



PART 2

Reports from Health Professional Councils

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

Annual Report 2016-17



President's Message



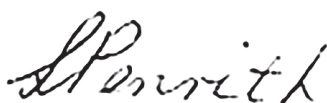
I am pleased to present the 2016/17 report for the Aboriginal and Torres Strait Islander Health Practice Council of New South Wales.

The Council has commenced its second term since it was first established in 2012. We have also welcomed our new legal member and Deputy President Rosemary MacDougal to the Council.

Aboriginal and Torres Strait Islander Health Practice is the fastest growing registered health profession in Australia. We thank the National Board for their work in promoting and regulating the profession to date.

The Council is still yet to manage a complaint about a NSW practitioner. However, both the public and practitioners should be assured that the Council is ready and able to manage any complaints that arise.

Finally I would like to thank all members of Council for their commitment to our profession and I look forward to what the next term will bring.



Lisa Penrith

President

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

Regulation of Aboriginal and Torres Strait Islander Health Practitioners in 2016/17

Summary overview



120

Registered Aboriginal and Torres Strait Islander Health Practitioners in NSW

13.2% more than the previous year
19.7% of ATSI Health Practitioners in Australia



Council Communications

The Aboriginal and Torres Strait Islander Health Practice Council website is the Council's primary communications tool to engage with Aboriginal and Torres Strait Islander health practitioners (ATSIHP) and the wider community. The Council's website is being redeveloped and updated and is expected to provide a modern, more interactive and user-friendly platform for the public, practitioners and other visitors.

The website redevelopment involved stakeholder and community consultation that included workshops, focus groups and user testing. The new website will include easy access to the Council's new online complaint form, with detailed information about the complaint process and will make it easier for visitors to access information about the Council, including policies and publications.

The new website is expected to be launched in August 2017.

Council Members

Four members sit on the Aboriginal and Torres Strait Islander Health Practice Council as prescribed by section 41E of the National Law.

Registered Aboriginal and Torres Strait Islander health practitioner members:

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

Legal member:

- Ms Rosemary MacDougal Dip Law (LPAB)

Ms Lisa Penrith is appointed by the Governor as President of the Aboriginal and Torres Strait Islander Health Practice Council Council.

Ms Rosemary MacDougal is appointed by the Governor as Deputy President of the Aboriginal and Torres Strait Islander Health Practice Council.

Executive Officer

Ms Sarah Carroll is the Executive Officer for the Aboriginal and Torres Strait Islander Health Practice Council. The Executive Officer has 1.5 staff members who work directly with the Council.

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

Council Meeting Attendance

The Aboriginal and Torres Strait Islander Health Practice Council met once during the year.

Member attendance at Council meetings, eligibility to attend and length of office

Member	Meetings Attended	Meetings Eligible to Attend	Length of Office*
Ms Lisa Penrith – President	1	1	4 September 2013 – 30 June 2019
Ms Rosemary MacDougal – Deputy President	1	1	10 August 2016 – 30 June 2019
Ms Renee Owen	1	1	4 September 2013 – 30 June 2019
Mr Peter Pangquee	0	1	4 September 2013 – 30 June 2019

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

Regulatory Committees and Panels

Part 8 of the National Law prescribes the committees and panels that support the Council in undertaking its regulatory activities.

Regulatory committees and panels include:

- Assessment Committee
- Impaired Registrants Panel
- Performance Review Panel

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

Council Committees

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

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

Meetings and Events

The Aboriginal and Torres Strait Islander Health Practice Council was represented at the following meetings and events during the year.

Aboriginal and Torres Strait Islander Health Practice Council representation at meetings and events

Name of Meeting / Event	Attended By	Attendee Role
Annual National Registration and Accreditation Scheme conference – Melbourne	Ms Sarah Carroll (HPCA)	Participant
Meeting with the Aboriginal and Torres Strait Islander Health Practice Board of Australia	Ms Lisa Penrith	Participant
	Ms Renee Owen	Participant
	Ms Sarah Carroll (HPCA)	Participant

Overseas Travel

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

Remuneration

Council members received the following remuneration.

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

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

Financial Management

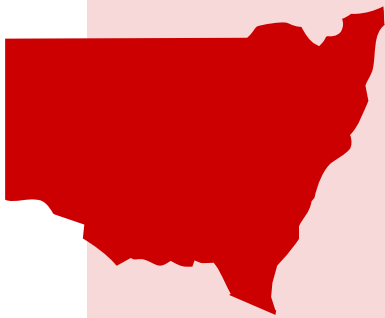
The Aboriginal and Torres Straight Islander Health Practice Council's accounts performance was reported in the Financial Statement as follows.

Accounts Performance 2016/17	\$
Revenue	28,810
Operating expenditure	25,764
Gain / (loss) on disposal	-
Net result	3,046
Net cash reserves (cash and cash equivalents minus current liabilities)	31,599

The Aboriginal and Torres Straight Islander Health Practice Council's budget for the period 1 July 2017 to 30 June 2018 is as follows.

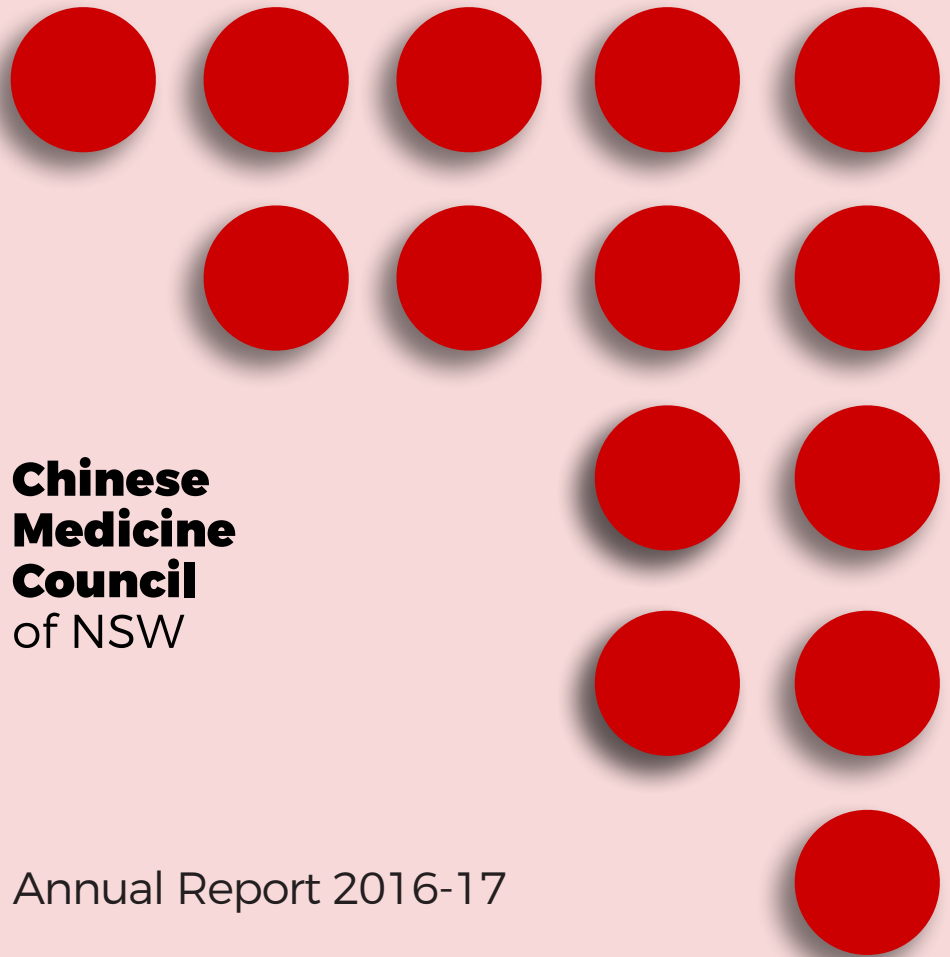
Budget 2017/18	\$
Revenue	5,428
Operating expenditure	11,597
Net result	-6,169

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



**Chinese
Medicine
Council**
of NSW

Annual Report 2016-17



President's Message



**Chinese
Medicine
Council**
of NSW

I am pleased to submit the Annual Report for the Chinese Medicine Council of New South Wales (Council) for 1 July 2016 to 30 June 2017.

The number of complaints about Chinese medicine practitioners in New South Wales remained fairly consistent with last year's figures. A summary of the cases managed by the Council during 2016-17 is included in this Annual Report.

The Council takes a proactive approach to public safety. Following a complaint relating to accidental traumatic pneumothorax following acupuncture, the Council developed a digital educational package for practitioners. The material outlined patient risk factors, the clinical features of a pneumothorax as well as the management of traumatic pneumothorax including first aid.

The Council also received the draft report arising from a research study that the Council had commissioned to research the perceptions and beliefs that NSW Chinese medicine practitioners hold regarding professional regulation and the role of the Council in the National Registration and Accreditation Scheme. The Council will use the information captured by this research in the coming year as the basis for developing educational material for NSW registered Chinese medicine practitioners.

Council members were also active in promoting the Council's activities and raising its profile at several professional conferences and educational events during the year.

The Council has continued to manage its budget effectively, which will result in another slight decrease in the annual registration fees for NSW Chinese medicine practitioners in 2018.

The Council looks forward to improving its public and professional profile and working with its co-regulatory partner, the Health Care Complaints Commission, as well as with the National Board and the Australian Health Practitioner Regulation Agency.

My role as President of the Council has been aided immeasurably by the assistance I have received from my fellow Council members, the executive and corporate services provided by the Health Professional Councils Authority (HPCA) and by the Council's Executive Officer and Assistant Executive Officer.

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

Associate Professor Christopher Zaslowski

President

Chinese Medicine Council of New South Wales

Regulation of Chinese Medicine Practitioners in 2016/17

Summary overview



25

New complaints received during the year related to

- Conduct – 16
 - Performance – 9
 - Health – 0
- 1 complaint was a mandatory notification



1,984

Registered Chinese Medicine Practitioners in NSW

- 1.6% more than the previous year
- 40.8% of Chinese Medicine Practitioners in Australia
- 1.2% of Chinese Medicine practitioners in NSW had complaints made about them – 23 practitioners



44

Complaints managed

- 19 open at start of year
- 25 received during the year
- 1 immediate action matter
- 11 assessments and hearings concluded
- 31 closed during the year
- 13 open at year end
- 2 active monitoring at year end



32

Outcomes for closed complaints*

- 14 no further action
- 6 discontinued
- 4 counselling
- 3 conditions on registration
- 3 referred to another body
- 2 caution or reprimand

* A complaint may have more than one outcome

Council Communications

The Chinese Medicine Council website is the Council's primary communications tool to engage with Chinese medicine practitioners and the wider community. The Council's website is being redeveloped and updated and is expected to provide a modern, more interactive and user-friendly platform for the public, practitioners and other visitors.

The website redevelopment involved stakeholder and community consultation that included workshops, focus groups and user testing. The new website will include easy access to the Council's new online complaint form, with detailed information about the complaint process and will make it easier for visitors to access information about the Council, including policies and publications.

The new website is expected to be launched in August 2017.

Council Members

Four members sit on the Chinese Medicine Council as prescribed by section 41E of the National Law.

Registered Chinese medicine practitioner members:

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

Legal member:

- Mrs Michelle Dillon LLB, SFE

Community member

- Mr Stephen Woods BEc, FIAA, GradDipFP, JP

Associate Professor Christopher Zaslowski is appointed by the Governor as President of the Chinese Medicine Council.

Ms Christine Berle is appointed by the Governor as Deputy President of the Chinese Medicine Council.

Executive Officer

Mr Michael Jaques is the Executive Officer for the Chinese Medicine Council and Mr Anthony Tobin is the Assistant Executive Officer.

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

Council Meeting Attendance

The Chinese Medicine Council met 11 times during the year.

Member attendance at Council meetings, eligibility to attend and length of office

Member	Meetings Attended	Meetings Eligible to Attend	Length of Office*
Assoc Prof Christopher Zaslowski – President	10	11	1 July 2012 - 30 June 2018
Ms Christine Berle – Deputy President	11	11	1 July 2012 - 30 June 2018
Prof Danforn Lim	10	11	1 July 2012 - 30 June 2018
Mr Richard Li	11	11	1 July 2012 - 30 June 2018
Mr Stephen Woods	11	11	1 July 2015 - 30 June 2018
Mrs Michelle Dillon	7	11	29 June 2016 - 30 June 2018

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

Regulatory Committees and Panels

Part 8 of the National Law prescribes the committees and panels that support the Council in undertaking its regulatory activities.

Regulatory committees and panels include:

- Assessment Committee
- Impaired Registrants Panel
- Performance Review Panel

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

Council Committees

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

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

Meetings and Events

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

Chinese Medicine Council representation at meetings and events

Name of Meeting / Event	Attended By	Attendee Role
CMBA Briefing on safe Chinese herbal medicine practice	Assoc Prof Christopher Zaslowski	Participant
	Ms Christine Berle	Participant
	Mr Richard Li	Participant
NRAS Conference	Assoc Prof Christopher Zaslowski	Participant
Meeting with Chinese Medicine Board of Australia	Assoc Prof Christopher Zaslowski	Participant
Forum on Review of NRAS Accreditation Systems - Sydney	Assoc Prof Christopher Zaslowski	Participant
	Ms Christine Berle	Participant
Presentation to CMBA – Regulation in NSW	Ms Christine Berle	Presenter
CMASA Da-Yi-Jiang-Tan NSW Seminar	Prof Danforn Lim	Presenter

Overseas Travel

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

Other Council Activities

Complaints about two Chinese medicine practices in NSW led the Chinese Medicine Council to assess the practitioners for compliance against relevant standards and guidelines. Deviations from the standards were identified including:

- inadequate clinical records
- inadequate infection control procedures
- poor sanitation
- poorly labelled Chinese herbs.

The Chinese Medicine Council took action and engaged authorised persons to assist with monitoring including conducting infection control inspections and audits of clinical records.

Remuneration

Council members received the following remuneration.

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

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

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

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

Education and Research Account

The Chinese Medicine Council maintains an Education and Research account to fund activities that assist better understanding of conduct, performance and health issues amongst practitioners and students and management of these issues.

The Council continued to fund its commissioned research project being undertaken by the Australian Research Centre in Complementary and Integrative Medicine (ARCCIM), at the University of Technology Sydney. The Council expended a total of \$9,091 in payments from the Education and Research account this year in accordance with agreed milestones.

Financial Management

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

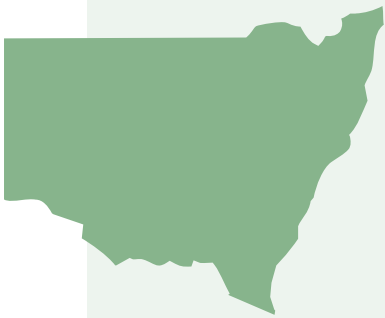
Accounts Performance 2016/17	\$
Revenue	509,463
Operating expenditure	176,459
Gain / (loss) on disposal	-
Net result	333,004
Net cash reserves* (cash and cash equivalents minus current liabilities)	1,690,694

* Included in the cash reserves is an Education and Research bank account balance of \$27,159.

The Chinese Medicine Council's budget for the period 1 July 2017 to 30 June 2018 is as follows.

Budget 2017/18	\$
Revenue	507,631
Operating expenditure	275,735
Net result	231,896

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

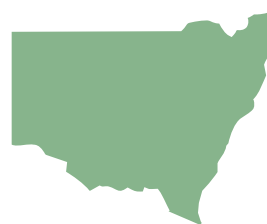


**Chiropractic
Council**
of NSW

Annual Report 2016-17



Deputy President's Message



**Chiropractic
Council**
of NSW

I am pleased to present the Chiropractic Council of New South Wales annual report for 2016/17.

Since the Council's inception in July 2010 complaints against NSW chiropractors have more than doubled in volume. More than a quarter of the complaints managed by the Council in the last year arose from audits of registration declarations by the Australian Health Practitioner Regulation Agency. Most of these matters related to chiropractors falsely declaring to AHPRA they had completed the required amount of continuing professional development activities. All NSW chiropractors are urged to review the Chiropractic Board of Australia registration standards and ensure that they comply with their requirements.

The Council is still managing a large proportion of complaints related to misleading or inappropriate material published on a chiropractor's website or on social media. The Council welcomes AHPRA's new Advertising Compliance and Enforcement Strategy and I recommend that all chiropractors ensure that their advertising and public profiles comply with the expectations of the National Board and AHPRA.

This year we said goodbye to our President, Dr Anthony Richards, who retired from the Council as President after nearly five years of service. Anthony is an exemplary leader who approached the work of the Council with professionalism and diligence. We owe him a great deal of gratitude and wish him all the very best.

We also welcomed our new legal member, Pamela Soon, to the Council. Pamela brings a wealth of legal expertise to the Council and we are very fortunate to have her working with us. Dr Peter Cowie is our other Council member who also adds immeasurably to our collective knowledge and many years of experience.

I thank my fellow Council members for their commitment and carefully considered contributions throughout the reporting year. Finally, I must thank the staff of the Health Professional Councils Authority for their hard work during a very busy year for the Council.

May I also take this opportunity to thank Sarah Carroll, our Executive Officer for her sage advice, wise counsel and extreme dedication that ensured that our Council operated so smoothly and in such an efficient manner this past year.

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

Dr Lawrence Whitman

Deputy President
Chiropractic Council of New South Wales

Regulation of
Chiropractors
in 2016/17

Summary overview



68

**New complaints
received during the
year related to**

Conduct – 49
Performance – 14
Health – 5
4 complaints were mandatory
notifications



1,771

**Registered
Chiropractors
in NSW**

2% more than the previous year
33.5% of Chiropractors in Australia
3.6% of Chiropractors in NSW had
complaints made about them –
63 practitioners



95

Complaints managed

27 open at start of year
68 received during the year
6 immediate actions including reviews
13 assessments and hearings concluded
64 closed during the year
31 open at year end
9 active monitoring at year end



65

Outcomes for closed complaints*

31 no further action
15 no jurisdiction or referred
8 discontinued
6 counselling
2 conditions on registration
1 registration cancelled
1 caution or reprimand
1 withdrawn

* A complaint may have more
than one outcome

Council Communications

The Chiropractic Council website is the Council's primary communications tool to engage with chiropractors and the wider community. The Council's website is being redeveloped and updated and is expected to provide a modern, more interactive and user-friendly platform for the public, practitioners and other visitors.

The website redevelopment involved stakeholder and community consultation that included workshops, focus groups and user testing. The new website will include easy access to the Council's new online complaint form, with detailed information about the complaint process and will make it easier for visitors to access information about the Council, including policies and publications.

The new website is expected to be launched in August 2017.

The Council published its first Newsletter in March 2017 to highlight professional practice issues that may arise in chiropractic practice. The Council also promoted a Chiropractors' Association of Australia NSW course – 'Claims, Communication and Complaints: What's the connection?' and provided partial funding for the event.

Council Members

Four members sit on the Chiropractic Council as prescribed by section 41E of the National Law.

Registered chiropractic practitioner members:

- Dr Anthony Richards BAppSc (Chiro)
- Dr Lawrence Whitman BSc DC Chiro
- Dr Peter Cowie BAppSc (Chiro) FICC FACC

Legal member:

- Ms Pamela Soon BCom LLB LLM EMPA

Dr Anthony Richards was appointed by the Governor as President of the Chiropractic Council until his retirement from the Council in April 2017.

Dr Lawrence Whitman is appointed by the Governor as Deputy President of the Chiropractic Council.

Executive Officer

Ms Sarah Carroll is the Executive Officer for the Chiropractic Council. The Executive Officer has 1.5 staff members who work directly with the Council.

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

Council Meeting Attendance

The Chiropractic Council met nine times during the year.

Member attendance at Council meetings, eligibility to attend and length of office

Member	Meetings Attended	Meetings Eligible to Attend	Length of Office*
Dr Anthony Richards [^] - President	8	8	1 July 2012 - 13 April 2017
Dr Lawrence Whitman - Deputy President	7	9	6 March 2013 - 30 June 2018
Dr Peter Cowie	8	9	1 July 2015 - 30 June 2018
Ms Pamela Soon	5	5	16 November 2016 - 30 June 2018

[^] Resigned April 2017

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

Regulatory Committees and Panels

Part 8 of the National Law prescribes the committees and panels that support the Council in undertaking its regulatory activities.

Regulatory committees and panels include:

- Assessment Committee
- Impaired Registrants Panel
- Performance Review Panel

The Chiropractic Council appointed one Impaired Registrants Panel during the year.

Impaired Registrants Panel

The Impaired Registrants Panel (IRP) deals with matters where a registered health practitioner has a physical or mental impairment that affects, or is likely to affect their capacity to practise safely.

An IRP consists of two or three people who may or may not be Council members. At least one member must be registered in the same profession as the practitioner who is subject of the complaint and at least one panel member must be a medical practitioner. Panel members are selected from a pool of people who have undergone probity checks and are experienced in working with practitioners who have health problems.

Chiropractic Council Panels

Impaired registrants Panel

Non Council Members

Dr Karen Arnold (Medical practitioner)

Dr Geoff Wynn (Chiropractor)

Council Committees

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

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

Meetings and Events

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

Chiropractic Council representation at meetings and events

Name of Meeting / Event	Attended By	Attendee Role
Chiropractic Board of Australia / Council on Chiropractic Education Australasia meeting - Melbourne	Dr Anthony Richards Dr Lawrence Whitman	Participant Participant
Chiropractic Board of Australia Advertising Forum - Melbourne	Dr Anthony Richards Ms Sarah Carroll (HPCA)	Participant Participant
NRAS conference - Melbourne	Dr Anthony Richards Ms Sarah Carroll (HPCA)	Participant Participant
Meeting with the Chair and Executive Officer of the Chiropractic Board of Australia	Dr Lawrence Whitman Dr Peter Cowie Ms Pamela Soon Ms Sarah Carroll (HPCA)	Participant Participant Participant Participant
Chiropractors' Association of Australia NSW Workshop 'Claims, Communication and Complaints: What's the connection?'	Dr Lawrence Whitman Dr Peter Cowie	Participant Participant

Overseas Travel

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

Remuneration

Council members received the following remuneration.

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

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

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

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

Education and Research Account

The Chiropractic Council maintains an Education and Research account to fund activities that assist better understanding of conduct, performance and health issues amongst practitioners and students and management of these issues.

There was no expenditure from the Education and Research account this year. However the Council agreed to support a Chiropractors' Association of Australia NSW course 'Claims, Communication and Complaints: What's the connection?' held on 25 June 2017 with a grant of \$3,000 to be paid in 2017/18.

Financial Management

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

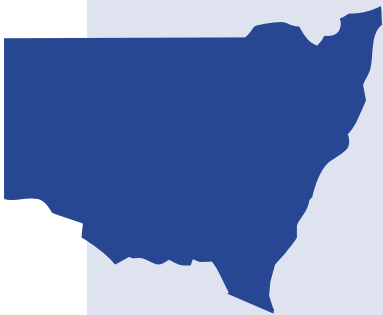
Accounts Performance 2016/17	\$
Revenue	218,013
Operating expenditure	245,463
Gain / (loss) on disposal	-
Net result	-27,450
Net cash reserves* (cash and cash equivalents minus current liabilities)	754,751

* Included in the cash reserves is an Education and Research bank account balance of \$24,035.

The Chiropractic Council's budget for the period 1 July 2017 to 30 June 2018 is as follows.

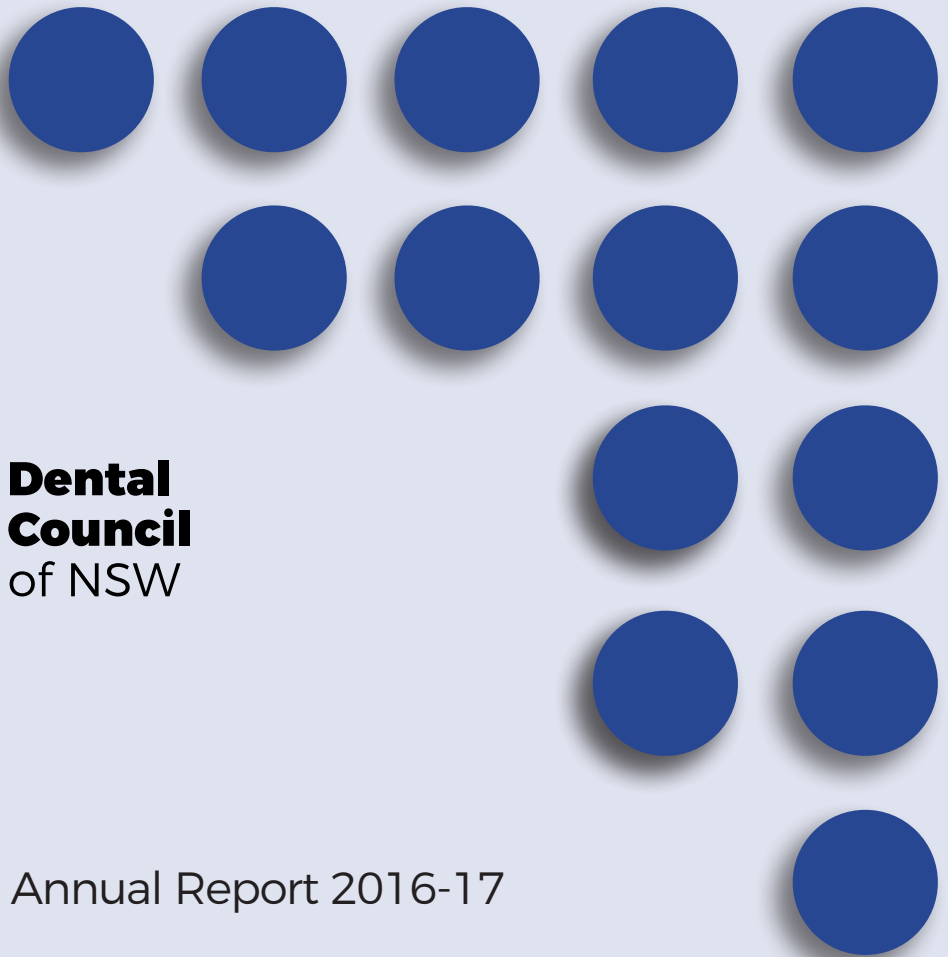
Budget 2017/18	\$
Revenue	327,167
Operating expenditure	400,317
Net result	-73,150

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



**Dental
Council**
of NSW

Annual Report 2016-17



President's Message



I am pleased to submit the 2017 Annual Report for the Dental Council of New South Wales (Council). The Council continues to strive to protect the public by ensuring safe practice and compliance with standards and guidelines amongst the dental profession in NSW.

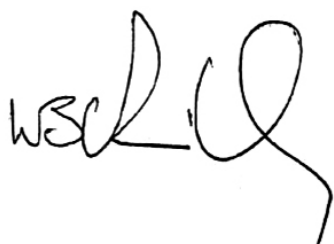
In response to an emerging number of infection control breaches during the previous year, the Council commenced an audit in early 2016 to assess compliance with the required infection and prevention control standards by NSW dental practitioners. We are pleased that the audit revealed a high level of compliance providing the Council, the profession, stakeholders and the public with a general assurance of low risk to public health.

In order to continue to efficiently manage the increasing volume and complexity of its regulatory activities, the Council decided, in the previous reporting year, to impose a levy on the complaints component of the registration fee for NSW dental practitioners for 2016/17. The additional income ensures the Council is sufficiently resourced to regulate dental practitioners in NSW. Effective regulation ensures the protection of public health and safety, and confidence and trust in the profession.

The Council has recently dealt with a small number of cases where dental professionals have demonstrated unacceptable behaviour towards staff or colleagues, including to Council staff. This will not be tolerated. Practitioners are reminded of their obligations as health professionals to ensure compliance with relevant standards, codes, guidelines and declarations of the Dental Board of Australia (DBA) and Australian Health Practitioner Regulation Agency (AHPRA) in order to practise in a professional and ethical manner.

The Council and the Health Care Complaints Commission (HCCC) continue to work very effectively in a co-regulatory environment. The Dental Board of Australia, the New Zealand Dental Council, dental professional associations and higher education institutions have also been engaged with during the year to promote continuing education and good practice in the dental profession. All these agencies are recognised and thanked for the continuous commitment and work they undertake.

Lastly, the Council would like to acknowledge the assistance provided by the dedicated staff of the Health Professional Councils Authority (HPCA). On behalf of the whole Council, I would like to thank our Executive Officer, Ms Farina Bains and her staff for their ongoing commitment to providing Council support services to a high standard. I would also like to acknowledge the dedication, industry and endeavour of my fellow Council members in the discharge of their duties.



Conjoint Associate Professor William O'Reilly AM

President

Dental Council of New South Wales

Regulation of
Dental Practitioners
in 2016/17

Summary overview



403

**New complaints
received during the
year related to**

Conduct - 84
Performance - 308
Health - 11
8 complaints were mandatory
notifications



6,765

**Registered Dental
Practitioners
in NSW**

2.8% more than the previous year
30.2% of Dental Practitioners in Australia
4.9% of Dental Practitioners in NSW had
complaints made about them -
334 practitioners



692

Complaints managed

289 open at start of year
403 received during the year
28 immediate actions including reviews
114 assessments and hearings concluded
388 closed during the year
304 open at year end
60 active monitoring at year end



408

Outcomes for closed complaints*

169 discontinued
147 no further action
23 conditions on registration
21 counselling
14 caution or reprimand
12 no jurisdiction or referred
8 orders but no conditions
8 withdrawn
5 registration surrendered
1 registration cancelled

* A complaint may have more
than one outcome

Achievements

Infection Control Audit

During the previous reporting year, infection control in dentistry emerged as an issue with a large number of complaints dealt with by the Council. Twenty-three dental practitioners were either suspended or had conditions imposed on their registration as these practitioners posed a significant risk to the public through their lack of knowledge and adherence with required infection and prevention control standards in Australia.

As a result, wide consultation occurred with a range of stakeholders to identify underlying issues and work towards preventative strategies. One such strategy was the initiation of an audit in 2016 of infection control compliance by NSW dental practitioners in order to better understand the scope of a potential public health risk and possible extent of non-compliance in the state. The audit ran throughout the year with the results indicating a high degree of compliance.

The Council continues to assess compliance through the current targeted approach to inspections based on a complaint having been received.

Council Communications

The Dental Council website is the Council's primary communications tool to engage with dental practitioners and the wider community. The Council's website is being redeveloped and updated and is expected to provide a modern, more interactive and user-friendly platform for the public, practitioners and other visitors.

The website redevelopment involved stakeholder and community consultation that included workshops, focus groups and user testing. The new website will include easy access to the Council's new online complaint form, with detailed information about the complaint process and will make it easier for visitors to access information about the Council, including policies and publications.

The new website is expected to be launched in August 2017.

The Dental Council also distributes electronic newsletters to dental practitioners with a principal place of practice in NSW.

Council Members

Twelve members sit on the Dental Council as prescribed by section 41E of the National Law.

Registered dental practitioner members:

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

Legal member:

- Ms Rosemary MacDougal Dip Law (LPAB)

Community members:

- Mr Michael Miceli LL.M
- Mr David Owen MBA, BSc.

Conjoint Associate Professor William O'Reilly AM is appointed by the Governor as President of the Dental Council.

Dr Penny Burns is appointed by the Governor as Deputy President of the Dental Council.

Executive Officer

Ms Farina Bains is the Executive Officer for the Dental Council. The Executive Officer leads a team of seven who work directly with the Council. In addition, the Council is supported by three part-time Professional Officers who are registered dental practitioners and provide clinical expertise.

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

Council Meeting Attendance

The Dental Council met 11 times during the year.

Member attendance at Council meetings, eligibility to attend and length of office

Member	Meetings Attended	Meetings Eligible to Attend	Length of Office*
Conjoint Associate Professor William O'Reilly AM – President	10	11	1 July 2012 - 30 June 2018
Dr Penny Burns – Deputy President	11	11	1 July 2012 - 30 June 2018
Dr Christine Biscoe	11	11	1 July 2015 - 30 June 2018
Dr Anthony Burges	11	11	1 July 2012 - 31 December 2017
Conjoint Associate Professor Frederic Shane Fryer	10	11	1 May 2014 - 30 June 2019
Dr Kavita Lobo	11	11	1 July 2015 - 30 June 2018
Ms Rosemary MacDougal	9	11	17 July 2013 - 30 June 2019
Mr Stephen McGlynn	6	11	1 July 2012 - 30 June 2018
Mr Michael Miceli	11	11	1 July 2012 - 31 December 2017
Mr David Owen	9	11	1 July 2012 - 31 December 2017
Dr John Pearman	7	11	1 July 2015 - 31 December 2017
Dr Janet Wallace	7	11	1 July 2012 - 31 December 2017

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

Regulatory Committees and Panels

Part 8 of the National Law prescribes the committees and panels that support the Council in undertaking its regulatory activities.

Regulatory committees and panels include:

- Assessment Committee
- Impaired Registrants Panel
- Performance Review Panel

The Dental Council appointed one regulatory Assessment Committee and one Impaired Registrants Panel during the year.

Assessment Committee

Council may refer matters to an Assessment Committee, but not complaints that are:

- Being investigated by the HCCC
- Referred to a Tribunal
- Related to a criminal offence or conviction
- Involve a practitioner who is not of good character

The Assessment Committee may obtain medical, legal, financial or other advice it thinks necessary to fulfil its function. The Assessment Committee may settle a complaint by consent of the parties. Otherwise recommendations are made to the Council on appropriate management of the complaint, for instance through Council Inquiry, counselling or dismissal of the complaint.

An Assessment Committee consists of four members who must not be Council members. Three members must be health practitioners registered in the same profession as the practitioner who is subject of the complaint and one must not be a health practitioner. Assessment Committee members are required to undergo probity checks.

Impaired Registrants Panel

The Impaired Registrants Panel (IRP) deals with matters where a registered health practitioner has a physical or mental impairment that affects, or is likely to affect their capacity to practise safely.

An IRP consists of two or three people who may or may not be Council members. At least one member must be registered in the same profession as the practitioner who is subject of the complaint and at least one panel member must be a medical practitioner. Panel members are selected from a pool of people who have undergone probity checks and are experienced in working with practitioners who have health problems.

Part 2: Reports from Health Professional Councils

Dental Council Regulatory Committees and Panels

Assessment Committee	Impaired Registrants Panel
Chair Dr Mark Sinclair	Chair Nil
Council Members Nil	Council Members Nil
Non Council Members Dr Martin Fine Dr David Wheatley Mrs Frances Taylor Dr Megan Phillips Ms Kay Franks Mr Martin Dunn	Non Council Members Dr Angie Marie Lang, Dental Practitioner Dr Beth Kotze, Medical Practitioner

Council Committees

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

The Dental Council appointed two committees during the year.

Complaints and Notifications Committee

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

Health Committee

The Health Committee acts under Council delegation to make decisions on the management of dental practitioners who are considered to be impaired and have been referred to the Council's health pathway. The committee does not meet face-to-face but consults outside scheduled Council meeting days.

Dental Council Committees and Membership

Complaints and Notifications Committee	Health Committee
Chair Dr Anthony Burges	Chair Conjoint Associate Professor William O'Reilly
Council Members Dr Penny Burns Dr John Pearman Mr Stephen McGlynn Mr David Owen Dr Kavita Lobo	Council Members Dr Penny Burns Mr Michael Miceli Dr Janet Wallace

Meetings and Events

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

Dental Council representation at meetings and events

Name of Meeting / Event	Attended By	Attendee Role
Dental Hygienists Association of Australia seminar presentation – Sydney 9 July 2016	Dr Janet Wallace	Presenter
Central Coast Local Health District presentation – 19 July 2016	Dr Janet Wallace	Presenter
University of Newcastle presentation to final year Bachelor Oral Health students – 25 July 2016	Dr Janet Wallace	Presenter
NRAS conference – Melbourne 26 August 2016	Conjoint Associate Professor William O'Reilly	Participant
	Ms Farina Bains (HPCA)	Participant
Dental Board of Australia monthly meeting presentation – Melbourne 26 August 2016	Ms Farina Bains (HPCA)	Presenter
University of Sydney graduate event hosted by Australian Dental Association NSW presentation – 5 October 2016	Conjoint Associate Professor William O'Reilly	Participant
	Ms Farina Bains (HPCA)	Presenter
	Ms Rebecca Greenwood (HPCA)	Participant
Australian Dental Association Federal Executive meeting presentation – 22 September 2016	Conjoint Associate Professor William O'Reilly	Presenter
	Ms Rebecca Greenwood (HPCA)	Presenter
Nepean Dental Study discussion on registration fee levy with peers – 11 October 2016	Conjoint Associate Professor Shane Fryer	Participant
Australian Dental Association NSW convention – Bathurst 17-19 November 2016	Dr Penny Burns	Participant
Australian Research Council (ARC) Linkage Project Research presentation – 25 January 2017	Conjoint Associate Shane Fryer	Participant
	Ms Farina Bains (HPCA)	Participant

Part 2: Reports from Health Professional Councils

Dental Council representation at meetings and events continued

Name of Meeting / Event	Attended By	Attendee Role
Joint meeting of Dental Board of Australia discussion on current priorities and developments – 30 April 2017	Conjoint Associate Professor William O'Reilly Dr Kavita Lobo Mr Michael Miceli Ms Rosemary MacDougal Mr David Owen Dr Christine Biscoe Dr John Pearman Ms Farina Bains (HPCA) Ms Rebecca Greenwood (HPCA) Ms Yasemin Gursen (HPCA)	Participant Participant Participant Participant Participant Participant Participant Participant Participant
Health Regulators Forum discussion on the Dental Council's infection control report	Conjoint Associate Professor William O'Reilly - President	Participant
Poche Centre for Indigenous Health program four day event on provision of dentures to patients in the local Indigenous community – April 2017	Mr Stephen McGlynn	Participant
Dental Hygienists Association of Australia Seminar Hunter Valley presentation on scope of practice, professional responsibilities and the regulators – 13 May 2017	Dr Janet Wallace	Presenter
Meeting with Minister for Health, the Hon. Brad Hazzard, MP regarding key topical or emerging issues for Councils – 7 June 2017	Conjoint Associate Professor Shane Fryer	Council representative
Ministry of Health Health Regulators Forum discussion on contemporary issues facing dentistry – June 2017	Conjoint Associate Professor William O'Reilly	Participant

Overseas Travel

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

Remuneration

Council members received the following remuneration.

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

Council members also receive sitting fees of \$1,000 per day and \$500 per half day for conducting Council Inquiries, attending committee meetings and undertaking other regulatory activities if these are on a day other than the regular Council meeting.

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

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

Education and Research Account

The Dental Council maintains an Education and Research account to fund activities that assist better understanding of conduct, performance and health issues amongst practitioners and students and management of these issues.

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

Financial Management

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

Accounts Performance 2016/17	\$
Revenue	3,067,878
Operating expenditure	2,230,873
Gain / (loss) on disposal	-
Net result	837,005
Net cash reserves* (cash and cash equivalents minus current liabilities)	2,064,068

* Included in the cash reserves is an Education and Research bank account balance of \$446,055.

The Dental Council's budget for the period 1 July 2017 to 30 June 2018 is as follows.

Budget 2017/18	\$
Revenue	2,977,037
Operating expenditure	3,073,935
Net result	-96,898

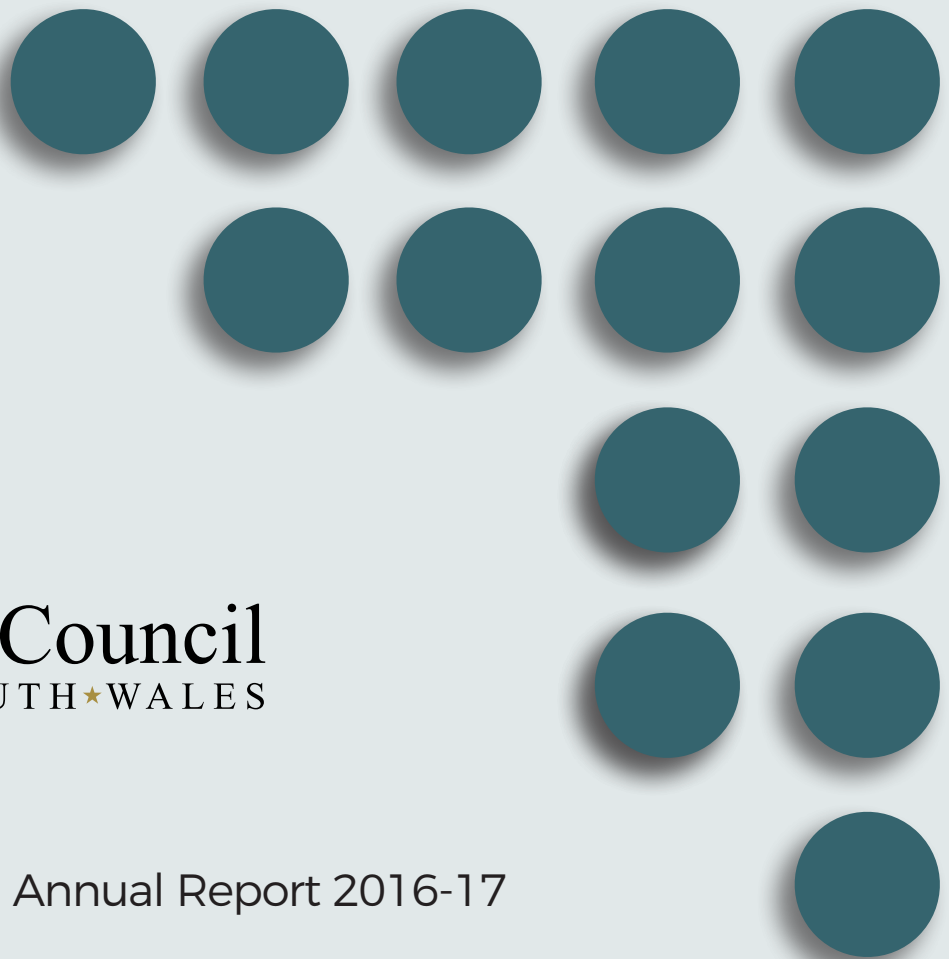
Full financial statements are presented in Part 3 of this report 'Financial Statements for NSW Health Professional Councils'.



Medical Council

OF ★ NEW ★ SOUTH ★ WALES

Annual Report 2016-17



President's Message



The financial year 2016/17 was a significant one with several transformative projects completed which will enhance the capacity of the Medical Council of New South Wales (Council) to carry out its regulatory responsibilities in ensuing years.

Importantly, the Council implemented an organisational restructure, with teams now clustered according to case management principles. The new structure better reflects the interplay between conduct, health and performance issues for practitioners involved in our programs. It is already delivering benefits, with staff working more efficiently and proactively in managing assessments and improved public facing and intake services.

In November 2016, the Council met with senior staff and developed a three-year strategic plan which focuses on improving our capacity to deliver quality decisions as a transparent regulator. Several projects linked to the Council's strategic focus on decision-making, including an innovative online learning program for hearing members, are now already underway.

Our workload continued to rise with 2,300 complaints received about 1,902 medical practitioners; a three percent increase on the previous year.

The majority of medical practitioners who come to the Council's attention do not require ongoing involvement. However, the matters we manage across our programs are increasingly complex and require considerable skills in assessment, decision-making, practitioner engagement and monitoring.

The Council also began a major piece of work on a new Drug and Alcohol Policy to be introduced next year. The Policy will lead to more consistent and robust monitoring of medical practitioners who experience problems with alcohol or other drugs.

Key aspects of the Council's work include its engagement with stakeholders to improve professional standards and its collaboration with regulators to identify trends and develop common evidence-based standards. In 2016, the Council initiated a partnership with all NSW medical schools to deliver curriculum-based education to medical students. The program aims to help future doctors avoid being the subject of complaints from patients. It also promotes the importance of managing their personal health and wellbeing.

The Council also worked with the Health Care Complaints Commission to develop practice monitor conditions in response to findings of the Independent Review of the Use of Chaperones. This review was commissioned by the Australian Health Practitioner Regulation Agency and the Medical Board of Australia. The partnership between the Council and the Commission means practice conditions imposed as a result of sexual assault complaints are dealt with sensitively whilst protecting public safety and are consistent with approaches adopted nationally.

I look forward to the coming year and seeing the results from our investment in improving our processes and decision-making. I thank the Council and hearing members for their tireless efforts in supporting high professional medical standards and protecting public safety. I particularly thank the Health Professional Councils Authority staff who have displayed commitment, skill and professionalism during a period of change and who have embraced the Council's commitment to continuous improvement.

A handwritten signature in black ink, appearing to read 'Greg Kesby'.

Dr Greg Kesby

President

Medical Council of New South Wales

Regulation of
Medical Practitioners
in 2016/17

Summary overview



2,300

**New complaints
received during the
year related to**

Conduct – 508
Performance – 1,689
Health – 103
70 complaints were mandatory
notifications



34,255

**Registered Medical
Practitioners
in NSW**

3% more than the previous year
30.8% of Medical Practitioners in Australia
5.6% of Medical Practitioners in NSW had
complaints made about them –
1,902 practitioners



3,280

Complaints managed

980 open at start of year
2,300 received during the year
114 immediate actions including reviews
366 assessments and hearings concluded
2,101 closed during the year
1,179 open at year end
340 active monitoring at year end



2,115

Outcomes for closed complaints*

1,328 discontinued	23 registration cancelled
489 no further action	21 registration surrendered
75 no jurisdiction or referred	18 resolution or conciliation
63 conditions on registration	17 caution or reprimand
55 withdrawn	11 counselling
	5 registration suspended
	5 orders but no conditions
	5 change to non-practising

* A complaint may have more
than one outcome

Achievements

Organisational review - Gladesville

The Medical Council completed an organisational restructure and redesign of job roles which has already resulted in improvements in customer service and efficiencies through improved case management and workflows.

Drug and alcohol screening procedure

We led a major cross-Council initiative to develop a new drug and alcohol screening procedure for impaired practitioners and students in response to the national drug and alcohol screening protocol by the Australian Health Practitioner Regulation Agency (AHPRA). New drug and alcohol policy and procedures will be implemented in 2017/18, which will lead to more cost effective and consistent screening processes across all NSW health professional councils.

Strategic planning

We developed a strategic plan in consultation with all Council members in late 2016 which identified quality decision-making as a priority over the next three years. This strategic focus will ensure our members have best practice tools, training and resources so they can make consistent evidence-based decisions when weighing up public risk and regulatory intervention. Six priority projects linked to the plan commenced during the year and include an online training module for hearing members, and a proactive ongoing education program for hearing members and other decision-makers.

Monitor conditions

The Council partnered with the Health Care Complaints Commission (HCCC) to develop practice monitor conditions in response to the Independent Review of the Use of Chaperones, which was commissioned by AHPRA and the Medical Board of Australia. This partnership with the HCCC means practice conditions which are imposed as a result of sexual assault complaints are dealt with sensitively and are consistent with approaches adopted federally.

New Initiatives

Quality improvement

The Medical Council is committed to implementing data and research initiatives to support high quality decision-making.

High quality data is essential to enable the Council to make good quality decisions. To promote the capture and maintenance of accurate data, the Council established a data quality program in 2017. The efforts made by the new Quality Team and many staff mean the Council now has more accurate and useful data to guide its regulatory activities.

To further support our Council and hearing members in high quality decision making, the Council initiated a formal Hearing Member Education Plan. The program consists of a blended learning approach to training Council and hearing members that includes the development of e-learning modules which will be available in 2018.

Research projects

This year the Council completed a research project evaluating the effectiveness of the Council's Health Program for practitioners impaired by alcohol or other drugs. A number of quality improvement recommendations have been implemented as an outcome of the research project and evaluation process. A committee is also working on two journal articles for publication to inform the wider academic and medico-legal community.

As well as implementing a formal research commission framework, the Council's Research Committee began developing several research projects to improve the Council's evidence base for regulatory action. A research project, currently in commission to be undertaken in the next reporting year, will examine public interest from the consumers' perspective.

Council Communications

The Medical Council website is the Council's primary communications tool to engage with medical practitioners and the wider community. The Council's website is being redeveloped and updated and is expected to provide a modern, more interactive and user-friendly platform for the public, practitioners and other visitors.

The website redevelopment involved stakeholder and community consultation including workshops, focus groups and user testing. The new website will include easy access to the Council's new online complaint form, with detailed information about the complaint process and will make it easier for visitors to access information about the Council, including policies and publications.

The new website is expected to be launched in August 2017.

In 2016 the Council initiated a new comprehensive education program for NSW medical students. The Council now delivers presentations to all medical students at every NSW university medical school at various stages of the students' curriculum. The presentations de-mystify the process of complaints and notifications, including the threshold for mandatory notification and health impairment. The program aims to assist future doctors avoid being the subject of complaints from patients and promotes the importance of managing their own health and wellbeing.

This initiative has strengthened the Council's relationship with NSW medical schools. The schools have expressed increasing interest in working with us more effectively to manage students with health problems. A NSW Medical Schools Deans Forum will be convened in 2017 to foster these relationships and work together to manage the challenges encountered when dealing with health and mandatory notification issues.

Our active liaison with the Australian Medical Association (AMA) has fostered relationships with other regulatory stakeholders through the AMA Doctors' Health and Wellbeing Forum. The Council also strengthened partnerships with the Doctors' Health Advisory Service and the Australian Salaried Medical Officers Federation (ASMOF).

The Council continues to work with the medical indemnity insurers, with regular meetings with representatives, as well as ongoing collaboration on matters of mutual interest, such as strategies to reduce unnecessary distress experienced by participants in the Council's programs.

Similarly, the Council maintains strong links with the Medical Benevolence Association of NSW, an organisation which provides a confidential support service for doctors and their families and others in NSW.

Programs

Health

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

During the year, 131 medical practitioners and medical students participated in the Health Program, a 5% increase on the previous year. Sixty-nine complaints were referred to 62 Impaired Registrants Panels, with 59 matters concluded by year end.

Performance

Where a medical practitioner has been the subject of a complaint about professional performance, the Council acts to support the primary objective of public safety.

The Medical Council uses Performance Interviews, Performance Assessments and Performance Review Panels to determine whether a practitioner's professional performance is of a standard which could reasonably be expected of a practitioner of an equivalent level of training or experience. Where inadequacies are identified, the Performance Program focuses on education and retraining to address unsatisfactory patterns of practice. This is typically achieved by imposing conditions on registration such as a requirement to undertake training courses but may also include a requirement for supervision of the practitioner by another practitioner approved by the Council. These conditions are monitored by the Medical Council for compliance.

During the year, 210 complaints were referred to the Performance Program, a 3% increase on the previous year. In dealing with these complaints the following actions were completed:

- 74 performance interviews
- 23 performance assessments (excluding re-assessments)
- 22 Performance Review Panels.

Conduct

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

More information about disciplinary procedures and hearings is available at www.mcnsw.org.au.

A number of disciplinary proceedings were conducted during 2016/17.

PSC matters included:

- 11 matters open at the beginning of the year
- 15 new referrals during the year
- 15 matters closed by the end of the year
- 11 matters open at the end of the year.

NCAT complaint matters included:

- 25 matters open at the beginning of the year
- 24 new referrals during the year
- 25 matters closed by the end of the year
- 24 matters open at the end of the year.

Monitoring

The Medical Council's Monitoring Program is responsible for monitoring compliance with orders and conditions imposed on a medical practitioner's registration, following a Health, Performance, or Conduct outcome. It also includes monitoring of conditions imposed as a result of the Council's urgent action proceedings.

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

- Limitations on a medical practitioner's practice. Examples include restricting the type of procedure(s) a medical practitioner may perform or limiting the number of patient consultations per day.
- Conditions aimed at remediating the medical practitioner. Examples include requiring a practitioner to undertake specific courses or participate in supervision, and/or requiring a practitioner to attend for treatment in order to manage their health and allow them to continue to practise. This may include regular review by the Council appointed practitioners or participating in alcohol or drug testing.

During the year, 83 practitioners successfully exited the Program.

At 30 June 2017, the Medical Council was monitoring 340 practitioners, a slight increase of 6% on the previous reporting year. A practitioner may be subject to more than one condition. Conditions are included on the National Register of Health Practitioners.

Case Studies



DR G: COMPLAINT LEADS TO IMPROVED PERFORMANCE AND END TO PROFESSIONAL ISOLATION

In 2013 a complaint was referred to the Medical Council in relation to Dr G, a 45-year-old solo GP. The complaint related to Dr G's misdiagnosis of a 15-year-old boy who was suffering from a twisted testis. To get more information about Dr G and this complaint, the Performance Committee asked Dr G to attend a Performance Interview. Having discussed with Dr G his practice and the circumstances of the complaint, the interviewers were concerned that Dr G may not have adequately assessed the boy and was undertaking very little general practice continuing education. The committee was concerned that, as a solo practitioner, Dr G was professionally isolated. It recommended he undergo a Performance Assessment.

The Performance Assessors spent a day watching Dr G in practice and reviewing his patient records. They were concerned that Dr G's basic clinical skills and medical records were not at the level expected of a doctor of his level of training and experience. They recommended he undertake a number of education courses through the Royal Australian College of General Practitioners. They also recommended he attend a Performance Review Panel.

When Dr G attended his Performance Review Panel, it was clear that he had seriously reconsidered his approach to practice and education. He had undertaken a number of courses related to clinical skills and was enjoying using his rediscovered clinical skills. Working with his medical indemnity insurer he had improved his medical record keeping. He was in final discussions about joining a neighbouring group general practice and was looking forward to the prospect of again working in a team.

Having considered Dr G's response to the Performance Assessment and the changes he was making, the Performance Review Panel decided Dr G could leave the Performance Program.



DR X: A SECOND CHANCE TO OVERCOME ADDICTION

Dr X is a 55-year-old surgeon who was originally notified to the Council when he self-reported a charge of driving under the influence of alcohol. He was assessed by a Council-appointed practitioner where a history of intermittent but hazardous consumption of alcohol was noted. An Impaired Registrants Panel was convened and Dr X joined the Health Program. Conditions were agreed to, including that he abstain from alcohol and attend for regular alcohol screening tests. He remained compliant with his conditions and exited the program three years after the notification.

Two years later, Dr X was notified to the Council after an involuntary admission under the NSW Mental Health Act relating to alcohol dependence and depression. An urgent hearing was convened where Dr X conceded he had relapsed. Conditions were imposed on his registration requiring him to abstain from alcohol, attend for regular alcohol screening tests and undergo breath-testing for alcohol on his days of practice, in addition to other practice and health conditions. He was subsequently suspended from clinical practice due to non-compliance with his conditions, however was reinstated with altered conditions and is currently being monitored by the Council. He remains abstinent from alcohol, engaged in treatment, and in active clinical practice.

Case Studies continued



DR J: SUCCESSFUL JOURNEY FROM DISCIPLINARY ACTION TO FULL PRACTISE

Dr J had conditions imposed on his registration by the Council's interim action powers (section 150) in 2010. The conditions restricted Dr J's access to particular drugs. The complaint was investigated and referred to the NSW Civil and Administrative Tribunal (NCAT).

In 2014, NCAT reprimanded and imposed conditions on Dr J's registration. These conditions continued to restrict his access to particular drugs, prohibited him from conducting particular procedures and required him to be mentored.

Dr J was compliant with his conditions, assisting the Council with any compliance queries. He demonstrated insight about the conduct which led to the conditions being imposed. His conditions were gradually eased and in mid 2017, the remaining conditions were removed by the Council.

Council members

Nineteen members sit on the Medical Council as prescribed under section 41E of the National Law.

Registered medical practitioner members:

- Dr Gregory John Kesby MBBS Hons (UNSW), BSc Hons (UNSW), PhD (Cambridge), DDU (ASUM), FRANZCOG, CMFM, MAICD – Royal Australian and New Zealand College of Obstetricians and Gynaecologists nominee
- Adjunct Associate Professor Richard George Walsh MBBS (Sydney), FANZCA – Australian and New Zealand College of Anaesthetists nominee
- Clinical Associate Professor Stephen Adelstein MB BCh (Wits), PhD (Sydney), FRACP, FRCPA, FFSc (RCPA) – NSW Minister for Health nominee
- Dr Merran Auland FACRRM, BM.BCh (Oxon), PhD, B.Pharm – Australian College of Rural Remote Medicine nominee
- Dr Roger Gregory David Boyd MBBS (Sydney), MBA (Geneva), MHP (UNSW), FRACMA, AFCHSM, FHKCCM(Hon), GAICD – Royal Australasian College of Medical Administrators nominee
- Dr Stephen Richard Buckley MBBS (UNSW), FACRM, FAFRM (RACP) – Royal Australasian College of Physicians nominee
- Professor Anthony Andrew Evers MBBS (Sydney), FRACS, FRCS, Master of Bioethics (Monash) – Royal Australasian College of Surgeons nominee
- Dr Jennifer Kendrick BSc (Sydney), MBBS (Sydney), MPH (UNSW), GAICD, FRACGP – Royal Australian College of General Practitioners nominee
- Associate Professor Ross Kerridge MBBS, FRCA, FANZCA – Australian Medical Association (NSW) nominee

Part 2: Reports from Health Professional Councils

- Dr Brian Morton MBBS (UNSW), FRACGP, FAMA, AM – Australian Medical Association (NSW) nominee
- Dr Julian Parmegiani MBBS (Hons) (UNSW), FRANZCP, GAICD – Royal Australian and New Zealand College of Psychiatrists nominee
- Dr John Frank Charles Sammut MBBS (Hons) (Sydney), FACEM – Australasian College for Emergency Medicine nominee

Legal member:

- Vacant

Community members:

- Mr David Bell MBA (Sydney), BEcon (UQld), BA (UNSW), GAICD, JP (NSW) – NSW Minister for Health nominee
- Mr Kenneth Hong BA (Bond), GDLP (College of Law), GDL (Sydney) – Community Relations Commission nominee
- Dr Alix Genevieve Magney BA Sociology (Hons), PhD Sociology (UNSW) – NSW Minister for Health nominee
- Mr Jason Masters BEc (Flinders), GAICD, CFIAA, CRMA, CGEIT, CFE, JP – NSW Minister for Health nominee
- Ms Lorraine Poulos RN (SVH), Grad Cert HSM (ECU) – NSW Minister for Health nominee
- Ms Frances Taylor BA/BSocWk (Sydney) – NSW Minister for Health nominee

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

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

Senior Officers

Executive Officer

Ms Caroline Lamb, BA (Queensland), LLB (UNSW), FCIS, GAICD, M Bioethics (Sydney), is the Executive Officer and Assistant Director, Medical of the Health Professional Councils Authority.

Medical Director

Dr Stuart Dorney, MBBS FRACP is the Medical Director, Medical Council of NSW and Health Professional Councils Authority.

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

Council meeting attendance

The Medical Council met six times during the year.

Member attendance at Council meetings, eligibility to attend and length of office

Member	Meetings Attended	Meetings Eligible to Attend	Length of Office*
Dr Gregory John Kesby – President	6	6	1 October 2007 – 30 June 2018
Adjunct Associate Professor Richard Walsh – Deputy President	6	6	1 July 2012 – 30 June 2018
Clinical Associate Professor Stephen Adelstein	5	5	1 August 2008 – 1 June 2017
Mr David Bell	4	6	12 November 2014 – 30 November 2017
Ms Narelle Bell*	4	4	12 November 2014 – 30 November 2017
Dr Roger Gregory David Boyd	4	5	1 July 2012 – 1 June 2017
Dr Stephen Richard Buckley	5	6	1 July 2015 – 30 June 2018
Professor Anthony Andrew Evers	4	6	1 October 2009 – 30 June 2018
Mr Kyung (Kenneth) Hong	4	6	1 July 2015 – 30 June 2018
Professor Cheryl Anne Jones ^	3	4	1 July 2012 – 31 December 2017
Dr Jennifer Kendrick	5	6	1 July 2015 – 30 June 2018
Associate Professor Ross Kerridge	4	6	1 July 2015 – 30 June 2018
Dr Alix Genevieve Magney	5	6	1 July 2012 – 31 December 2017
Mr Jason Masters	6	6	1 July 2012 – 31 December 2017
Dr Brian Morton	4	6	1 July 2015 – 30 June 2018
Dr Julian Parmegiani	6	6	1 July 2012 – 31 December 2017
Ms Lorraine Poulos	3	6	7 January 2009 – 30 June 2017
Dr John Frank Charles Sammut	4	5	18 June 2014 – 01 June 2017
Ms Frances Taylor	6	6	1 July 2015 – 30 June 2018

* Ms Narelle Bell resigned 28.02.17

^ Professor Cheryl Jones resigned 27.02.17

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

Regulatory Committees and Panels

Part 8 of the National Law prescribes the committees and panels that support the Council in undertaking its regulatory activities.

The Council appointed the following regulatory committees and panels during the year.

Professional Standards Committee

The Council appointed 15 Professional Standards Committees.

Professional Standards Committees (PSC) may investigate matters where unsatisfactory conduct is indicated. The powers of a PSC include:

- Cautioning or reprimanding a practitioner
- Directing that conditions are imposed on a practitioner's registration
- Ordering a practitioner to:
 - undergo medical or psychiatric treatment or counselling
 - complete an educational course
 - report on practice
 - take advice about management of practice

A PSC comprises four members who must not be Council members. Two PSC members must be registered in the same profession as the practitioner who is subject of the complaint, one member must be an Australian lawyer and not a registered health practitioner and one member must not be a health practitioner.

Impaired Registrants Panels

The Council appointed 62 Impaired Registrants Panels. Sixty nine complaints were referred to these panels and 59 matters were concluded during the year.

Impaired Registrants Panels (IRP) deal with matters where a registered medical practitioner has a physical or mental impairment that affects, or is likely to affect their capacity to practise safely.

An IRP consists of two or three people who may also be Council members. At least one member must be registered in the same profession as the practitioner who is subject of the complaint and at least one panel member must be a medical practitioner. Panel members are selected from a pool of people who have undergone probity checks and are experienced in working with practitioners who have health problems.

Performance Review Panels

The Council appointed 22 Performance Review Panels.

Performance Review Panels (PRP) review matters where unsatisfactory professional practice is indicated. The PRP examines evidence to establish whether a practitioner is performing to a standard reasonably expected of practitioner with their level of training and experience.

A PRP consists of three people who may also be Council members. At least two panel members must be registered in the same profession as the practitioner who is subject of the complaint and one member must not be a health practitioner. Panel members are required to undergo probity checks.

Council Committees

Councils may establish committees to assist with Council functions. Committee members may include both Council members and non-members who have expertise in the committee's area of focus.

The Medical Council appointed the following committees during the year.

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

Medical Council members generally serve on at least two committees to assist the Council to exercise its functions. In 2016/17 five non-Council Members also sat on the following committees.

Medical Council Committees and Membership

Conduct	Health	Performance	Corporate Governance	Executive	Research
Council Members					
Chair: Richard Walsh	Chair: Anthony Eyers	Chair: John Sammut	Chair: Roger Boyd	Chair: Greg Kesby	Chair: Cheryl Jones
Anthony Eyers	Stephen Adelstein	David Bell	Stephen Adelstein	Roger Boyd	Stephen Adelstein
Kenneth Hong	David Bell	Narelle Bell	David Bell	Anthony Eyers	Anthony Eyers
Cheryl Jones	Narelle Bell	Roger Boyd	Narelle Bell	Cheryl Jones	Greg Kesby
Jennifer Kendrick	Roger Boyd	Stephen Buckley	Kenneth Hong	Jason Masters	Alix Magney
Ross Kerridge	Stephen Buckley	Kenneth Hong	Greg Kesby	John Sammut	Jason Masters
Greg Kesby	Ross Kerridge	Cheryl Jones	Jason Masters	Richard Walsh	
Alix Magney	Greg Kesby	Jennifer Kendrick	Frances Taylor		
Jason Masters	Alix Magney	Greg Kesby	Richard Walsh		
Julian Parmegiani	Brian Morton	Brian Morton			

Medical Council Committees and Membership continued

Conduct	Health	Performance	Corporate Governance	Executive	Research
Lorraine Poulos	Julian Parmegiani	Frances Taylor			
John Sammut	Lorraine Poulos	Richard Walsh			
Frances Taylor					
Non-Council Members					
Martine Walker		Elizabeth Tompsett			Peter Procopis
		Choong-Siew Yong			
		Geoff Brieger			

Meetings and events

Members or key staff represented the Medical Council at the following meetings and events during the year.

Medical Council representation at meetings and events.

Name of Meeting / Event	Attended By	Attendee Role
International Association of Medical Regulatory Authorities Conference 2016	Dr Greg Kesby Dr Roger Boyd Dr Alix Magney Mr Jason Masters Dr John Sammut Ms Frances Taylor Prof Richard Walsh Ms Caroline Lamb (HPCA) Dr Stuart Dorney (HPCA)	Participant Participant Participant Participant Participant Participant Participant Participant Participant
Meetings with National Board	Dr Greg Kesby	Participant
Joint meeting of the Medical Board of Australia, Medical Council of New Zealand, and the Australasian, New Zealand and Australian specialist colleges.	Dr Greg Kesby	Participant

Overseas travel

No overseas travel was undertaken by Council members or staff during the financial year.

Remuneration

Council members received the following remuneration.

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

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

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

Education and research account

The Medical Council maintains an Education and Research account to fund activities that assist better understanding of conduct, performance and health issues amongst practitioners and students and management of these issues.

Education and research account expenditure this year included:

- Siggins Miller: \$45,000 for a health research project.

Financial Management

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

Accounts Performance 2016/17	\$
Revenue	13,660,950
Operating expenditure	11,305,836
Gain / (loss) on disposal	-
Net result	2,355,114
Net cash reserves* (cash and cash equivalents minus current liabilities)	12,125,621

* Included in the cash reserves is an Education and Research bank account balance of \$2,528.

The Medical Council's budget for the period 1 July 2017 to 30 June 2018 is as follows.

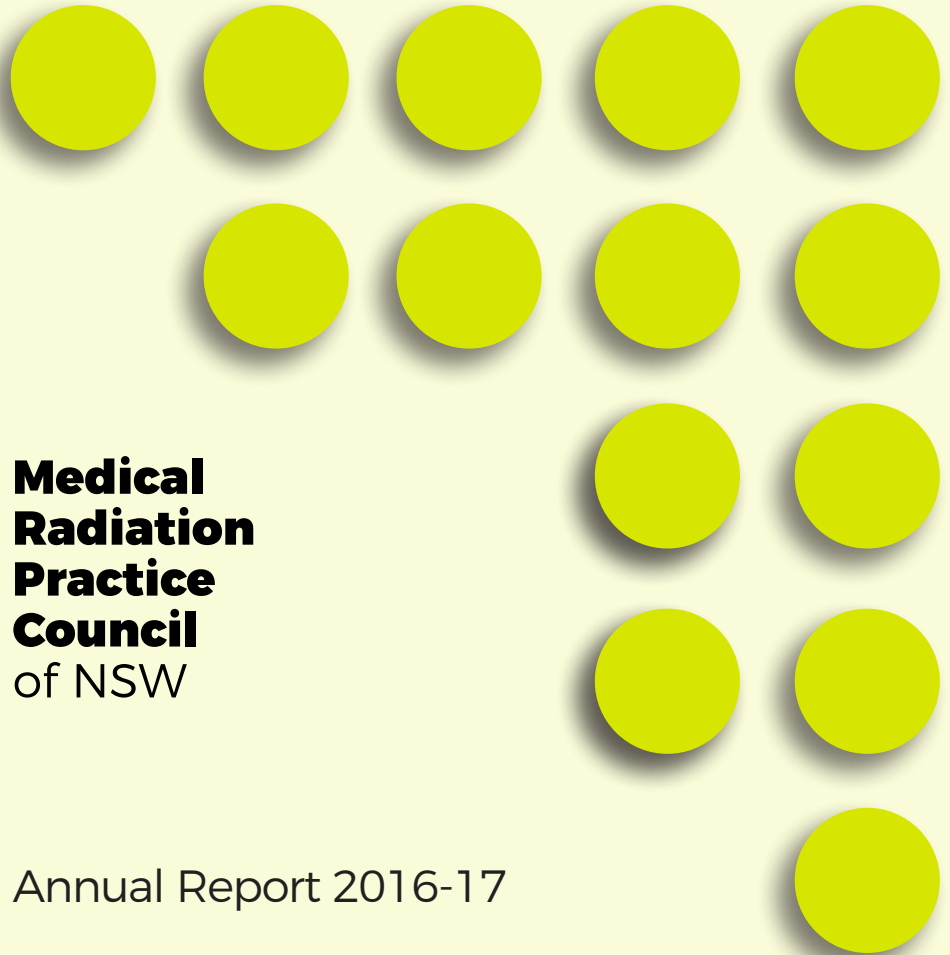
Budget 2017/18	\$
Revenue	13,837,056
Operating expenditure	14,684,650
Net result	-847,594

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



**Medical
Radiation
Practice
Council**
of NSW

Annual Report 2016-17



President's Message



**Medical
Radiation
Practice
Council**
of NSW

On behalf of the Medical Radiation Practice Council of New South Wales (Council) I am pleased to submit the Council's Annual Report for 1 July 2016 to 30 June 2017.

The Council has now submitted five Annual Reports and in its sixth year of regulation has noted an increase in activity of complaints, monitoring, hearings and assessments. Despite this increase in activity, medical radiation practitioner complaints are still at a relatively low volume.

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

- Review of our financial statements has highlighted a number of efficiencies that have been achieved in undertaking our regulatory role of protecting the community. This has enabled us to make a further reduction in fees in 2017 for NSW Medical Radiation Practice registrants to \$145.
- The Council continues its contribution to inter-council research and education and liaison with the Australian Health Practitioner Regulation Agency and other regulatory bodies to achieve the requirements of National registration.
- Strategic priorities for 2018 have been set around education relating to key trends emerging in complaints management in New South Wales.

I would like to thank and acknowledge the significant contribution of Margaret Carmody over the last five years as she concludes her time on the Council. Margaret has been a key member of the Council and her commitment has assisted the Council in its deliberations. Her sensible and informed advice on nuclear medicine and general professional practice placed the Council in a strong position to protect the public when managing complaints about the performance, health and conduct of registered medical radiation practitioners.

Council will be assisted in the future by the appointment of Justine Trpezanovski as a nuclear medicine practitioner member of the Council, effective 1 July 2017 for a three year term. I would like to extend a warm welcome to Justine and look forward to a productive year in 2018.

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

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

Tracy Vitucci

President

Medical Radiation Practice Council of New South Wales

Regulation of Medical Radiation Practitioners in 2016/17

Summary overview



29

New complaints received during the year related to

Conduct – 16
Performance – 8
Health – 5
2 complaints were mandatory notifications



5,217

Registered Medical Radiation Practitioners in NSW

2.5% more than the previous year
33.3% of Medical Radiation Practitioners in Australia
0.5% of Medical Radiation Practitioners in NSW had complaints made about them – 24 practitioners



34

Complaints managed

5 open at start of year
29 received during the year
3 immediate actions including reviews
4 assessments and hearings concluded
20 closed during the year
14 open at year end
3 active monitoring at year end



20

Outcomes for closed complaints*

9 no further action
6 discontinued
3 no jurisdiction or referred
1 conditions on registration
1 counselling

* A complaint may have more than one outcome

Council Communications

The Medical Radiation Practice Council website is the Council's primary communications tool to engage with medical radiation practitioners and the wider community. The Council's website is being redeveloped and updated and is expected to provide a modern, more interactive and user-friendly platform for the public, practitioners and other visitors.

The website redevelopment involved stakeholder and community consultation including workshops, focus groups and user testing. The new website will include easy access to the Council's new online complaint form, with detailed information about the complaint process and will make it easier for visitors to access information about the Council, including policies and publications.

The new website is expected to be launched in August 2017.

Council Members

Six members sit on the Medical Radiation Practice Council as prescribed by section 41E of the National Law.

Registered medical radiation practitioner members:

- Ms Tracy Vitucci MBA, MHSM, B App Sc (MedImaging), DMU, Grad Dip Ultrason, FIR, AF, ACHSM
- Dr Karen Jovanovic HScD, MMedSc, Grad Dip Clin Epid, DCR (T)
- Ms Margaret Carmody A Dip Med Rad (NM), BMed Rad Sc (NM)
- Ms Sheryl Foster MHSc (MRS)

Legal member:

- Mr Hugh Macken BA, LLB, LLM

Community member:

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

Ms Tracy Vitucci is appointed by the Governor as President of the Medical Radiation Practice Council.

Dr Karen Jovanovic is appointed by the Governor as Deputy President of the Medical Radiation Practice Council.

Executive Officer

Ms Myra Nikolich is the Executive Officer for the Medical Radiation Practice Council. The Executive Officer leads a team of four who work directly with the Council.

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

Council Meeting Attendance

The Medical Radiation Practice Council met 11 times during the year.

Member attendance at Council meetings, eligibility to attend and length of office

Member	Meetings Attended	Meetings Eligible to Attend	Length of Office*
Ms Tracy Vitucci – President	11	11	1 July 2012 - 30 June 2018
Dr Karen Jovanovic – Deputy President	11	11	1 July 2012 - 30 June 2018
Ms Margaret Carmody	9	11	1 July 2012 - 30 June 2018
Ms Sheryl Foster	11	11	1 July 2012 - 30 June 2018
Mr Hugh Macken	11	11	1 July 2012 - 30 June 2018
Mr Warren Stretton	11	11	1 July 2012 - 30 June 2018

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

Regulatory Committees and Panels

Part 8 of the National Law prescribes the committees and panels that support the Council in undertaking its regulatory activities.

Regulatory committees and panels include:

- Assessment Committee
- Impaired Registrants Panel
- Performance Review Panel

The Medical Radiation Practice Council appointed one Impaired Registrants Panel during the year.

Impaired Registrants Panel

The Impaired Registrants Panel (IRP) deals with matters where a registered health practitioner has a physical or mental impairment that affects, or is likely to affect their capacity to practise safely.

An IRP consists of two or three people who may or may not be Council members. At least one member must be registered in the same profession as the practitioner who is subject of the complaint and at least one panel member must be a medical practitioner. Panel members are selected from a pool of people who have undergone probity checks and are experienced in working with practitioners who have health problems.

Impaired Registrants Panel

Membership – Non Council Members

Mr Sandy Brown

Mr Darrin Gray

Dr Michael Diamond – Medical Practitioner

Council Committees

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

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

Meetings and Events

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

Medical Radiation Practice Council representation at meetings and events

Name of Meeting / Event	Attended By	Attendee Role
Meeting with National Board	Ms Tracy Vitucci	Participant
	Ms Myra Nikolich (HPCA)	Participant

Overseas Travel

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

Remuneration

Council members received the following remuneration.

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

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

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

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

Education and Research Account

The Medical Radiation Practice Council maintains an Education and Research account to fund activities that assist better understanding of conduct, performance and health issues amongst practitioners and students and management of these issues.

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

Financial Management

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

Accounts Performance 2016/17	\$
Revenue	390,748
Operating expenditure	127,011
Gain / (loss) on disposal	-
Net result	263,737
Net cash reserves* (cash and cash equivalents minus current liabilities)	1,628,838

* Included in the cash reserves is an Education and Research bank account balance of \$53,718.

The Medical Radiation Practice Council's budget for the period 1 July 2017 to 30 June 2018 is as follows.

Budget 2017/18	\$
Revenue	357,616
Operating expenditure	270,062
Net result	87,554

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



Annual Report 2016-17



President's Message



The goal of the Nursing and Midwifery Council of New South Wales is to protect the public through the management of complaints about registered nurses and midwives.

We do this through targeted and proportionate action when it is necessary. This year there was an 11% rise in the number of complaints received. A higher proportion than usual was about performance issues (rather than health or conduct). Many of these complaints were about inappropriate treatment or delays in care and failure to respond to the deteriorating patient.

We have also been managing several cases from mental health settings where nurses did not undertake observations of patients at the required level and documentation of observations had been falsely recorded. Such observation and documentation is essential to allow for further intervention and care as required. Observation and therapeutic engagement reduces the risk of harm, including self-harm that can result in death. It is vital that observations are accurately recorded, communicated, analysed and acted upon without delay when necessary.

Following assessment, we closed 626 complaints this year. Outcomes of closed complaints included the following:

- 21 nurses and midwives had their registration cancelled
- 94 had conditions imposed on registration
- More than 70 nurses and midwives received advice about professional standards in face to face sessions. In a number of cases, the nurse and/or midwife undertook reflective activities and further education to minimise future risk and we did not need to take further action.

This year we have been developing a program to improve the understanding and application of professional standards by nurses and midwives. One of our goals is to influence health services to develop and sustain cultures which are safe and patient-centred. We have conducted two literature reviews to examine strategies to promote engagement with professional standards and to establish environments that support cultures of safety. Patient safety is a shared responsibility and the greatest impact comes from actions taken by service providers. We have sought to better understand the work of other health organisations. We will continue to identify opportunities to work with other organisations that have similar priorities or goals.

We work closely with the Nursing and Midwifery Board of Australia (NMBA). This year, we have participated in the consultation processes for the following guiding documents:

- codes of conduct for nurses and for midwives, and
- standards for practice for midwives.

President's Message continued

We have also participated with the National Board to promote awareness of these guiding documents within the professions. We are planning for next year to increase understanding and encourage regular use of the standards as one of the elements to facilitate safe cultures. Our research program will assist us in this work.

Finally, I would like to acknowledge the work of my colleagues on the Council and committee and panel members for their diligence and commitment to ensuring public safety. Health Professional Councils Authority (HPCA) staff members provide us with invaluable assistance in this work.

A handwritten signature in black ink that reads "John Kelly". The signature is written in a cursive style with a long horizontal stroke at the end.

Adj Prof John G Kelly AM

President

Nursing and Midwifery Council of New South Wales

Regulation of
Nurses and Midwives
in 2016/17

Summary overview



680

**New complaints
received during the
year related to**

Conduct – 208
Performance – 360
Health – 112
172 complaints were mandatory
notifications



107,544

**Registered Nurses
and Midwives in
NSW**

2.7% more than the previous year
27.5% of Nurses and Midwives
in Australia

0.6% of Nurses and Midwives in NSW
had complaints made about them –
624 practitioners



1,013

Complaints managed

333 open at start of year
680 received during the year
113 immediate actions including reviews
445 assessments and hearings concluded
626 closed during the year
387 open at year end
254 active monitoring at year end



635

Outcomes for closed complaints*

237 no further action
193 discontinued
94 conditions on registration
39 no jurisdiction or referred
35 counselling
21 registration cancelled
8 caution or reprimand
4 withdrawn
2 registration surrendered
2 finding but no orders
* A complaint may have more
than one outcome

Emerging issues and trends

Observation of consumers with a mental illness

Between August 2013 and October 2015, the Nursing and Midwifery Council received seven complaints about inadequate observation of mental health patients resulting in the death of patients. These deaths occurred from suicide, head injury due to multiple falls, self harm, overdose, or head injury due to the actions of another patient. A common element in all of the deaths was a failure by nurses to undertake observations at the required level or with the required level of scrutiny (ie sufficient to observe signs of life). The patients involved were on a high level of observations (ie 15 minutes) and/ or placed in seclusion.

We noticed a pattern of a number of similar cases about deaths in mental health facilities and completed a manual review of cases about deaths in mental health care. We were sufficiently concerned about the outcomes of this review to notify other organisations that would have greater potential for addressing change within the sector. This included:

- Principal Official Visitor, Mental Health - Official Visitors Program
- Chief Executive Officer - Australian College of Mental Health Nurses
- Chief Executive Officer - The Clinical Excellence Commission
- Chair - Nursing and Midwifery Board of Australia.

We observed that two critical issues underlie these cases: workplace cultures and standards of nursing practice.

Our strategies to increase awareness of the issues and improve practices have included:

- providing a case study relevant to mental health in our newsletter which is distributed to all registered nurses and midwives in NSW
- presenting the findings of our review to the national forum of the nursing and midwifery regulators in Australia
- presenting to various stakeholders (nurses, midwives, students) about standards of practice and cultures of safety
- contributing and making recommendations to the NSW Health review of seclusion, restraint and observation of consumers with a mental illness.

We received complaints regarding nursing practices surrounding two new cases in 2017 during the reporting period, each involving a patient death in a mental health facility. There are indications that the nurses failed to take appropriate observations. While these cases remain under assessment, we continue to promote cultures of safety and adherence to standards of practice with a particular focus on the mental health context.

Anti-vaccination statements

In October 2016 the NMBA published a position statement on nurses, midwives and vaccination clarifying its expectations of nurses and midwives who provide vaccinations. The National Board advised that those who believed a nurse or midwife was promoting anti-vaccination material should make a complaint.

Since the release of the NMBA position statement we have received and managed complaints of this type about two enrolled nurses, three registered nurses and two registered nurses and midwives.

Themes arising from these complaints include:

- practitioners identifying themselves as a nurse/midwife on various social media platforms and posting personal anti-vaccination views
- lack of awareness of the National Board's social media policy
- reluctance to engage with us as a regulator to address concerns raised by complainants.

We acknowledge every individual's right to hold personal beliefs about immunisation. Nevertheless, holding registration places nurses and midwives in a position of authority and trust about health issues. If a nurse or midwife provides information in a public forum which is incomplete, biased and not supported by the body of sound evidence, they have the potential to cause public harm.

Nurses and midwives must be aware of how their own beliefs and attitudes may selectively bias the information they provide people. Discussions about risks should be addressed in a balanced way.

We encourage nurses and midwives to refer people to the relevant resources on the Immunisation Australia website where there are documents that discuss the risks and benefits using current reliable research.

Consumers of aged care services

We routinely receive and manage complaints about care provided to residents in aged care facilities. More recently we have identified some of these complaints report concerns about nurses' identification, intervention and management of deterioration in the physical condition of residents. We intend to monitor this emerging theme over the coming year.

Programs

Performance Pathway

This year, we have focused on the development of a robust, sustainable performance assessment process, conducted consistently and at a high standard. This has involved:

- the selection of experienced and qualified assessors
- hosting two development workshops
- organising mentored facilitation of assessments to develop competence, confidence, and experience in regulatory assessment.

The first phase of this work is currently being evaluated. The next phase is to develop a self-directed learning package and potentially online learning as an adjunct to the workshop.

Health Pathway

We are developing two research projects to study and describe the health pathway. One study will examine the characteristics of the participants in the health pathway and their perceptions about the process and its outcomes. The second study is a qualitative study examining the attributes, knowledge and skills required of panel members to work effectively. The information from this research may assist in the selection, preparation and evaluation of panel members in the future.

We have also been working with the Medical Council on a project to improve the policy for monitoring drug and alcohol use for practitioners who have such an impairment.

Research activity

Professional standards - literature review

We undertook a literature review to compile evidence from both Australia and overseas to answer a series of research questions about the topic 'commitment to professional standards'. The review found relatively scant research both in Australia and overseas. The way practitioners apply and engage with standards is difficult to measure.

Also, the proliferation of standards, codes and guidelines applicable to health practitioners through their profession, and their employment, can lead to a lack of clarity about the hierarchy of standards, and their application. As a consequence, definitive answers for many of our initial research questions were difficult to find.

Cultures of safety - literature review

This literature review addressed the following questions:

- What is patient safety culture?
- What are the key challenges and strategies for addressing patient safety culture?
- What methods and tools are available for measuring patient safety culture?
- What are the implications of the literature review for us?

The literature review found that the key barriers and challenges to establishing a positive patient safety culture within organisations include system complexity, organisational barriers such as process, or technology complexity; fear of blame or judgment; bullying; medico-legal concerns; and uncertainty about what is effective.

This literature review has identified a range of strategies that have been adopted or proposed for achieving a positive patient safety culture. The evidence base about the effectiveness of these to influence patient safety culture as well as achieving improved patient safety outcomes is variable but overall relatively weak.

Network analysis

We undertook a stakeholder mapping project to identify potential partners, understand any shared goals, and in turn, recognise possible opportunities to network and collaborate. Nine recommendations were made, for the short and medium term. We continue to incorporate these recommendations into our ongoing work and projects.

Can competence be assured?

Associate Professor Rachael Vernon, RN, BN, MPhil, PhD - Associate Head of School: School of Nursing and Midwifery University of South Australia.

Mary Chiarella RN, RM, LLB (Hons) PhD (UNSW) - Professor of Nursing, Sydney Nursing School, The University of Sydney.

Funding from the National Council of State Boards of Nursing (USA): Centre for Regulatory Excellence.

The purpose of the research was to analyse the assessment and adjudication of nurses with performance related complaints for competence to:

- ascertain any relationship between CPD, recency of practice and performance competence
- explore whether remediation might provide any guarantee of performance competence
- identify any relationship between awareness/insight of competence and performance competence
- define (if possible) the characteristics that inform an understanding that a practitioner has insight
- classify how decisions are made in relation to continuing registration, sanctions, or deregistration when performance competence is the subject of notification and adjudication.

The researchers' analysis of records found the following characteristics were indicative of a lack of insight:

- lacking clarity and understanding about the requirements for professional development for continuing competence
- inadequate clinical reasoning skills with lack of performance awareness and little reflection
- failing to acknowledge personal accountability and responsibility for individual practice.

Practitioners who are unaware are less likely to seek advice and they are sometimes over confident practitioners. Other factors which impact may be age and experience, behavioural and personality characteristics, cognitive impairment, or other forms of impairment. Level of positive support and feedback, supervision and mentoring are positive drivers for insight.

Council Communications

Website

The Nursing and Midwifery Council website is the Council's primary communications tool to engage with nurses and midwives and the wider community. The Council's website is being redeveloped and updated and is expected to provide a modern, more interactive and user-friendly platform for the public, practitioners and other visitors.

The website redevelopment involved stakeholder and community consultation including workshops, focus groups and user testing. The new website will include easy access to the Council's new online complaint form, with detailed information about the complaint process and will make it easier for visitors to access information about the Council, including policies and publications.

The new website is expected to be launched in August 2017.

Plain English project

One of the areas of focus in our strategic plan is to improve the management of complaints. Our stakeholders have asked us to improve our written communication with practitioners and complainants. We have led a project to improve the documents used by most health professional councils to better communicate how we manage complaints and what is being asked of the practitioner or complainant.

This has included developing 17 new fact sheets, written in plain English so that they are easier to read and understand. We have reviewed over 50 template documents. This project is nearing its final stages and the anecdotal feedback has been positive. We are planning a formal evaluation early next year and will address any suggested improvements as part of our ongoing work.

Council Members

Fifteen members sit on the Nursing and Midwifery Council as prescribed by section 41E of the National Law.

Registered Nursing and Midwifery practitioner members:

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

Practitioner members engaged in providing programs of study:

- Professor Iain Graham PHD RN FACN MACMHN
- Dr Murray Fisher RN, PhD (Usyd), ITU Cert (SVPH), DipAppSc (Nursing) (CCES), BHSc (Nursing) (UTS), MHPEd (UNSW)

Legal member:

- Ms Jann Gardner BA LLB (USyd) MBA (UON) GAICD

Community members:

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

Adj Professor John G Kelly AM is appointed by the Governor as President of the Nursing and Midwifery Council.

Dr Bethne Hart is appointed by the Governor as Deputy President of the Nursing and Midwifery Council.

Executive Officer

Dr Margaret Cooke RN, RM is the Executive Officer for the Nursing and Midwifery Council. Other professional staff include:

- Ms Kim Bryant RN – Deputy Executive Officer
- Ms Annmaree Nicholls RN – Manager Health Pathway
- Ms Emma Child RN – Manager Performance Pathway.

The Executive Officer leads a team of 25 FTE staff (19 permanent and six temporary) who work directly with the Council. All staff working both directly and indirectly with the Council are employed by the HPCA as an executive agency of the Ministry of Health. Councils cannot employ staff under the National Law.

Council Meeting Attendance

The Nursing and Midwifery Council met six times during the year.

Member attendance at Council meetings, eligibility to attend and length of office

Member	Meetings Attended	Meetings Eligible to Attend	Length of Office*
Adj Professor John G Kelly AM – President	5	6	15 October 2010 - 30 June 2018
Dr Bethne Hart – Deputy President	6	6	1 July 2012 - 30 June 2018
Ms Susan Anderson	3	6	1 July 2015 - 30 June 2018
Ms Maryann Curry	3	6	27 August 2014 - 30 June 2020
Ms Kate Cheney	5	6	1 July 2015 - 30 June 2018
Ms Karen Hay	5	6	1 July 2015 - 30 June 2018
Ms Karyn Godier	6	6	27 August 2014 - 30 June 2020
Ms Kate Adams	4	6	1 July 2015 - 31 December 2017
Ms Elisabeth Black	5	6	1 July 2015 - 30 June 2018
Professor Iain Graham	5	6	1 July 2012 - 30 June 2018
Dr Murray Fisher	5	6	5 August 2015 - 30 June 2018
Ms Jann Gardner	5	6	1 July 2015 - 30 June 2017
Mr Bernard Rupasinghe	5	6	1 July 2015 - 30 June 2018
Mr David Spruell	5	6	1 July 2012 - 30 December 2017
Ms Jennifer Symons	6	6	1 July 2015 - 30 December 2017

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

Regulatory Committees and Panels

Part 8 of the National Law prescribes the committees and panels that support the Council in undertaking its regulatory activities.

The Nursing and Midwifery Council appointed six regulatory committees and 102 panels during the year. These included:

- Professional Standards Committee for one enrolled nurse and 11 registered nurses
- Impaired Registrants Panels for 13 nursing/midwifery students, four midwives, 24 enrolled nurses and 156 registered nurses
- Performance Review Panels for one midwife, one enrolled nurse and 11 registered nurses.

Professional Standards Committee

A Professional Standards Committee (PSC) hears matters where unsatisfactory conduct is indicated. The powers of a PSC include:

- Cautioning or reprimanding a practitioner
- Directing that conditions are imposed on a practitioner's registration
- Ordering a practitioner to:
 - undergo medical or psychiatric treatment or counselling
 - complete an educational course
 - report on practice
 - take advice about management of practice.

A PSC comprises four members who must not be Council members. Two PSC members must be registered in the same profession as the practitioner who is subject of the complaint, one member must be an Australian lawyer and not a registered health practitioner and one member must not be a health practitioner.

Impaired Registrants Panel

The Impaired Registrants Panel (IRP) deals with matters where a registered health practitioner has a physical or mental impairment that affects, or is likely to affect their capacity to practise safely.

An IRP consists of two or three people who may or may not be Council members. At least one member must be registered in the same profession as the practitioner who is subject of the complaint and at least one panel member must be a medical practitioner. Panel members are selected from a pool of people who have undergone probity checks and are experienced in working with practitioners who have health problems.

Performance Review Panel

The Performance Review Panel (PRP) may review matters where unsatisfactory professional practice is indicated. The PRP examines evidence to establish whether a practitioner is performing to a standard reasonably expected of practitioner with their level of training and experience.

A PRP consists of three people who may or may not be Council members. At least two panel members must be registered in the same profession as the practitioner who is subject of the complaint and one member must not be a health practitioner. Panel members are required to undergo probity checks.

Nursing and Midwifery Council Regulatory Committees and Panels

Committee Members	Professional Standards Committee	Impaired Registrant Panel	Performance Review Panel
Legal Chair			
Geri Ettinger	yes		
Julie Hughes	yes		
Mark Paul	yes		
Medical members			
Alison Reid		yes	
Beth Kotze		yes	
Choong-Siew Yong		yes	
Karen Arnold		yes	
Mary-Anne Friend		yes	
Michael Diamond		yes	
Patricia Morey		yes	
Saw Toh		yes	
Lay members			
Antony Carpentieri			yes
Babette Smith	yes		
Catherine Berglund			yes
Derek Anderson	yes		
Frances Taylor			yes
James Lyons	yes		
Julie Flood	yes		
Margo Gill	yes		yes
Robert Kelly	yes		
Non-Council Professional Members			
Alexander Blaszczyński			yes
Alyson Jarrett		yes	
Amanda Currie		yes	
Anita Bizzotto		yes	
Anne Flanagan		yes	
Anne Walsh	yes	yes	
Barbra Monley		yes	
Brett Clarke	yes		

Nursing and Midwifery Council Regulatory Committees and Panels continued

Committee Members	Professional Standards Committee	Impaired Registrant Panel	Performance Review Panel
Non-Council Professional Members continued			
Carole Doyle		yes	
Christine Anderson		yes	
Christine Selkirk	yes	yes	yes
Deborah Armitage		yes	
Deirdre Sinclair		yes	
Elizabeth Angel		yes	yes
Elizabeth Collier			yes
Elizabeth Hove		yes	
Gerda Tolhurst		yes	
Helen Stirling		yes	
Ian McQualter		yes	yes
Jane Cotter		yes	
Janice Dilworth		yes	
Jennifer Evans		yes	yes
Jennifer O' Baugh		yes	
Karen Sherwood	yes		
Kathryn Crews		yes	
Kelly-Anne Eyre		yes	
Kerry Mawson		yes	
Kurt Andersson-Noorgard		yes	
Lea Kirkwood		yes	
Leeanne Carlin		yes	
Leigh Schalk	yes	yes	yes
Letetia Gibbs		yes	
Linda Gregory	yes	yes	
Lucy Burns	yes	yes	
Lynette Hopper	yes	yes	

Nursing and Midwifery Council Regulatory Committees and Panels continued

Committee Members	Professional Standards Committee	Impaired Registrant Panel	Performance Review Panel
Non-Council Professional Members continued			
Maureen McGovern		yes	
Maxwell Kettle		yes	
Melissa Maimann		yes	
Michael Hagarty		yes	
Nicholas Miles		yes	
Rebekkah-Jane Middleton	yes		
Rosie O'Donnell	yes	yes	yes
Sally-Ann Deering		yes	
Scott Hillsley		yes	
Sheree Smiltnieks		yes	
Shirley Schulz-Robinson	yes	yes	yes
Sue Dawson		yes	
Suellen Moore		yes	
Susan Kennedy		yes	
Suzanne McNicol		yes	
Tania Andrews		yes	
Valerie Gibson		yes	

Council Committees

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

The Nursing and Midwifery Council appointed 160 committees during the year.

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

Strategic Management Committee

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

Notifications Committee

This Committee met on 23 occasions. The Committee reviews all new complaints in consultation with the HCCC. The Notifications Committee also acts under Council delegation to deal with complaints concerning health, conduct and performance referred to the Council for management.

Monitoring and Review Committee

This Committee met on 11 occasions. The Committee has delegation to oversee and make decisions on behalf of the Council in relation to monitoring practitioners' compliance with orders and conditions on registration, including easing conditions imposed via the impairment provisions when it is safe to do so.

Education and Quality Committee

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

Newsletter Editorial Group

This Committee met on three occasions. The role of the Committee is to assist in planning the content for the newsletter distributed to practitioners, to develop and ensure editorial standards are being met and to prepare information, topics, and articles for publication.

Counselling Committee

This Committee met on 12 occasions to counsel three midwives, two enrolled nurses and 23 registered nurses. The role of the Counselling Committee is to counsel a nurse, midwife or student regarding professional standards, provide an opportunity for the practitioner or student to reflect on their actions and discuss strategies to improve their performance, conduct or behaviour. If necessary, the Committee, on behalf of the Council, may provide corrective advice or a warning to the practitioner or student about their behaviour.

Performance Interview Committee

This Committee met on 53 occasions to interview one student, seven midwives, 13 enrolled nurses and 71 registered nurses. The Committee was established last year to assist in the performance pathway. Its role is to interview practitioners to gather information about any issues which have been reported to the Council. The number of cases referred to a performance interview has increased.

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

s150 Review Committee

This Committee met on 50 occasions to consider the safe practice of 115 practitioners including: three students, two midwives, 15 enrolled nurses and 95 registered nurses. The Committee is delegated to conduct immediate action inquiries when there are significant safety concerns related to the behaviour or health of a registered nurse, registered midwife or a registered student. The Committee may impose interim conditions on registration or suspend registration if satisfied it is necessary to do so for public safety or in the public interest.

s152J Health Committee

This Committee reviewed the recommendations of 77 initial Impaired Registrant Panels and 61 Review Panels. The Committee is delegated to act as the Council and impose conditions which have been recommended by the panels and agreed to by the practitioners. The Committee does this following careful consideration of Impaired Registrants Panel reports. This process allows for more timely decision-making in the Council's health pathway.

Nursing and Midwifery Council Committees and Membership

Committee Members	Strategic Management Committee	Notifications Committee	Monitoring & Review Committee	Education & Research Committee and newsletter group	S150 Review Committee	Counselling committee	Interview Committee	S152 J Committee
Council Members								
John G Kelly	yes (Chair)	yes		yes	yes		yes	
Bethne Hart	yes	yes (Chair)			yes	yes	yes	
Susan Anderson		yes			yes	yes	yes	yes
Maryann Curry		yes			yes		yes	
Kate Cheney		yes		yes (Chair)	yes		yes	yes
Karen Hay		yes		yes	yes		yes	
Karyn Godier		yes			yes		yes	yes
Kate Adams			yes (Chair)	yes				yes
Elisabeth Black		yes			yes		yes	
Iain Graham			yes	yes				yes
Murray Fisher		yes		yes	yes	yes	yes	
Jann Gardner	yes	yes			yes			
Bernard Rupasinghe		yes			yes		yes	
David Spruell	yes	yes			yes		yes	
Jennifer Symons			yes	yes				yes

Part 2: Reports from Health Professional Councils

Nursing and Midwifery Council Committees and Membership continued

Committee Members	Strategic Management Committee	Notifications Committee	Monitoring & Review Committee	Education & Research Committee and newsletter group	S150 Review Committee	Counselling committee	Interview Committee	S152 J Committee
Non-Council Members								
Carole Doyle		yes						
Deidre Sinclair							yes	
Frances Taylor							yes	
Helen Stirling						yes	yes	
Letitia Gibbs						yes	yes	
Margo Gill					yes	yes	yes	
Marie Clarke					yes	yes	yes	
Melissa Maimann							yes	
Nick Miles			yes					
Rebecca Roseby						yes	yes	
Sue Dawson			yes					
Susan Kennedy						yes	yes	
Tania Andrews		yes						
Valerie Gibson							yes	
Zena Wilson						yes		

Meetings and Events

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

Nursing and Midwifery Council representation at meetings and events

	Name of Meeting / Event	Attended By	Attendee Role
Jun 2017	State and Territory Chairs Committee	John Kelly	Member
Jun 2017	State Nursing and Midwifery Board NSW presentations – Processes of the Council	Margaret Cooke (HPCA)	Presenter
May 2017	Legal and Ethical issues presentation for Midwifery students - UTS	Margaret Cooke (HPCA)	Presenter
May 2017	When my colleague is 'not quite right', what happens next? Clinical Ethics Forum – Wagga Wagga	Kim Bryant (HPCA)	Presenter
Apr 2017	Primary Care Nurse forum	Margaret Cooke (HPCA)	Participant
Apr 2017	Supervision and delegation – Lawsense seminar	Kim Bryant (HPCA)	Presenter Session Chair
Mar 2017	Nurse and Midwife Support program launch	John Kelly Margaret Cooke (HPCA)	Participant Participant
Mar 2017	Nurse and Midwife Support seminar	Staff representing NMC	Participants
Mar 2017	NMBA forum – professional standards and role of the regulator	John Kelly Karen Hay Elisabeth Black Maryann Curry Margaret Cooke (HPCA) Kim Bryant (HPCA) Melinda Weir (HPCA) Emma Child (HPCA)	Participant Participant Participant Participant Participant Participant Participant Participant
Nov 2016	Joint seminar AHPRA, HPCA workshop – consultation process and case studies	Kim Bryant (HPCA)	Presenter
Nov 2016	NMBA Annual forum: <ul style="list-style-type: none"> ▪ Presentation for new graduates ▪ Presentation of mental health nurse notifications trends 	Margaret Cooke (HPCA) Kim Bryant (HPCA) Annmaree Nicholls (HPCA) Mary Shanahan (HPCA)	Presenter Presenter Presenter Presenter
Oct 2016	'A Healthy Hospital is a Happier, Safer and More Productive Place for Care' Program	Bethne Hart David Spruell Elizabeth Bailey (HPCA) Catherine Turner (HPCA)	Participant Participant Participant Participant

Part 2: Reports from Health Professional Councils

Nursing and Midwifery Council representation at meetings and events continued

	Name of Meeting / Event	Attended By	Attendee Role
Oct 2016	Nursing Summit 2030, Regulators Symposium and Scientific Symposium hosted by the NCSBN	Susan Anderson Margaret Cooke (HPCA)	Participant Participant
Oct 2016	Role of the Council and case studies presentation – NSW Midwifery College of Midwives Conference	Margaret Cooke (HPCA)	Presenter
Sep 2016	Case study - workshop	Council Members	Participants
Sep 2016	NMBA forum: NMC research - Melbourne	Iain Graham	Participant
Sep 2016	The role of the Council and case studies – Enrolled Nurse Annual Conference	Annmaree Nicholls (HPCA)	Presenter
Aug 2016	Conference: Best in class evidence based regulation - ANU	Margaret Cooke (HPCA)	Participant
Jul 2016	Nursing into the Future and Cultures of Safety - Day Surgery Nurses Association Conference	Kim Bryant (HPCA)	Presenter
Jul 2016	Managing notifications and role of the Council presentation – Masters of Nursing students Sydney University	Kim Bryant (HPCA)	Presenter
Jul 2016	Role of the Council presentation at EN Professional Day – Nurses and Midwives Association NSW	Margaret Cooke (HPCA)	Presenter
Jul 2016	Drug and Alcohol Services Annual forum – John Hunter LHD	Annmaree Nicholls (HPCA)	Presenter

Overseas Travel

Overseas travel costs for the Nursing and Midwifery Council included attendance by Ms Susan Anderson (Council Member) and Dr Margaret Cooke (Executive Officer) at three international forums established by the National Council of State Boards of Nursing (NCSBN) between 2 October 2016 and 6 October 2016 in Chicago, Illinois.

Regulation 2030 Summit (2 - 3 October 2016)

This workshop brought regulators and health care leaders from around the world together to chart the future of nursing regulation from an international perspective. The goal was to understand where nursing regulation is headed, accelerate processes by identifying key areas of focus and to plan what strategies and resources are required to ensure positive change occurs.

The NCSBN had carried out a qualitative literature review to identify trends using systematic search and advanced word association methods. The workshop involved an iterative process of discussion and brainstorming and refining which involved the active engagement of about 80 participants.

The following variables were considered to determine changes needed for effective future regulation:

- changing environment
- demographic change
- business and economic change
- regulatory and legislative change
- technological change
- political and social change.

Some of the current trends and future drivers for regulatory bodies were discussed, including:

- workforce planning
- workforce globalisation and impacts on education courses and harmonisation of standards
- fitness to practice
- risk assessment
- targeted interventions proportionate to risk
- team based inter-professional accountability and individual accountability
- continuing competence and revalidation
- potential future impact of technology on health services and regulation of health professionals.

The 2016 International Nurse Regulator Collaborative Symposium

The International Nurse Regulator Collaborative Symposium examined the impact of use of experts and technology on regulation and the benefits and barriers of regulation from a consumer perspective. Round table and panel discussions explored action in different countries and any global implications. The symposium was an excellent opportunity for learning about international trends in the regulation of nurses; establishing effective communication networks with key international and national professional organisations; and influencing global and national discussion about health regulatory policy.

Two key papers presented were:

- The future of the Professions: How technology will transform the work of Human Experts
- Cyber Clinical Teams? Education and Regulatory Challenges

The Scientific Symposium on Regulation (6 October 2016)

At this Symposium, nurse and midwifery regulators, researchers, educators and practitioners explored the evolution and concepts that inform public protection models.

The importance of using data to inform decision making was emphasised. US research and other international studies were presented demonstrating how this work advances the science of nursing policy; increases the body of evidence for regulatory decision making; informs best practice; and guides future directions in health professional governance and regulation.

Remuneration

Council members received the following remuneration.

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

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

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

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

Education and Research Account

The Nursing and Midwifery Council maintains an Education and Research account to fund activities that assist better understanding of conduct, performance and health issues amongst practitioners and students and management of these issues.

Expenditure from the Education and Research account this year included:

Initiative	Expenditure
Australian Business Group - temporary staff for research	\$5,224
KPMG - safety literature	\$23,342
KPMG - professional standards literature review	\$15,562
KPMG - stakeholder mapping project	\$20,486
Osman Consulting - decision making project	\$7,534
Less reversal of ARC linkage project costs in prior years	-\$16,880
Total	\$55,268

Financial Management

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

Accounts Performance 2016/17	\$
Revenue	8,057,665
Operating expenditure	7,022,848
Gain / (loss) on disposal	-
Net result	1,034,817
Net cash reserves* (cash and cash equivalents minus current liabilities)	7,403,698

* Included in the cash reserves is an Education and Research bank account balance of \$414,510.

The Nursing and Midwifery Council's budget for the period 1 July 2017 to 30 June 2018 is as follows.

Budget 2017/18	\$
Revenue	8,497,132
Operating expenditure	9,706,148
Net result	-1,209,016

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



**Occupational
Therapy
Council**
of NSW

Annual Report 2016-17



President's Message



**Occupational
Therapy
Council**
of NSW

I am pleased to present the Occupational Therapy Council of New South Wales annual report for 2016/17.

The Council welcomed advice from the Occupational Therapy Board of Australia that the profession has grown by almost 9% in the reporting year. While overall complaints against NSW registrants remains low, the Council has managed some complex cases relating to the mental health of occupational therapists. That said I am pleased to report that some occupational therapists have exited the Council's health program after a long period of careful monitoring by the Council. This demonstrates that impaired practitioners can return to work under conditions that keep the public safe.

The Council has continued to foster its working relationship with the National Board during the reporting year by participating in a joint meeting with the Board and participating in its Forum for Education Providers. The Council will continue to work with its stakeholders in order to maintain a high standard of regulation of occupational therapists in NSW.

I wish to thank the staff of the Health Professional Councils Authority for their hard work and support during the last year. I must also thank my fellow Council members for their diligence and robust participation in Council business.

I look forward to the challenges that the next year will bring.

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

Kim Nguyen

President

Occupational Therapy Council of New South Wales

Regulation of Occupational Therapists in 2016/17

Summary overview



16

New complaints received during the year related to

- Conduct – 1
 - Performance – 13
 - Health – 2
- 2 complaints were mandatory notifications



5,516

Registered Occupational Therapists in NSW

- 8.7% more than the previous year
- 28.3% of Occupational Therapists in Australia
- 0.3% of Occupational Therapists in NSW had complaints made about them – 16 practitioners



20

Complaints managed

- 4 open at start of year
- 16 received during the year
- 0 immediate actions including reviews
- 9 assessments and hearings concluded
- 16 closed during the year
- 4 open at year end
- 4 active monitoring at year end



16

Outcomes for closed complaints*

- 11 discontinued
- 2 no further action
- 1 conditions on registration
- 1 counselling
- 1 referred to another body

* A complaint may have more than one outcome

Council Communications

The Occupational Therapy Council website is the Council's primary communications tool to engage with occupational therapists and the wider community. The Council's website is being redeveloped and updated and is expected to provide a modern, more interactive and user-friendly platform for the public, practitioners and other visitors.

The website redevelopment involved stakeholder and community consultation that included workshops, focus groups and user testing. The new website will include easy access to the Council's new online complaint form, with detailed information about the complaint process and will make it easier for visitors to access information about the Council, including policies and publications.

The new website is expected to be launched in August 2017.

Council Members

Six members sit on the Occupational Therapy Council as prescribed by section 41E of the National Law.

Registered occupational therapy practitioner members:

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

Legal member:

- Ms Angela Petrie BPharm LLM MLLP

Community member:

- Mr John Peterson BCom(Hons).

Mr Kim Nguyen is appointed by the Governor as President of the Occupational Therapy Council.

Dr Katherine Moore is appointed by the Governor as Deputy President of the Occupational Therapy Council.

Executive Officer

Ms Sarah Carroll is the Executive Officer for the Occupational Therapy Council. The Executive Officer has 1.5 staff members who work directly with the Council.

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

Council Meeting Attendance

The Occupational Therapy Council met 11 times during the year.

Member attendance at Council meetings, eligibility to attend and length of office

Member	Meetings Attended	Meetings Eligible to Attend	Length of Office*
Mr Kim Nguyen – President	10	11	1 July 2012 – 30 June 2018
Dr Katherine Moore – Deputy President	8	11	1 July 2012 – 30 June 2018
Ms Carolyn Fozzard	9	11	1 July 2012 – 30 June 2018
Ms Melinda Hunt	10	11	1 July 2012 – 30 June 2018
Ms Angela Petrie	7	11	1 July 2012 – 30 June 2018
Mr John Peterson	9	11	1 July 2015 – 30 June 2018

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

Regulatory Committees and Panels

Part 8 of the National Law prescribes the committees and panels that support the Council in undertaking its regulatory activities.

Regulatory committees and panels include:

- Assessment Committee
- Impaired Registrants Panel
- Performance Review Panel

The Occupational Therapy Council appointed four Impaired Registrants Panels during the year.

Impaired Registrants Panel

The Impaired Registrants Panel (IRP) deals with matters where a registered health practitioner has a physical or mental impairment that affects, or is likely to affect their capacity to practise safely.

An IRP consists of two or three people who may or may not be Council members. At least one member must be registered in the same profession as the practitioner who is subject of the complaint and at least one panel member must be a medical practitioner. Panel members are selected from a pool of people who have undergone probity checks and are experienced in working with practitioners who have health problems.

Occupational Therapy Council Regulatory Panels

Impaired Registrants Panel	Impaired Registrants Panel	Impaired Registrants Panel	Impaired Registrants Panel
Non Council Members	Non Council Members	Non Council Members	Non Council Members
Dr Karen Arnold (Medical Practitioner)	Dr Mary-Anne Friend (Medical Practitioner)	Dr Karen Arnold (Medical Practitioner)	Dr Karen Arnold (Medical Practitioner)
Ms Sarah Blakemore (Occupational Therapist)	Mrs Michelle Williams (Occupational Therapist)	Ms Brenda McLeod (Occupational Therapist)	Dr Justin Scanlan (Occupational Therapist)

Council Committees

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

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

Meetings and Events

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

Occupational Therapy Council representation at meetings and events

Name of Meeting / Event	Attended By	Attendee Role
NRAS conference – Melbourne	Mr Kim Nguyen	Participant
	Ms Sarah Carroll (HPCA)	Participant
Meeting with the Occupational Therapy Board of Australia	Dr Katherine Moore	Participant
	Ms Carolyn Fozzard	Participant
	Ms Melinda Hunt	Participant
	Mr John Peterson	Participant
	Ms Sarah Carroll (HPCA)	Participant
Occupational Therapy Board of Australia Education Provider Forum	Dr Katherine Moore	Participant
	Ms Carolyn Fozzard	Participant
	Ms Melinda Hunt	Participant
	Ms Sarah Carroll (HPCA)	Participant

Overseas Travel

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

Remuneration

Council members received the following remuneration.

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

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

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

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

Education and Research Account

The Occupational Therapy Council maintains an Education and Research account to fund activities that assist better understanding of conduct, performance and health issues amongst practitioners and students and management of these issues.

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

Financial Management

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

Accounts Performance 2016/17	\$
Revenue	242,300
Operating expenditure	148,243
Gain / (loss) on disposal	-
Net result	94,057
Net cash reserves* (cash and cash equivalents minus current liabilities)	786,981

* Included in the cash reserves is an Education and Research bank account balance of \$45,773.

The Occupational Therapy Council's budget for the period 1 July 2017 to 30 June 2018 is as follows.

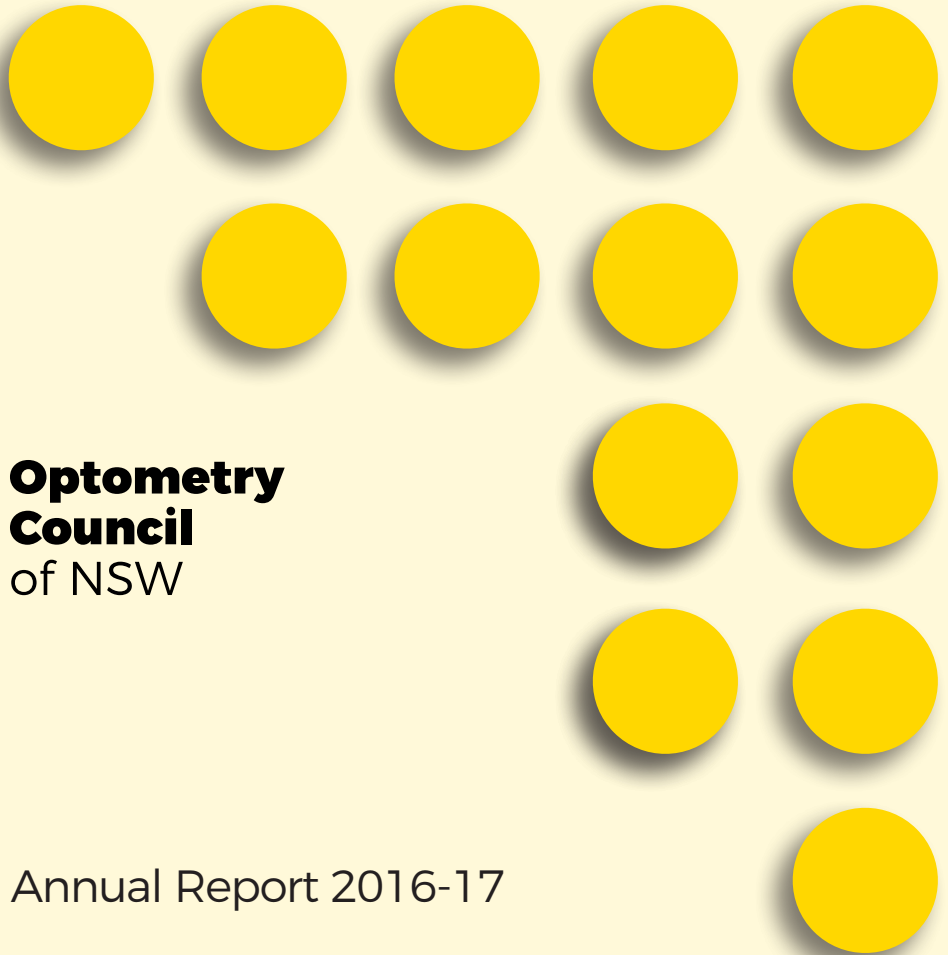
Budget 2017/18	\$
Revenue	249,105
Operating expenditure	248,317
Net result	788

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

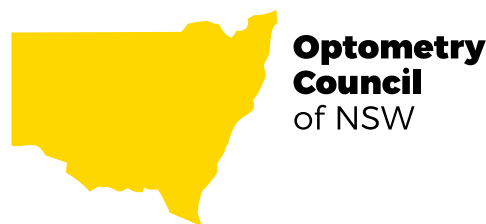


**Optometry
Council**
of NSW

Annual Report 2016-17



President's Message



I am pleased to submit the 2017 Annual Report of the Optometry Council of NSW.

The Council manages complaints and notifications about the performance, health and / or conduct of optometrists and optometry students practising (or studying) in New South Wales.

The overarching objective of the Council in the exercise of its functions under the national legislative framework is to protect the health and safety of the public of New South Wales. In pursuing that objective, the Council works in close collaboration with the NSW Health Care Complaints Commission (HCCC).

The Council also shares a close working relationship with the Optometry Board of Australia and the Australian Health Practitioner Regulation Agency (AHPRA) and contributes in a variety of ways to the promotion of the National Board's Code of Conduct and Registration Standards.

I am pleased to report that the regulatory activity has been relatively low this year, which has assisted the Council to post an operating surplus. It also speaks to the high standard of care that the overwhelming majority of optometrists deliver on a consistent basis.

I'm very fortunate to have a Council with great depth of knowledge and experience and I believe that our robust, yet respectful discussions, have led to balanced decision making. I would like to thank Pauline O'Connor for her legal and community member perspective. I would also like to thank John Davis and Derek Fails for their professional and insightful advice throughout the year.

My gratitude as always to the Health Professional Councils Authority (HPCA) staff, Mr Michael Jaques and Ms Christine Gursen for their continuous support and ability to make the Council's processes seamless and effective.

A handwritten signature in black ink that reads 'Albert Lee'. The signature is written in a cursive style with a long horizontal flourish at the end.

Albert Lee
Council President
Optometry Council of New South Wales

Regulation of
Optometrists in 2016/17

Summary overview



27

**New complaints
received during the
year related to**

Conduct – 8
Performance – 19
Health – 0
0 complaints were mandatory
notifications



1,807

**Registered
Optometrists in NSW**

3.7% more than the previous year
33.8% of Optometrists in Australia
1.5% of Optometrists in NSW had
complaints made about them –
27 practitioners



31

Complaints managed

4 open at start of year
27 received during the year
0 immediate actions including reviews
0 assessments and hearings concluded
23 closed during the year
8 open at year end
1 active monitoring at year end



23

Outcomes for closed complaints*

11 discontinued
7 no further action
4 counselling
1 withdrawn

* A complaint may have more
than one outcome

Council Communications

The Optometry Council website is the Council's primary communications tool to engage with optometrists and the wider community. The Council's website is being redeveloped and updated and is expected to provide a modern, more interactive and user-friendly platform for the public, practitioners and other visitors.

The website redevelopment involved stakeholder and community consultation that included workshops, focus groups and user testing. The new website will include easy access to the Council's new online complaint form, with detailed information about the complaint process and will make it easier for visitors to access information about the Council, including policies and publications.

The new website is expected to be launched in August 2017.

Council Members

Four members sit on the Optometry Council as prescribed by section 41E of the National Law.

Registered optometry practitioner members:

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

Legal member:

- Ms Pauline O'Connor LLB, LLM

Mr Albert Lee is appointed by the Governor as President of the Optometry Council.

Ms Pauline O'Connor is appointed by the Governor as Deputy President of the Optometry Council.

Executive Officer

Mr Michael Jaques is the Executive Officer for the Optometry Council and Ms Christine Gursen is the Assistant Executive Officer.

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

Council Meeting Attendance

The Optometry Council met 11 times during the year.

Member attendance at Council meetings, eligibility to attend and length of office

Member	Meetings Attended	Meetings Eligible to Attend	Length of Office*
Mr Albert Lee – President	10	11	1 July 2012 to 30 June 2018
Ms Pauline O'Connor – Deputy President	8	11	1 July 2012 to 30 June 2018
Mr John Davis	11	11	1 July 2015 to 30 June 2018
Mr Derek Fails	11	11	1 July 2015 to 30 June 2018

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

Regulatory Committees and Panels

Part 8 of the National Law prescribes the committees and panels that support the Council in undertaking its regulatory activities.

Regulatory committees and panels include:

- Assessment Committee
- Impaired Registrants Panel
- Performance Review Panel

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

Council Committees

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

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

Meetings and Events

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

Optometry Council representation at meetings and events

Name of Meeting / Event	Attended By	Attendee Role
NRAS Conference	Mr Albert Lee	Participant
NRAS Accreditation Systems Forum	Ms Pauline O'Connor	Participant
Optometry Regulatory Reference Group	Mr Albert Lee	Participant

Overseas Travel

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

Remuneration

Council members received the following remuneration.

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

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

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

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

Education and Research Account

The Optometry Council maintains an Education and Research account to fund activities that assist better understanding of conduct, performance and health issues amongst practitioners and students and management of these issues.

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

Financial Management

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

Accounts Performance 2016/17	\$
Revenue	217,144
Operating expenditure	162,469
Gain / (loss) on disposal	-
Net result	54,675
Net cash reserves* (cash and cash equivalents minus current liabilities)	381,628

* Included in the cash reserves is an Education and Research bank account balance of \$45,980.

The Optometry Council's budget for the period 1 July 2017 to 30 June 2018 is as follows.

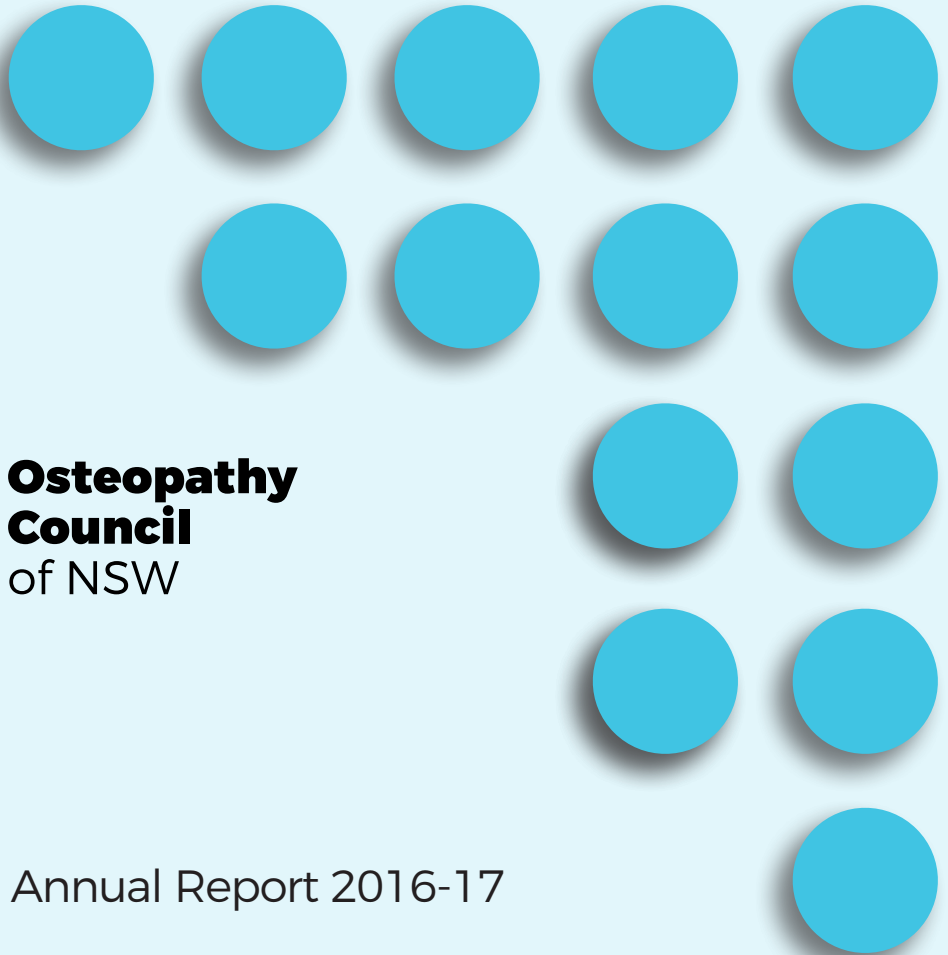
Budget 2017/18	\$
Revenue	228,508
Operating expenditure	149,937
Net result	78,571

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



**Osteopathy
Council**
of NSW

Annual Report 2016-17



President's Message



**Osteopathy
Council**
of NSW

I am pleased to submit the 2017 Annual Report for the Osteopathy Council of New South Wales (Council).

The number of new complaints this year is slightly higher than was the case in 2015-16. Two of these new complaints were grounded in police charges and will be prosecuted in the criminal jurisdiction in the first instance. Depending on the outcomes, it is likely that the Health Care Complaints Commission (HCCC) will also prosecute the matters before a Tribunal.

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

Towards the end of the academic year in 2016, I accepted an invitation to speak to the final year osteopathy students at the Lismore campus of Southern Cross University. The aim of my address was twofold: (i) to stress to the students that upon graduation and registration, the welfare of their patients should be their primary professional concern, and (ii) to inform them about the professional, psychological and economic consequences that could flow from engaging in conduct below the standard reasonably expected of a practitioner of an equivalent level of training or experience.

The Council finished the year with a trading surplus, largely due to the surcharge that NSW practitioners pay to the Australian Health Practitioner Regulation Agency on top of their annual registration fee. Regrettably, the Council will need to retain the surcharge for at least another year in order to build reserves to meet any unexpected regulatory expenses.

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

The Council would also like to thank the Health Professional Councils Authority (HPCA) executive staff dedicated to this Council, Mr Michael Jaques, Ms Christine Gursen and Mr Anthony Tobin for their kindness, support and sage advice throughout the year.

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

Anne Cooper

President
Osteopathy Council of New South Wales

Regulation of
Osteopaths in 2016/17

Summary overview



11

**New complaints
received during the
year related to**

Conduct – 7
Performance – 2
Health – 2

1 complaint was a
mandatory notification



564

**Registered
Osteopaths in NSW**

1.4% less than the previous year
25.3% of Osteopaths in Australia
1.4% of Osteopaths in NSW had
complaints made about them –
8 practitioners



14

Complaints managed

3 open at start of year
11 received during the year
3 immediate actions including reviews
4 assessments and hearings concluded
5 closed during the year
9 open at year end
2 active monitoring at year end



5

Outcomes for closed complaints*

2 discontinued
1 no further action
1 conditions on registration
1 referred to another body

* A complaint may have more
than one outcome

Council Communications

The Osteopathy Council website is the Council's primary communications tool to engage with osteopaths and the wider community. The Council's website is being redeveloped and updated and is expected to provide a modern, more interactive and user-friendly platform for the public, practitioners and other visitors.

The website redevelopment involved stakeholder and community consultation including workshops, focus groups and user testing. The new website will include easy access to the Council's new online complaint form, with detailed information about the complaint process and will make it easier for visitors to access information about the Council, including policies and publications.

The new website is expected to be launched in August 2017.

Council Members

Four members sit on the Osteopathy Council as prescribed by section 41E of the National Law.

Registered osteopathy practitioner members:

- Ms Anne Cooper RN DO MMedHum
- Mr Stiofan Mac Suibhne BSc (Hons), Osteo PG, CertEd, PGDip, HSc
- Mr Stuart Hammond BAppSc (Ost), MSt

Legal member:

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

Ms Anne Cooper is appointed by the Governor as President of the Osteopathy Council.

Mr Stiofan Mac Suibhne is appointed by the Governor as Deputy President of the Osteopathy Council.

Executive Officer

Mr Michael Jaques is the Executive Officer for the Osteopathy Council and Ms Christine Gursen is the Assistant Executive Officer.

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

Council Meeting Attendance

The Osteopathy Council met 11 times during the year.

Member attendance at Council meetings, eligibility to attend and length of office

Member	Meetings Attended	Meetings Eligible to Attend	Length of Office*
Ms Anne Cooper – President	10	11	1 July 2012 to 30 June 2018
Mr Stiofan Mac Suibhne – Deputy President	6	11	1 July 2012 to 30 June 2018
Mr Stuart Hammond	9	11	1 July 2015 to 30 June 2018
Ms Soraya Mir	10	11	6 March 2013 to 30 June 2018

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

Regulatory Committees and Panels

Part 8 of the National Law prescribes the committees and panels that support the Council in undertaking its regulatory activities.

Regulatory committees and panels include:

- Assessment Committee
- Impaired Registrants Panel
- Performance Review Panel

The Osteopathy Council appointed one Impaired Registrants Panel during the year.

Impaired Registrants Panel

The Impaired Registrants Panel (IRP) deals with matters where a registered health practitioner has a physical or mental impairment that affects, or is likely to affect their capacity to practise safely.

An IRP consists of two or three people who may or may not be Council members. At least one member must be registered in the same profession as the practitioner who is subject of the complaint and at least one panel member must be a medical practitioner. Panel members are selected from a pool of people who have undergone probity checks and are experienced in working with practitioners who have health problems.

Osteopathy Council Impaired Registrants Panel

Dr Karen Arnold	Medical Practitioner - Chair
Dr Sally Lake	Osteopathy practitioner
Dr Kerrin Murnane	Osteopathy practitioner

Council Committees

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

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

Meetings and Events

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

Osteopathy Council representation at meetings and events

Name of Meeting / Event	Attended By	Attendee Role
NRAS Conference	Ms Anne Cooper	Participant
Presentation at SCU Lismore	Ms Anne Cooper	Presenter
AHPRA Consultation forum	Ms Anne Cooper Ms Soraya Mir	Participant Participant

Overseas Travel

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

Remuneration

Council members received the following remuneration.

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

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

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

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

Education and Research Account

The Osteopathy Council maintains an Education and Research account to fund activities that assist better understanding of conduct, performance and health issues amongst practitioners and students and management of these issues.

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

Financial Management

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

Accounts Performance 2016/17	\$
Revenue	196,596
Operating expenditure	154,191
Gain / (loss) on disposal	-
Net result	42,405
Net cash reserves* (cash and cash equivalents minus current liabilities)	177,035

* Included in the cash reserves is an Education and Research bank account balance of \$228.

The Osteopathy Council's budget for the period 1 July 2017 to 30 June 2018 is as follows.

Budget 2017/18	\$
Revenue	200,352
Operating expenditure	181,656
Net result	18,696

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



Pharmacy Council of New South Wales

Protecting the public
Regulating pharmacists and pharmacies

Annual Report 2016-17



President's Message



Protecting the public
Regulating pharmacists and pharmacies

Welcome to the Pharmacy Council of New South Wales section of the annual report.

The past twelve months have been busy for the Pharmacy Council. This is an opportunity to provide some insight into the past year and the year ahead.

Since the inception of national registration in 2010, the number of complaints and notifications made against pharmacists in NSW has risen year on year. This year has been no exception to that trend and is in line with the national trend also. It is difficult to know why this is the case but it is something that both the Council and practitioners must consider. Often the way a consumer complaint is handled initially can be the difference between a notification being made and the problem being resolved. I would urge pharmacy owners, pharmacy managers and all pharmacists to revisit your procedures for complaint management and incident reporting. You may like to involve your professional indemnity insurer in this review.

In the last year several complaints have related to supply of large quantities of Schedule 8 medications at short intervals to patients on forged prescriptions. Again this is an area that could be reviewed on a regular basis by all pharmacists to minimise the possibility of this occurring in your workplace.

The number of pharmacies providing a complex compounding service continues to grow. In the past year the Council, in an effort to inform itself of the current trends and issues, has engaged with suppliers, training organisations and other regulators to work towards providing guidance to practitioners in this area. We have also formed a working group that is working on providing guidelines for premises undertaking compounding. We would be happy to receive any feedback with regard to this initiative whether that is positive or negative.

We have continued our efforts to improve stakeholder engagement which has involved staff and Council members attending conferences, education sessions, university presentations and Intern training programmes as well as meetings with other regulators and professional associations. We aim to increase this level of interaction in the coming year.

I would like to thank my fellow Council members for their dedication, input and support over the last year. To the growing group of non-members who act as mentors, auditors, performance reviewers and panel members, on behalf of all Council members, I thank you for your efforts and experience in assisting Council do its job.

Finally, none of this could have been achieved without all our dedicated support staff and Health Professional Councils Authority (HPCA) executives. It has been a difficult year with staff turnover and upcoming organisational changes; to those that have moved on we thank you for your input, and to those that remain we are deeply appreciative of your dedication and commitment to making our role easier.

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

Stuart Ludington

President

Pharmacy Council of New South Wales

Regulation of
Pharmacists in 2016/17

Summary overview



272

**New complaints
received during the
year related to**

Conduct - 64
Performance - 195
Health - 13

14 complaints were mandatory
notifications



9,270

**Registered
Pharmacists in NSW**

1.1% more than the previous year
30.5% of Pharmacists in Australia
2.7% of Pharmacists in NSW had
complaints made about them -
250 practitioners



414

Complaints managed

142 open at start of year
272 received during the year
59 immediate actions including reviews
132 assessments and hearings concluded
217 closed during the year
197 open at year end
76 active monitoring at year end



225

Outcomes for closed complaints*

87 no further action
66 discontinued
29 conditions on registration
17 no jurisdiction or referred
13 counselling
6 caution or reprimand
2 registration cancelled
2 registration surrendered
2 withdrawn
1 change to non-practising

* A complaint may have more
than one outcome

Emerging issues and trends

Compounding

During the previous year complex compounding in community pharmacies emerged as an issue with a number of complaints dealt with by the Council involving a lack of knowledge and adherence to legislative requirements and the Pharmacy Board of Australia's compounding guidelines.

In response to growing concerns around the practice of compounding, the Pharmacy Council established a Compounding Working Group, commissioned targeted research and held a number of joint meetings with its regulatory stakeholders to gain a broader understanding of the current compounding environment. Work will continue in the next reporting period to formulate strategies and develop resources to assist the Council in responding to identified areas of need related to compounding.

Council Communications

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

The website redevelopment involved stakeholder and community consultation that included workshops, focus groups and user testing. The new website will include easy access to the Council's new online complaint form, with detailed information about the complaint process and will make it easier for visitors to access information about the Council, including policies and publications.

The new website is expected to be launched in August 2017.

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

Council Members

Ten members sit on the Pharmacy Council as prescribed by section 41E of the National Law.

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

Five members are local pharmacists elected by local pharmacists.

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

- Ms Terry Anne Maunsell BPharm, FSHP
- Ms Joyce Cooper BSc(Pharmacy), GradDipClinPharm, MRPharmS(GB), MSHP

Legal member:

- Ms Penny Ho LLB (Hons), LLM

Part 2: Reports from Health Professional Councils

Community members:

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

Elected local pharmacist members:

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

Mr Stuart Ludington is appointed by the Governor as President of the Pharmacy Council.

Mr Adrian Wei-Chun Lee is appointed by the Governor as Deputy President of the Pharmacy Council.

Executive Officer

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

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

Council Meeting Attendance

The Pharmacy Council met 13 times during the year.

Member attendance at Council meetings, eligibility to attend and length of office

Member	Meetings Attended	Meetings Eligible to Attend	Length of Office*
Mr Stuart Ludington – President	13	13	1 April 2016 - 31 March 2019
Mr Adrian Wei-Chun Lee – Deputy President	12	13	1 April 2016 - 31 March 2019
Mr Michael (Mike) Anderson	12	13	1 April 2016 - 31 March 2019
Ms Carolyn Burlew	12	13	4 July 2012 - 30 June 2018
Ms Joyce Cooper	12	13	1 July 2015 - 30 June 2018
Ms Penny Ho	12	13	1 July 2015 - 30 June 2018
Ms Terry Anne Maunsell	12	13	25 March 2009 - 31 March 2018
Mrs Anne Reynolds	13	13	1 April 2016 - 31 March 2019
Mr Paul Sinclair	11	13	1 April 2016 - 31 March 2019
Ms Marilyn Starr	12	13	4 July 2012 - 30 June 2018

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

Regulatory Committees and Panels

Part 8 of the National Law prescribes the committees and panels that support the Council in undertaking its regulatory activities.

Regulatory committees and panels include:

- Assessment Committee
- Impaired Registrants Panel
- Performance Review Panel

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

Impaired Registrants Panel

The Impaired Registrants Panel (IRP) deals with matters where a registered health practitioner has a physical or mental impairment that affects, or is likely to affect their capacity to practise safely.

An IRP consists of two or three people who may or may not be Council members. At least one member must be registered in the same profession as the practitioner who is subject of the complaint and at least one panel member must be a medical practitioner. Panel members are selected from a pool of people who have undergone probity checks and are experienced in working with practitioners who have health problems.

Performance Review Panel

The Performance Review Panel (PRP) may review matters where unsatisfactory professional practice is indicated. The PRP examines evidence to establish whether a practitioner is performing to a standard reasonably expected of practitioner with their level of training and experience.

A PRP consists of three people who may or may not be Council members. At least two panel members must be registered in the same profession as the practitioner who is subject of the complaint and one member must not be a health practitioner. Panel members are required to undergo probity checks.

Pharmacy Council Panels

Impaired Registrants Panel	Performance Review Panel
Non Council Members Dr Alison Reid Mrs Elizabeth Frost	Non Council Members Ms Rosemary Kusuma - Chair Ms Zaheeda Patel Mr Jonathan Chen

Council Committees

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

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

Notifications Committee

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

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

Finance Committee

The Finance Committee provides oversight and management of Information and Communications Technology (ICT), strategic plans and financial matters. The Committee also advises and makes recommendations to the Council in relation to the following:

- Council's budget, budget projections and financial reports
- ICT matters
- HPCA Strategic Plan
- Service Level Agreement between the HPCA and the Council

The Committee met on 11 occasions.

Ownership Committee

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

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

The Committee met on 11 occasions.

Communications Committee

The role of the Communications Committee is to:

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

The Committee met on 4 occasions.

Education and Research Committee

Section 41S of the National Law allows the Council to establish an Education and Research Account to provide funds for education and research purposes relevant to its regulatory functions and for meeting any associated administrative costs.

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

Pharmacy Council Committee Membership

Notifications Committee	Finance Committee	Ownership Committee
Chair Ms Joyce Cooper	Chair Ms Carolyn Burlew	Chair Mr Mike Anderson
Council Members Ms Penny Ho Mr Stuart Ludington Mrs Anne Reynolds Ms Marilyn Starr	Council Members Mr Adrian Lee Mr Stuart Ludington Ms Terry Maunsell Mr Paul Sinclair	Council Members Ms Joyce Cooper Mr Stuart Ludington Mr Paul Sinclair
		Non Council Members Ms Maria Watts
Communications Committee		Education and Research Committee
Chair Mrs Anne Reynolds		Chair Ms Terry Maunsell
Council Members Mr Mike Anderson Mr Adrian Lee Mr Stuart Ludington Ms Marilyn Starr		Council Members Mr Mike Anderson Ms Joyce Cooper Ms Penny Ho Mr Stuart Ludington

Compounding Working Group

The Compounding Working Group was established in October 2016 in response to growing concerns around the practice of compounding. The purpose of the Working Group is to gain a broader understanding of the current compounding environment, to formulate strategies and to develop resources to assist the Council in responding to identified areas of need related to compounding. The Group met on 8 occasions.

Compounding Working Party

Chair

Mr Paul Sinclair

Council Members

Ms Penny Ho

Mr Mike Anderson

Ms Terry Maunsell

Ms Joyce Cooper

Meetings and Events

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

Pharmacy Council representation at meetings and events

Name of Meeting / Event	Attended By	Attendee Role
Meeting on prescribing and compounding of peptides – HCCC/PRU/Medical Council	Mr Stuart Ludington Mr Adrian Lee	Participant Participant
NRAS Stakeholder consultation forum	Mr Stuart Ludington Ms Katharina Nicholson (HPCA)	Participant Participant
Pharmacy Premises Registering Authorities of Australia (PPRAA) meetings	Mr Adrian Lee Ms Maria Watts (HPCA)	Member Member

The Council also met with the Pharmacy Board of Australia Notifications Committee and representatives of the Pharmaceutical Regulatory Unit, NSW Ministry of Health.

Stakeholder Input

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

Pharmacy Council submissions

Name of agency	Consultation
Commonwealth Department of Health	Review of Pharmacy Remuneration and Regulation
Pharmaceutical Society of Australia	Code of Ethics for Pharmacists
Pharmaceutical Society of Australia	Professional Practice Standards Consultation 2017
Pharmaceutical Society of Australia	Professional Practice Standards Consultation - Compounding 2017
Pharmaceutical Society of Australia	Dose Administration Aides Guidelines
NSW Ministry of Health	Consultation on possible amendments to the National Law - unregistered practitioners

Education and Research

The Pharmacy Council maintains an Education and Research account to fund activities that assist better understanding of conduct, performance and health issues amongst practitioners and students and management of these issues.

The Pharmacy Council offers two types of grants:

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

Education and Research account expenditure this year totalled \$15,861 for the following:

- Award to Branko Radjkovic to part fund his working visit to the pharmacy department of the Johannes Gutenberg University Teaching Hospital, Germany to enable professional exchange and cooperation in the field of clinical pharmacy, with emphasis on the extemporaneous preparation of medicines, aseptic manufacturing and the preparation of cytotoxic medications. The above areas are emerging trends amongst complaints received by the Pharmacy Council.
- Final payments to The University of Sydney for 'Status of Current Teaching in Professional Ethics in Pharmacy and Development of Curriculum Resource'.
- Final payment to The University of Sydney for 'Enabling Pharmacists to Improve Care of People living with a Disability in NSW'.
- Payment to the University of Sydney for 'Community Pharmacists and People at Risk of Suicide: An Examination of Experiences, Attitudes and Stigma'.

Compounding of Medicines Research Project

In response to receiving an increasing number of complaints involving compounding within community pharmacies, the Pharmacy Council commissioned a body of research to assist it in its understanding of the extent of current compounding practice in New South Wales.

The University of Canberra was awarded \$10,000 for its project 'Investigation of the service of compounding medicines in New South Wales and comparison with other compounding services offered in Australia and overseas'. It is anticipated that the project will be completed by December 2017.

Overseas Travel

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

Remuneration

Council members received the following remuneration.

President	\$33,264 per annum
Deputy President	\$22,176 per annum
Council Members	\$11,088 per annum

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

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

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

Regulation of Pharmacy Businesses

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

As at 30 June 2017 there were 1,969 pharmacies registered in NSW.

Register of Pharmacies

Clause 14 of Schedule 5F of the National Law requires the Council to keep a Register of Pharmacies.

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

There were 446 changes to the Register of Pharmacies in 2016/17.

Change	Number
New Pharmacy	46
Pharmacy Relocation /Resizing	66
New Professional Services Room	3
Professional Services Room Relocation/Resizing	nil
Change of Pharmacy Ownership	182
Change of Pharmacy Name	115
Acquisition of a financial interest in a pharmacy business by acquiring shares in a Pharmacist's Body Corporate and / or appointment of new director(s)	15
Pharmacy Closure	19

Fees

On 1 July 2016, the Health Practitioner Regulation (New South Wales) Amendment (Pharmacy Fees) Regulation 2016 commenced operation. From this date the ability of the Pharmacy Council to set pharmacy ownership application fees and charges was removed. Under the Regulation, pharmacy fees are payable for approval of pharmacy premises and registration of holders of a financial interest in pharmacy businesses. All fees are prescribed by the Regulation.

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

Offences under Schedule 5F of the National Law

Schedule 5F of the National Law sets out provisions related to the holding of financial interests in pharmacy businesses and the responsibilities of pharmacy owners which, if contravened, may give rise to a Council initiated Local Court prosecution.

No Local Court prosecutions were conducted during the year.

Pharmacy Inspectors

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

Pharmacy inspectors are appointed as authorised persons under section 164 of the National Law, with powers under section 164A to enter and inspect premises, to copy and/or seize records and to require persons to answer questions and also have responsibilities under the Poisons and Therapeutic Goods Act 1966 regarding safe handling of medications.

Pharmacy inspectors undertake the following activities.

Routine inspections

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

Application approval inspections

The approval by the Council of an application concerning the relocation of an existing pharmacy or the establishment of a new pharmacy business is subject to a satisfactory inspection to ensure compliance with the legislative requirements prior to commencing business on a new site.

Complaints inspections

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

- Operating a pharmacy without a pharmacist in charge
- Dispensing error
- Physical condition of the pharmacy and storage of stock
- Inadequate record keeping
- Smoking/drinking alcohol on the premises.

The Notifications Committee considered the inspection reports in determining action to appropriately manage the complaints.

Drug destructions

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

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

Activity	Number
Routine inspections	1,531
Inspections of relocated pharmacies and new pharmacy premises	95
Compliance/Complaint related inspections	14
Drug destructions	279

Financial Management

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

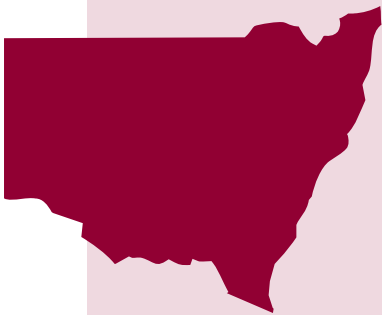
Accounts Performance 2016/17	\$
Revenue	3,117,063
Operating expenditure	2,657,285
Gain / (loss) on disposal	-
Net result	459,778
Net cash reserves* (cash and cash equivalents minus current liabilities)	3,455,811

* Included in the cash reserves is an Education and Research bank account balance of \$10,194.

The Pharmacy Council's budget for the period 1 July 2017 to 30 June 2018 is as follows.

Budget 2017/18	\$
Revenue	2,896,647
Operating expenditure	4,325,304
Net result	-1,428,657

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



**Physiotherapy
Council**
of NSW

Annual Report 2016-17



President's Message



I am pleased to present the Physiotherapy Council of New South Wales 2016/17 Annual Report, my third report as President.

The Council managed a record number of complaints in this financial year, however the overall rate of complaints against physiotherapists remains low. Nonetheless the Council remains committed to promoting good standards of ethical behaviour and practice for NSW physiotherapists.

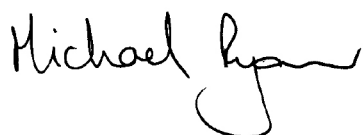
As part of this commitment the Council has approved a project to develop video content exploring common ethical issues that arise in physiotherapist practice. I look forward to launching the finished product to all NSW physiotherapists in the coming year.

The Council has met regularly with the Physiotherapy Board of Australia to discuss areas of shared interest, particularly the increased scrutiny over advertising and use of social media by physiotherapists. We look forward to collaborating with the Board on its regulatory activities in the coming year.

I would like to take this opportunity to thank my fellow Council members for their work over the last year as well as all of the physiotherapists and other professionals that make up our committees and panels. All of our members have busy professional lives and must be recognised for their careful consideration of often complex matters.

I must extend special thanks to Jenny Aiken, who retired as a physiotherapist member of Council after two years of service. Jenny undertook her duties as Council member and practitioner member of the Council's Complaints and Notifications Committee with commitment, dedication and professionalism. We wish her all the best for her future endeavours.

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



Michael Ryan

President

Physiotherapy Council of New South Wales

Regulation of
Physiotherapists in 2016/17

Summary overview



41

**New complaints
received during the
year related to**

Conduct – 14
Performance – 23
Health – 4

4 complaints were mandatory
notifications



8,900

**Registered
Physiotherapists in NSW**

5.9% more than the previous year
29.3% of Physiotherapists in Australia
0.4% of Physiotherapists in NSW had
complaints made about them –
39 practitioners



56

Complaints managed

15 open at start of year
41 received during the year
2 immediate actions including reviews
10 assessments and hearings concluded
33 closed during the year
23 open at year end
3 active monitoring at year end



33

Outcomes for closed complaints*

19 discontinued
9 no further action
3 counselling
2 referred to another body

* A complaint may have more
than one outcome

Council Communications

The Physiotherapy Council website is the Council's primary communications tool to engage with physiotherapists and the wider community. The Council's website is being redeveloped and updated and is expected to provide a modern, more interactive and user-friendly platform for the public, practitioners and other visitors.

The website redevelopment involved stakeholder and community consultation that included workshops, focus groups and user testing. The new website will include easy access to the Council's new online complaint form, with detailed information about the complaint process and will make it easier for visitors to access information about the Council, including policies and publications.

The new website is expected to be launched in August 2017.

Council Members

Ten members sit on the Physiotherapy Council as prescribed by section 41E of the National Law.

Registered physiotherapy practitioner members:

- Professor Darren Rivett PhD MAppSc (Manip Pty) BAppSc (Pty) Grad Dip ManipTher MAICD
- Mrs Jenny Aiken B App Sc (Pty) GAICD
- Ms Elizabeth Ward BSc, PGD (Pty), MPH, MHLthSc (Pty), GAICD
- Mr David Gonzalez B AppSc (Pty).

Registered physiotherapist member nominated by the professional association:

- Mr Michael Ryan BAppSc (Pty) MHLthSc (ManipPty) FACP

Registered physiotherapist member involved in conducting an approved program of study:

- Assoc Professor Martin Mackey PhD MSafSc BAppSc (Pty) BEc Grad Cert Ed (Higher Ed)

Legal member:

- Ms Karen Thomas Dip Law Dip Radiography

Community members:

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

Mr Michael Ryan is appointed by the Governor as President of the Physiotherapy Council.

Mr Darren Rivett is appointed by the Governor as Deputy President of the Physiotherapy Council.

Executive Officer

Ms Sarah Carroll is the Executive Officer for the Physiotherapy Council. The Executive Officer has 1.5 staff members who work directly with the Council.

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

Council Meeting Attendance

The Physiotherapy Council met 11 times during the year.

Member attendance at Council meetings, eligibility to attend and length of office

Member	Meetings Attended	Meetings Eligible to Attend	Length of Office [^]
Mr Michael Ryan – President	11	11	26 November 2008 – 30 June 2018
Prof Darren Rivett – Deputy President	10	11	1 July 2014 – 30 June 2020
Ms Jenny Aiken*	9	11	1 July 2015 – 30 June 2017
Ms Elizabeth Ward	10	11	1 July 2015 – 30 June 2018
Mr David Gonzalez	8	11	1 July 2015 – 30 June 2018
Assoc Prof Martin Mackey	11	11	1 July 2012 – 30 June 2018
Ms Karen Thomas	9	11	1 July 2015 – 30 June 2018
Ms Janene Eagleton	9	11	1 July 2014 – 30 June 2020
Ms Marie Clarke	9	11	1 July 2015 – 30 June 2018
Ms Babette Smith	9	11	1 July 2015 – 30 June 2018

* Resigned June 2017

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

Regulatory Committees and Panels

Part 8 of the National Law prescribes the committees and panels that support the Council in undertaking its regulatory activities.

Regulatory committees and panels include:

- Assessment Committee
- Impaired Registrants Panel
- Performance Review Panel

The Physiotherapy Council appointed one Assessment Committee and three Impaired Registrants Panels during the year.

Assessment Committee

Council may refer matters to an Assessment Committee, but not complaints that are:

- Being investigated by the Health Care Complaints Commission (HCCC)
- Referred to a Tribunal
- Related to a criminal offence or conviction
- Involve a practitioner who is not of good character

The Assessment Committee may obtain medical, legal, financial or other advice it thinks necessary to fulfil its function. The Assessment Committee may settle a complaint by consent of the parties. Otherwise recommendations are made to the Council on appropriate management of the complaint, for instance through Council Inquiry, counselling or dismissal of the complaint.

An Assessment Committee consists of four members who must not be Council members. Three members must be health practitioners registered in the same profession as the practitioner who is subject of the complaint and one must not be a health practitioner. Assessment Committee members are required to undergo probity checks.

Impaired Registrants Panel

The Impaired Registrants Panel (IRP) deals with matters where a registered health practitioner has a physical or mental impairment that affects, or is likely to affect their capacity to practise safely.

An IRP consists of two or three people who may or may not be Council members. At least one member must be registered in the same profession as the practitioner who is subject of the complaint and at least one panel member must be a medical practitioner. Panel members are selected from a pool of people who have undergone probity checks and are experienced in working with practitioners who have health problems.

Physiotherapy Council Regulatory Committees and Panels

Assessment Committee	Impaired Registrants Panel	Impaired Registrants Panel	Impaired Registrants Panel
Non Council Members	Non Council Members	Non Council Members	Non Council Members
Mr Michael Ward Chair (Physiotherapist)	Prof Ian Hunt (Medical Practitioner)	Prof Ian Hunt (Medical Practitioner)	Dr Karen Arnold (Medical Practitioner)
Ms Libby Loneragan (Physiotherapist)	Ms Vicki Williams (Physiotherapist)	Ms Vicki Williams (Physiotherapist)	Ms Vicki Williams (Physiotherapist)
Mr John Davies – Community member	Ms Adrienne Hunt (Physiotherapist)		
Vacant (Practitioner member)			

Council Committees

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

The Physiotherapy Council appointed two committees during the year.

Complaints and Notifications Committee

The Complaints and Notifications Committee manages all new complaints in consultation with the HCCC.

Health Committee

The Health Committee manages health related complaints and monitors impaired practitioners.

Physiotherapy Council Committees and Membership

Complaints and Notifications Committee	Health Committee
Council Members	
Prof Darren Rivett Chair	Assoc Prof Martin Mackey Chair
Ms Jenny Aiken	Ms Elizabeth Ward
Ms Karen Thomas	Ms Marie Clarke
Non Council Members	
	Ms Maria Quinlivan (Physiotherapist)

Meetings and Events

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

Physiotherapy Council representation at meetings and events

Name of Meeting / Event	Attended By	Attendee Role
NRAS conference – Melbourne	Ms Sarah Carroll (HPCA)	Participant
Meeting with the Chair and Executive Officer of the Physiotherapy Board of Australia	Mr Michael Ryan	Joint Chair
	Prof Darren Rivett	Participant
	Ms Marie Clarke	Participant
	Mr David Gonzalez	Participant
	Prof Martin Mackey	Participant
	Ms Janene Eagleton	Participant
	Ms Babette Smith	Participant
	Ms Karen Thomas	Participant
Teleconferences with National Board Chair and Executive Officer	Ms Sarah Carroll (HPCA)	Participant
	Mr Michael Ryan	Participant
	Ms Sarah Carroll (HPCA)	Participant

Overseas Travel

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

Remuneration

Council members received the following remuneration.

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

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

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

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

Education and Research Account

The Physiotherapy Council maintains an Education and Research account to fund activities that assist better understanding of conduct, performance and health issues amongst practitioners and students and management of these issues.

No funds were expended from the Education and Research account during the year.

Financial Management

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

Accounts Performance 2016/17	\$
Revenue	597,436
Operating expenditure	396,440
Gain / (loss) on disposal	-
Net result	200,996
Net cash reserves* (cash and cash equivalents minus current liabilities)	1,313,113

* Included in the cash reserves is an Education and Research bank account balance of \$194,018.

The Physiotherapy Council's budget for the period 1 July 2017 to 30 June 2018 is as follows.

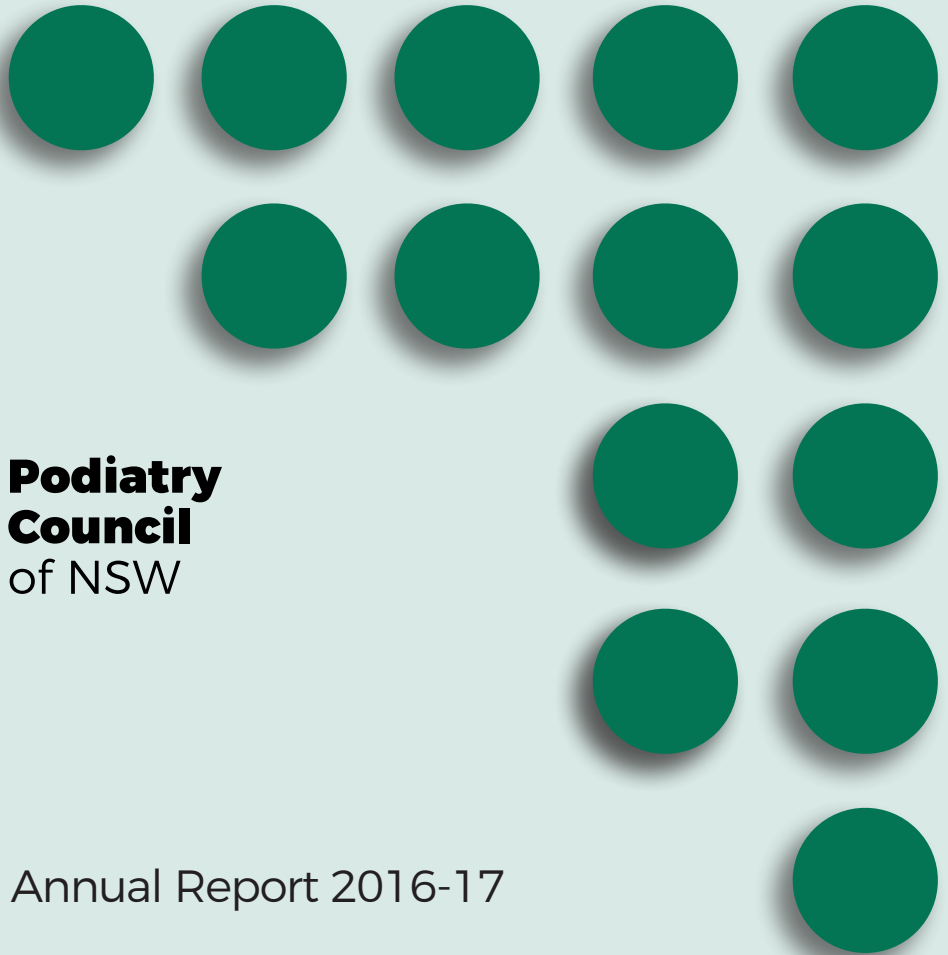
Budget 2017/18	\$
Revenue	616,932
Operating expenditure	414,765
Net result	202,167

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



**Podiatry
Council**
of NSW

Annual Report 2016-17



President's Message



I am pleased to submit the 2017 Annual Report for the Podiatry Council of New South Wales (Council).

As in previous years, there was steady growth in the volume of complaints managed by the Council this year, the details of which you will find in this Annual Report.

Many podiatry practitioners would be aware that a registration surcharge for NSW practitioners was introduced some years ago in order to ensure the Council had the necessary resources to carry out its regulatory functions under the Health Practitioner Regulation National Law (NSW). I am pleased to report that the Council's financial position is steadily improving, although there is still a gap to be bridged before the Council can achieve its equity target. The Council is mindful of the impact the surcharge has on practitioners and continues to work with our regulatory partners to ensure fees paid by practitioners are allocated appropriately and transparently and that our costs are carefully controlled.

The Council welcomed the opportunity to contribute complaints data to the Podiatry Board of Australia's review of notifications since commencement of the national scheme in 2010. The analysis of complaints and notification data allows us as regulatory partners to better understand the issues that have led to complaints and the types of regulatory activity that has occurred in response. We will continue to work alongside the National Board to ensure that we are able to both contribute to the development of and to use quality data to inform our regulatory activities.

The Podiatry Council continued its focus on infection prevention initiatives during 2016-17. The Council was again active in education presenting interactive workshops at the Australasian Podiatry Council national conference. The Council's infection control inspection protocols for practitioners are published on our website and I encourage practitioners to also use the self-audit tool recently published by the National Board. The Health Professional Councils Authority (HPCA) Monitoring Inspections and Scheduling Unit continues to carry out routine inspections at practices to promote compliance and maintain community confidence in the high standards of infection control of the profession.

The work of the Council relies significantly on the behind the scenes support of the HPCA staff. The Council wishes to acknowledge their support and assistance which enables the Council to effectively undertake its role. Of particular note is the support given to the Council by our Executive Officer, Mr Michael Jaques and Assistant Executive Officer, Ms Christine Gursen. I would like to also thank my colleagues on the Council, Dr Kristy Robson (Deputy President), Ms Verona du Toit (practitioner member) and Mr Ebenezer Banful (legal member) for their contributions. As a small Council, the work is spread amongst a small number of hands, so their contributions are very significant.

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



Luke Taylor
President
Podiatry Council of New South Wales

Regulation of
Podiatrists in 2016/17

Summary overview



19

**New complaints
received during the
year related to**

Conduct – 6
Performance – 11
Health – 2

1 complaint was a
mandatory notification



1,370

**Registered Podiatrists
in NSW**

8% more than the previous year
27.8% of Podiatrists in Australia
1.2% of Podiatrists in NSW had
complaints made about them –
16 practitioners



25

Complaints managed

6 open at start of year
19 received during the year
1 immediate action matter
4 assessments and hearings concluded
23 closed during the year
2 open at year end
0 active monitoring at year end



23

Outcomes for closed complaints*

8 no further action
8 discontinued
5 referred to another body
2 counselling

* A complaint may have more
than one outcome

Council Communications

The Podiatry Council website is the Council's primary communications tool to engage with podiatrists and the wider community. The Council's website is being redeveloped and updated and is expected to provide a modern, more interactive and user-friendly platform for the public, practitioners and other visitors.

The website redevelopment involved stakeholder and community consultation that included workshops, focus groups and user testing. The new website will include easy access to the Council's new online complaint form, with detailed information about the complaint process and will make it easier for visitors to access information about the Council, including policies and publications.

The new website is expected to be launched in August 2017.

Council Members

Four members sit on the Podiatry Council as prescribed by section 41E of the National Law.

Registered podiatry practitioner members:

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

Legal member:

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

Mr Luke Taylor is appointed by the Governor as President of the Podiatry Council.

Dr Kristy Robson is appointed by the Governor as Deputy President of the Podiatry Council.

Executive Officer

Mr Michael Jaques is the Executive Officer for the Podiatry Council and Ms Christine Gursen is the Assistant Executive Officer.

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

Council Meeting Attendance

The Podiatry Council met 11 times during the year.

Member attendance at Council meetings, eligibility to attend and length of office

Member	Meetings Attended	Meetings Eligible to Attend	Length of Office*
Mr Luke Taylor – President	9	11	1 July 2015 - 30 June 2020
Dr Kristy Robson - Deputy President	11	11	1 July 2015 - 30 June 2020
Ms Verona du Toit	9	11	1 July 2015 – 30 June 2018
Mr Ebenezer Banful	10	11	1 January 2011 – 30 June 2018

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

Regulatory Committees and Panels

Part 8 of the National Law prescribes the committees and panels that support the Council in undertaking its regulatory activities.

Regulatory committees and panels include:

- Assessment Committee
- Impaired Registrants Panel
- Performance Review Panel

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

Council Committees

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

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

Meetings and Events

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

Podiatry Council representation at meetings and events

Name of Meeting / Event	Attended By	Attendee Role
NRAS Conference	Mr Luke Taylor	Participant
Australasian Podiatry Conference, Melbourne	Mr Luke Taylor Dr Kristy Robson	Presenter Presenter

Overseas Travel

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

Other Council Activities

The Podiatry Council engaged authorised persons from the Monitoring, Inspections and Scheduling Unit (MISU) of the HPCA to conduct infection control inspections at podiatry practices across NSW. Nineteen practices employing 43 podiatrists were assessed for compliance against the relevant standards and guidelines. Common deviations from the standards were:

- use of domestic washing machines for clinical linen
- absence of personal protective equipment
- cracks in seating and flooring
- inadequate sterilisation records and procedures
- inadequate environmental and waste management procedures.

The inspection reports assisted Council decision making about identified issues of concern and follow up action to improve compliance with standards and guidelines.

Remuneration

Council members received the following remuneration.

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

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

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

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

Education and Research Account

The Podiatry Council maintains an Education and Research account to fund activities that assist better understanding of conduct, performance and health issues amongst practitioners and students and management of these issues.

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

Financial Management

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

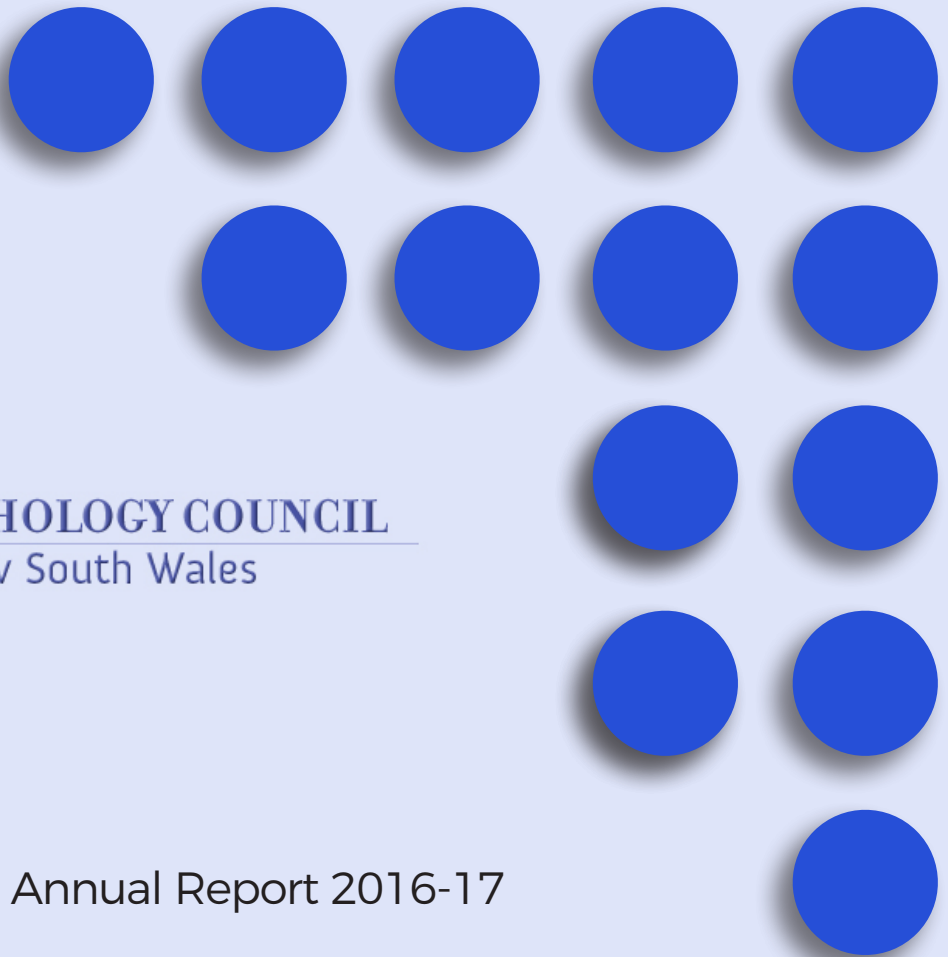
Accounts Performance 2016/17	\$
Revenue	299,382
Operating expenditure	174,702
Gain / (loss) on disposal	-
Net result	124,680
Net cash reserves* (cash and cash equivalents minus current liabilities)	352,941

* Included in the cash reserves is an Education and Research bank account balance of \$64,224.

The Podiatry Council's budget for the period 1 July 2017 to 30 June 2018 is as follows.

Budget 2017/18	\$
Revenue	317,820
Operating expenditure	179,109
Net result	138,711

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



 **PSYCHOLOGY COUNCIL**
of New South Wales

Annual Report 2016-17

President's Message

It is with great pleasure that I submit the 2017 Annual Report for the Psychology Council of New South Wales (Council).

In a rapidly expanding digital world where diverse communication platforms allow multiple options for promoting and marketing psychological services, practitioners are often exposed to the risk of blurred boundaries. Where practitioners elect to advertise and/or offer other services or products that are effectively unrelated or tangentially related to their psychological work, care needs to be exercised to guarantee a clear demarcation between activities. The Council has dealt with a number of cases where psychologists have used social media networks to promote or market alternative therapies but in so doing, have failed to adequately distinguish such activities from their professional role as a psychologist. In addition, others have incorporated non-evidence based non-psychological alternative therapies in their interactions with clients. Practitioners are urged to review their social media profiles and practices to ensure compliance with the Australian Health Practitioner Regulation Agency requirements and to minimise risk of blurred boundaries.

Other media related issues have emerged with the popularity of reality television shows. Psychologists can play an important and integral part in promoting the profession through media programs that educate and inform the public on the role and function of psychologists. However, concerns have been expressed recently related to situations where the involvement of a psychologist is less for educational purposes, and more for entertainment. Again, the potential for blurred boundaries and issues of duty of care arises unless psychologists take especial care in defining the nature and purpose of their involvement in media shows, and subsequently ensuring that potential roles as psychologist and entertainer are not mixed or confused. Psychologists appearing in media must keep in mind the fact that they are representing the profession and its reputational standing to the public.

The year also brought some changes to the membership of the Council. The Council is pleased to announce the appointment of Hugh Macken (legal member) and Robert Lorsch (community member), both already making a significant and much valued contribution.

It is also opportune to reiterate the fact that the Council's capacity to discharge its duties in an effective and efficient manner relies in large part on the assistance provided behind the scenes by the Health Professional Councils Authority (HPCA) and the dedicated staff assigned to this Council. Accordingly, on behalf of the whole Council, I would like to once again acknowledge and express appreciation of the level of secretariat support and cooperation provided over the year.

I am looking forward to another productive and rewarding year ahead as we continue working collaboratively with the Health Care Complaints Commission in a co-regulatory environment; whilst being more than ably supported by the HPCA.



Professor Alexander Blaszczynski
President
Psychology Council of New South Wales

Regulation of
Psychologists in 2016/17

Summary overview



224

**New complaints
received during the
year related to**

Conduct – 109
Performance – 99
Health – 16

16 complaints were mandatory
notifications



11,522

**Registered Psychologists
in NSW**

2.5% more than the previous year
32.9% of Psychologists in Australia
1.6% of Psychologists in NSW had
complaints made about them –
190 practitioners



316

Complaints managed

92 open at start of year
224 received during the year
13 immediate actions including reviews
54 assessments and hearings concluded
205 closed during the year
111 open at year end
27 active monitoring at year end



205

Outcomes for closed complaints*

79 discontinued
68 no further action
26 no jurisdiction or referred
13 counselling
7 withdrawn
5 registration cancelled
4 conditions on registration
2 registration surrendered
1 change to non-practising

* A complaint may have more
than one outcome

Council Communications

The Psychology Council website is the Council's primary communications tool to engage with psychologists and the wider community. The Council's website is being redeveloped and updated and is expected to provide a modern, more interactive and user-friendly platform for the public, practitioners and other visitors.

The website redevelopment involved stakeholder and community consultation that included workshops, focus groups and user testing. The new website will include easy access to the Council's new online complaint form, with detailed information about the complaint process and will make it easier for visitors to access information about the Council, including policies and publications.

The new website is expected to be launched in August 2017.

Other mediums used by the Council to communicate information to psychologists include electronic newsletters. During the reporting period, the Council published one newsletter.

Council Members

Eight members sit on the Psychology Council as prescribed by section 41E of the National Law.

Registered psychologist practitioner members:

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

Legal member:

- Mr Hugh Macken BA, LLB, LLM

Community members:

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

Professor Alexander Blaszczyński is appointed by the Governor as President of the Psychology Council.

Associate Professor William Warren is appointed by the Governor as Deputy President of the Psychology Council.

Executive Officer

Ms Myra Nikolich is the Executive Officer for the Psychology Council. The Executive Officer leads a team of five who work directly with the Council.

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

Council Meeting Attendance

The Psychology Council met 12 times during the year.

Member attendance at Council meetings, eligibility to attend and length of office

Member	Meetings Attended	Meetings Eligible to Attend	Length of Office*
Professor Alexander Blaszczyński – President	10	12	1 July 2015 - 30 June 2018
Associate Professor William Warren – Deputy President	11	12	1 July 2015 - 30 June 2018
Dr Robyn Vines	10	12	1 July 2012 - 30 June 2018
Mr Thomas O'Neill	12	12	1 July 2012 - 30 June 2018
Dr Lizabeth Tong	11	12	1 July 2015 - 30 June 2018
Ms Margo Gill	11	12	11 August 2010 - 30 June 2018
Mr Robert Lorsch	9	10	29 June 2016 - 30 June 2018
Mr Hugh Macken	9	10	29 June 2016 - 30 June 2018

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

Regulatory Committees and Panels

Part 8 of the National Law prescribes the committees and panels that support the Council in undertaking its regulatory activities.

Regulatory committee and panels include:

- Assessment Committee
- Impaired Registrants Panel
- Performance Review Panel

The Psychology Council appointed one Impaired Registrants Panel and one Performance Review Panel during the year.

Impaired Registrants Panel

The Impaired Registrants Panel (IRP) deals with matters where a registered health practitioner has a physical or mental impairment that affects, or is likely to affect their capacity to practise safely.

An IRP consists of two or three people who may or may not be Council members. At least one member must be registered in the same profession as the practitioner who is subject of the complaint and at least one panel member must be a medical practitioner. Panel members are selected from a pool of people who have undergone probity checks and are experienced in working with practitioners who have health problems.

Performance Review Panel

The Performance Review Panel (PRP) may review matters where unsatisfactory professional practice is indicated. The PRP examines evidence to establish whether a practitioner is performing to a standard reasonably expected of a practitioner with their level of training and experience.

A PRP consists of three people who may or may not be Council members. At least two panel members must be registered in the same profession as the practitioner who is the subject of the complaint and one member must not be a health practitioner. Panel members are required to undergo probity checks.

Psychology Council Panels

Impaired Registrants Panel		Performance Review Panel	
Membership Non Council Members	Meetings Attended	Membership Non Council Members	Meetings Attended
Dr Emma Collins	9	Mr David Mutton – Chair	1
Professor Louise Sharpe	4	Ms Carol Boland	1
Mr David Mutton	4	Ms Frances Taylor – Lay member	1
Associate Professor Christopher Willcox	3		
Ms Gail Purkis	2		
Mr Peter Walker	1		
Dr Judy Hyde	1		
Dr Michael Diamond – Medical Practitioner	10		
Dr Alison Reid – Medical Practitioner	3		
Dr Mary-Anne Friend – Medical Practitioner	2		

Council Committees

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

The Psychology Council appointed two committees during the year.

Complaints and Notifications Committee

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

Finance Committee

The Finance Committee reviews and manages the Council's budget, budget projections and financial reports, and makes recommendations to the Council on any other financial matters of relevance.

Psychology Council Committees and Membership

Complaints and Notifications Committee	Finance Committee
Council Members	Council Members
Professor Alexander Blaszczyński	Professor Alexander Blaszczyński
Non Council Members	Associate Professor William Warren
Ms Miriam Wyzenbeek – Professional Officer (HPCA)	Dr Robyn Vines
Ms Myra Nikolich – Executive Officer (HPCA)	Mr Robert Lorsch

Meetings and Events

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

Psychology Council representation at meetings and events

Name of Meeting / Event	Attended By	Attendee Role
Meeting with National Board	Professor Alexander Blaszczyński	Participant
	Ms Myra Nikolich (HPCA)	Participant
Professional Advisory Group – Children's Court Clinic	Professor Alexander Blaszczyński	Participant

Overseas Travel

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

Remuneration

Council members received the following remuneration.

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

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

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

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

Education and Research Account

The Psychology Council maintains an Education and Research account to fund activities that assist better understanding of conduct, performance and health issues amongst practitioners and students and management of these issues.

Education and Research account expenditure this year totalled \$23,190 including grants to the following:

- Corrective Services NSW for 'Developing standards of clinical supervision practice for preventing professional and personal boundary violation in the correctional setting'
- University of NSW for identifying factors associated with best practice by registered psychologists
- LSC Psychology for examination of the practice of Family Court report writing by psychologists.

Financial Management

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

Accounts Performance 2016/17	\$
Revenue	1,474,208
Operating expenditure	1,162,052
Gain / (loss) on disposal	-
Net result	312,156
Net cash reserves* (cash and cash equivalents minus current liabilities)	2,124,769

* Included in the cash reserves is an Education and Research bank account balance of \$80,496.

The Psychology Council's budget for the period 1 July 2017 to 30 June 2018 is as follows.

Budget 2017/18	\$
Revenue	1,622,739
Operating expenditure	1,953,864
Net result	-331,125

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