



Council of New South Wales

Annual Report 2013

Chinese Medicine Council of New South Wales
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The Hon. Jillian Skinner MP
Minister for Health
Minister for Medical Research
Level 31, Governor Macquarie Tower
1 Farrer Place
Sydney NSW 2000

Dear Minister

On behalf of the Chinese Medicine Council of New South Wales, we are pleased to submit the Council's inaugural Annual Report and Financial Statements for the year ended 30 June 2013 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 Zaslowski
Council President

Christine Berle
Deputy President

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About the Council



The Chinese Medicine Council of New South Wales was established on 1 July 2012. The Council is a statutory body whose role is to manage notifications (complaints) about conduct, performance and health matters concerning registered Chinese medicine practitioners practising in New South Wales (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 Chinese Medicine Council is one of 14 Councils in NSW. The Health Professional Councils Authority (HPCA) provides secretariat support to the NSW health professional Councils to assist them in carrying out their regulatory responsibilities.

Charter

The Council is constituted pursuant to the *Health Practitioner Regulation National Law (NSW) No 86a* (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 MBBS BSc(Med) BHSc MAppSc(Ac) MMed MAppMgmt(Health) GradDipAc PhD

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

Mr Michael Eagle LLB

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

Karen Thomas DipLaw DipRTH

Remuneration

Remuneration for members of the Council is as follows:

President	\$2,336 per annum
Deputy President	\$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 10 occasions, usually on the first Wednesday of each month. The Council did not meet in July 2012, January 2013 and June 2013.

Attendance at meetings was as follows:

Name	Meetings Attended	Leave of Absence Granted
Assoc Prof Christopher Zaslowski	10	
Ms Christine Berle	10	
Mr Richard Li	9	1
Dr Danforn Lim	9	1
Mr Michael Eagle	9	1
Ms Karen Thomas	8	2

Committees of the Council

Section 41(f) 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

The Chinese Medicine Tribunal of New South Wales is established under s 165 and comprises four members. The Chairperson or Deputy Chairperson is an Australian lawyer appointed by the Governor. For each Tribunal hearing, the three other members are appointed by the Council.

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

The Tribunal Chairperson and Deputy Chairpersons are listed in Appendix 3. The current Tribunal appointments are from 1 July 2012 until 28 February 2015.

The Tribunal concluded 27 appeals against decisions of the Chinese Medicine Board of Australia during the reporting period.

Executive Officer

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

Mr Michael Jaques is the Executive Officer to the Council.

Meetings and Conferences

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

- AHPRA National Registration and Accreditation Scheme Combined Meeting 2012
- Chinese Medicine Industry Council (CMIC) Forum Presentation
- Chinese Medicine Board of Australia Planning Day
- National Boards Chairs' Forum
- Council Presidents' Forum
- Sundry presentations and meetings organised by the HPCA.

Education and Research

Section 41S of the Law allows the Council to establish an Education and Research Account. The Council may expend these funds for education and research purposes relevant to its regulatory functions, and for meeting any associated administrative costs. The Council did not have an Education and Research Account as at 30 June 2013.

Overseas Travel

There was no overseas travel during the reporting period.

Promotion of Council Activities

The Council's website (www.chinesemedicinecouncil.nsw.gov.au) is updated on a regular basis and is the principal medium for disseminating information to practitioners, students and the public.

Complaints Received About Council Administrative Processes

The Council acknowledges that the trust and confidence of the public are essential to its role and values all forms of feedback. Members of the public or external organisations may make a complaint about Council's administrative processes, activities, staff or service delivery. The Council has established a complaint handling policy and procedures for addressing such matters.

No complaints were received during the year.

Legislative Changes

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

Regulatory Activities



The primary responsibility of the Council, in conjunction with the HCCC, is to protect the public by managing the performance, conduct and health concerns relating to 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 professionals are registered under the National Registration and Accreditation Scheme. Through the Scheme, the Chinese Medicine Board of Australia (National Board) is responsible for registering health practitioners and students and for determining the requirements for registration.

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

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

Registrations in NSW

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

At 30 June 2013, there were 1,649 registered Chinese medicine practitioners whose principal place of practice was in NSW. This represents 40.5% of the total number of Chinese medicine practitioners registered under the Scheme across Australia.

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

Students are also registered. AHPRA advised that the number of NSW students registered as at 30 June 2013 was 348. Figures are based on the student's residential address, not the location of the education provider.

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

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	1,644	0	1,644
Limited	0	0	0
Non-practising	5	0	5
Total	1,649	0	1,649

Notifications (Complaints) Received

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

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

The Council managed 17 notifications (complaints) during the reporting period.

The level of notifications (complaints) as a percentage of the number of registered practitioners in NSW is slightly over 1%.

A more accurate measure is the percentage of practitioners about whom a notification was received i.e. a practitioner with more than one notification is only counted once in the calculation. On this basis, the percentage of notifications (complaints) received about Chinese medicine practitioners practising in NSW was 0.9% for the year.

Of these, 13 had one notification and two practitioners had two notifications.

The notifications (complaints) managed by the Council in 2012/2013 were as follows:

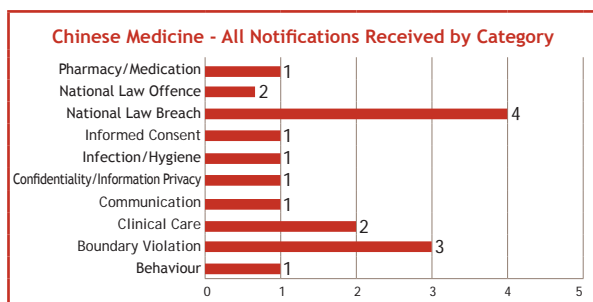
Notifications (Complaints)	Number
Notifications received in 2012/2013	17
Notifications closed in 2012/2013	10
Case volume open* at 30/6/2013	7

* See Glossary for definition of open matters

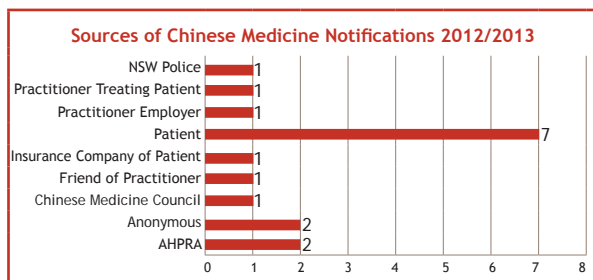
When they are received, notifications (complaints) are classified to the conduct, health or performance stream, depending on the nature of the matter. In some instances, more than one stream may be applicable, however one stream is identified as the primary stream based on the seriousness of the matter. There were six notifications (complaints) classified as performance issues and 11 conduct issues. There were no notifications related to health issues.

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

The number of notifications (complaints) received by the issue category was as below:



The sources of notifications received were:



Mandatory Notifications

The Law requires health practitioners, employers and education providers to make mandatory notifications to AHPRA if they believe a Chinese medicine practitioner or student has behaved in a way that constitutes notifiable conduct i.e.

For a practitioner:

- the practice of the profession while intoxicated by alcohol or other drugs, engaging in sexual misconduct in connection with practice, placing the public at substantial harm because the practitioner has an impairment or placing the public at

risk because the practitioner has practised in a way that constitutes a significant departure from accepted professional standards.

For a student:

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

AHPRA then refers the matter to the Council for management.

There was one mandatory notification received about a practitioner which was made by another health practitioner treating the patient. The matter related to a perceived departure from standards of clinical care, and was concluded during the reporting period.

The mandatory notification represents 5.9 % of all notifications received in the reporting period, and did not result in the Council taking immediate action under s 150 of the Law.

Notifications (Complaints) Management

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

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

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

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

- referral to the HCCC for investigation
- referral to another body such as AHPRA, where the matter was outside the jurisdiction of the Council or HCCC.

Of notifications managed in 2012/2013, three were referred for management to other legislated committees or adjudication bodies other than regular Council meetings. One matter was referred to a Council Inquiry, one matter for interview and one for performance counselling. Two matters were completed in 2012/2013.

Protective Orders - Immediate Action under s 150 of the Law

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

During the reporting period, the Council did not take immediate action on any matter.

Health

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

The Council managed no notifications (complaints) related to practitioners' health.

Council Appointed Practitioner Assessments

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

The Council did not manage any notification matters by referral for a health assessment during the reporting period.

Impaired Registrants Panels

The Law provides for the convening of Impaired Registrants Panels (IRPs) 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.

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

The Panel may counsel the practitioner or, on the recommendation of the Panel, the Council may counsel the practitioner, impose conditions on the registration, or suspend the registration for a period if the Council is satisfied the practitioner or student has voluntarily agreed to the conditions or suspension.

There were no IRPs conducted in 2012/2013.

Performance

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 competency are identified, while at all times ensuring that the public is appropriately protected. The program aims to address patterns of practice rather than one-off incidents unless a single incident is thought to be demonstrative of a broader problem.

Six practitioners were managed in the performance stream in 2012/2013. The performance issues managed were:

Performance Issues Managed	Number
Inappropriate prescribing	1
Failure to provide adequate or accurate information	1
Insensitive or inappropriate comments (non-sexual)	1
Breach of infection control procedure/standards	1
Inadequate or inappropriate treatment	2

Performance Assessments

The Council may require a Chinese medicine practitioner to participate in a performance assessment to assist it in determining a course of action. The aim of such an assessment is to establish whether the practitioner's performance is at a standard expected of a similarly trained or experienced practitioner. Consequently, assessments are 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.

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

Performance Review Panel

If a performance assessment finds that the professional performance of a Chinese medicine practitioner is unsatisfactory, the Council may decide to refer the matter to a Performance Review Panel (PRP). The role of the Panel is to review the professional performance of the practitioner by examining the evidence placed before it to establish whether their practice meets the standard reasonably expected of a practitioner of 'an equivalent level of training or experience' at the time of the review.

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

No PRPs were held during the reporting period.

Conduct

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

There were 11 Chinese medicine practitioners managed in the conduct stream in 2012/2013. The conduct issues managed in the period were:

Conduct Issues Managed	Number
Inappropriate collection or use of patient information	1
Unauthorised claim to registration	1
Breach of condition	2
Registration obtained using false or misleading information	1
Inappropriate relationship (non-sexual)	1
Inappropriate sexual contact	1
Inappropriate sexual comments	1
Breach of relevant registration standard	1
Providing care beyond scope of practice	1
Threats, bullying or harassment	1

Investigations by the Health Care Complaints Commission (HCCC)

During 2012/2013 a number of matters were investigated by the HCCC, resulting in the following:

- referral to the Council for further management
- no further action.

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.

One matter was referred to a Council Inquiry during the reporting period, which had not been finalised as at 30 June 2013. The matter is related to a breach of the Law.

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

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

Chinese Medicine Tribunal

The Chinese Medicine Tribunal deals with serious notifications (complaints) that may lead to

suspension or deregistration, appeals against Council decisions regarding regulatory matters and appeals against decisions of the National Board in relation to registration matters.

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.

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

Tribunal Reviews

Chinese medicine practitioners who have had restrictions placed on their practice or registration by a Tribunal may request a review of conditions and suspension or can request to be reinstated following cancellation of registration by the Tribunal

There were no regulatory matters referred to or heard by the Tribunal for a review during the period.

Appeals to the Tribunal

Chinese medicine practitioners who have had conditions imposed on their registration by the Council or a Performance Review Panel, had their registration suspended by the Council, or who have had a request for review of conditions or suspension refused by the Council, may appeal to the Tribunal. Practitioners may also lodge an appeal against a decision of the Chinese Medicine Board of Australia regarding registration status.

During the reporting period the Tribunal received 34 appeals against decisions made by the Chinese Medicine Board of Australia regarding registration status. Of these, 27 appeals were finalised with the following outcomes:

Tribunal Appeals	Number
Withdrawn	26
Dismissed	1

There are seven appeals that were not completed as at 30 June 2013.

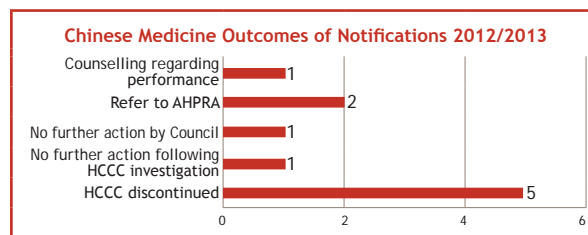
Appeals to the Supreme Court

Chinese medicine practitioners may appeal a decision made by the Tribunal to the Supreme Court. There were no such appeals in 2012/2013.

Notifications (Complaints) Outcomes

The outcomes of all notifications (complaints) closed in 2012/2013 are summarised below. The majority of matters were dealt with expeditiously in consultation with the HCCC and did not require investigation or referral to a regulatory or adjudicating body. The next most prevalent outcome was referral to AHPRA.

The outcomes of these matters were as follows:



Of the notifications closed in 2012/2013, one was considered to require no action by the Council. The reason for the closure was due to the complaint episode preceding the effective date of application of the National Law to Chinese medicine practitioners.

Of the 10 notifications closed, nine were finalised following assessment and one after investigation.

Counselling

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

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

All members of the Council participated in the counselling session, which covered a range of issues relating to the practitioner's scope of practice, communication effectiveness, recordkeeping and ethical considerations. The matter was finalised following the counselling.

Matters Referred to Another Entity

During the reporting period, the Council directed two matters to AHPRA: one relating to a practitioner holding out as an acupuncturist and one matter of providing care beyond the practitioner's scope of practice.

Matters Referred to HCCC for Assisted Resolution and Conciliation

The Council may refer a notification to the HCCC for assisted resolution or conciliation to be dealt with under the *Health Care Complaints Act 1993*. In 2012/2013, there were no matters referred to the HCCC for either of these actions.

Outcomes of Mandatory Notifications

The one mandatory notification received in the reporting period was discontinued after assessment by the HCCC.

Monitoring and Compliance of Orders and Conditions

The Council is responsible for monitoring compliance with orders made and conditions imposed by the Chinese Medicine Tribunal, a Council Inquiry, a PRP, an immediate action (s 150) decision, or conditions following an IRP.

Conditions fall into two categories:

- a) practice conditions, which are published on the AHPRA website (www.ahpra.gov.au) or
- b) health conditions, which are not published.

During the year there were no practitioners requiring monitoring.

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

Management and Administration



Shared Services

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

On behalf of the Councils, the HPCA liaises with:

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

This coordinated approach provides efficiencies through shared services that would be costly for small bodies like the Councils, to implement on their own. It also allows 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 articulates the services the HPCA provides and key performance indicators against which performance is assessed annually. It provides certainty and a shared understanding for the Council and the HPCA on the range and quality of services provided.

Access to Information - Government Information Public Access (GIPA)

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

The Agency Information Guide is accessible on the website.

Review of Proactive Release Program

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

The Council releases all new and revised policies and other information publicly on the website.

In addition, the Council reviewed the program and the policy register including monitoring the completion and approval of relevant information.

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

- Conflict of Interest Policy
- Gifts and Benefits Policy
- Reporting Corrupt Conduct
- Member Remuneration and Payment Policy
- Official Travel Policy
- Audit and Risk Committee Charter.

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

Number of Access Applications Received

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

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

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

The Council's GIPA statistics are reported in Appendix 2.

Privacy

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

The Council received no complaints regarding privacy matters.

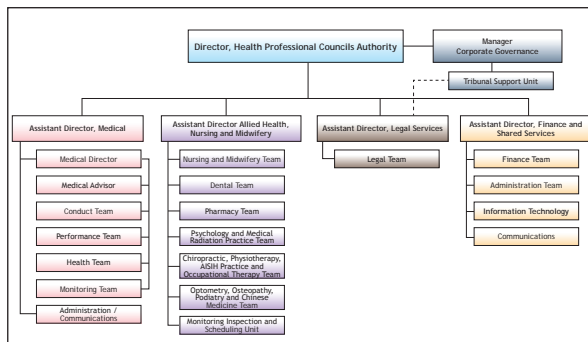
The Council has adopted the NSW Health Privacy Management policy pending development of a specific privacy management plan. A number of staff attended privacy awareness training conducted by the Office of the Information and Privacy Commissioner.

Human Resources

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

As at 30 June 2013 the HPCA employed 97 permanent full-time equivalent (FTE) staff and two temporary FTE staff, of whom 1.2 FTE staff provided secretariat support directly to the Council.

HPCA Organisation Chart as at 30 June 2013



Learning and Development

Learning and development opportunities are available to staff to ensure that they have the skills and knowledge to support the Council's core business and the HPCA's organisational priorities. Individual staff training needs are identified through the Coaching and Performance System (CAPS).

Staff attended training sessions on:

- GIPA, privacy management and public interest disclosure provisions
- Writing procedures and policy documents, and minute taking
- Dealing with difficult complainants
- TRIM records management system and Monitoring and Complaints System (MaCS) for case management
- Understanding of the *Health Practitioner Regulation National Law (NSW)* regulatory responsibilities and Council processes to protect the public.

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:

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

Audit and Risk Management

In 2012/2013 the HPCA Audit and Risk Committee continued to review and monitor the Risk Register, discussed and monitored internal audits and reviews, and received high level summaries on the Council's financial reports. On the Committee's advice the HPCA established the role of Chief Audit Executive, which is fulfilled by the HPCA Assistant Director, Legal.

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

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

IAB is commissioned to undertake the internal audits nominated in the internal audit plan. The IAB conducted an internal audit of the HPCA's Workforce Management Framework, which identified the need for a more consistent

approach to performance monitoring, and improving turnaround times on recruitment activity. All of the review's recommendations were accepted and are being addressed.

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

Information Management and Systems

Further improvements have been achieved in information management, control and reporting. System modifications have been made to the case management system (MaCS) to improve usability and reporting. The MaCS user group guides priorities and contributes to user testing. Staff received ongoing training and support as changes are implemented and the accuracy and reliability of reporting is improving.

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

Exemptions from the Reporting Provisions

As a small statutory body, the Council is exempt from certain reporting provisions and provides a triennial report in relation to:

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

The Council will provide a detailed report in 2013/2014. The Council meets its compliance obligations with regard to each of these matters and is committed to implementing the relevant policy requirements.

Consultants

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

The Council made the following contribution to these consultancies:

Engagements costing less than \$50,000

Service Provided	No.	Cost inc. GST \$
Administration	2	310.09
Council business processes	1	567.82
Financial management	1	224.04
Information management and systems	2	69.23
Total	6	1,171.18

Business Process Improvement

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

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

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

Insurance

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

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

Annual Report Costs

The Council did not produce printed copies of this Annual Report in accordance with the Premier's Memorandum *Production Costs of Annual Reports* (M2013-09). The total cost of layout and design was \$528.66 (GST inc.).

The report is published on the Council's website.

Financial Management

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

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

Format

The accounts of the Council's administrative operations, together with the Independent Auditor's Report are set out in the Financial Statements starting on page 18.

Performance

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

	\$
Operating expenditure	189,026
Revenue	433,705
Net profit/(loss)	254,408
Net cash reserves (cash and cash equivalents minus current liabilities)	243,254

The Council, through a Special Interest Arrangement with the Commonwealth Bank of Australia earned an average of 3.04% p.a. on all bank account balances.

Payments Performance

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

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

Measure	Sept	Dec	Mar	June
All suppliers				
Number of accounts due for payment	158	130	130	198
Number of accounts paid on time	156	105	128	177
% of accounts paid on time (based on number of accounts)	98.7	80.8	98.5	89.4
\$ amount of accounts due for payment	1,202,016	1,132,653	1,312,870	1,765,088
\$ amount of accounts paid on time	1,201,178	1,106,321	1,310,988	1,758,606
% of accounts paid on time (based on \$)	99.9	97.7	99.9	99.6
Number of payments for interest on overdue accounts	0	0	0	0
Interest paid on overdue accounts	0	0	0	0

Measure	Sept	Dec	Mar	June
Small business suppliers				
Number of accounts due for payment	141	112	120	170
Number of accounts paid on time	139	96	118	156
% of accounts paid on time (based on number of accounts)	98.6	85.7	98.3	91.8
\$ amount of accounts due for payment	427,835	266,553	502,940	681,900
\$ amount of accounts paid on time	426,997	255,185	501,058	678,088
% of accounts paid on time (based on \$)	99.8	95.7	99.6	99.4
Number of payments for interest on overdue accounts	0	0	0	0
Interest paid on overdue accounts	0	0	0	0

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

Budget

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

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

CHINESE MEDICINE COUNCIL OF NEW SOUTH WALES

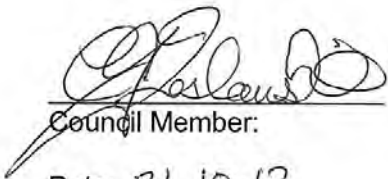
YEAR ENDED 30 JUNE 2013

STATEMENT BY MEMBERS OF THE COUNCIL

Pursuant to s 41C(1B) *Public Finance and Audit Act 1983*, and in accordance with the resolution of the members of the 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 2013 and financial performance for the year then ended.
2. The financial statements have been prepared in accordance with the provisions of Australian Accounting Standards, Accounting Interpretations, the *Public Finance and Audit Act 1983*, the *Public Finance and Audit Regulation 2010*, and the Treasurer's Directions.

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

A handwritten signature in black ink, appearing to be "G. Garland", written over a horizontal line.

Council Member:

Date: 21.10.13

A handwritten signature in black ink, appearing to be "L. A. Berk", written over a horizontal line.

Council Member:

Date: 21.10.13



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 2013, the statement of comprehensive income, statement of changes in equity and statement of cash flows, for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information.

Opinion

In my opinion, the financial statements:

- give a true and fair view of the financial position of the Council as at 30 June 2013, and of its financial performance and its cash flows for the year then ended in accordance with Australian Accounting Standards
- are in accordance with section 41B of the *Public Finance and Audit Act 1983* (the PF&A Act) and the Public Finance and Audit Regulation 2010.

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

The Council's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

My opinion does *not* provide assurance:

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

Independence

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

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



C J Giumelli
Director, Financial Audit Services

24 October 2013
SYDNEY

Chinese Medicine Council of New South Wales

Statement of Comprehensive Income for the Year Ended 30 June 2013

	Notes	2013 \$
EXPENSES EXCLUDING LOSSES		
Operating expenses		
Personnel services	2(a)	(102,717)
Other operating expenses	2(b)	(61,148)
Depreciation and amortisation	2(c)	(5,850)
Finance costs	2(d)	(201)
Other expenses	2(e)	(19,110)
Total Expenses Excluding Losses		(189,026)
REVENUE		
Registration fees		423,948
Interest revenue	4(a)	8,336
Other revenue	4(b)	1,421
Total Revenue		433,705
Gain/(Loss) on disposal/additions	5	9,729
Net Result		254,408
Other Comprehensive Income		-
Total Comprehensive Income		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 2013

	Notes	2013 \$
ASSETS		
Current Assets		
Cash and cash equivalents	6	468,364
Receivables	7	5,599
Total Current Assets		473,963
Non-Current Assets		
Plant and equipment		
Leasehold improvements		1,414
Motor vehicles		216
Furniture and fittings		330
Other		2,927
Total plant and equipment		4,887
Intangible assets	9	5,336
Total Non-Current Assets		10,223
Total Assets		484,186
LIABILITIES		
Current Liabilities		
Payables	10	45,248
Fees in advance	11	179,862
Total Current Liabilities		225,110
Non-Current Liabilities		
Provisions	12	4,668
Total Non-Current Liabilities		4,668
Total Liabilities		229,778
Net Assets		254,408
EQUITY		
Accumulated funds		254,408
Total Equity		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 2013

	Notes	Accumulated Funds \$
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 2013

	Notes	2013 \$
CASH FLOWS FROM OPERATING ACTIVITIES		
Payments		
Personnel services		(86,678)
Other		(51,698)
Total Payments		(138,376)
Receipts		
Receipts from registration fees		597,642
Interest received		8,931
Other		623
Total Receipts		607,196
Net Cash Flows from Operating Activities	16	468,820
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchases of plant and equipment and intangible assets		(456)
Net Cash Flows from Investing Activities		(456)
Net Increase/(Decrease) in Cash		468,364
Opening cash and cash equivalents		-
Closing Cash and Cash Equivalents	6	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), established on 1 July 2012, as a not-for-profit reporting entity with no cash generating units, performs the duties and functions contained in the *Health Practitioner Regulation National Law (NSW) No 86a* (the Law).

These financial statements for the year ended 30 June 2013 have been authorised for issue by the Council on 21 October 2013.

b. Basis of Preparation

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

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

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

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

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

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

c. Statement of Compliance

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

d. Significant Accounting Judgments, Estimates and Assumptions

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

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

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

e. Insurance

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

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 2013 by NSW health practitioners was decided by the Council established for that profession subject to approval by the Minister for Health.

The Council, under the Law, receives fees on a monthly basis from the Australian Health Practitioner Regulation Agency (AHPRA) being the agreed NSW complaints element for the 2013 registration fee.

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

h. Personnel Services

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

i. Interest Revenue

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

j. Assets

i. Acquisitions of Assets

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

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

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

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

Chinese Medicine Council of New South Wales

Notes to the Financial Statements

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 \$69 (all Council shared use asset), or \$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 1.7% - 4%

v. Revaluation of Plant and Equipment

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

vi. Maintenance

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

vii. Intangible Assets

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

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

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

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

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

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.

Chinese Medicine Council of New South Wales

Notes to the Financial Statements

viii. Loans and Receivables

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

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

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.

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.

l. Equity

Accumulated Funds

The category 'Accumulated Funds' includes all current period funds only since the Council was established on 1 July 2012.

m. Comparative information

There is no comparative information available as this is the first year of preparation of the financial statements.

Chinese Medicine Council of New South Wales

Notes to 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, amendments to standards and interpretations are effective for annual periods beginning after 1 July 2013, and have not been applied in preparing these financial statements. None of these are expected to have a significant effect on the financial statements of the Council.

NSW Treasury issued NSWTC13/02 circular states not to early adopt any of the new or revised Standards of Interpretations.

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

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

2. EXPENSES EXCLUDING LOSSES

a. Personnel services expenses

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

	2013 \$
Salaries and wages (including recreation leave)	87,806
Superannuation	8,468
Payroll taxes	5,970
Workers compensation insurance	473
	<u>102,717</u>

b. Other operating expenses

	2013 \$
Auditor's remuneration	5,125
Rent and building expenses	18,757
Council fees	11,096
Sitting fees	10,555
Contracted labour	15,615
	<u>61,148</u>



Chinese Medicine Council of New South Wales

Notes to the Financial Statements

c. Depreciation and amortisation expense

	2013 \$
Depreciation	
Motor vehicles	100
Furniture and fittings	83
Other	2,119
	<u>2,302</u>
Amortisation	
Leasehold improvement	451
Intangible assets	3,097
	<u>3,548</u>
Total Depreciation and Amortisation	<u><u>5,850</u></u>

d. Finance costs

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

e. Other expenses

	2013 \$
Subsistence and transport	1,259
Fees for service	11,994
Postage and communication	1,554
Printing and stationery	2,400
Equipment and furniture	108
General administration expenses	1,795
	<u>19,110</u>

Chinese Medicine Council of New South Wales

Notes to the Financial Statements

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

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

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

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

4. (a) INTEREST REVENUE

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

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

	2013 %
Weighted Average Interest Rate	3.04

(b) OTHER REVENUE

	2013 \$
Make good revenue resulting from decrease in make good provision	1,421
	<u>1,421</u>



Chinese Medicine Council of New South Wales

Notes to the Financial Statements

5. GAIN/(LOSS) ON DISPOSAL/ADDITIONS

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

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

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

6. CASH AND CASH EQUIVALENTS

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

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

Chinese Medicine Council of New South Wales

Notes to the Financial Statements

7. RECEIVABLES

	2013 \$
Prepayments	354
Other receivables	(26)
Interest receivable	595
Trade receivables	4,676
Less: allowance for impairment	-
	<u>5,599</u>
Movement in the Allowance for Impairment	
Balance at 1 July 2012	-
Amounts written off during the year	-
Amounts recovered during the year	-
Increase/(decrease) in allowance recognised in profit or loss	-
Balance at 30 June 2013	<u>-</u>

No receivables are considered impaired.

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

Analysis of Trade Debtors Overdue

2013	Total	Past due but not impaired	Considered impaired
	\$	\$	\$
< 3 months overdue	-	-	-
3-6 months overdue	-	-	-
> 6 months overdue	-	-	-
<hr/>			
2012			
< 3 months overdue	-	-	-
3-6 months overdue	-	-	-
> 6 months overdue	-	-	-

Notes

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

Chinese Medicine Council of New South Wales

Notes to the Financial Statements

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 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 current reporting period is set out below:

	Leasehold Improvements	Motor Vehicles	Furniture & Fittings	Other	Total
	\$	\$	\$	\$	\$
Year Ended 30 June 2013					
Net carrying amount at start of year	-	-	-	-	-
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 implementation of agreed Cost Allocation Methodology as at 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 asset is not owned individually by the Council. The amounts recognised in the financial statements have been calculated based on the benefits expected to be derived by the Council.

	Software Work in Progress	Software	Total
	\$	\$	\$
At 1 July 2012			
Cost (gross carrying amount)	-	-	-
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 implementation of agreed Cost Allocation Methodology as at 1 July 2012.



Chinese Medicine Council of New South Wales

Notes to the Financial Statements

10. PAYABLES

	2013
	\$
Personnel services - Ministry of Health	16,039
Trade and other payables	29,209
	<u>45,248</u>

11. FEES IN ADVANCE

	2013
	\$
Current	
Registration fees in advance	179,862
	<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

	2013
	\$
Non-Current	
Make good	4,668
	<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:

	Make Good
	2013
	\$
Carrying amount at the beginning of year	-
Increase in provisions recognised due to re-allocation of opening balances as at 1 July 2012	7,216
Decrease in provisions recognised due to the decrease in the provision for make good due to changes in restoration costs and interest rates	(2,749)
Amount used	-
Unused amounts reversed	-
Unwinding/change in discount rate	201
	<u>4,668</u>
Carrying Amount at the End of Year	<u>4,668</u>

Chinese Medicine Council of New South Wales

Notes to the Financial Statements

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 2013, taking into account the updated discount rate and inflation rates that are required under TC 11/17 and an updated estimate of the cost per square metre to make good the leased areas.

The impact of the changes to the three inputs to the overall lease make good provision has been to reduce the required provision as at 30 June 2013.

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

13. COMMITMENTS FOR EXPENDITURE

a. Operating Lease Commitments

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

	2013 \$
Not later than one year	22,769
Later than one year and not later than five years	59,048
Total (including GST)	81,817

14. RELATED PARTY TRANSACTIONS

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

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

15. CONTINGENT LIABILITIES AND CONTINGENT ASSETS

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

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

	2013 \$
Net result	254,408
Depreciation and amortisation	5,850
Increase/(Decrease) in receivables	(5,599)
Increase/(Decrease) in fees in advance	179,862
Increase/(Decrease) in payables	45,248
Increase/(Decrease) in provisions	(1,220)
Net gain/(loss) on sale of plant and equipment	(9,729)
Net Cash used on Operating Activities	468,820

Chinese Medicine Council of New South Wales

Notes to the Financial Statements

17. FINANCIAL INSTRUMENTS

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

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

a. Financial Instrument Categories

Financial Assets	Note	Category	Carrying Amount 2013
Class			\$
Cash and Cash Equivalents	6	N/A	468,364
Receivables ¹	7	Loans and receivables (measured at amortised cost)	5,271
Financial Liabilities	Note	Category	Carrying Amount 2013
Class			\$
Payables ²	10	Financial liabilities (measured at amortised cost)	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.

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.

Chinese Medicine Council of New South Wales

Notes to the Financial Statements

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.

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 2013.

End of Audited Financial Statements

Appendix 1 - Legislative Changes

Health Practitioner Regulation National Law

During 2012/2013 the NSW Parliament passed two minor amendments to the *Health Practitioner Regulation National Law (NSW)* (the Law).

Amendments were made by the *Health Legislation Amendment Act 2013* and are:

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

Health Practitioner Regulation (New South Wales) Regulation 2010

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

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

Appendix 2 - GIPA Statistics 2012/2013

Government Information (Public Access) Act 2009

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

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

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

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

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

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

Appendix 2 - GIPA Statistics 2011/2012 (con'td)

Table C: Invalid applications

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

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

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

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

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

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

Appendix 2 - GIPA Statistics 2011/2012 (con'td)

Table F: Timeliness

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

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

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

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

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

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

Appendix 3 - Members of Chinese Medicine Tribunal 2012/2013

Chairperson

Mr Oscar Shub

Deputy Chairpersons

The Hon. Jennifer Boland AM

Ms Mary Brennan

Mr Peter Dwyer

Ms Julie Hughes

Mr Michael Joseph sc

Mr Mark Lynch

The Hon. Graham Mullane

Ms Joanne Muller

Mr Ian Newbrun

Mr Nicholas O'Neill

Ms Diane Robinson

Mr Robert Titterton

Glossary

Adjudication Body

The Council, a Panel, Tribunal or Court can be declared an adjudication body for the purposes of the Law

Cancellation

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

Closed Notification

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

Complainant

A person who makes a notification (complaint) to a health complaint entity:

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

Conciliation

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

Caution

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

Condition

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

Notification (Complaint)

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

Notifiable Conduct/Mandatory Reporting

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

Open Matter

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

Order

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

Professional Misconduct

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

Reprimand

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

Stage

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

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

Stream

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

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

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

Supervision

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

Suspension

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

Unsatisfactory Professional Conduct

Conduct which is:

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

Additional matters apply to medical practitioners and pharmacists.

Abbreviations

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

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