



Chinese Medicine Council of New South Wales

Annual Report 2014

Chinese Medicine Council of New South Wales
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The Hon. Jillian Skinner MP
Minister for Health and Minister for Medical Research
Parliament House
Sydney NSW 2000

Dear Minister

On behalf of the Chinese Medicine Council of New South Wales, we are pleased to submit the Council's Annual Report and Financial Statements for the year ended 30 June 2014, for presentation to Parliament.

These documents have been prepared in accordance with the provisions of the *Annual Reports (Statutory Bodies) Act 1984*, the *Annual Reports (Statutory Bodies) Regulation 2010* and the *Public Finance and Audit Act 1983* as amended.

The principal aim of the Council is to act in the public interest by managing complaints and notifications about the conduct, performance or health of registered Chinese Medicine Practitioners and students in New South Wales. In meeting that charter, the Council gratefully acknowledges the administrative, secretariat and logistic support provided by the Executive and staff of the Health Professional Councils Authority and the close co-operation it received from the NSW Health Care Complaints Commission throughout the year.

Yours sincerely

Christopher Zaslawski
Council President

Christine Berle
Deputy President

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About the Council



The Chinese Medicine Council of New South Wales (the Council) is a statutory body whose role is to manage complaints about conduct, performance and health matters concerning registered Chinese medicine practitioners practising in NSW and health and conduct matters related to registered students training in NSW.

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

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

Charter

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

Aims and Objectives

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

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

Council Membership

Section 41E of the Law provides for membership of the Council. The Council consists of six members appointed by the Governor:

- (a) four are registered Chinese medicine practitioners, at least one of whom has NSW as their principal place of practice:

Associate Professor Christopher Zaslowski
DipAc GradDipChiMed AdvCertAc BAppSc(Syd)
MHlthScEdu PhD (*President*)

Ms Christine Berle MSc(Research) DipAc
(*Deputy President*)

Mr Richard Li BMed(TCM)

Dr Danforn Lim JP PhD(Med)(UNSW)
MBBS BSc(Med) BHlthSc DCH ClInDipPaIIlMed
MMed MAppSc(Acup) MAppMgt(Health)
RCMP(Acup&CHM) AFRACMA AFCHSM MACNEM
MACE

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

Mr Michael Eagle LLB

- (c) one person nominated by the Minister for Health to represent the community:

Ms Karen Thomas DipLaw DipRTH

Remuneration

Remuneration for members of the Council is as follows:

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

Additionally, Council members receive sitting fees of \$436 per day and \$218 per half day for the conduct of Council Inquiries and \$256 per day and \$128 per half day for participating in counselling sessions or at specially convened workshops, forums or meetings.

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

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

Attendance at Council Meetings

The Council met on 11 occasions, usually on the first Wednesday of each month. The Council did not meet in January 2014.

Attendance at meetings was as follows:

Name	Meetings Attended	Leave Of Absence Granted
Assoc Prof Christopher Zaslowski	10	1
Ms Christine Berle	10	1
Mr Michael Eagle	10	1
Mr Richard Li	11	0
Dr Danforn Lim	9	2
Ms Karen Thomas	9	2

Committees of the Council

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

Regulatory Committees and Panels

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

The Council did not establish any of these bodies during the reporting period.

Chinese Medicine Tribunal and NSW Civil and Administrative Tribunal

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

The Chinese Medicine Tribunal ceased on 31 December 2013 with the commencement of the NSW Civil and Administrative Tribunal (NCAT) on 1 January 2014. The NCAT exercises jurisdiction for all matters previously dealt with by the 14 distinct health profession Tribunals. Health practitioner matters are now dealt with in the Health Practitioner Division List in the Occupational Division of NCAT. The Council nominates two registered practitioners and a lay member to NCAT for appointment to a Tribunal.

Executive Officer

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

Mr Michael Jaques is the Executive Officer of the Council.

Meetings and Conferences

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

- National Registration and Accreditation Scheme Combined Meeting August 2013
- Joint meeting with the Chinese Medicine Board of Australia June 2014
- Council Presidents Forum and strategic planning workshop.

Education and Research

Section 41S of the Law allows the Council to establish an Education and Research Account to provide funds for education and research relevant to its regulatory functions and for meeting any associated administrative costs. The Council established an Education and Research Account in March 2014 but did not expend any funds.

Overseas Travel

There was no overseas travel during the reporting period.

Promotion of Council Activities

The Council's website is updated regularly and is the principal medium for disseminating information to Chinese medicine practitioners, students and the public.

Complaints about Council Administrative Processes

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

No complaints were received during the year.

Legislative Changes

Details of the legislative changes in 2013/2014 are in the Appendix.

Regulatory Activities



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

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

National Registration

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

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

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

Registrations in NSW

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

Chinese medicine practitioners may be registered in one or more of three divisions: acupuncture, Chinese herbal medicine and Chinese herbal dispensing.

At 30 June 2014, there were 1,737 registered Chinese medicine practitioners whose principal place of practice was in NSW. This represents 40.7% of the total number of Chinese medicine practitioners registered under the Scheme across Australia.

There was 5.3% increase in the number of Chinese medicine practitioners registered in NSW (88 practitioners) compared with 2012/2013.

Students are also registered. AHPRA advised that the number of NSW students registered as at 30 June 2014 was 453. Figures are based on the student's residential address, not the location of the education provider.

Registrations by registration type as at 30 June 2014 were as follows:

Registration Type	Principal Place of Practice (PPP) in NSW	NSW Share of registrants with no PPP listed	Registrants for whom fees were paid to NSW (PPP + no PPP)
General	1,721	2	1,723
Non-practising	16	3	19
Total	1,737	5	1,742

Complaints Received

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

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

The Council managed eight new complaints during the reporting period.

The percentage of Chinese medicine practitioners about whom complaints were received was 0.46%. This compares with 0.90% in 2012/2013.

Of those with a new complaint in 2013/2014, no practitioners had more than one complaint in the period and one had two complaints in previous years.

The complaints managed are as follows:

Complaints	2013/2014	2012/2013
Case volume open* at year beginning	7	0
New complaints received	8	17
Complaints closed	13	10
Case volume open at year end	2	7
Total case volume managed	15	17

* See Glossary for definition of open matters

When they are received, complaints are classified to the conduct, health or performance stream, depending on the nature of the matter. In some instances, more than one stream may be applicable however one primary stream is allocated based on the seriousness of the matter.

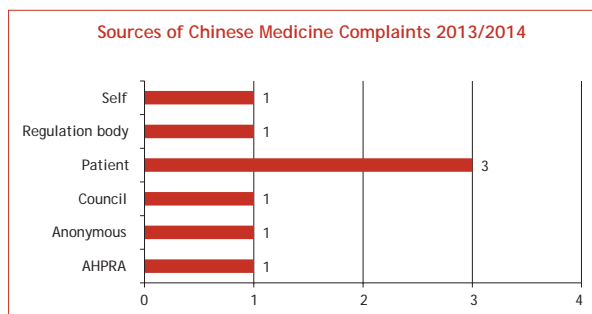
There was one new complaint classified as a performance issue, six conduct issues and one related to a health issue.

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

The number of complaints received by the issue category was:

Category	Number
Billing	1
Boundary violation	1
Communication	1
Health impairment	1
Offence	1
Pharmacy/Medication	1
National Law breach	1
National Law offence	1

The sources of complaints received were:



Mandatory Notifications

The Law requires health practitioners, employers and education providers to make mandatory notifications to AHPRA if they believe a practitioner or student has behaved in a way that constitutes notifiable conduct. AHPRA then refers the matter to the Council for management.

There were no mandatory notifications received during the reporting period.

Complaints Management

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

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

seriousness to warrant further action, or if the parties have resolved the matter.

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

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

- Discontinued
- Referral to another body such as AHPRA, where the matter was outside the jurisdiction of the Council or HCCC.

Of the complaints managed, four were referred for management to other legislated committees or adjudication bodies. Two matters were referred to a Council Inquiry, one matter for performance counselling and one section 150 proceeding. All four matters were completed in 2013/2014.

Protective Orders - Immediate Action under section 150 of the Law

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

During the reporting period, the Council considered taking immediate action on two occasions and exercised its powers once. The issue related to inappropriate prescribing. A condition was imposed restricting the practitioner from dispensing any raw herbs. The matter remains under HCCC investigation.

Health Program

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

The Council managed one complaint related to health, which involved mental health.

Council Appointed Practitioner Assessments

The Council may refer a practitioner or student, who is the subject of a complaint, for

a health assessment to determine whether the person has an impairment. This may include a medical, physical, psychiatric or psychological examination or testing.

The Council managed one complaint by referral for a health assessment. The matter did not require referral to an Impaired Registrants Panel and was closed during the period.

Impaired Registrants Panels

Impaired Registrants Panels (IRPs) are convened to deal with matters concerning practitioners who suffer from a physical or mental impairment which affects or is likely to affect their capacity to practise, or students to undertake clinical training.

No IRPs were conducted in 2013/2014.

Performance Program

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

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

Three matters were managed in the performance stream: two carried over from the previous period and one new matter. The performance issues managed were:

Performance Issues Managed	Number
Inappropriate prescribing	1
Informed consent	1
Insensitive comments (non-sexual)	1

Performance Assessments

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

The assessment is generally conducted in the practitioner's own practice environment by assessors appointed by the Council who are familiar with the area of practice of the practitioner concerned. A Performance Review Panel (PRP) may be convened to review the assessment outcomes and recommend a course of action to the Council.

There were no matters managed by referral to a performance assessment or a PRP in the period.

Conduct Program

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

Eleven matters were managed in the conduct stream: five carried over from the previous period and six new matters. The conduct issues were:

Conduct Issues Managed	Number
Breach of conditions	2
Advertising breach	1
Breach of registration standard	1
Inappropriate use of patient information	1
Inappropriate billing practices	1
Inappropriate sexual relationship	1
Registration obtained using false or misleading information	1
Sexual offence	1
Unauthorised claim to registration	1
Unlawful prescribing	1

Investigations by the Health Care Complaints Commission (HCCC)

Two matters were investigated by the HCCC: one was referred to the Council for further management and the other remains under investigation.

Council Inquiry

Complaints of unsatisfactory professional conduct may be dealt with under Part 8 Division 3 Subdivision 5 of the Law by way of disciplinary proceedings held at a meeting of the Council. The resulting action taken may include a caution or reprimand; imposition of conditions on registration; issuing of an order requiring medical or psychiatric treatment or counselling; completion of an educational course or some other action.

Two matters were referred to a Council Inquiry. The complaints were found proven and conditions were imposed on one practitioner's registration. The practitioner in the second case was reprimanded and an order imposed.

Reviews by the Council

Chinese medicine practitioners who have had conditions placed on their registration or had their registration suspended as a result of Council's immediate action powers under section 150 of the Law or on the recommendation of an IRP may request a review of the conditions or suspension by the Council.

There were no reviews conducted by the Council in the reporting period.

Chinese Medicine Tribunal and NSW Civil and Administrative Tribunal

Tribunals deal with serious complaints that may lead to suspension or cancellation of registration, appeals against Council decisions regarding disciplinary matters and appeals against decisions of the National Board in relation to registration matters.

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

The Chinese Medicine Tribunal was replaced by the NSW Civil and Administrative Tribunal (NCAT) on 1 January 2014.

There were no matters referred to or heard by the Tribunal in the period.

Tribunal Reviews and Appeals

Practitioners who have restrictions or conditions on their practice or registration may seek a review or appeal to the Tribunal. There were no reviews or appeals during the reporting period.

Appeals to the Supreme Court

Chinese medicine practitioners may appeal a decision made by the Tribunal to the Supreme Court. There were no appeals in 2013/2014.

Complaints Outcomes

The majority of matters were dealt with expeditiously in consultation with the HCCC and did not require investigation or referral to a

regulatory or adjudication body. The outcomes of the complaints closed in 2013/2014 are summarised below:



Of the complaints closed in 2013/2014, six (46%) were considered to require no action by the Council. The reasons for closing those matters were:

Reasons for no further action	Number
Complaint not substantiated	3
No clinical or conduct issues identified	2
No health issue identified following assessment	1

The stage at which matters were closed is as follows:

Stage* at closure of complaint	Number
Assessment	10
Council Inquiry	2
Performance	1

*See Glossary for description of each stage

Counselling

The Council may direct a Chinese medicine practitioner or student to attend counselling. This is a non-disciplinary process that enables the Council to address performance or conduct concerns in an informal but sound and influential manner.

The Council managed one matter by counselling. All members of the Council participated in the counselling session, which covered a range of issues relating to the practitioner's professional competence including record keeping, patient management and communication and ethical considerations. The matter was finalised following the counselling.

Matters Referred to Another Entity

The Council referred one matter to AHPRA. Another matter, involving a dual registered practitioner, was outside the Council's

jurisdiction as it had preceded the date of effect of the Law governing Chinese medicine practitioners.

Matters Referred to HCCC for Assisted Resolution and Conciliation

The Council may refer a complaint to the HCCC for assisted resolution or conciliation to be dealt with under the *Health Care Complaints Act 1993*. No matters were referred to the HCCC for either of these actions.

Monitoring and Compliance of Orders and Conditions

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

- a) public conditions, which are published on the AHPRA website (www.ahpra.gov.au) or
- b) private conditions, which relate to impairment.

During the year two cases were monitored and remain active. The conditions being monitored are:

- In one case, an interpreter is to be present for non-English speaking patients; an English speaking person to be present at all times to communicate with emergency services and monthly reporting requirements to the Council
- For the other case, completion of an ethics course - pass grade required.

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

Management and Administration



Shared Services

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

On behalf of the Councils, the HPCA liaises with:

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

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

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

Strategic Planning

In April 2014 the Council Presidents and senior HPCA staff participated in a facilitated planning session to agree a shared strategic vision and priorities for the next three years. A broad Strategic Framework was outlined and further work is underway to develop a strategic plan. The first priorities focus on communication and stakeholder engagement, in particular to improve Council websites and electronic communication, including newsletters and to develop a research plan. These plans will be developed during 2014/2015.

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

the Committee will be a response to the NRAS review and a review of the Law in 2015.

Business Process Improvement

A process improvement plan is being implemented that brings together the recommendations of the business process reviews completed in 2012 and 2013. It also includes the priorities in the records management plan and the workforce management plan. A priority in 2014/2015 is to develop a regulatory handbook for use by staff in Council teams that will bring together the complaints management business process maps and other key business processes, resources and information guides. This will promote consistency in the way complaints and notifications are managed from receipt to resolution by the Council.

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

A series of process indicators has been developed as a mechanism for Councils to report on qualitative aspects of their work and to supplement the current quantitative measures in place. The indicators will also identify areas where there is a need to focus on strategies for improvement and support consistent and regular reporting across Councils.

Audit and Risk Management

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

In 2013/2014 the HPCA Audit and Risk Committee continued to review and monitor the Risk Register, discussed and monitored internal

audits and reviews, and received high level summaries on the Council's financial reports.

The HPCA implemented the recommendations of the Audit Office of NSW 2012/2013 Management Letter, and improved the finance working papers in preparation for the 2014 audit. A repeat recommendation that the HPCA has a memorandum of understanding (MOU) with the Ministry of Health for the services the Ministry provides has been completed with the MOU being signed in May 2014.

Internal Audit

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

Implementation of the recommendations of the audit of the HPCA's workforce management framework was also completed. Position descriptions have been updated and the performance management framework is being implemented in accordance with the *Government Sector Employment Act 2013*.

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

Information Management and Systems

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

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

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

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

Information Security

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

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

Access to Information - Government Information Public Access (GIPA)

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

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

Review of Proactive Release Program

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

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

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

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

Number of Access Applications Received

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

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

The Council refused no applications (either wholly or partly) for the disclosure of information (information for which there is conclusive presumption of overriding public interest against disclosure).

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

Privacy

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

The Council received no complaints regarding privacy matters.

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

Public Interest Disclosures

The Council is subject to the provisions of the *Public Interest Disclosures Act 1994* and the reporting requirements of the *Public Interest Disclosures Regulation 2011*. Staff and Council members comply with the policy and

information is available on the requirements and processes for making and managing disclosures. The Council provides six monthly reports to the NSW Ombudsman and Ministry of Health.

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

Human Resources

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

As at 30 June 2014 the HPCA employed 97 permanent full-time equivalent (FTE) staff and three temporary FTE staff, of whom 1.12 FTE staff provided secretariat support directly to the Council. The organisation chart is provided in the Appendix.

Learning and Development

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

Staff attended training sessions on:

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

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

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

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

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

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

Seminars on the Performance Program and the Health Program are being planned for 2014/2015.

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

Workforce Diversity

The HPCA recognises the value of workforce diversity and encourages and aims to attract and retain people with diverse skills, experience and background. Appointments to the Council,

committees and panels are also made on the understanding that diversity of knowledge, experience and background supports the Council's regulatory activities.

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

Multicultural Policies and Services Program

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

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

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

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

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

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

Disability Services

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

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

- workplace assessment and adjustments to support staff and members with a disability
- assistance from external providers to prepare and coordinate return to work plans for staff with work related injuries and/or temporary disabilities
- provision of ergonomic furniture and equipment for all staff, including those requiring workplace adjustment
- access to disabled washrooms
- a TTY service and a hearing loop in hearing rooms available for the hearing impaired.

Occupational Health and Safety

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

Waste Management (WRAPP)

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

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

The following waste avoidance strategies are in place:

- scrap recycled paper diverted for use as message pads and notetaking
- increased use of email for internal communication and with Council members.
- clients referred to Council websites for access to publications and other information as an alternative to providing hard copy documents
- use of double-sided printing as much as possible
- inclusion of "please consider the environment before printing" note on email communication.

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

Consultants

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

Engagements costing less than \$50,000

Service Provided	Number	Cost inc. GST \$
Council business processes	2	159
Financial management	2	317
Governance	2	601
Total	6	1,077

Insurance

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

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

Financial Management

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

In signing the Service Level Agreement, the Council endorsed revised cost allocation methodologies for the distribution of shared costs across all Councils. The methodologies are largely based on Council activity and provide a formula to apportion shared services staff, facilities and other resources. The methodologies were reviewed in 2013/2014 to ensure they are equitable and the best means of cost allocation. The review concluded that the existing formulae are equitable and the most effective means of calculating Councils' individual contributions to shared costs. Minor adjustments were made to the methodologies following consultation with all Councils.

Format

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

Performance

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

	\$
Operating expenditure	159,212
Revenue	471,580
Net Profit/(Loss)	309,645
Net cash reserves (cash and cash equivalents minus current liabilities)	558,654

Investment Performance

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

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

Payments Performance

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

Budget

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

	\$
Revenue	443,167
Operating expenses	170,091
Education and research	0
Net profit/(loss)	273,076

CHINESE MEDICINE COUNCIL OF NEW SOUTH WALES

YEAR ENDED 30 JUNE 2014

STATEMENT BY MEMBERS OF THE COUNCIL

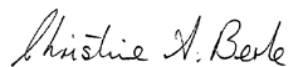
Pursuant to s 41C(1B) *Public Finance and Audit Act 1983*, and in accordance with the resolution of the members of the Chinese Medicine Council of New South Wales, we declare on behalf of the Council that in our opinion:

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

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

A handwritten signature in black ink, appearing to read "Christopher Zaslowski".

Christopher Zaslowski
President

A handwritten signature in black ink, appearing to read "Christine A. Berle".

Christine Berle
Deputy President

Date: 17.10.14

Date: 17.10.14



INDEPENDENT AUDITOR'S REPORT

Chinese Medicine Council of New South Wales

To Members of the New South Wales Parliament

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

Opinion

In my opinion, the financial statements:

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

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

The Council's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

My opinion does *not* provide assurance:

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

Independence

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

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

C J Giumelli
Director, Financial Audit Services

20 October 2014
SYDNEY



Chinese Medicine Council of New South Wales

Statement of Comprehensive Income
for the Year Ended 30 June 2014

	Notes	2014 \$	2013 \$
EXPENSES EXCLUDING LOSSES			
Operating expenses			
Personnel services	2(a)	(93,181)	(102,717)
Other operating expenses	2(b)	(45,003)	(61,148)
Depreciation and amortisation	2(c)	(3,744)	(5,850)
Finance costs	2(d)	(128)	(201)
Other expenses	2(e)	(17,156)	(19,110)
Total Expenses Excluding Losses		(159,212)	(189,026)
REVENUE			
Registration fees		450,066	423,948
Interest revenue	4(a)	19,753	8,336
Other revenue	4(b)	1,761	1,421
Total Revenue		471,580	433,705
Gain/(Loss) on disposal/additions	5	(2,723)	9,729
Net Result		309,645	254,408
Other comprehensive income		-	-
Total Comprehensive Income		309,645	254,408

The accompanying notes form part of these financial statements.



Chinese Medicine Council of New South Wales

Statement of Financial Position
as at 30 June 2014

	Notes	2014 \$	2013 \$
ASSETS			
Current Assets			
Cash and cash equivalents	6	781,558	468,364
Receivables	7	3,844	5,599
Total Current Assets		785,402	473,963
Non-Current Assets			
Plant and equipment			
Leasehold improvements	8	511	1,414
Motor vehicles		84	216
Furniture and fittings		183	330
Other		1,356	2,927
Total plant and equipment		2,134	4,887
Intangible assets	9	2,456	5,336
Total Non-Current Assets		4,590	10,223
Total Assets		789,992	484,186
LIABILITIES			
Current Liabilities			
Payables	10	31,276	45,248
Fees in advance	11	191,628	179,862
Total Current Liabilities		222,904	225,110
Non-Current Liabilities			
Provisions	12	3,035	4,668
Total Non-Current Liabilities		3,035	4,668
Total Liabilities		225,939	229,778
Net Assets		564,053	254,408
EQUITY			
Accumulated funds		564,053	254,408
Total Equity		564,053	254,408

The accompanying notes form part of these financial statements.



Chinese Medicine Council of New South Wales

Statement of Changes in Equity for the Year Ended 30 June 2014

	Notes	Accumulated Funds \$
Balance at 1 July 2013		254,408
Net Result for the Year		309,645
Other comprehensive income		-
Balance at 30 June 2014		<u>564,053</u>
Balance at 1 July 2012		-
Net result for the year		254,408
Other comprehensive income		-
Balance at 30 June 2013		<u>254,408</u>

The accompanying notes form part of these financial statements.



Chinese Medicine Council of New South Wales

Statement of Cash Flows
for the Year Ended 30 June 2014

	Notes	2014 \$	2013 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Payments			
Personnel services		(96,675)	(86,678)
Other		(73,660)	(51,698)
Total Payments		(170,335)	(138,376)
Receipts			
Receipts from registration fees		464,019	597,642
Interest received		20,344	8,931
Other			623
Total Receipts		484,363	607,196
Net Cash Flows from Operating Activities	16	314,028	468,820
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchases of plant and equipment and intangible assets		(834)	(456)
Net Cash Flows from Investing Activities		(834)	(456)
Net Increase/(Decrease) in Cash		313,194	468,364
Opening cash and cash equivalents		468,364	-
Closing Cash and Cash Equivalents	6	781,558	468,364

The accompanying notes form part of these financial statements.

Chinese Medicine Council of New South Wales

Notes to the Financial Statements

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

a. Reporting Entity

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

These financial statements for the year ended 30 June 2014 have been authorised for issue by the Council on 17 October 2014.

b. Basis of Preparation

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

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

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

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

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

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

c. Statement of Compliance

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

d. Significant Accounting Judgments, Estimates and Assumptions

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

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

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

e. Insurance

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

Chinese Medicine Council of New South Wales

Notes to the Financial Statements

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

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

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

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

g. Income Recognition

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

The National Registration and Accreditation Scheme (NRAS) for all health professionals commenced on 1 July 2010. NSW opted out of the complaint handling component of the National scheme and the health professional Councils were established in NSW effective from 1 July 2010 to manage the complaints function in a co-regulatory arrangement with the NSW Health Care Complaints Commission (HCCC). The Council was established on 1 July 2012 upon joining the NRAS.

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

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

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

h. Personnel Services

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

i. Interest Revenue

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

j. Assets

i. Acquisition of Assets

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

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

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

Chinese Medicine Council of New South Wales

Notes to the Financial Statements

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

ii. Capitalisation Thresholds

The Health Professional Councils Authority (HPCA) acquires all assets on behalf of the Council. Shared use assets that cost over \$5,000 at the time of purchase by the HPCA are capitalised. These capitalised shared use assets are then allocated to the Council using an appropriate allocation method. The minimum capitalisation threshold limits applied to the Council for the asset are \$48 (2012/2013 - \$69) (all Council shared use asset), or \$76 (2012/2013 - \$102) (Pitt Street shared use asset), whichever is applicable.

iii. Impairment of Plant and Equipment

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

iv. Depreciation of Plant, Equipment and Leasehold Improvements

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

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

Depreciation rates used are as follows:

Plant and equipment 20% - 25%

Furniture and fittings 16% - 20%

Motor vehicles 25% - 29%

Leasehold improvements 17% - 27.8%

v. Fair Value of Plant and Equipment

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

vi. Maintenance

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

vii. Intangible Assets

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

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

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

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

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

Chinese Medicine Council of New South Wales

Notes to the Financial Statements

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

viii. Loans and Receivables

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

k. Liabilities

i. Trade and Other Payables

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

ii. Personnel Services - Ministry of Health

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

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

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

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

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

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

iii. Provision for Make Good

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

Chinese Medicine Council of New South Wales

Notes to the Financial Statements

l. Equity

Accumulated Funds

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

m. Comparative information

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

n. Cash and cash equivalents

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

Bank overdrafts are included within liabilities.

o. Adoption of New and Revised Accounting Standards

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

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

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

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

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



Chinese Medicine Council of New South Wales

Notes to the Financial Statements

2. EXPENSES EXCLUDING LOSSES

a. Personnel Services Expenses

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

	2014	2013
	\$	\$
Salaries and wages (including recreation leave)	79,707	87,806
Superannuation	7,467	8,468
Payroll taxes	5,430	5,970
Workers compensation insurance	577	473
	<u>93,181</u>	<u>102,717</u>

b. Other Operating Expenses

	2014	2013
	\$	\$
Auditor's remuneration	5,412	5,125
Rent and building expenses	13,909	18,757
Council fees	11,242	11,096
Sitting fees	7,593	10,555
Contracted labour	6,847	15,615
	<u>45,003</u>	<u>61,148</u>

c. Depreciation and Amortisation Expense

	2014	2013
	\$	\$
Depreciation		
Motor vehicles	70	100
Furniture and fittings	61	83
Other	1,324	2,119
	<u>1,455</u>	<u>2,302</u>
Amortisation		
Leasehold improvement	369	451
Intangible assets	1,920	3,097
	<u>2,289</u>	<u>3,548</u>
Total Depreciation and Amortisation	<u>3,744</u>	<u>5,850</u>

Chinese Medicine Council of New South Wales

Notes to the Financial Statements

2. EXPENSES EXCLUDING LOSSES (continued)

d. Finance Costs

	2014 \$	2013 \$
Unwinding of discount rate on make good provision	128	201
	<u>128</u>	<u>201</u>

e. Other Expenses

	2014 \$	2013 \$
Subsistence and transport	2,526	1,259
Fees for service	9,892	11,994
Postage and communication	1,306	1,554
Printing and stationery	1,863	2,400
Equipment and furniture	8	108
General administration expenses	1,561	1,795
	<u>17,156</u>	<u>19,110</u>

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

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

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

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

4. (a) INTEREST REVENUE

	2014 \$	2013 \$
Interest revenue from financial assets not at fair value through profit or loss	19,753	8,336
	<u>19,753</u>	<u>8,336</u>

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

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



Chinese Medicine Council of New South Wales

Notes to the Financial Statements

4. (a) INTEREST REVENUE (continued)

	2014 %	2013 %
Average Interest Rate	2.69	3.04

(b) OTHER REVENUE

	2014 \$	2013 \$
Make good revenue resulting from decrease in make good provision	567	1,421
Profit on re-allocation of Make good	1,194	-
Other Revenue	-	-
	<u>1,761</u>	<u>1,421</u>

5. GAIN/(LOSS) ON DISPOSAL/ADDITIONS

	2014 \$	2013 \$
Plant and equipment		
Net book value (disposed)/acquired during the year	(1,337)	1,393
Proceeds from sale/acquisition costs	-	-
	<u>(1,337)</u>	<u>1,393</u>
Intangible assets		
Net book value (disposed)/acquired during the year	(1,386)	8,336
Proceeds from sale/acquisition costs	-	-
	<u>(1,386)</u>	<u>8,336</u>
Total Gain/(Loss) on Disposal/Additions	<u>(2,723)</u>	<u>9,729</u>

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

6. CASH AND CASH EQUIVALENTS

	2014 \$	2013 \$
Cash at bank - held by HPCA*	781,558	468,364
	<u>781,558</u>	<u>468,364</u>

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

Chinese Medicine Council of New South Wales

Notes to the Financial Statements

7. RECEIVABLES

	2014	2013
	\$	\$
Prepayments	405	354
Other receivables	971	(26)
Interest receivable	4	595
Trade receivables	2,464	4,676
Less: allowance for impairment	-	-
	<u>3,844</u>	<u>5,599</u>

No receivables are considered impaired.

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

There were no Trade Debtor's past due.

8. PLANT AND EQUIPMENT

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

	Leasehold Improvements	Motor Vehicles	Furniture & Fittings	Other	Total
	\$	\$	\$	\$	\$
At 1 July 2013					
Gross carrying amount	1,562	399	413	12,740	15,114
Accumulated depreciation and impairment	(148)	(183)	(83)	(9,813)	(10,227)
Net Carrying Amount	<u>1,414</u>	<u>216</u>	<u>330</u>	<u>2,927</u>	<u>4,887</u>
At 30 June 2014					
Gross carrying amount	1,162	280	307	10,005	11,754
Accumulated depreciation and impairment	(651)	(196)	(124)	(8,649)	(9,620)
Net Carrying Amount	<u>511</u>	<u>84</u>	<u>183</u>	<u>1,356</u>	<u>2,134</u>



Chinese Medicine Council of New South Wales

Notes to the Financial Statements

Reconciliation

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

8. PLANT AND EQUIPMENT (continued)

	Leasehold Improvements	Motor Vehicles	Furniture & Fittings	Other	Total
	\$	\$	\$	\$	\$
Year Ended 30 June 2014					
Net carrying amount at start of year	1,414	216	330	2,927	4,887
Additions	-	-	-	408	408
Disposals	-	-	-	-	-
Other ¹	(534)	(62)	(86)	(655)	(1,337)
Depreciation	(369)	(70)	(61)	(1,324)	(1,824)
Net Carrying Amount at End of Year	511	84	183	1,356	2,134

	Leasehold Improvements	Motor Vehicles	Furniture & Fittings	Other	Total
	\$	\$	\$	\$	\$
At 1 July 2012					
Gross carrying amount	-	-	-	-	-
Accumulated depreciation and impairment	-	-	-	-	-
Net Carrying Amount	-	-	-	-	-

At 30 June 2013					
Gross carrying amount	1,562	399	413	12,740	15,114
Accumulated depreciation and impairment	(148)	(183)	(83)	(9,813)	(10,227)
Net Carrying Amount	1,414	216	330	2,927	4,887

Reconciliation

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

	Leasehold Improvements	Motor Vehicles	Furniture & Fittings	Other	Total
	\$	\$	\$	\$	\$
Year Ended 30 June 2013					
Net carrying amount at start of year	-	-	-	-	-
Additions	-	-	-	359	359
Disposals	-	-	-	-	-
Other ¹	1,865	316	413	4,687	7,281
Depreciation	(451)	(100)	(83)	(2,119)	(2,753)
Net Carrying Amount at End of Year	1,414	216	330	2,927	4,887

1. Other includes:

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

Chinese Medicine Council of New South Wales

Notes to the Financial Statements

9. INTANGIBLE ASSETS

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

	Software Work in Progress \$	Software \$	Total \$
At 1 July 2013			
Cost (gross carrying amount)	45	23,324	23,369
Accumulated amortisation and impairment	-	(18,033)	(18,033)
Net Carrying Amount	45	5,291	5,336
At 30 June 2014			
Cost (gross carrying amount)	471	17,301	17,772
Accumulated amortisation and impairment	-	(15,316)	(15,316)
Net Carrying Amount	471	1,985	2,456
Year Ended 30 June 2014			
Net carrying amount at start of year	45	5,291	5,336
Additions	426	-	426
Disposals	-	-	-
Other ¹	-	(1,386)	(1,386)
Amortisation	-	(1,920)	(1,920)
Net Carrying Amount at End of Year	471	1,985	2,456

Chinese Medicine Council of New South Wales

Notes to the Financial Statements

9. INTANGIBLE ASSETS (continued)

	Software Work in Progress	Software	Total
	\$	\$	\$
At 1 July 2012			
Cost (gross carrying amount)	-	-	-
Accumulated amortisation and impairment	-	-	-
Net Carrying Amount	-	-	-

At 30 June 2013			
Cost (gross carrying amount)	45	23,324	23,369
Accumulated amortisation and impairment	-	(18,033)	(18,033)
Net Carrying Amount	45	5,291	5,336

	Software Work in Progress	Software	Total
	\$	\$	\$
Year Ended 30 June 2013			
Net carrying amount at start of year	-	-	-
Additions	45	52	97
Disposals	-	-	-
Other ¹	-	8,336	8,336
Amortisation	-	(3,097)	(3,097)
Net Carrying Amount at End of Year	45	5,291	5,336

1. Other includes:

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

10. PAYABLES

	2014 \$	2013 \$
Personnel services - Ministry of Health	11,968	16,039
Trade and other payables	19,308	29,209
	31,276	45,248

Chinese Medicine Council of New South Wales

Notes to the Financial Statements

11. FEES IN ADVANCE

	2014 \$	2013 \$
Current		
Registration fees in advance	191,628	179,862
	<u>191,628</u>	<u>179,862</u>

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

12. PROVISIONS

	2014 \$	2013 \$
Non-Current		
Make good	3,035	4,668
	<u>3,035</u>	<u>4,668</u>

Movement in Provisions (other than personnel services)

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

	2014 \$	2013 \$
Make good		
Carrying amount at the beginning of year	4,668	-
Increase/(Decrease) in provisions recognised due to re-allocation of opening balances at beginning of year	(1,194)	7,216
Decrease in provisions recognised	(567)	(2,749)
Unwinding/change in discount rate	128	201
Carrying Amount at the End of Year	<u>3,035</u>	<u>4,668</u>

The HPCA recognised a lease make good provision on entering into lease arrangements for Level 6, 477 Pitt Street. The provision was first included in the financial statements for 30 June 2013 and was based on a market-based estimate of the cost per square metre to make good the areas of the Pitt Street building that the HPCA occupies at the end of the lease.

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

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

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



Chinese Medicine Council of New South Wales

Notes to the Financial Statements

13. COMMITMENTS FOR EXPENDITURE

a. Capital Commitments

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

	2014	2013
	\$	\$
Not later than one year	121	-
Later than one year and not later than five years	-	-
Total (including GST)	121	-

b. Operating Lease Commitments

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

	2014	2013
	\$	\$
Not later than one year	16,291	22,769
Later than one year and not later than five years	24,533	59,048
Total (including GST)	40,824	81,817

14. RELATED PARTY TRANSACTIONS

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

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

15. CONTINGENT LIABILITIES AND CONTINGENT ASSETS

The Health Professional Councils Authority received advice from the Ministry of Health and the Ministry's independent tax advisors to the effect that payments made to Council and Hearing members attract a pay as you go (PAYG) withholding tax obligation and superannuation guarantee levy payments. As a result of that advice, the Health Professional Councils Authority had undertaken an audit of the financial records.

The impact of the superannuation back pay adjustments and administration fees has been included in the annual accounts as well as an estimate of the nominal interest as at 30 June 2014. However, the nominal interest component cannot be finally determined until the voluntary disclosure of the superannuation guarantee charge statements by the Health Professional Councils Authority on behalf of the Council are submitted and agreed to by the Australian Taxation Office for all the affected Council and Hearing members.

The variation between the accrued estimated nominal interest and the final agreed amount are considered to be immaterial.

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

Chinese Medicine Council of New South Wales

Notes to the Financial Statements

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

	2014 \$	2013 \$
Net result	309,645	254,408
Depreciation and amortisation	3,744	5,850
Increase/(Decrease) in receivables	1,755	(5,599)
Increase/(Decrease) in fees in advance	11,766	179,862
Increase/(Decrease) in payables	(13,973)	45,248
Increase/(Decrease) in provisions	(1,632)	(1,220)
Net gain/(loss) on sale of plant and equipment	2,723	(9,729)
Net Cash used on Operating Activities	314,028	468,820

17. FINANCIAL INSTRUMENTS

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

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

a. Financial Instrument Categories

Financial Assets Class	Notes	Category	Carrying Amount 2014 \$	Carrying Amount 2013 \$
Cash and cash equivalents	6	N/A	781,558	468,364
Receivables ¹	7	Loans and receivables (measured at amortised cost)	2,468	5,271
Financial Liabilities Class	Notes	Category	Carrying Amount 2014 \$	Carrying Amount 2013 \$
Payables ²	10	Financial liabilities (mea- sured at amortised cost)	31,276	45,248

Notes:

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

Chinese Medicine Council of New South Wales

b. Credit Risk

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

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

Cash

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

Receivables - Trade Debtors

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

c. Liquidity Risk

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

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

All payables are current and will not attract interest payments.

d. Market Risk

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

e. Interest Rate Risk

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

18. EVENTS AFTER THE REPORTING PERIOD

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

End of Audited Financial Statements

Appendix

Legislative Changes 2013/2014

Health Practitioner Regulation National Law

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

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

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

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

I, Associate Professor Christopher Zaslowski, President of the Chinese Medicine Council of New South Wales, am of the opinion that the Council had an Information Security Management System in place during the financial year being reported on which is materially consistent with the Core Requirements set out in the *Digital Information Security Policy for the NSW Public Sector* with the following exceptions:

Core Requirement 1 - Information Security Management System

Policy PD2013_033, *Electronic Information Security Policy - NSW Health* applies to the Chinese Medicine Council. Agreement has been received that at its next update the Policy will be amended in view of the changes in NSW since 1 July 2010 following the enactment of the Health Practitioner Regulation National Law (NSW) and the commencement of the National Registration and Accreditation Scheme.

The Health Professional Councils Authority's *ICT Strategic Plan*, to be finalised in 2014/2015, will implement the Ministry of Health Policy Directive PD2013_033 for the Chinese Medicine Council.

Core Requirement 2 - Compliance with Minimum Controls

Full adoption of DFS C2013-5 *Information Classification and Labelling Guidelines* will be completed in 2014/2015.

An information security review is planned for 2015/2016 as a prelude to seeking ISO 27001 Certification.

Core Requirement 3 - Compliance by Shared Service Provider

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

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

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

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

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

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

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

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

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

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

Table C: Invalid applications

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

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

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

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

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

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

Table F: Timeliness

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

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

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

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

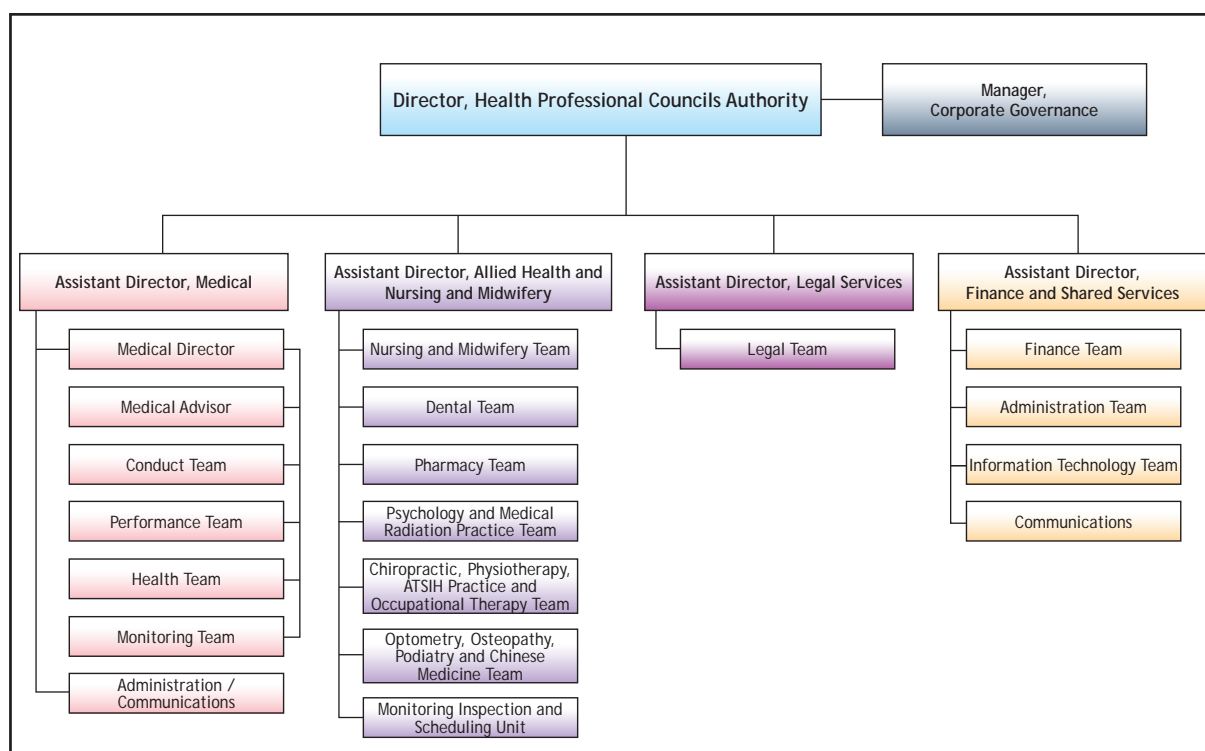
Table H: Applications for review under Part 5 of the Act (by type of applicant)

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

Public Interest Disclosure Statistics July 2013 - June 2014

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

HPCA Organisation Chart as at 30 June 2014



Workforce diversity statistics

Trends in the Representation of Workforce Diversity Groups

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

Trends in the Distribution of Workforce Diversity Groups

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

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

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

Payments Performance

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

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

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

Glossary

Adjudication Body

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

Cancellation

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

Closed Complaint

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

Complainant

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

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

Conciliation

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

Caution

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

Condition

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

Notification

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

Notifiable Conduct / Mandatory Reporting

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

Open Matter

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

Order

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

Professional Misconduct

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

Reprimand

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

Stage

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

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

Stream

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

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

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

Supervision

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

Suspension

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

Unsatisfactory Professional Conduct

Conduct which is:

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

Additional matters apply to medical practitioners and pharmacists.

Abbreviations

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

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