Kesby - President
Medical Board of Australia Stakeholder Briefings	Dr Greg Kesby - President Dr Annette Pantle – Medical Director Caroline Lamb – Assistant Director, Medical
Ministry of Health Regulators Forum	Dr Greg Kesby - President Dr Annette Pantle – Medical Director
Medicolegal Society	Dr Greg Kesby - President
National Training Survey Advisory Group	Dr Greg Kesby - President
AVANT Forum on Medical Manslaughter	Dr Greg Kesby - President Caroline Lamb – Assistant Director, Medical
Medical Board of Australia Conference	Dr Greg Kesby - President Dr Annette Pantle – Medical Director Caroline Lamb – Assistant Director, Medical
NSW/Qld RANZCOG Scientific Meeting	Dr Greg Kesby - President
Medico-Legal Society of NSW	Dr Greg Kesby - President
Medical Board of Australia Professional Performance Framework Workshop	Dr Greg Kesby - President Dr Annette Pantle – Medical Director Caroline Lamb – Assistant Director, Medical
Future of Health Professional Regulation in NSW	Dr Greg Kesby - President Dr Annette Pantle – Medical Director

Overseas travel

The President, Dr Greg Kesby, attended the International Association of Medical Regulatory Authorities (IAMRA) Competency Symposium in London, United Kingdom from 1 – 12 October 2017. Dr Kesby attended meetings with other medical regulators and met with experts researching suicide. The cost of the trip was \$12,898.

Remuneration

Council members received the following remuneration.

President	\$45,464 per annum
Deputy President	\$27,162 per annum
Council Members	\$12,037 per annum

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

Panel and Tribunal members receive remuneration and reimbursement of expenses related to Council business.

Education and Research Account

The Medical Council maintains an Education and Research account. This helps fund activities that promote better understanding of professional standards and compliance, issues that can lead to complaints and how complaints are managed. The account may also be used to fund relevant research activity including both Council specific initiatives and collaborative projects.

There was no Education and Research Account expenditure this year.

Financial Management

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

Accounts Performance 2017/18	\$
Revenue	14,165,845
Operating expenditure	13,595,508
Gain / (loss) on disposal	(8,929)
Net result	561,408
Net cash reserves* (cash and cash equivalents minus current liabilities)	13,105,772

* Included in the cash reserves is an Education and Research bank account balance of \$2,656.

The Medical Council's budget for the period 1 July 2018 to 30 June 2019 is as follows.

Budget 2018/19	\$
Revenue	15,023,289
Operating expenditure	16,285,843
Net result	-1,262,554

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



**Medical
Radiation
Practice
Council**
of NSW

Medical Radiation Practice Council of NSW

Annual Report 2017-18

President's Message



**Medical
Radiation
Practice
Council**
of NSW

I am pleased to submit the Medical Radiation Practice Council of New South Wales (Council) Annual Report for 1 July 2017 to 30 June 2018.

The Council continues to review the activity of complaints, monitoring, hearings and assessments. Medical radiation practitioner complaints remain at a relatively low volume.

The past financial year has seen a number of achievements for the Council that I would like to highlight:

- Review of our financial statements has enabled a further reduction in fees in 2018 for NSW Medical Radiation Practice registrants. Council regulates one third of the medical radiation practitioner members within Australia.
- The Council continues its collaborative inter-council research and education and liaison with the Australian Health Practitioner Regulation Agency and other regulatory bodies to achieve the requirements of National registration.
- Strategic priorities for 2018/19 have been set around further educative events with universities and professional associations. This aims to increase knowledge at a provisional and general registration level relating to registrants' responsibilities in New South Wales.

I would like to thank and acknowledge the significant contribution of Sheryl Foster and Hugh Macken over the last six years as they conclude their time on the Council. Sheryl has been a key diagnostic radiographer practitioner member of the Council and her considered advice has assisted the Council greatly in its decision making process. Hugh's extensive legal knowledge and experience has made his contribution as a community member invaluable.

Council will be assisted in the future by the appointment of Nadine Thompson as a diagnostic radiographer practitioner member of the Council, and Greg Ross as a legal community member effective 1 July 2018 for a three year term. I would like to extend a warm welcome to Nadine and Greg and look forward to a productive year in 2019. I congratulate Karen Jovanovic on her reappointment as Deputy President and Warren Stretton as a continuing community member.

On behalf of the Council, I would like to thank the Health Professional Councils Authority for its productive support throughout the year. The Council's co-regulatory work with the Health Care Complaints Commission continues to be collaborative and the Council looks forward to another year working together.

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

Ms Tracy Vitucci

President

Medical Radiation Practice Council of New South Wales

Regulation of Medical Radiation practitioners in 2017/18

SNAPSHOT



Practitioner information

5,413

medical radiation practitioners registered in NSW

3.8% more than last year

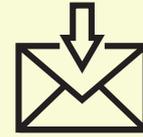
33.3% of registered medical radiation practitioners in Australia

12

NSW medical radiation practitioners had complaints made about them

12 less than last year

0.2% of registered medical radiation practitioners in NSW



Complaints received

12

new complaints were received

17 less than last year

0 complaints were mandatory notifications

33.3% of complaints were about clinical care (n 4) followed by:

- National Law breach – 3 complaints
- communication and health impairment – 2 complaints each
- Confidentiality – 1 complaint

58.3%

of complaints were from patients (n 7) followed by:

- AHPRA – 3 complaints
- education providers and self notification – 1 complaint each



Complaints managed

8

complaints were managed directly by the Council

4 less than last year

5

assessments and hearings were concluded

1 more than last year

0

immediate actions were considered or taken by Council

3 less than last year

1

outcome for closed complaints involved cancelled or suspended registration

2 involved conditions on practice

0 involved counselling or interview



Practitioners monitored

2

cases were being actively monitored at year end

0 conduct

0 performance

2 health

Stakeholder Engagement

In March 2018 the President and Deputy President of the Council attended the Australian Society of Medical Imaging and Radiation Therapy (ASMIRT) Conference. The conference allowed for stakeholder engagement through the conference and exhibitions. The Council established a booth at the conference and provided in-person information to the profession and general public about the Council's role in the protection of public health and safety.

Council Members

Six members sit on the Medical Radiation Practice Council as prescribed by the National Law.

Registered Medical Radiation practitioner members:

- Ms Tracy Vitucci MBA, MHSM, B App Sc (MedImaging), DMU, Grad Dip Ultrason, FIR, AF, ACHSM
- Dr Karen Jovanovic HScD, MMedSc, Grad Dip Clin Epid, DCR (T)
- Ms Sheryl Foster MHSC (MRS)
- Ms Justine Trpezanovski MPH, MHM, B App Sc – MRS(Nuc Med)

Legal member:

- Mr Hugh Macken BA, LLB, LLM

Community members:

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

The NSW Governor appointed Ms Tracy Vitucci as the President and Dr Karen Jovanovic as the Deputy President of the Medical Radiation Practice Council.

Executive Officer

Ms Asha Mears is the current Executive Officer for the Medical Radiation Practice Council. Ms Myra Nikolich was the previous Executive Officer during the year and her work is acknowledged with thanks and appreciation. The Executive Officer leads a team that works directly with the Council as part of the Combined Councils Team.

All staff working both directly and indirectly with the Council are employed by the HPCA as an executive agency of the Ministry of Health. Councils cannot employ staff under the National Law.

Council Meeting Attendance

The Medical Radiation Practice Council met 10 times.

Table i: Member attendance at Council meetings, eligibility to attend and term of office

Member	Meetings Attended	Meetings Eligible to Attend	Date of first appointment	Current Term of Office
Ms Tracy Vitucci - President	9	10	1 July 2012	1 July 2015 – 30 June 2018
Dr Karen Jovanovic – Deputy President	10	10	1 July 2012	1 July 2015 – 30 June 2018
Ms Sheryl Foster	9	10	1 July 2012	1 July 2015 – 30 June 2018
Ms Justine Trpezanovski	9	10	1 July 2017	1 July 2017 – 30 June 2018
Mr Hugh Macken	8	10	1 July 2012	1 July 2015 – 30 June 2018
Mr Warren Stretton	10	10	1 July 2012	1 July 2015 – 30 June 2018

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

Regulatory Committees and Panels

The National Law sets out the committees and panels that support the Council in undertaking its regulatory activities.

Regulatory committees and panels include:

- Assessment Committees
- Impaired Registrants Panels (IRP)
- Performance Review Panels (PRP)

The Council appointed Impaired Registrants Panels during the year with membership as shown in Table ii.

Table ii: Medical Radiation Practice Council Regulatory Committees and Panels

Impaired Registrants Panels
Ms Sandy Brown
Mr Darrin Gray
Ms Mary-Anne Friend
Ms Alison Reid
Ms Natalie Pollard

Council Committees

Councils may establish committees to assist with Council functions. Committee members are not necessarily Council members.

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

Meetings and Events

The Medical Radiation Practice Council was represented at the following meetings and events during the year.

Table iii: Medical Radiation Practice Council representation at meetings and events

Name of Meeting / Event	Attended By
Licensure Enforcement and Regulation (CLEAR) International Congress - 2017	Dr Jovanovic – Deputy President
ASMIRT Conference 2018	Ms Vitucci – President Dr Jovanovic – Deputy President

Overseas Travel

The Medical Radiation Practice Council did not incur any overseas travel costs during the year.

Remuneration

Council members received the following remuneration.

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

Council members also receive sitting fees for conducting Council Inquiries, attending committee meetings and undertaking other regulatory activities if these are on a day other than the regular Council meeting.

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

Panel and Tribunal members receive remuneration and reimbursement of expenses related to Council business.

Education and Research Account

The Medical Radiation Practice Council maintains an Education and Research account. This helps fund activities that promote better understanding of professional standards and compliance, issues that can lead to complaints and how complaints are managed. The account may also be used to fund relevant research activity including both Council specific initiatives and collaborative projects.

Education and Research account expenditure this year totalled \$3,866 for a booth booking and Council attendance at the ASMIRT Conference 2018.

Financial Management

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

Accounts Performance 2017/18	\$
Revenue	374,086
Operating expenditure	145,501
Gain / (loss) on disposal	(31)
Net result	228,554
Net cash reserves* (cash and cash equivalents minus current liabilities)	1,875,026

* Included in the cash reserves is an Education and Research bank account balance of \$51,025.

The Medical Radiation Council's budget for the period 1 July 2018 to 30 June 2019 is as follows.

Budget 2018/19	\$
Revenue	324,344
Operating expenditure	329,990
Net result	-5,646

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



Nursing & Midwifery Council of NSW

Annual Report 2017-18

President's Message



It has been another busy year for the Council in 2017/18. The number of complaints received continues to rise with an increase of around 9% this year. This has resulted in an increase of activities and regulatory action to protect the public.

Evidence-based regulation is important to the Council and this year has seen the conclusion of several projects relating to this. We evaluated the 2015 - 2018 Strategic Plan and investigated the variables associated with decision-making including the consistency of those decisions. Both projects provided us with some positive outcomes and also identified areas for future improvement. We hope to continue to build upon this research in coming years, and are planning evaluations of new policies and processes and research which examines the effectiveness of actions taken by the Council.

Our new Strategic Plan 2018 – 2021 has now been finalised. The Council shall continue with work commenced in the last cycle in order to prepare health practitioners for the regulatory framework in a rapidly changing environment.

To support this, the Council will establish processes allowing it to be increasingly agile. This will require good data management and analysis which we shall undertake with the HPCA over the next three years. It will also require that we engage with registrants and health service organisations to develop strong communication networks, using a variety of channels that allow the rapid transfer and sharing of information. The Council has made early steps towards this through strategic visits to health services and education facilities. Key messages around new professional standards, the role of the Council and the management of health, performance and conduct complaints were presented and discussed. It is important to allow for informal forums and interaction within these visits and we shall continue to build upon this in future visits.

This year, the Council has also been implementing transformative change in the management of complaints with the introduction of 'case management'. The case management model has established an identified person stakeholders can contact who understands the case and can provide accurate and timely information. One objective of the model is to improve service to stakeholders. Another important objective is to develop relationships that facilitate and encourage practitioners to respond professionally to a complaint and understand how to apply expected professional standards in practice. These changes have been made based upon feedback from practitioners and complainants.

Part 2: Reports from Health Professional Councils

An organisational restructure in the HPCA has occurred that supports these changes. As a result, the Council's functions are assisted by skilled case-managers, professional and policy officers, a communications professional, a research and quality officer, and a nurse educator. These roles are necessary for the Council to achieve its strategic outcomes.

The year has also seen a number of changes within Council membership. Three valuable and diligent members, Jann Gardner, Jennifer Symons and Kate Adams, concluded their appointments. Kate, in particular, was a very experienced member, having contributed to the Council's work for over nine years. We thank them for their sustained efforts and contributions and whilst they will be missed, we welcome the arrival of similarly skilled and knowledgeable new members, Joanne Muller, Kerryn Boland and Angela Garvey.

I would like to thank all the HPCA staff and the Council and panel members for their hard work and contributions during the year and look forward to the year ahead.

A handwritten signature in black ink that reads "John Kelly". The signature is written in a cursive, flowing style.

Adj Professor John G Kelly AM

President

Nursing and Midwifery Council of New South Wales

Regulation of Nurses and Midwives in 2017/18

SNAPSHOT



Practitioner information

109,957

nurses and midwives registered in NSW

- nurse 100,734
- midwife 1,199
- nurse/midwife 8,024

2.2% more than last year

27.2% of registered nurses and midwives in Australia

666

NSW nurses and midwives had complaints made about them - nurse 634 / midwife 32

6.7% more than last year (n 42 more)

0.6% of registered nurses and midwives in NSW



Complaints received

741

new complaints were received

- nurse 707 / midwife 34

9% more than last year (n 61 more)

33.5% of complaints were mandatory notifications (n 248 - nurse 234 / midwife 14)

25.2% of complaints were about clinical care (n 187 - nurse 164 / midwife 23) followed by:

- health impairment 23.9% (n 177 - nurse 173 / midwife 4) and
- offence 8% (n 60 - nurse 59 / midwife 1)

36.8%

of complaints were from employer (n 273 - nurse 259 / midwife 14) followed by:

- relative 10.8% (n 80 - nurse 78 / midwife 2) and
- patient 9.7% (n 72 - nurse 62 / midwife 10)



Complaints managed

712

complaints were managed directly by the Council

67.9% more than last year (n 288 more)

177

immediate actions were considered or taken by Council

56.6% more than last year (n 64 more)

413

assessments and hearings were concluded

7.2% less than last year (n 32 less)

14 outcomes for closed complaints involved cancelled or suspended registration of nurses (no midwives)

65 involved conditions on practice of nurses (no midwives) and

94 involved counselling or interview - 91 nurses and 3 midwives



Practitioners monitored

277

cases were being actively monitored at year end

24.2% conduct (n 67)

22.7% performance (n 63)

53.1% health (n 147)

Nursing and Midwifery Council Strategic Plan

The Council held a planning day in June 2018 to consider the outcomes of the evaluation of the previous strategic plan and an environmental scan of the current and future projected health context and how it may influence regulatory activities. These discussions resulted in the development of a new strategic plan with a mission to protect public safety and maintain professional standards and trust in the profession through the effective regulation of nurses and midwives and the development of collaborative relationships in a co-regulatory environment.

The Council’s role is complex and the volume of complaints places significant demands on the Council’s resources. The Council will continue to focus on further refining and developing its procedures and tools in order to improve the efficiency and effectiveness of its operations and to strengthen its preventative focus through its work with partners in the regulatory system

The Council’s work is directed at empowering and supporting nurses and midwives to share responsibility for professional standards (their own and others). This not only supports the development of a culture of safety, it will enable the Council to manage the projected increase in complexity and volume of complaints in the context of predicted future reduced revenue.

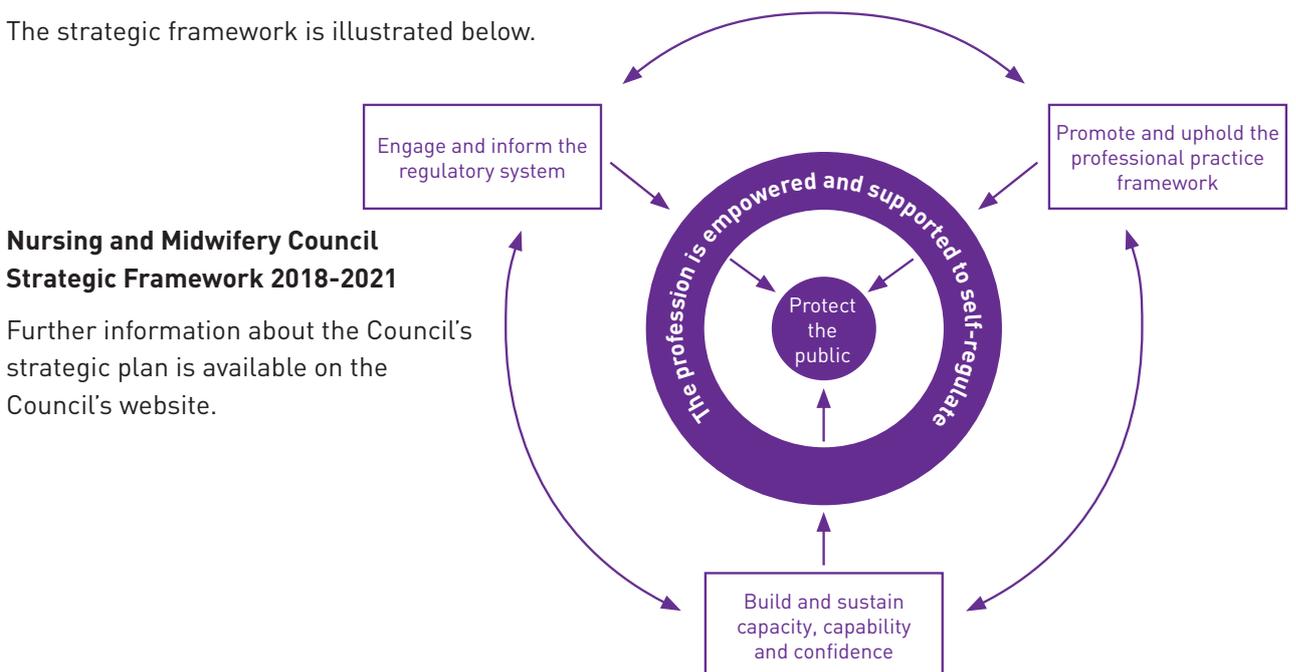
This focus will require closer engagement with partners in the regulatory system, supported by education and information (based on data and evidence), to promote system and workplace support for professional standards.

The Council’s primary responsibility is to efficiently and effectively manage complaints in order to ensure public protection and safety. The Council will need to continue its focus on improving the efficiency, effectiveness and quality of its processes and on developing its capability to support this role. The Council also has a key role to play in working with the regulatory system to address the broader system issues that impact on the performance of the workforce. In particular, the Council can support the system by using data and information about patterns and trends in complaints to provide feedback that can inform strategies at both the system level and in individual workplaces.

To achieve this, the Council’s strategic framework for 2018-2021 is based on three key goals:

1. Promote and uphold the professional practice framework
2. Engage and inform the regulatory system
3. Build and sustain capacity, capability and confidence

The strategic framework is illustrated below.



Nursing and Midwifery Council Strategic Framework 2018-2021

Further information about the Council’s strategic plan is available on the Council’s website.

Council Members

Fifteen members sit on the Nursing and Midwifery Council as prescribed by the National Law.

Registered Nursing and Midwifery practitioner members:

- Adj Professor John G Kelly AM, RN, BA (Hons), LLB, Grad Dip Leg Prac, FACN, FIML, MAPS, MAICD
- Dr Bethne Hart RN, Cert 1V TAA, Dip Clin Hypnotherapy, BA (Soc. Sci), MHPEd, PhD (UNSW) (MHRN)
- Ms Susan Anderson RN, BN
- Ms Maryann Curry RN, MHM (UNE), GAICD
- Ms Kate Cheney RN, RM Sexual Health (cert), B Nursing, MA Midwifery
- Ms Karen Hay EN, Adv Dip Nursing (Perioperative Nursing), MACORN, MNSWOTA
- Ms Karyn Godier EN
- Ms Kate Adams RN, RM, BA (NSW NMA Nominee)
- Ms Elisabeth Black RN, RM, BN, PGD, MNSc, Cert IV TAE, FACN (CAN nominee)
- Ms Angela Garvey RN, B Nursing (QUT), B Arts (USyd)
- Professor Iain Graham PhD, RN, FACN, MACMHN
- Dr Murray Fisher RN, PhD (USyd), ITU Cert (SVPH), DipAppSc (Nursing) (CCES), BHSc (Nursing) (UTS), MHPEd (UNSW)

Legal member:

- Ms Jann Gardner BA, LLB (USyd), MBA (uon), GAICD
- Ms Joanne Muller BSc (Syd), LLB (UTS), DipEd (STC), MAICD

Community members:

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

The NSW Governor appointed Adj Professor John G Kelly AM as the President and Dr Bethne Hart as the Deputy President of the Nursing and Midwifery Council.

Executive Officer

- Dr Margaret Cooke RN, RM is the Executive Officer for the Nursing and Midwifery Council:
- Ms Kim Bryant RN – Deputy Executive Officer
- Ms Annmaree Nicholls RN – Manager Health Pathway
- Ms Emma Child RN – Manager Performance Pathway

The Executive Officer leads a team of 24 FTE staff as at 30 June 2018 who work directly with the Council.

All staff working both directly and indirectly with the Council are employed by the HPCA as an executive agency of the Ministry of Health. Councils cannot employ staff under the National Law.

Council Meeting Attendance

The Nursing and Midwifery Council met seven times.

Table i: Member attendance at Council meetings, eligibility to attend and term of office

Member	Meetings Attended	Meetings Eligible to Attend	Date of first appointment	Current Term of Office
Adj. Professor John G Kelly AM - President	5	7	15 October 2010	1 July 2015 -30 June 2018
Dr Bethne Hart – Deputy President	7	7	1 July 2012	1 July 2015 – 30 June 2018
Ms Susan Anderson	7	7	1 July 2015	1 July 2015 – 30 June 2018
Ms Maryann Curry	5	7	27 August 2014	1 July 2017 – 30 June 2020
Ms Kate Cheney	7	7	1 July 2015	1 July 2015 – 30 June 2018
Ms Karen Hay	6	7	1 July 2015	1 July 2015 – 30 June 2018
Ms Karen Godier	6	7	27 August 2014	1 July 2017 – 30 June 2020
Ms Kate Adams	4	7	1 July 2015	1 July 2015 – 31 December 2017
Ms Elisabeth Black	7	7	1 July 2015	1 July 2015 – 30 June 2018
Professor Iain Graham	4	7	1 July 2012	1 July 2015 – 30 June 2018
Dr Murray Fisher	5	7	5 August 2015	5 August 2015 – 30 June 2018
Ms Jann Gardner	4	5	1 July 2015	1 July 2015 – 31 December 2017
Mr Bernard Rupasinghe	5	7	1 July 2015	1 July 2015 – 30 June 2018
Mr David Spruell	6	7	1 July 2012	1 July 2015 – 30 June 2020
Ms Jennifer Symons	3	5	1 July 2015	1 July 2015 – 31 December 2017
Ms Joanne Muller	2	2	1 January 2018	1 January 2018 – 30 June 2020
Ms Angela Garvey	2	2	1 January 2018	1 January 2018 – 30 June 2020
Ms Kerry Boland	2	2	1 January 2018	1 January 2018 – 30 June 2020

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

Regulatory Committees and Panels

The National Law sets out the committees and panels that support the Council in undertaking its regulatory activities.

Regulatory committees and panels include:

- Professional Standards Committee
- Impaired Registrants Panels (IRP)
- Performance Review Panels (PRP)

The Council acknowledges and thanks the large number of practitioners and lay members appointed to the many panels and hearings conducted during the year.

Council Committees

Councils may establish committees to assist with Council functions. Committee members are not necessarily Council members.

Committees that support the Nursing and Midwifery Council include the following:

Strategic Management Committee

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

This Committee met on six occasions.

Notifications Committee

The Notifications Committee considers new complaints in collaboration with the HCCC and recommends to Council the course of action for each matter. The Notifications Committee also acts under Council delegation to deal with health, conduct and performance complaints referred to the Council for management.

This Committee met on 24 occasions.

Monitoring and Review Committee

The Committee has delegation to oversee and make decisions on behalf of the Council in relation to monitoring practitioners' compliance with orders and conditions on registration, including easing conditions imposed via the impairment provisions when it is safe to do so.

This Committee met on nine occasions.

Education and Quality Committee

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

This Committee met on two occasions.

Counselling Committee

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

This Committee met on 14 occasions to counsel 39 practitioners and students including six midwives, seven enrolled nurses and 26 registered nurses.

Performance Interview Committee

The Committee was established last year to assist in the performance pathway. Its role is to interview practitioners to gather information about any issues which have been reported to the Council. The number of cases referred to a performance interview has increased.

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

This Committee met on 25 occasions to interview 82 practitioners and students including five midwives, 10 enrolled nurses and 67 registered nurses.

s150 Review Committee

The Committee is delegated to conduct immediate action inquiries when there are significant safety concerns related to the behaviour or health of a registered nurse, registered midwife or a registered student. The Committee may impose interim conditions on registration or suspend registration if satisfied it is necessary to do so for public safety or in the public interest.

This Committee met on 54 occasions to consider the safe practice of 183 practitioners including one student, five midwives, 26 enrolled nurses and 150 registered nurses.

s152J Health Committee

The Committee is delegated to act as the Council and impose conditions which have been recommended by the panels and agreed to by the practitioners. The Committee does this following careful consideration of Impaired Registrants Panel reports. This process allows for more timely decision-making in the Council's health pathway.

This Committee reviewed 122 initial recommendations and reviews by Impaired Registrant Panels including five students, two midwives, 18 enrolled nurses and 97 registered nurses.

Table ii provides information on Council committee membership.

Table ii: Nursing and Midwifery Council Committees and Membership

Strategic Management Committee	Notifications Committee	Monitoring & Review Committee	Education & Research Committee
Chair John Kelly	Chair Bethne Hart	Chair Kate Adams	Chair Kate Cheney
Council Members Bethne Hart David Spruell Jo Muller Jann Gardner	Council Members Bethne Hart Elisabeth Black Jann Gardner Karen Hay Bernard Rupasinghe Murray Fisher Maryann Curry	Council Members Iain Graham Jennifer Symons	Council Members Kate Adams Murray Fisher Iain Graham Karen Hay Jennifer Symons
Non Council Members Nil	Non Council Members Nil	Non Council Members Sue Dawson Nick Miles	Non Council Members Nil
Counselling Committee	Interview Committee	S150 Review Committee	S152J Committee
Council Members Bernard Rupasinghe Angela Garvey David Spruell Elisabeth Black Iain Graham Jennifer Symons Joanne Muller Karen Hay Karyn Godier Kate Cheney Kerryn Boland Maryann Curry Murray Fisher Susan Anderson	Council Members Bernard Rupasinghe Angela Garvey David Spruell Elisabeth Black Iain Graham Jennifer Symons Joanne Muller Karen Hay Karyn Godier Kate Cheney Kerryn Boland Maryann Curry Murray Fisher Susan Anderson	Council Members Susan Anderson Bernard Rupasinghe Bethne Hart David Spruell Elisabeth Black Jann Gardner Joanne Muller John Kelly Karen Hay Karyn Godier Katchen Cheney Kerryn Boland Maryann Curry Susan Anderson	Council Members Karyn Godier Kerryn Boland David Spruell Maryann Curry Joanne Muller Angela Garvey
Non Council Members Carole Doyle Dee Sinclair Frances Taylor Letetia Gibbs Loretta Musgrave Margo Gill Marie Clarke Rebecca Roseby Rosemary Kusuma Sue Kennedy Tania Andrews Valerie Gibson Zena Wilson Monica Hogan	Non Council Members Carole Doyle Dee Sinclair Frances Taylor Letetia Gibbs Loretta Musgrave Margo Gill Marie Clarke Rebecca Roseby Rosemary Kusuma Sue Kennedy Tania Andrews Valerie Gibson Zena Wilson Monica Hogan	Non Council Members Margo Gill Marie Clarke	Non Council Members Nil

Meetings and Events

The Nursing and Midwifery Council was represented at the following meetings and events during the year.

Table iii: Nursing and Midwifery Council representation at meetings and events

Name of Meeting / Event	Attended By
Review of the codes of conduct – final working Group	Bethne Hart – Deputy President Kate Cheney – Council member Margaret Cooke - Executive Officer
AHPRA and HPCA Research Collaboration Group meetings	Margaret Cooke – Executive Officer
NMBA State and Territory and Council committee – bi-monthly meeting	John Kelly - President
Ministry of Health Regulators Forum	John Kelly - President
Australian College of Nursing Seminar - 2030 and beyond: The future of nursing regulation	Elizabeth Black - Council Member Margaret Cooke - Executive Officer Emma Child – Professional Officer
Meetings with the Nursing and Midwifery Association of NSW	Margaret Cooke - Executive Officer Kim Bryant – Deputy Executive Officer Emma Child – Professional Officer Annmaree Nichols – Professional Officer Rosa Hearnshaw – Communications Officer June Garcia – Policy and Project Officer
Meeting with National Board Chair and Executive officer and the State Nursing and Midwifery Board	John Kelly – President Margaret Cooke – Executive Officer
NMBA Conference, Melbourne	John Kelly – President Susan Anderson – Council Member Elisabeth Black – Council Member Kate Cheney – Council Member Maryann Curry – Council Member Murray Fisher – Council Member Karyn Godier – Council Member Iain Graham – Council Member Joanne Muller – Council Member David Spruell – Council Member Margaret Cooke – Executive Officer Annmaree Nicholls – Professional Officer Emma Child – Professional Officer Kim Bryant – Deputy Executive Officer June Garcia - Policy and Project Officer
Performance Assessor Training day	Melinda Weir Project and Policy Officer Emma Child – Professional Officer Loretta Musgrave – Education Officer
AHPRA Risk Research Forum	Margaret Cooke – Executive Officer
Council on Licensure, Enforcement & Regulation Congress on Professional and Occupational Regulation	Elisabeth Black – Council Member Susan Anderson – Council Member Margaret Cooke – Executive Officer Emma Child - Professional Officer
2017 Congress of Aboriginal and Torres Strait Islander Nurses and Midwives	Bethne Hart – Deputy President

Table iii: Nursing and Midwifery Council representation at meetings and events (continued)

Name of Meeting / Event	Attended By
<p>Visits to Local Health Districts (LHD) Murrumbidgee LHD</p> <p>Far West LHD Broken Hill</p> <p>Northern NSW LHD – Lismore and Ballina Southern Cross University</p>	<p>Kim Bryant – Deputy Executive Officer Emma Child – Professional Officer Kim Bryant – Deputy Executive Officer Annmaree Nicholls – Professional Officer Rosa Hearnshaw – Communications Officer Kim Bryant – Deputy Executive Officer Annmaree Nicholls – Professional Officer</p>
<p>Meeting with Chief Nursing and Midwifery Officer NSW</p>	<p>Margaret Cooke – Executive Officer June Garcia – Policy and Project Officer Rosa Hearnshaw – Communications Officer</p>
<p>Meeting with President and the Executive Officer and NMBA</p>	<p>Bethne Hart - Deputy President Margaret Cooke - Executive Officer</p>
<p>NMBA – new code of conduct Launch NSW</p>	<p>Kate Cheney – Council Member Margaret Cooke - Executive officer</p>
<p>Meeting with Chief Nursing and Midwifery Officer and Council of Deans NSW</p>	<p>Margaret Cooke – Executive officer</p>
<p>Meeting with Paul De Carlo (NAMO) and Ange Karoz Clinical nurse manager (SESLHD) regarding professional standards, cultures of safety and mental health units.</p>	<p>Margaret Cooke – Executive Officer Annmaree Nicholls – Professional Officer Rosa Hearnshaw – Communications Officer</p>

Overseas Travel

Overseas travel costs for the Nursing and Midwifery Council included the following:

- Attendance at the World Health Professions Conference on Regulation and the International Council of Nurses (ICN) in Geneva, Switzerland by Adj Professor John Kelly (President) from 17 May to 20 May 2018 at a cost of \$9,965.35.

World Health Professions Conference on Regulation

The World Health Professions Conference on Regulation brought together 139 professionals and administrators from 36 countries who deal with the regulation of health professionals in their respective jurisdictions. The Conference was organised by the World Health Professionals Alliance with membership including the International Council of Nurses, International Pharmaceutical Federation, World Confederation for Physical Therapy, World Dental Federation and World Medical Association. The conference had three themes:

- A call to set the right standards in regulation
- Safety quality and compliance: benefiting patient communities and populations and
- Supporting the quality of lifelong learning.

Conclusions of the speakers at the conference were:

- Workforce shortages continue to be a global challenge. This translates into practice settings that are pressed to deliver services in a competent manner, often in circumstances of reduced absolute numbers of carers who are necessary to deliver safe levels of care.
- Pressures to maximise the numbers of health professionals within the workforce create an ongoing strain between the needs of government to meet workforce numbers and regulators (on behalf of governments and communities) to oversee the provision of safe care. This is particularly challenging in respect of the assessment of internationally qualified health professionals (taking into account professional and language standards and cultural differences between jurisdictions).

Consistent themes in discussion were

- Legislation does not keep up with the state of change in health services and the market. Aspects of practice that challenge regulators centre on how health professional businesses market their services that fall outside the regulatory framework, for example the use of social media in a 'private' capacity in chat rooms to discuss and recommend health interventions; the cosmetic surgery and beauty market; the use of technology and artificial intelligence in the treatment of patients.
- The free movement of health professionals continues to create challenges whereby free trade advocates want less regulatory burden while health regulators seek more to protect the public. Free trade advocates are now requiring regulators to expressly justify the extent of a protective context.
- Continuing professional development auditing has little evidence to indicate that it has positive practice outcomes. Competence assessment is complex, particularly in the area of measuring clinical judgement, 'soft skills' and emotional intelligence required for health care.

The ICN President, Annette Kennedy reported the ICN was concentrating on five key areas affecting nurses:

1. The global maldistribution of nurses
2. The global shortage of nurses
3. Workforce supply and retention
4. Safe staffing levels
5. Lack of consistency in the provision of skills.

During the Council's strategic planning day the Council considered many of the topics which were identified as concerns by international regulators at the Conference. Ideas for operationalising the strategic plan were enriched by the President's attendance at the Conference. In particular, use of technology to improve timely data management, analysis and knowledge sharing is critical to ensure that the Council keeps up to date with a rapidly changing environment.

Remuneration

Council members received the following remuneration.

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

Council members also receive sitting fees for conducting Council Inquiries, attending committee meetings and undertaking other regulatory activities if these are on a day other than the regular Council meeting.

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

Panel and Tribunal members receive remuneration and reimbursement of expenses related to Council business.

Education and Research Account

The Nursing and Midwifery Council maintains an Education and Research account. This helps fund activities that promote better understanding of professional standards and compliance, issues that can lead to complaints and how complaints are managed. The account may also be used to fund relevant research activity including both Council specific initiatives and collaborative projects.

Education and Research account expenditure this year included:

Research or Education Initiative	Expenditure
Decision Making Study	\$23,626.25
Evaluation of Performance Assessment	\$30,000.00
KPMG Evaluation of Strategic Plan	\$146,979.95
Online Learning Members	\$101,709.00
Performance Assessment Project (final stage)	\$8,100.00
Conference - World Health Professions Conference - John Kelly May 2018	\$9,965.35
Stage 3 Validation Osman Consulting	\$6,150.00
Total	\$326,530.55

Research projects

Decision Making Study - summary of results

The aims of the study were to:

1. Analyse the variables which predict decision outcomes; and
2. Examine the consistency of decision making

All complaints closed by the Council during 2015 (approximately 500 files) were used for the analysis. The data was collected from the HPCA complaints management system and staff reviewed the files. Data was collected on variables related to:

- Registrant's characteristics: eg gender age, overseas training, time registered, work setting and employment status and whether the incident occurred in the practice of the profession.
- Complaint characteristics: eg mandatory notification (type), category of the complaint, previous complaints, total number of complaints received and whether the practitioner or the employer had taken action as a result of the incident.
- Incident characteristics: number and severity (risk rating) of health, performance or conduct issues.

Ethics approval was obtained for the research.

Analysis

Univariate and multivariate tests were used to screen and identify potential variables for inclusion in Classification and Regression Tree analyses (CART) in IBM/SPSS. CART is an analytic tool that helps determine the most 'important' variables (based on explanatory power) in a dataset and can help researchers create a potent explanatory model for the outcome variable of interest. CART uses a decision tree (as a predictive model) which examines how well independent, explanatory or predictive, variables may influence or predict the observed outcomes of the dependent or outcome variable.

Results

At initial assessment three models were examined.

Model 1 examined the decisions to discontinue, refer to the Council, or refer to the HCCC – this model predicted 76% of the decisions but did not predict any of the cases referred to the HCCC

Model 2 looked at the predictors of complaints that were discontinued or referred to the Council – this model predicted 83% of the outcomes

Model 3 examined those complaints that were either discontinued or referred to a regulator (either the Council or the HCCC) and predicted 85% of the outcomes.

In all these models, the type of mandatory notification is an important predictor and, in particular, whether the notification is related to health or not. By definition, mandatory notifications are related to more serious behaviour and higher risk. Complex mandatory notifications where more than one issue is identified across streams and those related to health were more likely to be referred to the Council and less likely to be discontinued when compared with mandatory notifications about professional standards and complaints that are not mandatory notifications. Other variables which predicted outcomes were whether performance issues were identified, whether the employer has taken action and whether the practitioner has taken action. The three models had an overall prediction of between 76-85% of the outcomes.

Examination of the stage at which the complaint was closed ie discontinue complaint at initial assessment, complaint closed following collection of further evidence, complaint closed following a panel. This work indicated the type of notification again was associated with the outcome. Non-mandatory notifications were more likely to be discontinued, mandatory performance notifications more likely to be closed after seeking further information or evidence and mandatory health notifications more likely to be finalised at panel stage. All three categories of notifications were more likely to be closed at a later stage if the relevant risk rating was reported to be higher compared to when it was assessed as lower. Having a previous complaint was also an important predictor for mandatory health notifications. The model predicted 70% of decisions.

The findings indicate that factors associated with risk are related to further assessment/ investigation and referral to a panel for consideration. Further qualitative analysis of the cases that were not predicted may assist in either identifying other factors that were considered by decision makers when making their decision or areas where improvements in decision making could occur.

KPMG Evaluation of Strategic Plan 2015 -2018

KPMG was engaged to evaluate the NMC Strategic Plan 2015-2018. The evaluation focussed on three areas:

- How well the Council achieved its strategic objectives
- How well the Council achieved international standards for regulation
- The critical strategies for the Council to focus on in the next three years.

The approach included implementing a progress assessment, a qualitative assessment of impact, quantitative benchmarking and a review of alignment with international standards. The methods included document review, targeted interviews, surveys, data analysis, reviews and SWOT analysis.

KPMG found significant progress and several notable successes, which KPMG considered impressive and 'robust' in the context of the Council's operating environment.

Successes included:

- Embedding the principles of 'protecting the public' throughout the Council's processes and practices
- Improving the effectiveness of the complaints management process by implementing a new early intervention/prevention process through Performance Interviews
- Improving the timeliness of initial and outcome communication to complainants
- Improving access to performance assessments by conducting them in simulation labs
- Introducing Plain English factsheets on the Council's new website
- Establishing an orientation program for Council members
- Clarity around roles and responsibilities for HPCA staff in the Health and Performance teams
- Commencing LHD engagement through roadshows
- Undertaking various research projects that have yielded important insights about the application of professional standards, cultures of safety and how to improve stakeholder engagement.

KPMG identified critical strategies for focus in the next three years, recommending that the Council:

- Ensures a quality complaints management system
- Improves the productivity of complaints management processes
- Strengthens IT systems and leverages emerging technologies
- Strengthens the capability of HPCA staff
- Strengthens the risk assessment process and considers complexity
- Develops a communications strategy
- Continues research and translating research into findings
- Reviews the impact of the Performance Interview process
- Strengthens communications to practitioners.

Education projects

Online Learning Modules for Council and panel members

In October 2017, the Nursing and Midwifery and Medical Councils commenced a project with the Health Education and Training Institute (HETI) to develop an online learning program for hearing members. The program focuses on five learning modules pertinent to the work of hearing members:

Module 1 - Legal framework

Module 2 - Roles and responsibilities

Module 3 - Acting fairly

Module 4 - Decision making

Module 5 - Communication techniques.

This year the Councils have completed two modules, the legal framework and roles and responsibilities. The remaining modules are expected to be completed in late November 2018. This program will replace the Council's current online learning program when it is completed and will be evaluated.

Performance assessment project

In 2017 the performance assessment program was reviewed and resulting in a significant program of change.

During phase one (recruitment) 19 performance assessors were recruited, two distinct assessment roles created (regulatory and specialty) and a temporary Nurse Educator was appointed for 12 months.

Phase two (operational review) enabled the development of lean, streamlined operational processes that have decreased the administrative workload and reduced associated program costs. There has also been a marked increase in the achievement of KPI's and overall strengthening of collaborative working relationships with our simulation lab partners and performance assessors. The aim is to increase skills in regulatory assessment and build confidence in the reliability and validity of the assessment results.

Development of the program and continuous improvement will take place over the next three years to align with other global regulatory bodies. Further investment in the program and the performance assessors will enable the program to continue to meet its strategic and legislative requirements, whilst maintaining the focus of the Health Practitioner Regulation Law (NSW) performance program to improve profession standards and protect the public.

Evaluation of Performance Assessment program

Following implementation of the new performance assessment process, a six month evaluation project commenced in March 2017 through an external education consultancy. This was to see if the new process was meeting the objects as planned in terms of process, timeliness, quality and preparation of assessors.

The evaluation methods included anonymous surveys, meetings, observation and focus groups generating a wealth of information.

The results of the evaluation showed improved timeliness, process and quality of assessment reports. Positive results were also found in relation to the preparation of assessors' knowledge, skills and confidence.

The evaluation report proposed a number of changes to the assessment process in terms of simulation facilities use and improved and new assessment resources. The key recommendations for further development are to continue face to face learning for assessors, as well as developing a self-directed online learning package.

Council member attendance at NMBA Conference

In June 2018 Council members and HPCA staff attended the NMBA National Conference in Melbourne. The theme of the conference was 'Future Focused Regulation' with the aim of working towards better experiences and outcomes in regulation of nurses and midwives across Australia. Ten Council members and five HPCA staff members attended.

This important conference allows nursing and midwifery regulators across Australia and from New Zealand to come together to learn from each other and to discuss new and evolving ideas and evidence about how to improve the regulatory outcomes.

Highlight presentations included:

- Future of regulation - Anna van der Gaag, professor of ethics and regulation University of Surrey
- Protecting health care trends into the future – David Benton, CEO National Council State Boards of Nursing
- What is a fit and proper person – Jamie Orchard, Director Legal Services AHPRA.

Four workshops were also conducted on:

- Our responsibility for culturally safe care
- A risk based approach to regulation
- Re-entry to practice for nurses and midwives
- Professional development for regulation chairs.

The conference successfully met objectives to build knowledge and understanding of the needs of the professions to assist fulfilment of regulatory roles; to ensure the competence of practitioners; and to promote safe environments for the public.

LHD liaison and education

The Council commenced visits to Local Health Districts aiming to develop communication networks and knowledge about regulation and the new professional standards. These visits have been a valuable exercise in stakeholder engagement. They provided an opportunity to share information, develop relationships with practitioners, managers and employers as well as strengthen networks with both public and private health service providers within the districts.

Attendees ranged from senior to early career practitioners including Directors of Nursing and Midwifery, managers, educators and clinicians. The sessions consisted of formal presentations, informal group gatherings and individual drop in sessions as well as 'walk arounds' of the facilities and units. Importantly this allowed us to listen and learn, discuss the challenges and acknowledge common issues.

The program sought to introduce practitioners to the role of the Council and regulation, to encourage the development of safe systems and learning cultures and to emphasise the importance of understanding and using professional standards in everyday practice. We promoted increased practitioner awareness of professional development responsibilities, including a practitioner's own professional development and the need to support peers and other health practitioners. By working together we are better able to achieve safe patient centred care by all health practitioners, to all patients, every time.

Feedback from participants has been positive. The Council will continue these visits in the next year.

Financial Management

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

Accounts Performance 2017/18	\$
Revenue	8,402,788
Operating expenditure	7,842,370
Gain / (loss) on disposal	(23,085)
Net result	537,333
Net cash reserves* (cash and cash equivalents minus current liabilities)	8,319,071

* Included in the cash reserves is an Education and Research bank account balance of \$1,103,566.

The Nursing and Midwifery Council's budget for the period 1 July 2018 to 30 June 2019 is as follows.

Budget 2018/19	\$
Revenue	8,692,022
Operating expenditure	9,591,865
Net result	-899,843

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



**Occupational
Therapy
Council**
of NSW

Occupational Therapy Council of NSW

Annual Report 2017-18

President's Message



**Occupational
Therapy
Council**
of NSW

I am pleased to present the Occupational Therapy Council's annual report for 2017/18.

The number of registrants for NSW has been progressively increased over the last three years with a significant number of registered occupational therapists in NSW at the end of June 2018.

While notifications to the Council have grown in the 2017/18 financial year, these are still relatively low. We have observed a number of themes relating to the complaints received, with the majority about communications, clinical record keeping and professional boundaries. As public safety remains the priority for the Council, we continue to make sure that all complaints are dealt with respectfully and expeditiously for both the complainants and the practitioners.

As a commitment to maintain the high regulatory standards of the occupational therapy profession for the people of NSW, the Council will continue to work diligently and in partnership with our stakeholders such as the National Board, AHPRA and the Health Care Complaints Commission.

I wish to thank the staff of the Health Professional Councils Authority for their hard work and support during the last year. I must also thank my fellow Council members for their diligence and robust participation in Council business. I would especially like to acknowledge the contributions of Dr Katherine Moore (practitioner member), Ms Angela Petrie (Legal member) and Mr John Peterson (Community member) who are retiring from the Council. They have provided strong wisdom, advice and support for the work that we do.

I look forward to the challenges that the next year will bring. To help meet those challenges will be three new members of Council. I welcome them, the experiences that they will bring and their contributions to the work of the Council.

A handwritten signature in black ink, appearing to read 'Kim Nguyen', written over a light grey horizontal line.

Mr Kim Nguyen

President

Occupational Therapy Council of New South Wales

Regulation of Occupational Therapists in 2017/18

SNAPSHOT



Practitioner information

5,881

occupational therapists registered in NSW

6.6% more than last year

28% of registered occupational therapists in Australia

21

NSW occupational therapists had complaints made about them

5 more than last year

0.4% of registered occupational therapists in NSW



Complaints received

25

new complaints were received

5 more than last year

3 mandatory notifications were received about 1 practitioner

32% of complaints were about boundary violation (n4) and documentation (4) followed by:

clinical care and communication – 3 complaints each

confidentiality, discrimination and offence – 2 complaints each

32%

of complaints were from patient (n 8) followed by:

employer and relative – 3 complaints each



Complaints managed

11

complaints were managed directly by the Council

8 more than last year

1

assessment was concluded

8 less than last year

3

immediate actions were considered or taken by Council

3 more than last year

0

outcomes for closed complaints involved

cancelled or suspended registration or conditions on practice or counselling or interview



Practitioners monitored

2

cases were being actively monitored at year end

1 conduct

1 performance

0 health

Council Members

Six members sit on the Occupational Therapy Council as prescribed by the National Law.

Registered Occupational Therapy practitioner members:

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

Legal member:

- Ms Angela Petrie BPharm, LLM, MLLP

Community members:

- Mr John Peterson BCom(Hons)

The NSW Governor appointed Mr Kim Nguyen as the President and Dr Katherine Moore as the Deputy President of the Occupational Therapy Council.

Executive Officer

Mrs Maricel O'Farrell is the current Executive Officer for the Occupational Therapy Council. Ms Sarah Carroll and Ms Rebecca Greenwood also provided Executive Officer support to Council during the year. Their work is acknowledged with thanks and appreciation. The Executive Officer leads a team that works directly and indirectly with the Council as part of the HPCA Combined Councils Team.

All staff working both directly and indirectly with the Council are employed by the HPCA as an executive agency of the Ministry of Health. Councils cannot employ staff under the National Law.

Council Meeting Attendance

The Occupational Therapy Council met nine times.

Table i: Member attendance at Council meetings, eligibility to attend and term of office

Member	Meetings Attended	Meetings Eligible to Attend	Date of First Appointment	Current Term of Office
Mr Kim Nguyen - President	9	9	1 July 2012	1 Jul 2015 to 30 Jun 2018
Dr Katherine Moore - Deputy President	8	9	1 July 2012	1 Jul 2015 to 30 Jun 2018
Ms Carolyn Fozzard	8	9	1 July 2012	1 Jul 2015 to 30 Jun 2018
Ms Melinda Hunt	9	9	1 July 2012	1 Jul 2015 to 30 Jun 2018
Ms Angela Petrie	6	9	1 July 2012	1 Jul 2015 to 30 Jun 2018
Mr John Peterson	8	9	1 July 2012	1 Jul 2015 to 30 Jun 2018

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

Regulatory Committees and Panels

The National Law sets out the committees and panels that support the Council in undertaking its regulatory activities.

Regulatory committees and panels include:

- Assessment Committee
- Impaired Registrants Panels (IRP)
- Performance Review Panels (PRP)

The Council appoints regulatory committees and panels as needed.

The Council acknowledges and thanks the practitioners and lay members who assist with panels and hearings.

Council Committees

Councils may establish committees to assist with Council functions. Committee members are not necessarily Council members.

The Occupational Therapy Council did not appoint any committees during the year.

Meetings and Events

The Occupational Therapy Council was represented at the following meetings and events during the year.

Table ii: Occupational Therapy Council representation at meetings and events

Name of Meeting / Event	Attended By
National Board Chairs and NSW Council Presidents joint meeting	Katherine Moore - Deputy President
Licensure Enforcement and Regulation (CLEAR) International Congress	Kim Nguyen - President

Overseas Travel

The Occupational Therapy Council did not incur any overseas travel costs during the year.

Remuneration

Council members received the following remuneration.

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

Council members also receive sitting fees for conducting Council Inquiries, attending committee meetings and undertaking other regulatory activities if these are on a day other than the regular Council meeting.

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

Panel and Tribunal members receive remuneration and reimbursement of expenses related to Council business.

Education and Research Account

The Occupational Therapy Council maintains an Education and Research account. This helps fund activities that promote better understanding of professional standards and compliance, issues that can lead to complaints and how complaints are managed. The account may also be used to fund relevant research activity including both Council specific initiatives and collaborative projects.

There was no Education and Research account expenditure this year.

Financial Management

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

Accounts Performance 2017/18	\$
Revenue	272,149
Operating expenditure	147,143
Gain / (loss) on disposal	(43)
Net result	124,963
Net cash reserves* (cash and cash equivalents minus current liabilities)	920,873

* Included in the cash reserves is an Education and Research bank account balance of \$46,826.

The Occupational Therapy Council's budget for the period 1 July 2018 to 30 June 2019 is as follows.

Budget 2018/19	\$
Revenue	254,730
Operating expenditure	247,692
Net result	7,038

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



**Optometry
Council
of NSW**

Optometry Council of NSW

Annual Report 2017-18

President's Message



It is with great pleasure I begin the new term as President with a competent and capable Council.

I take this opportunity to thank the current members for their contribution and due diligence throughout the year to make the Council effective in its deliberations. I congratulate and welcome them back for the new term. Pauline O'Connor as Deputy President and legal member has been invaluable with her input and perspective in the management of complaints. Both John Davis and Derek Fails are experienced practitioners and have a wealth of experience in regulatory affairs having served on a number of Boards and Councils.

The Council, in consultation with the HCCC, conducts its duty to protect the public through effective regulation and takes appropriate action against practitioners that place the public at risk of harm.

This year the HPCA has had an organisational review, refurbishment of its Pitt Street offices and adopted HealthShare as its financial management system in order to better support the Councils. We have also upgraded our website to provide better end user experience for a wide range of stakeholders. New drug and alcohol screening policies have been introduced to better manage practitioners at risk.

In the management of complaints, it is evident there have been some communications issues between practitioners and patients. We aim to raise awareness amongst practitioners about the need to ensure they understand concerns of their patients and develop the ability to manage these before escalation to a complaint. Adequate record keeping provides practitioners with stronger evidence in the event of a complaint. Practitioners also need to familiarise themselves with the National Board's requirements for registration, in particular continuing professional development and public indemnity insurance requirements.

The Council would like to thank the HPCA staff dedicated to this Council, Mr Michael Jaques, Ms Christine Gursen and Mr Anthony Tobin for their kindness, support and sage advice throughout the year.

A handwritten signature in black ink that reads 'Albert Lee'. The signature is written in a cursive style with a long, sweeping underline.

Mr Albert Lee
President
Optometry Council of New South Wales

Regulation of Optometrists in 2017/18

SNAPSHOT



Practitioner information

1,857

optometrists registered in NSW

2.8% more than last year

33.6% of registered optometrists in Australia

26

NSW optometrists had complaints made about them

1 less than last year

1.4% of registered optometrists in NSW



Complaints received

28

new complaints were received

1 more than last year

2 mandatory notifications were received

42.9% of complaints were about clinical care (n12)

followed by:

- billing – 4 complaints and
- behaviour, communication, hygiene, National Law breach, National Law offence – 2 complaints each

53.6%

of complaints were from patient (n 15) followed by:

- AHPRA and relative – 4 complaints each
- treating practitioner – 2 complaints



Complaints managed

15

complaints were managed directly by the Council

5 more than last year

3

assessments and hearings were concluded

3 more than last year

3

immediate actions were considered or taken by Council

3 more than last year

0

outcomes for closed complaints involved

cancelled or suspended registration or conditions on practice or counselling or interview



Practitioners monitored

2

cases were being actively monitored at year end

0 conduct

0 performance

2 health

Council Members

Four members sit on the Optometry Council as prescribed by the National Law.

Registered optometry practitioner members:

- Mr Albert Lee M Optom, Grad Cert Oc Ther, B Optom
- Mr John Davis B.Optom (Hons)
- Mr Derek Fails BSc(Hons), MCOptom (UK), Cert Oc Ther (SUNY), G Dip Bus (Tas), FAICD

Legal member:

- Ms Pauline O'Connor LLB, LLM

The NSW Governor appointed Mr Albert Lee as the President and Ms Pauline O'Connor as the Deputy President of the Optometry Council.

Executive Officer

Ms Asha Mears is the current Executive Officer for the Optometry Council. Mr Michael Jaques was the previous Executive Officer. Ms Farina Bains and Mrs Christine Gursen also provided Executive Officer support to Council during the year. Their work is acknowledged with thanks and appreciation. The Executive Officer leads a team that works directly and indirectly with the Council as part of the HPCA Combined Councils Team.

All staff working both directly and indirectly with the Council are employed by the HPCA as an executive agency of the Ministry of Health. Councils cannot employ staff under the National Law.

Council Meeting Attendance

The Optometry Council met 11 times.

Table i: Member attendance at Council meetings, eligibility to attend and term of office

Member	Meetings Attended	Meetings Eligible to Attend	Date of First Appointment	Current Term of Office
Mr Albert Lee – President	9	11	1 July 2012	1 July 2015 - 30 June 2018
Ms Pauline O'Connor – Deputy President	8	11	1 July 2012	1 July 2015 - 30 June 2018
Mr John Davis	11	11	1 July 2015	1 July 2015 - 30 June 2018
Mr Derek Fails	11	11	1 July 2015	1 July 2015 - 30 June 2018

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

Regulatory Committees and Panels

The National Law sets out the committees and panels that support the Council in undertaking its regulatory activities.

Regulatory committees and panels include:

- Assessment Committee
- Impaired Registrants Panels (IRP)
- Performance Review Panels (PRP)

The Council appoints regulatory committees and panels as needed.

The Council acknowledges and thanks the practitioners and lay members who assist with panels and hearings.

Council Committees

Councils may establish committees to assist with Council functions. Committee members are not necessarily Council members.

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

Meetings and Events

The Optometry Council was represented at the following meetings and events during the year.

Table ii: Optometry Council representation at meetings and events

Name of Meeting / Event	Attended By
Optometry Regulatory Reference Group Annual Meeting	Mr Albert Lee – President
National Board Chairs and NSW Council Presidents joint meeting	Mr Albert Lee – President
Quality Decision-Making, Risk Assessment and the Impaired Practitioner Education Meeting	Mr Albert Lee - President

Overseas Travel

The Optometry Council did not incur any overseas travel costs during the year.

Remuneration

Council members received the following remuneration.

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

Council members also receive sitting fees for conducting Council Inquiries, attending committee meetings and undertaking other regulatory activities if these are on a day other than the regular Council meeting.

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

Panel and Tribunal members receive remuneration and reimbursement of expenses related to Council business.

Education and Research Account

The Optometry Council maintains an Education and Research account. This helps fund activities that promote better understanding of professional standards and compliance, issues that can lead to complaints and how complaints are managed. The account may also be used to fund relevant research activity including both Council specific initiatives and collaborative projects.

There was no expenditure from the Education and Research account this year.

Financial Management

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

Accounts Performance 2017/18	\$
Revenue	232,954
Operating expenditure	193,185
Gain / (loss) on disposal	(41)
Net result	39,728
Net cash reserves* (cash and cash equivalents minus current liabilities)	427,544

* Included in the cash reserves is an Education and Research bank account balance of \$47,036.

The Optometry Council's budget for the period 1 July 2018 to 30 June 2019 is as follows.

Budget 2018/19	\$
Revenue	234,800
Operating expenditure	213,034
Net result	21,766

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



**Osteopathy
Council
of NSW**

Osteopathy Council of NSW

Annual Report 2017-18

President's Message



**Osteopathy
Council**
of NSW

I am pleased to submit the 2018 Annual Report for the Osteopathy Council of New South Wales (Council).

The number of new complaints this year is higher than in 2016/17.

The standards expected of registered health care professionals are high, and must remain so to protect the public from unsatisfactory professional performance or conduct. Consistent with the Health Practitioner Regulation National Law (NSW), the paramount consideration of the Osteopathy Council is protection of the health and safety of the public. To that end, the Council enjoys a close and collaborative working relationship with the HCCC.

Again in 2018, Stiofan Mac Suibhne and I accepted an invitation to speak to the final year osteopathy students at the Lismore campus of Southern Cross University. The aim of our address was twofold: (i) to impress upon the students that upon graduation and registration, the welfare of their patients should be their primary professional concern, and (ii) to inform them about the devastating professional, psychological and economic consequences that would flow from engaging in conduct below the standard reasonably expected of a practitioner of an equivalent level of training or experience.

Once again, the Council finished the year with a budget surplus, largely due to the surcharge that NSW practitioners pay to the Australian Health Practitioner Regulation Agency on top of their annual registration fee. This surcharge will be reviewed in 2018.

The Council is exceedingly grateful to those NSW osteopaths who assist the Council to fulfil its regulatory responsibilities by serving as performance assessors or as hearing members on Tribunals and impaired registrants panels. Council members are forever mindful that disciplinary and remedial proceedings are intellectually demanding and emotionally challenging.

The Council would also like to thank the HPCA staff dedicated to this Council, Mr Michael Jaques, Mrs Christine Gursen and Mr Anthony Tobin for their support and sound advice throughout the year.

I particularly want to thank Mr Stiofan MacSuibhne and Mr Stuart Hammond, who decided not to renominate for appointment when their term ends on 30 June 2018. Stiofan and Stuart were insightful, erudite colleagues who helped the Council become proactive, stable and efficient, and on a personal note, helped me enormously in my role as a new President when we first joined in 2012.

Our new members are osteopaths Dr Kerrin Murnane and Dr Terry Stewart commencing on 1 July 2018. Kerrin will fill the role of Deputy President. Ms Soraya Mir remains our legal member.

A handwritten signature in black ink, appearing to read 'Anne Cooper', with a checkmark at the end.

Ms Anne Cooper

President

Osteopathy Council of New South Wales

Regulation of Osteopaths in 2017/18

SNAPSHOT



Practitioner information

582

osteopaths registered in NSW

3.2% more than last year

24.4% of registered osteopaths in Australia

13

NSW osteopaths had complaints made about them

5 more than last year

2.2% of registered osteopaths in NSW



Complaints received

15

new complaints were received

4 more than last year

1 complaint was a mandatory notification

33.3% of complaints were about boundary violation (n 5) followed by:

- National Law offence – 4 complaints
- National Law breach – 2 complaints

40%

of complaints were from patient (n 6) followed by:

- other practitioner – 4 complaints
- AHPRA – 2 complaints



Complaints managed

8

complaints were managed directly by the Council

4 more than last year

2

assessments and hearings were concluded

2 less than last year

0

immediate actions were considered or taken by Council

3 less than last year

0

0 outcomes for closed complaints involved cancelled or suspended registration

1 involved conditions on practice

2 involved counselling or interview



Practitioners monitored

2

cases were being actively monitored at year end

1 conduct

0 performance

1 health

Council Members

Four members sit on the Osteopathy Council as prescribed by the National Law.

Registered osteopathy practitioner members:

- Ms Anne Cooper RN, DO, MMedHum
- Mr Stiofan Mac Suibhne BSc (Hons) Osteopathy, PGCertEd, PG Cert Hlth Sci (Acupuncture), M Hlth Prac (Rehabilitation)
- Mr Stuart Hammond BAppSc (Ost), MOst

Legal member:

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

The NSW Governor appointed Ms Anne Cooper as the President and Mr Stiofan MacSuibhne as the Deputy President of the Osteopathy Council.

Dr Kerrin Murnane commences as Deputy President on Mr MacSuibhne's retirement as Deputy President in July 2018.

Executive Officer

Ms Asha Mears is the current Executive Officer for the Osteopathy Council. Mr Michael Jaques was the previous Executive Officer. Ms Farina Bains and Mrs Christine Gursen also provided Executive Officer support to Council during the year. Their work is acknowledged with thanks and appreciation. The Executive Officer leads a team that works directly and indirectly with the Council as part of the HPCA Combined Councils Team.

All staff working both directly and indirectly with the Council are employed by the HPCA as an executive agency of the Ministry of Health. Councils cannot employ staff under the National Law.

Council Meeting Attendance

The Osteopathy Council met 11 times.

Table i: Member attendance at Council meetings, eligibility to attend and term of office

Member	Meetings Attended	Meetings Eligible to Attend	Date of first appointment	Current Term of Office
Ms Anne Cooper - President	11	11	1 July 2012	1 July 2015 to 30 June 2018
Mr Stiofan Mac Suibhne - Deputy President	10	11	1 July 2012	1 July 2015 to 30 June 2018
Mr Stuart Hammond	11	11	1 July 2015	1 July 2015 to 30 June 2018
Ms Soraya Mir	10	11	6 March 2013	1 July 2015 to 30 June 2018

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

Regulatory Committees and Panels

The National Law sets out the committees and panels that support the Council in undertaking its regulatory activities.

Regulatory committees and panels include:

- Assessment Committee
- Impaired Registrants Panels (IRP)
- Performance Review Panels (PRP)

The Council appoints regulatory committees and panels as needed.

The Council acknowledges and thanks the practitioners and lay members who assist with panels and hearings.

Council Committees

Councils may establish committees to assist with Council functions. Committee members are not necessarily Council members.

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

Meetings and Events

The Osteopathy Council was represented at the following meetings and events during the year.

Table ii: Osteopathy Council representation at meetings and events

Name of Meeting / Event	Attended By
Osteopathic International Alliance Conference	Ms Anne Cooper – President
Consultation Forum on Mandatory Reporting Reform in the National Law	Ms Anne Cooper – President
National Board Chairs and NSW Council Presidents joint meeting	Ms Anne Cooper – President
Presentation at Southern Cross University Lismore	Ms Anne Cooper – President Mr Stiofan Mac Suibhne – Deputy President

Overseas Travel

Overseas travel costs for the Osteopathy Council included attendance at the Osteopathic International Alliance Conference in Auckland, New Zealand by Ms Anne Cooper from 8 to 10 September 2017 at a cost of \$677.85.

Remuneration

Council members received the following remuneration.

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

Council members also receive sitting fees for conducting Council Inquiries, attending committee meetings and undertaking other regulatory activities if these are on a day other than the regular Council meeting.

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

Panel and Tribunal members receive remuneration and reimbursement of expenses related to Council business.

Education and Research Account

The Osteopathy Council maintains an Education and Research account. This helps fund activities that promote better understanding of professional standards and compliance, issues that can lead to complaints and how complaints are managed. The account may also be used to fund relevant research activity including both Council specific initiatives and collaborative projects.

There was no expenditure from the Education and Research account this year.

Financial Management

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

Accounts Performance 2017/18	\$
Revenue	208,644
Operating expenditure	175,603
Gain / (loss) on disposal	(32)
Net result	33,009
Net cash reserves* (cash and cash equivalents minus current liabilities)	214,509

* Included in the cash reserves is an Education and Research bank account balance of \$231.

The Osteopathy Council's budget for the period 1 July 2018 to 30 June 2019 is as follows.

Budget 2018/19	\$
Revenue	205,667
Operating expenditure	231,778
Net result	-26,111

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



**Paramedicine
Council
of NSW**

Paramedicine Council of NSW

Annual Report 2017-18

Paramedicine Council



Paramedicine Council
of NSW

On 18 January 2018 the Parliament of NSW amended the Health Practitioner Regulation National Law (NSW) to establish the Paramedicine Council of NSW in preparation for registration and regulation of Paramedics to commence in late 2018. This will be the 15th registered health profession in the National Registration and Accreditation Scheme (NRAS).

As NSW Paramedicine Council members were not due to be appointed until later in 2018, there are no Paramedicine Council activities to report for the 2017/18 financial year.

The COAG Health Council provided a grant of \$50,000 during 2017/18 and there were a small number of financial transactions towards the establishment of the Council, so financial statements are included in Part 3 of this report.





**Pharmacy Council
of New South Wales**

Protecting the public
Regulating pharmacists and pharmacies

Pharmacy Council of NSW

Annual Report 2017-18

President's Message



Protecting the public
Regulating pharmacists and pharmacies

I am pleased to present the Pharmacy Council of NSW's 2017/18 Annual Report, my last as President.

As in previous years, there was an increase in complaint numbers and regulatory activity which resulted in another busy 12 months for the Pharmacy Council. Dispensing errors continue to remain our major source of complaints. Employee pharmacists and pharmacy owners need to ensure their processes are robust and complied with to minimise such errors. Complaints involving storage and management of Schedule 8 drugs are of continuing concern. Many of these issues could be avoided with the purchase of a bigger safe. There has also been a steady volume of more serious matters requiring consideration of immediate action which has had a significant impact on the workload of the Council.

During the year we finalised our Strategic Plan 2018 – 2020. Compounding remains a focus area with progress being made in the development of resources to address issues around compounding with more to follow in the next 12 months. The creation and publication of a compounding raw materials fact sheet created both positive and negative feedback which we have taken on board and are addressing.

Stakeholder engagement remains a priority. Through the efforts of HPCA staff and Council members we increased our involvement in university presentations, intern training programs and meetings with other regulators and professional associations. We continue to build on and strengthen relationships with our regulatory partners at the HCCC, the Pharmacy Board of Australia, AHPRA and the HPCA.

I thank my fellow Council members for their dedication, input and support over the last year.

At the end of March 2018 we farewelled Terry Maunsell, who had served nine years, commencing with the former Pharmacy Board of NSW. Terry brought an important and valued perspective to her role as Council member with expertise in hospital pharmacy. We acknowledge her dedication, contribution and commitment to the work of Council and wish her well in her retirement.

Congratulations to Carolyn Burlew, Joyce Cooper, Penny Ho and Marilyn Starr who have been reappointed as Council members, and we welcome Veronica Murdoch who has been appointed as pharmacist member of Council with expertise in hospital pharmacy.

To the growing group of non-Council members who act as mentors, auditors, performance assessors and panel members, on behalf of all Council members, I thank you for your efforts and experience in assisting Council to do its job.

Finally, we would not be able to do our work without the support of the dedicated staff and executive of the HPCA. Whilst it has been a challenging year with organisational change and staff movements, they have managed difficult circumstances and workloads admirably and we are deeply appreciative of their dedication and commitment to assisting us in our role.

A handwritten signature in black ink, appearing to read 'S. Ludington', is written over a light blue horizontal line.

Mr Stuart Ludington

President

Pharmacy Council of New South Wales

Regulation of Pharmacists in 2017/18

SNAPSHOT



Practitioner information

9,443

pharmacists registered in NSW

1.9% more than last year

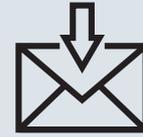
30.4% of registered pharmacists in Australia

286

NSW pharmacists had complaints made about them

14.4% more than last year (n 36 more)

3% of registered pharmacists in NSW



Complaints received

312

new complaints were received

14.7% more than last year (n 40 more)

4 complaints were mandatory notifications

72.8% of complaints were about pharmacy/medication issues (n 227) followed by:

- billing 4.5% (n14) and
- National Law breach and health impairment 3.8% (n 12)

29.2%

of complaints were from patient (n 91) followed by:

- member of the public 15% (n 47) and
- relative 13.1% (n 41)



Complaints managed

271

complaints were managed directly by the Council

94.9% more than last year (n 132 more)

151

assessments and hearings were concluded

14.4% more than last year (n 19 more)

51

immediate actions were considered or taken by Council

13.6% less than last year (n 8 less)

4

outcomes for closed complaints involved cancelled or suspended registration

26 involved conditions on practice

16 involved counselling or interview



Practitioners monitored

87

cases were being actively monitored at year end

70.1% conduct (n 61)

13.8% performance (n 12)

16.1% health (n 14)

Emerging issues or trends

The Council has identified a rise in the numbers of complaints involving breaches of the Poisons and Therapeutic Goods legislation related to inadequate handling, storage, dispensing and recording of schedule 8 medicines.

Of growing concern is the extent of the lack of oversight demonstrated by pharmacy proprietors regarding this issue, with many proprietors unaware of the deficiencies within their pharmacy.

Stakeholder Engagement

Website

The Pharmacy Council website is the Council's primary communications tool to engage with pharmacists and the wider community. During 2017 the Council's website was redeveloped and updated to provide a modern, more interactive and user-friendly platform for the public, practitioners and other visitors.

The new website includes easy access to the Council's new online complaint form, with detailed information about the complaint process and will make it easier for visitors to access information about the Council, including policies and publications.

To coincide with the launch of the updated website, the Council refreshed its logo to more readily reflect the Council's role and function.

The Pharmacy Council regularly distributes electronic newsletters to pharmacists with a principal place of practice in NSW, owners of NSW pharmacies and interested stakeholders.

Strategic partnerships and collaboration

Key themes in the Council's Strategic Plan 2018 to 2020 include increased professional and public confidence in, and awareness of, the role of Council in the protection of the public and positioning the Council for the future by building sustainability and effectiveness.

Effective stakeholder engagement is a key component in achieving these strategic objectives. The Council is committed to establishing new partnerships, identifying opportunities for collaboration and building on existing relationships. Focussing on a continuation of positive engagement, the Council strengthened relationships with the HCCC, the Pharmacy Board of Australia and the Pharmaceutical Regulatory Unit. The Council also built on its engagement with tertiary education and intern training providers by broadening its program of student presentations.

Council Members

Ten members sit on the Pharmacy Council as prescribed by the National Law.

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

Five members are local pharmacists elected by local pharmacists.

Registered pharmacist members nominated by the Minister and appointed by the Governor:

- Ms Terry Anne Maunsell BPharm, FSHP (to 31 March 2018)
- Dr Joyce Cooper PhD, BSc(Pharmacy), GradDipClinPharm, GradCertTertiaryTeach, MRPharmS(GB), MSHP

Legal member:

- Ms Penny Ho LLB (Hons), LLM

Part 2: Reports from Health Professional Councils

Community members:

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

Elected local pharmacist members:

- Mr Stuart Ludington BPharm, MPS
- Mr Adrian Wei-Chun Lee BPharm, MCom, MAICD
- Mr Michael (Mike) Anderson BPharm, AACP
- Mrs Anne Reynolds BPharm, MPS
- Mr Paul Sinclair BPharm, MAICD, AACP

The NSW Governor appointed Mr Stuart Ludington as the President and Mr Adrian Wei-Chun Lee as the Deputy President of the Pharmacy Council.

Executive Officer

Ms Nina Beeston is the current Executive Officer for the Pharmacy Council. The Executive Officer leads a team of 11 who work directly with the Council.

All staff working both directly and indirectly with the Council are employed by the HPCA as an executive agency of the Ministry of Health. Councils cannot employ staff under the National Law.

Council Meeting Attendance

The Pharmacy Council met 16 times during the year.

Table i: Member attendance at Council meetings, eligibility to attend and term of office

Member	Meetings Attended	Meetings Eligible to Attend	Date first appointed	Current Term of Office
Mr Stuart Ludington – President	16	16	3 August 2010	1 April 2016 - 31 March 2019
Mr Adrian Wei-Chun Lee – Deputy President	15	16	3 August 2010	1 April 2016 - 31 March 2019
Mr Michael (Mike) Anderson	15	16	1 April 2016	1 April 2016 - 31 March 2019
Ms Carolyn Burlew	14	16	4 July 2012	1 July 2015 - 30 June 2018
Ms Joyce Cooper	16	16	1 July 2015	1 July 2015 - 30 June 2018
Ms Penny Ho	16	16	1 July 2015	1 July 2015 - 30 June 2018
Ms Terry Anne Maunsell	12	13	25 March 2009	1 July 2015 - 31 March 2018
Mrs Anne Reynolds	12	16	1 April 2016	1 April 2016 - 31 March 2019
Mr Paul Sinclair	15	16	17 November 2011	1 April 2016 - 31 March 2019
Ms Marilyn Starr	15	16	4 July 2012	1 July 2015 - 30 June 2018

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

Ms Terry Anne Maunsell retired on 31 March 2018, having served the maximum consecutive terms of office as a Council member.

Regulatory Committees and Panels

The National Law sets out the committees and panels that support the Council in undertaking its regulatory activities.

Regulatory committees and panels include:

- Assessment Committee
- Impaired Registrants Panels (IRP)
- Performance Review Panels (PRP)

The Pharmacy Council appointed two Impaired Registrants Panels and one Performance Review Panel during the year.

Council Committees

Councils may establish committees to assist with Council functions. Committee members are not necessarily Council members.

The Pharmacy Council reappointed five committees at the beginning of the year.

Notifications Committee

The Notifications Committee reviews all new complaints in consultation with the Health Care Complaints Commission. Complaints referred to the Council for management following consultation are dealt with according to the provisions of the National Law.

Committee meetings are held on the third Thursday of each month.

Finance Committee

The Finance Committee provides oversight and management of information and communications technology, strategic plans and financial matters. The Committee also advises and makes recommendations to the Council about the following:

- Council's budget, budget projections and financial reports
- HPCA Strategic Planning
- Service Level Agreement between the HPCA and the Council.

The Committee met on 11 occasions.

Ownership Committee

The Ownership Committee considers complex matters related to pharmacy ownership and makes recommendations to the Council about:

- Policy and procedural matters relating to pharmacy ownership
- Monitoring of incomplete ownership applications
- Action that may be taken in response to breaches of the Law of a serious nature related to ownership.

The Committee met on 11 occasions.

Communications Committee

The role of the Communications Committee is to:

- Publish and distribute information about the Health Practitioner Regulation National Law (NSW) and Regulations to pharmacists, consumers and other interested persons
- Publish reports, information and advice to pharmacists, consumers and other stakeholders concerning health, performance and conduct issues related to pharmacists and issues related to the ownership of pharmacy businesses
- Review, assess and determine the content of the Council’s website and newsletter
- Review the HPCA Communications Framework and the HPCA and Councils’ Communications Plan and make recommendations to the Council.

The Committee met on five occasions.

Education and Research Committee

The National Law allows the Council to establish an Education and Research Account to provide funds for education and research purposes relevant to its regulatory functions and for meeting any associated administrative costs.

The Education and Research Committee met on four occasions to consider and make recommendations to the Council on applications for funding.

Council committee membership is set out in Table ii.

Table ii: Pharmacy Council Committees and Membership

Notifications Committee	Finance Committee	Ownership Committee
Chair Joyce Cooper	Chair Carolyn Burlew	Chair Mike Anderson
Council Members	Council Members	Council Members
Penny Ho	Adrian Lee	Joyce Cooper
Anne Reynolds	Paul Sinclair	Paul Sinclair
Marilyn Starr	Terry Maunsell	Stuart Ludington (ex officio)
Stuart Ludington (ex officio)	Stuart Ludington (ex officio)	
		Non Council Members
		Maria Watts

Part 2: Reports from Health Professional Councils

Communications Committee	Education and Research Committee
Chair Anne Reynolds	Chair Terry Maunsell
Council Members	Council Members
Mike Anderson	Mike Anderson
Adrian Lee	Joyce Cooper
Marilyn Starr	Penny Ho
Stuart Ludington (ex officio)	Stuart Ludington (ex officio)

Compounding Working Group

The purpose of the Working Group is to gain a broader understanding of the current compounding environment, to formulate strategies and to develop resources to assist the Council in responding to identified areas of need related to compounding.

The Group met on eight occasions.

Table iii: Compounding Working Group Membership

Compounding Working Group
Chair Mr Paul Sinclair
Council Members
Mr Mike Anderson
Ms Joyce Cooper
Ms Penny Ho
Ms Terry Maunsell

Meetings and Events

The Pharmacy Council was represented at the following meetings and events during the year.

Table iv: Pharmacy Council representation at meetings and events

Name of Meeting / Event	Attended By
AHPRA Consultation on mandatory reporting reform in the National Law	Mr Adrian Lee - Deputy President
AHPRA Sydney Stakeholder forum hosted by the Agency Management Committee	Mr Stuart Ludington - President
AHPRA / Health and Care Professions Council (HCPC) International Research Seminar	Ms Joyce Cooper - Council Member
CLEAR 5th International Congress on Professional and Occupational Regulation	Ms Joyce Cooper - Council Member
National Board Chairs and NSW Council Presidents joint meeting	Mr Stuart Ludington - President
Pharmacy Board of Australia, Sydney stakeholder forum	Council members
Pharmacy Council / Notifications Committee of the Pharmacy Board of Australia – joint meeting	Council members
Pharmacy Board of Australia meeting	Mr Stuart Ludington - President Ms Nina Beeston - Executive Officer
Pharmacy Advisors meeting, Ministry of Health	Mr Stuart Ludington - President
Pharmacy Premises Registering Authorities of Australia (PPRAA) meetings	Mr Mike Anderson - Council Member Ms Maria Watts - HPCA

Stakeholder Input

During the year the Pharmacy Council made submissions in response to a number of calls for comment.

Table v: Pharmacy Council submissions

Name of agency	Consultation
Professor Michael Woods	Independent review of accreditation systems within the National Registration and Accreditation Scheme for health professions
Red Tape Committee - Parliamentary Senate Select Committee (Commonwealth)	The effect of red tape on pharmacy rules
Pharmaceutical Society of Australia	Review of Guidelines for pharmacists on issuing certificates of absence from work
Therapeutic Goods Administration	Prescription strong (Schedule 8) opioid use and misuse in Australia – options for a regulatory response
AHPRA	Public consultation on the draft guideline for informing a National Board about where you practise
Health, Communities, Disability Services and Domestic and Family Violence Committee - Queensland Parliament	Inquiry into the establishment of a pharmacy council and transfer of pharmacy ownership in Queensland

Overseas Travel

The Pharmacy Council did not incur any overseas travel costs during the year.

Remuneration

Council members received the following remuneration.

President	\$33,296 per annum
Deputy President	\$22,176 per annum
Council Members	\$11,088 per annum

Council members also receive sitting fees for conducting Council Inquiries, attending committee meetings and undertaking other regulatory activities if these are on a day other than the regular Council meeting.

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

Panel and Tribunal members receive remuneration and reimbursement of expenses related to Council business.

Education and Research Account

The Pharmacy Council maintains an Education and Research account. This helps fund activities that promote better understanding of professional standards and compliance, issues that can lead to complaints and how complaints are managed. The account may also be used to fund relevant research activity including both Council specific initiatives and collaborative projects.

The Pharmacy Council offers two types of grants:

- Research and Project Grants to a maximum of \$10,000
- Development and Education Grants to a maximum of \$2,500.

Education and Research account expenditure this year included:

- \$10,000 to the University of Canberra for a research project 'Investigation of the provision of compounding service'
- \$913 to Alexander McNamara for a Development and Education Grant to assist with his attendance at the 2018 Australian Society for Antimicrobials annual scientific meeting
- \$2,000 to the University of Sydney for enabling pharmacists to improve care of people living with a disability in NSW.

The Council also awarded a \$10,000 research and project grant to the University of Newcastle for a project entitled 'Simulation based assessment for evaluating pharmacists' competence in clinical decision making during medication review and supply'. The project is anticipated to commence in late 2018.

Regulation of Pharmacy Businesses

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

As at 30 June 2018 1,982 pharmacies were registered in NSW.

Register of Pharmacies

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

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

There were 397 changes to the Register of Pharmacies in 2017/18.

Change	Number
New Pharmacy	28
Pharmacy Relocation /Resizing	57
New Professional Services Room	4
Professional Services Room Relocation/Resizing	nil
Change of Pharmacy Ownership	159
Change of Pharmacy Name	118
Acquisition of a financial interest in a pharmacy business by acquiring shares in a Pharmacist's Body Corporate and / or appointment of new director(s)	20
Pharmacy Closure	11

Fees

Ownership application fees are prescribed by Regulation under the National Law. Fees are payable for approval of pharmacy premises and the registration of holders of financial interests in pharmacy businesses.

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

Offences under Schedule 5F of the National Law

The National Law sets out provisions about holding financial interests in pharmacy businesses and the responsibilities of pharmacy owners which, if contravened, may lead to a Council initiated Local Court prosecution.

No Local Court prosecutions were conducted during the year.

Pharmacy Inspectors

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

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

Pharmacy inspectors undertake the following activities.

1. Routine inspections

Pharmacies across NSW are routinely inspected every 18 months to ensure compliance with the requirements of the National Law and Regulations.

2. Application approval inspections

Approval by the Council of an application to relocate an existing pharmacy or establish a new pharmacy business is subject to a satisfactory inspection to ensure compliance with the legislative requirements prior to commencing business on a new site.

3. Complaints inspections

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

- Operating a pharmacy without a pharmacist in charge
- Dispensing error
- Physical condition of the pharmacy and storage of stock
- Inadequate record keeping.

4. Drug destructions

Pharmacy inspectors are authorised by the NSW Ministry of Health Pharmaceutical Services to destroy and dispose of unusable Schedule 8 medications.

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

Activity	Number
Routine inspections	1,370
Inspections of relocated pharmacies and new pharmacy premises	101
Compliance/Complaint related inspections	38
Drug destructions	303

Financial Management

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

Accounts Performance 2017/18	\$
Revenue	2,946,262
Operating expenditure	3,222,363
Gain / (loss) on disposal	4,930
Net result	(271,171)
Net cash reserves* (cash and cash equivalents minus current liabilities)	3,241,350

* Included in the cash reserves is an Education and Research bank account balance of \$98,361.

The Pharmacy Council's budget for the period 1 July 2018 to 30 June 2019 is as follows.

Budget 2018/19	\$
Revenue	3,075,153
Operating expenditure	4,712,704
Net result	-1,637,550

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



**Physiotherapy
Council
of NSW**

Physiotherapy Council of NSW

Annual Report 2017-18

President's Message



**Physiotherapy
Council**
of NSW

I am delighted to present the 2017/18 Annual Report for the Physiotherapy Council of New South Wales, my first report as President.

The Council has managed a record number of complaints and notifications in the 2017/18 year, largely reflecting the growing number of physiotherapists registered in NSW and the increasing awareness of mandatory notification requirements by registered health professionals. Pleasingly, however, physiotherapy remains among those professions with a relatively low rate of complaints and notifications.

This year has also seen considerable change in the Health Professional Councils Authority staffing and structure, but the support provided by the HPCA staff to the Council has been consistently professional and collegial. Thank you to all the HPCA staff who have enabled the Council to continue to operate effectively and efficiently during this time of change.

During the course of the past year, the Council has finalised the development of an online video educational resource which will shortly be available to practitioners. This resource is comprised of a series of contemporary ethical dilemmas which physiotherapists may encounter in their clinical practice, covering potential complaints ranging from social media and professional boundaries, to the ramifications of inadequate record keeping. The aim of this resource is to assist registered physiotherapists and physiotherapy students to recognise and avoid situations which may lead to complaints.

The hard work of all who contributed to developing this resource, especially Council practitioner member Associate Professor Martin Mackey, former practitioner member Ms Jenny Aiken, and the staff of the HPCA, is gratefully acknowledged.

This year has seen considerable change in the membership of the Council. In July 2017 we welcomed Dr Hassan Kadous as a new practitioner member to the Council and at the end of June 2018 a number of members complete their term of appointment. Associate Professor Martin Mackey steps down from the Council. Martin has ably chaired the Council's Health Committee over the past four years and his considered input will be sorely missed. The Council also farewells Ms Karen Thomas, legal member, and Ms Babette Smith, community member, who have both made substantial contributions to the work of the Council.

The end of the year also marks the end of the presidency and the outstanding contribution of Mr Michael Ryan. The Council and the public of NSW have indeed been very fortunate to have had Mike as a practitioner member for the last nine years and as President for the past three years. The Council wishes Mike all the very best and thanks him for his sustained dedication to the protection of the NSW public.

Finally, it is important to acknowledge the critical contributions of the many other physiotherapists and professionals on various Council panels, committees and in other designated roles during the course of the last year.

A handwritten signature in black ink, appearing to read 'Darren Rivett', written over a light grey oval background.

Professor Darren A Rivett

President

Physiotherapy Council of New South Wales

Regulation of Physiotherapists in 2017/18

SNAPSHOT



Practitioner information

9,279

physiotherapists registered in NSW

4.3% more than last year

29% of registered physiotherapists in Australia

51

NSW physiotherapists had complaints made about them

30.8% more than last year (n 12 more)

0.5% of registered physiotherapists in NSW



Complaints received

54

new complaints were received

31.7% more than last year (n 13 more)

4 complaints were mandatory notifications

38.9% of complaints were about clinical care (n 21) followed by:

- boundary violation – 9 complaints
- National Law offence – 7 complaints

50%

of complaints were from patient (n 27) followed by:

- member of the public, other practitioner and relative – 6 complaints each



Complaints managed

25

complaints were managed directly by the Council

12 more than last year

11

assessments and hearings were concluded

1 more than last year

6

immediate actions were considered or taken by Council

4 more than last year

1

outcome for closed complaints involved cancelled or suspended registration

3 involved conditions on practice

5 involved counselling or interview



Practitioners monitored

8

cases were being actively monitored at year end

3 conduct

2 performance

3 health

New initiatives

The Physiotherapy Council developed a series of educational videos depicting clinical scenarios which may confront physiotherapists in their professional practice. The videos were designed to educate and provide professional guidance to prevent unprofessional conduct in the specific areas highlighted.

Council Members

Ten members sit on the Physiotherapy Council as prescribed by the National Law.

Registered Physiotherapy practitioner members

- Mr Michael Ryan BAppSc (Phty), MHLthSc (ManipPhty), FACP
- Professor Darren Rivett PhD, MAppSc (Manip Phty), BAppSc (Phty), Grad Dip ManipTher, MAICD
- Dr Hassan Kadous DBA, MPhty, BAppSc (EXSS)
- Mr David Gonzalez BAppSc (Phty)
- Ms Elizabeth Ward BSc, PGD (Phty), MPH, MHLthSc (Phty), GAICD
- Dr Martin Mackey PhD, MSafSc, BAppSc (Phty), BEc ,Grad Cert Ed (Higher Ed)

Legal member:

- Ms Karen Thomas Dip Law, Dip Radiography

Community members:

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

The NSW Governor appointed Mr Michael Ryan as the President and Professor Darren Rivett as the Deputy President of the Physiotherapy Council.

On Mr Ryan's retirement as President in July 2018, Professor Rivett commences as President and Ms Ward commences as Deputy President.

Executive Officer

Mrs Maricel O'Farrell is the current Executive Officer for the Physiotherapy Council. Ms Sarah Carroll and Ms Rebecca Greenwood also provided Executive Officer support to Council during the year. Their work is acknowledged with thanks and appreciation. The Executive Officer leads a team that works directly and indirectly with the Council as part of the HPCA Combined Councils Team.

All staff working both directly and indirectly with the Council are employed by the HPCA as an executive agency of the Ministry of Health. Councils cannot employ staff under the National Law.

Council Meeting Attendance

The Physiotherapy Council met eleven times.

Table i: Member attendance at Council meetings, eligibility to attend and term of office

Member	Meetings Attended	Meetings Eligible to Attend	Date of First Appointment	Current Term of Office
Mr Michael Ryan - President	11	11	26-Nov-08	1 Jul 2015 to 30 Jun 2018
Professor Darren Rivett – Deputy President	9	11	1-Jul-14	1 Jul 2017 to 30 Jun 2020
Dr Hassan Kadous	7	11	1-Jul-17	1 Jul 2017 to 30 Jun 2020
Mr David Gonzalez	11	11	1-Jul-15	1 Jul 2015 to 30 Jun 2018
Ms Elizabeth Ward	9	11	1-Jul-15	1 Jul 2015 to 30 Jun 2018
Dr Martin Mackey	10	11	1-Jul-12	1 Jul 2015 to 30 Jun 2018
Ms Janene Eagleton	7	11	1-Jul-14	1 Jul 2015 to 30 Jun 2018
Ms Babette Smith	7	11	1-Jul-15	1 Jul 2015 to 30 Jun 2018
Ms Marie Clarke	8	11	1-Jul-15	1 Jul 2015 to 30 Jun 2018
Ms Karen Thomas	9	11	1-Jul-15	1 Jul 2015 to 30 Jun 2018

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

Regulatory Committees and Panels

The National Law sets out the committees and panels that support the Council in undertaking its regulatory activities.

Regulatory committees and panels include:

- Assessment Committee
- Impaired Registrants Panels (IRP)
- Performance Review Panels (PRP)

The Council appoints regulatory committees and panels as needed.

The Council acknowledges and thanks the practitioners and lay members who assist with panels and hearings.

Council Committees

Councils may establish committees to assist with Council functions. Committee members are not necessarily Council members.

The Physiotherapy Council appointed one committee during the year.

Complaints and Notifications Committee

The Complaints and Notifications Committee considers new complaints in collaboration with the HCCC and recommends to Council the course of action for each matter.

Table ii: Physiotherapy Council Committees and Membership

Complaints and Notifications Committee	
Chair:	Professor Darren Rivett – Deputy President
Council Members:	Ms Elizabeth Ward – Practitioner member
	Ms Karen Thomas – Legal member

Meetings and Events

The Physiotherapy Council was represented at the following meetings and events during the year.

Table iii: Physiotherapy Council representation at meetings and events

Name of Meeting / Event	Attended By
National Board Chairs and NSW Council Presidents joint meeting	Michael Ryan - President

Overseas Travel

The Physiotherapy Council did not incur any overseas travel costs during the year.

Remuneration

Council members received the following remuneration.

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

Council members also receive sitting fees for conducting Council Inquiries, attending committee meetings and undertaking other regulatory activities if these are on a day other than the regular Council meeting.

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

Panel and Tribunal members receive remuneration and reimbursement of expenses related to Council business.

Education and Research Account

The Physiotherapy Council maintains an Education and Research account. This helps fund activities that promote better understanding of professional standards and compliance, issues that can lead to complaints and how complaints are managed. The account may also be used to fund relevant research activity including both Council specific initiatives and collaborative projects.

Education and Research account expenditure this year included \$10,909 paid to Conceptavision Pty Ltd towards the development of an educational video series.

The project, which is due to be completed in the 2018/19 financial year, will result in an overall investment by the Council of approximately \$40,000.

Financial Management

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

Accounts Performance 2017/18	\$
Revenue	641,186
Operating expenditure	416,527
Gain / (loss) on disposal	(1,680)
Net result	222,979
Net cash reserves* (cash and cash equivalents minus current liabilities)	1,562,719

* Included in the cash reserves is an Education and Research bank account balance of \$186,320.

The Physiotherapy Council's budget for the period 1 July 2018 to 30 June 2019 is as follows.

Budget 2018/19	\$
Revenue	634,501
Operating expenditure	583,719
Net result	50,782

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



Podiatry Council of NSW

Annual Report 2017-18

President's Message



I am pleased to submit the 2018 Annual Report for the Podiatry Council of New South Wales (Council).

The Annual Report details the complaints activity for the Podiatry Council this year. Whilst numbers remain low, they continue to grow steadily over time. Council welcomed the opportunity to discuss complaints data with practitioners at the NSW Podiatry Conference in May 2018. It was a valuable opportunity to reflect upon issues that have led to notifications and share that knowledge so we as a profession can improve. We look forward to continuing this conversation with practitioners, professional associations, education providers and co-regulators alike.

The work of Council relies on the support of the HPCA staff. The HPCA has undergone significant organisational changes in the last year, however Council has benefited particularly from the leadership of Ms Christine Gursen during this transition. We look forward to continuing to work with the support of HPCA in 2018/19.

I would like to thank my colleagues on the Council, Dr Kristy Robson (Deputy President), Ms Verona du Toit (practitioner member) and Mr Ebenezer Banful (legal member) for their contributions. As a small Council, the work is spread amongst a small number of hands, so their contributions are very significant. I welcome the recent reappointment of Ms du Toit and Mr Banful to continue their work with Council.

The Podiatry Council looks forward to continuing its work alongside our regulatory partners at the Health Care Complaints Commission, the Podiatry Board of Australia, HPCA and AHPRA over the coming year.

A handwritten signature in black ink, appearing to read 'L Taylor', written in a cursive style.

Mr Luke Taylor

President

Podiatry Council of New South Wales

Regulation of Podiatrists in 2017/18

SNAPSHOT



Practitioner information

1,447

podiatrists
registered in NSW

5.6% more than
last year

28.1% of registered
podiatrists in Australia

26

NSW podiatrists
had complaints made
about them

10 more than last year

1.8% of registered
podiatrists in NSW



Complaints received

27

new complaints
were received

8 more than last year

2 complaints were
mandatory notifications

40.7% of complaints
were about boundary
violation (n 11) followed
by:

- National Law breach and National Law offence – 3 complaints each and
- behaviour, billing, health impairment and hygiene – 2 complaints each

33.3%

of complaints were from
patient (n 9) followed by:

- relative – 5 complaints
- member of the public and other practitioner – 3 complaints each



Complaints managed

9

complaints were
managed directly
by the Council

1 more than last year

2

assessments and
hearings were
concluded

2 less than last year

1

immediate action was
considered or taken
by Council

Same as last year

0

outcomes for
closed complaints
involved cancelled
or suspended
registration or
conditions on practice
or counselling or
interview



Practitioners monitored

1

case was being actively
monitored at year end

0 conduct

1 performance

0 health

Council Members

Four members sit on the Podiatry Council as prescribed by the National Law.

Registered podiatry practitioner members:

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

Legal member:

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

The NSW Governor appointed Mr Luke Taylor as the President and Dr Kristy Robson as the Deputy President of the Podiatry Council.

Executive Officer

Ms Asha Mears is the current Executive Officer for the Podiatry Council. Mr Michael Jaques was the previous Executive Officer. Ms Farina Bains and Mrs Christine Gursen also provided Executive Officer support to Council during the year. Their work is acknowledged with thanks and appreciation. The Executive Officer leads a team that works directly and indirectly with the Council as part of the HPCA Combined Councils Team.

All staff working both directly and indirectly with the Council are employed by the HPCA as an executive agency of the Ministry of Health. Councils cannot employ staff under the National Law.

Council Meeting Attendance

The Podiatry Council met 11 times.

Table i: Member attendance at Council meetings, eligibility to attend and term of office

Member	Meetings Attended	Meetings Eligible to Attend	Date of First Appointment	Current Term of Office
Mr Luke Taylor – President	10	11	1 July 2015	1 July 2017 - 30 June 2020
Dr Kristy Robson – Deputy President	10	11	1 July 2015	1 July 2017 - 30 June 2020
Ms Verona du Toit	10	11	1 July 2015	1 July 2015 – 30 June 2018
Mr Ebenezer Banful	11	11	1 January 2011	1 July 2015 – 30 June 2018

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

Regulatory Committees and Panels

The National Law sets out the committees and panels that support the Council in undertaking its regulatory activities.

Regulatory committees and panels include:

- Assessment Committee
- Impaired Registrants Panels
- Performance Review Panels

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

Council Committees

Councils may establish committees to assist with Council functions. Committee members are not necessarily Council members.

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

Meetings and Events

The Podiatry Council was represented at the following meetings and events during the year.

Table ii: Podiatry Council representation at meetings and events

Name of Meeting / Event	Attended By
AHPRA Forum - Responsible advertising in health care	Mr Luke Taylor – President Mr Ebenezer Banful – Council member
AHPRA & HCPC UK Research Seminar - Using data and intelligence to drive improvement	Mr Luke Taylor – President
The Council on Licensure, Enforcement and Regulation International Congress	Mr Luke Taylor – President
National Board Chairs and NSW Council Presidents joint meeting	Mr Luke Taylor – President
Podiatry Association NSW and ACT State Conference	Mr Luke Taylor (presenter) – President Dr Kristy Robson (presenter) – Council member
Podiatry Board of Australia Meeting	Mr Luke Taylor - President

Overseas Travel

The Podiatry Council did not incur any overseas travel costs during the year.

Remuneration

Council members received the following remuneration.

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

Council members also receive sitting fees for conducting Council Inquiries, attending committee meetings and undertaking other regulatory activities if these are on a day other than the regular Council meeting.

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

Panel and Tribunal members receive remuneration and reimbursement of expenses related to Council business.

Education and Research Account

The Podiatry Council maintains an Education and Research account. This helps fund activities that promote better understanding of professional standards and compliance, issues that can lead to complaints and how complaints are managed. The account may also be used to fund relevant research activity including both Council specific initiatives and collaborative projects.

There was no expenditure from the Education and Research account this year.

Financial Management

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

Accounts Performance 2017/18	\$
Revenue	326,144
Operating expenditure	206,397
Gain / (loss) on disposal	(42)
Net result	119,705
Net cash reserves* (cash and cash equivalents minus current liabilities)	478,696

* Included in the cash reserves is an Education and Research bank account balance of \$65,737.

The Podiatry Council's budget for the period 1 July 2018 to 30 June 2019 is as follows.

Budget 2018/19	\$
Revenue	310,964
Operating expenditure	184,531
Net result	126,433

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



Ψ | PSYCHOLOGY COUNCIL
of New South Wales

Psychology Council of NSW

Annual Report 2017-18

I am pleased to introduce this Annual Report for the Psychology Council of New South Wales for the period ending June 2018.

This is my first President's message and as well as reflecting on the work of the Council over the past year, I look forward to a rewarding and productive year ahead.

The Council is a statutory body established under the Health Practitioner Regulation National Law (NSW). Council members are appointed by His Excellency the Governor of NSW and the Council is comprised of eight members from all Divisions of registered Psychology practitioners, as well as community and legal members. The Council's activity continues to be focused on protecting the public through avenues that require safe practice and compliance with the Guidelines and Standards that have been established.

The Annual Report is an important document that all registered Psychologists should read as it describes the nature and number of complaints received and the potential domains of difficulties that practitioners commonly expose themselves to that could result in complaints. Council members have over the past year outlined information on changes of which practitioners need to be aware so that appropriate levels of competence and performance are maintained.

Overall there has been an increase in complaints about practitioners in the Psychology profession. One area of practice, which has been highlighted as attracting a significant percentage of complaints, is practitioners in private practice, especially where the practitioner works in a solo practice. By being aware of the risks of their type of practice, practitioners can ensure that they practise with the knowledge, skills and ethical judgement required of them to provide psychological services to their clients in a competent and ethical manner. Over the past year the Council has been looking at ways to better support practitioners in rural and remote communities who have added risks of geographical professional isolation.

I would like to thank the outgoing Council members for their dedicated hard work over many years. Thank you Professor Alex Blaszczyński (President), Associate Professor Bill Warren (Deputy President), Dr Robyn Vines (Practitioner Member) and Mrs Margo Gill (Community Member). Your contribution to the Council and the profession will always be very highly valued and regarded.

I would like to welcome the new members of the Council, Associate Professor Chris Wilcox (Deputy President), Associate Professor Maree Abbott (Practitioner Member) and Ms Joanne Jousif (Community Member).

I would also like to acknowledge the continuing contribution of the existing Council members, Mr Thomas O'Neill and Dr Liz Tong (Practitioner Members), Mr Hugh Macken (Legal Member) and Mr Robert Lorsch (Community Member) who will be invaluable in providing a bridge of experience and knowledge to the new Council members.

Part 2: Reports from Health Professional Councils

The Council looks forward to strengthening its relationship with the Psychology Board of Australia, AHPRA and ongoing co-regulatory activities with the HCCC.

Finally, I would like to thank the Health Professional Councils Authority staff past and present for their continuing support and contribution in assisting the work of the Council so ably. A special thank you to Ms Myra Nikolich, Executive Officer, and her team for her many years of support and guidance for the Council in the past. I would also like to welcome to our new Executive Officer, Ms Farina Bains, and Professional Officer, Mr Simon Milton, who have been keeping the Council business running smoothly over the past few months.



Ms Gail Purkis

President

Psychology Council of New South Wales

Regulation of Psychologists in 2017/18

SNAPSHOT



Practitioner information

11,956

psychologists registered in NSW

3.8% more than last year

32.9% of registered psychologists in Australia

254

NSW psychologists had complaints made about them

33.7% more than last year (n 64 more)

2.1% of registered psychologists in NSW



Complaints received

296

new complaints were received

32% more than last year (n 72 more)

8 complaints were mandatory notifications

22.3% of complaints were about clinical care (n 66) followed by:

- National Law offence 12.2% (n 36)
- boundary violation 9.8% (n 29)
- communications 9.8% (n 29)

37.1%

of complaints were from patient (n 110) followed by:

- relative 15.5% (n 46)
- member of the public 11.1% (n 33)



Complaints managed

112

complaints were managed directly by the Council

34.9% more than last year (n 29 more)

57

assessments and hearings were concluded

3 more than last year

17

immediate actions were considered or taken by Council

15.4% more than last year (n 4 more)

4

outcomes for closed complaints involved cancelled registration or change to non-practising

10 involved conditions on practice

6 involved counselling or interview



Practitioners monitored

29

cases were being actively monitored at year end

41.4% conduct (n 12)

24.1% performance (n 7)

34.5% health (n 10)

Emerging issues or trends

The 'Better Access to Mental Health Care' initiative has dramatically expanded the availability of evidence-based psychological services. It has also led to an exponential increase in the number of psychologists working in private practice and, for the Psychology Council, an upsurge in the number of complaints. Disturbingly, many of the complaints are in areas where psychologists should be well-versed in their ethical responsibilities.

The Council stresses the importance of psychologists proactively managing the specific ethical challenges presented by private practice. Psychologists should gain and document informed consent, clearly explaining confidentiality, privacy, the release of information and any financial arrangements.

Client records should communicate clearly what was done and why, giving clear reasons for various decisions and recommendations. When working with complex clients, timely and appropriate supervision should be sought.

Psychologists must practise within the limits of their competence, basing their services on the established knowledge of the discipline.

Psychologists should refrain from entering into multiple relationships with clients as far as possible.

Also the Council has seen an emergence of matters relating to poor practice and resulting in complaints being made where there is evidence of the psychologist being 'burnt out' and judgment being compromised.

Council Members

Eight members sit on the Psychology Council as prescribed by the National Law.

Registered Psychologist practitioner members:

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

Legal member:

- Mr Hugh Macken BA, LLB, LLM

Community members:

- Mrs Margo Gill DMU, MApp Sc, MBA, Cert IV Training & Assessment
- Mr Robert Lorsch JP

The NSW Governor appointed Professor Alexander Blaszczyński as the President and Conjoint Associate Professor William Warren as the Deputy President of the Psychology Council.

Ms Purkis commences as President on the retirement of Professor Blaszczyński in July 2018 and Associate Professor Wilcox commences as Deputy President on the retirement of Associate Professor Warren in July 2018.

Executive Officer

Ms Farina Bains is the current Executive Officer for the Psychology Council. Ms Myra Nikolich was the previous Executive Officer during the year and her work is acknowledged with thanks and appreciation. The Executive Officer leads a team that works directly and indirectly with the Council as part of the HPCA Combined Councils Team. In addition, the Psychology Council is supported by a part-time Professional Officer who is a registered psychologist and provides clinical expertise.

All staff working both directly and indirectly with the Council are employed by the HPCA as an executive agency of the Ministry of Health. Councils cannot employ staff under the National Law.

Council Meeting Attendance

The Psychology Council met 11 times.

Table i: Member attendance at Council meetings, eligibility to attend and term of office

Member	Meetings Attended	Meetings Eligible to Attend	Date of first Appointment	Current Term of Office
Professor Alex Blaszczyński	8	11	1 July 2015	1 July 2015 to 30 June 2018
Conjoint Associate Prof William Warren	10	11	1 July 2015	1 July 2015 to 30 June 2018
Mr Thomas O'Neill	10	11	1 July 2012	1 July 2015 to 30 June 2018
Dr Lizabeth Tong	10	11	1 July 2015	1 July 2015 to 30 June 2018
Dr Robyn Vines	10	11	1 July 2015	1 July 2015 to 30 June 2018
Mr Hugh Macken	11	11	29 June 2016	29 June 2016 – 30 June 2018
Mrs Margo Gill	10	11	11 August 2010	1 July 2015 – 30 June 2018
Mr Robert Lorsch	9	11	29 June 2016	29 June 2016 – 30 June 2018

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

Regulatory Committees and Panels

The National Law sets out the committees and panels that support the Council in undertaking its regulatory activities.

Regulatory committees and panels include:

- Assessment Committee
- Impaired Registrants Panels (IRP)
- Performance Review Panels (PRP)

The Council appoints regulatory committees and panels as needed.

The Council acknowledges and thanks the practitioners and lay members who assist with panels and hearings.

Council Committees

Councils may establish committees to assist with Council functions. Committee members are not necessarily Council members.

The Psychology Council appointed one committee during the year.

Complaints and Notifications Consultation

The Complaints and Notifications Committee considers new complaints in collaboration with the HCCC and recommends to Council the course of action for each matter.

This Committee meets once per month. The Council has delegated responsibility for the assessment of new complaints to the psychology professional officer employed by the HPCA to support the Council.

Overseas Travel

The Psychology Council did not incur any overseas travel costs during the year.

Remuneration

Council members received the following remuneration.

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

Council members also receive sitting fees for conducting Council Inquiries, attending committee meetings and undertaking other regulatory activities if these are on a day other than the regular Council meeting.

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

Panel and Tribunal members receive remuneration and reimbursement of expenses related to Council business.

Education and Research Account

The Psychology Council maintains an Education and Research account. This helps fund activities that promote better understanding of professional standards and compliance, issues that can lead to complaints and how complaints are managed. The account may also be used to fund relevant research activity including both Council specific initiatives and collaborative projects.

Education and Research account expenditure this year included \$5,111 to The University of New South Wales for a project titled 'Identifying factors associated with best practice by registered psychologists'. The final report was approved by the Council and is now hosted on the Council's website.

Financial Management

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

Accounts Performance 2017/18	\$
Revenue	1,742,412
Operating expenditure	1,274,884
Gain / (loss) on disposal	(2,700)
Net result	464,828
Net cash reserves* (cash and cash equivalents minus current liabilities)	2,616,344

* Included in the cash reserves is an Education and Research bank account balance of \$76,736.

The Psychology Council's budget for the period 1 July 2018 to 30 June 2019 is as follows.

Budget 2018/19	\$
Revenue	1,743,550
Operating expenditure	1,724,521
Net result	19,029

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