



Health Professional Councils of NSW

Annual Report 2017-18

Joint Annual Reports of the 15 New South Wales Health Professional Councils

ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH PRACTICE COUNCIL CHINESE MEDICINE COUNCIL
CHIROPRACTIC COUNCIL DENTAL COUNCIL MEDICAL COUNCIL MEDICAL RADIATION PRACTICE COUNCIL NURSING
AND MIDWIFERY COUNCIL OCCUPATIONAL THERAPY COUNCIL OPTOMETRY COUNCIL OSTEOPATHY COUNCIL
PARAMEDICINE COUNCIL PHARMACY COUNCIL PHYSIOTHERAPY COUNCIL PODIATRY COUNCIL PSYCHOLOGY COUNCIL



Health Professional Councils Authority

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Foreword

The 15 NSW Health Professional Councils (Councils) present the one joint report.

The Councils are:

- **Aboriginal and Torres Strait Islander Health Practice Council** of New South Wales
- **Chinese Medicine Council** of New South Wales
- **Chiropractic Council** of New South Wales
- **Dental Council** of New South Wales
- **Medical Council** of New South Wales
- **Medical Radiation Practice Council** of New South Wales
- **Nursing and Midwifery Council** of New South Wales
- **Occupational Therapy Council** of New South Wales
- **Optometry Council** of New South Wales
- **Osteopathy Council** of New South Wales
- **Paramedicine Council** of New South Wales¹
- **Pharmacy Council** of New South Wales
- **Physiotherapy Council** of New South Wales
- **Podiatry Council** of New South Wales
- **Psychology Council** of New South Wales

¹ The Paramedicine Council was established by Law in February 2018 but Council member appointments do not commence until late 2018.

The annual report is set out in three parts.

Part 1 contains information relevant to all Councils, including information about the responsibilities of Councils, regulatory activities, governance, compliance and data reports.

Part 2 contains information specific to each Council, including Council member details and Council achievements.

Part 3 contains audited financial statements specific to each Council.

The full report is available on the Health Professional Councils Authority (HPCA) website www.hpca.nsw.gov.au.

Part 1 of the report and the relevant Council specific sections of Parts 2 and 3 are available on each Council's website.

The Health Professional Councils Authority has collated information provided by each Council about their respective activities.

The Australian Health Practitioner Regulation Agency (AHPRA) has provided registration data.



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12 October 2018

The Hon. Brad Hazzard MP
Minister for Health

Minister for Medical Research

GPO Box 5341
SYDNEY NSW 2001

Dear Minister

The NSW Health Professional Councils are pleased to submit their joint Annual Report and Financial Statements for the year ending 30 June 2018 for presentation to Parliament.

This is in accordance with the provisions of the *Annual Reports (Statutory Bodies) Act 1984* and the *Finance and Audit Act 1983*.

The Councils are responsible for administering the *Health Practitioner Regulation National Law (NSW)* and act in the interests of public safety.

Yours sincerely

Mr Christopher O'Brien
President
Aboriginal and Torres Strait Islander Health
Practice Council

Ms Rosemary MacDougal
Deputy President
Aboriginal and Torres Strait Islander Health
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President
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Occupational Therapy Council

Ms Carolyn Fozzard
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Occupational Therapy Council

Mr Albert Lee
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Optometry Council

Ms Pauline O'Connor
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Optometry Council

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Deputy President
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Ms Asha Mears
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Paramedicine Council



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Mr Luke Taylor
President
Podiatry Council

Dr Kristy Robson
Deputy President
Podiatry Council

Ms Gail Purkis
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Psychology Council

Associate Professor Christopher Wilcox
Deputy President
Psychology Council

* Signed by the Executive Officer of the Paramedicine Council pending appointment of Council members.

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- Physiotherapy Council of New South Wales
- Podiatry Council of New South Wales
- Psychology Council of New South Wales



PART 1

Overview, Regulatory Activity, Governance and Compliance

NSW Health Professional Councils
and Co-regulation

About the Councils

About the Health Professional
Councils Authority

Registration

Regulation of NSW Health
Practitioners in 2017/18 – Snapshot

Regulatory Activity

Five Year Trends 2013/14 to 2017/18

Strategic Planning

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NSW Health Professional Councils and Co-regulation

NSW Health Professional Councils (Councils) have a public protection responsibility.

This is achieved through regulation of NSW based health practitioners, including managing complaints (or notifications) about health practitioners.

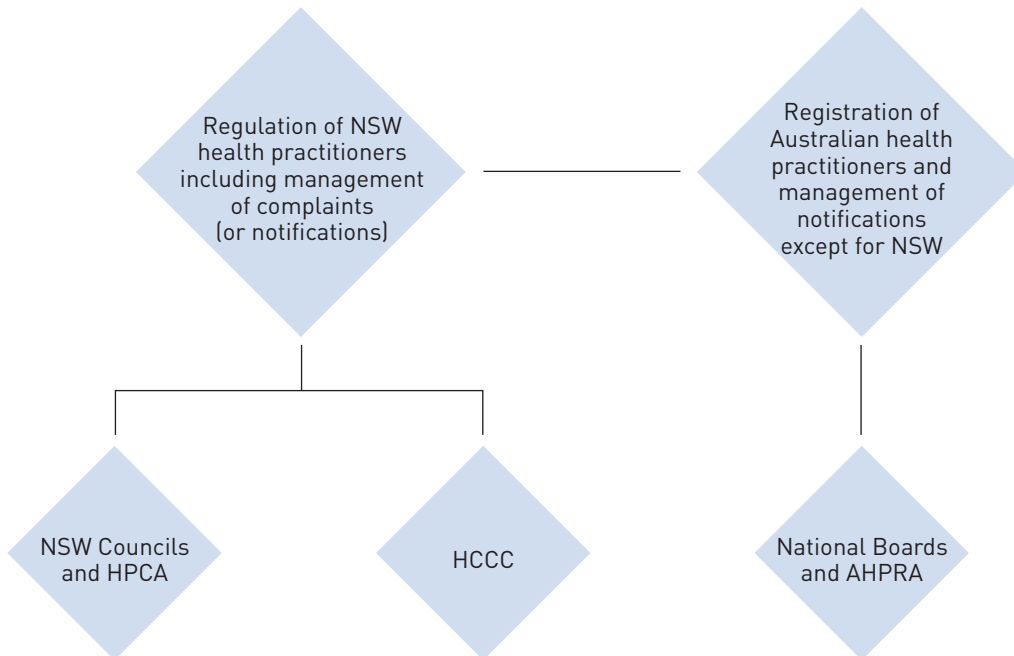
The Councils operate:

- in partnership with the Health Professional Councils Authority (HPCA)
- in collaboration with the NSW Health Care Complaints Commission (HCCC)
- as part of the National Registration and Accreditation Scheme (NRAS)

Under the NRAS, National Health Professional Boards and the Australian Health Practitioner Regulation Agency (AHPRA) handle registration of health practitioners Australia wide and also notifications about health practitioners in most states and territories of Australia.

The Councils are co-regulators under the NRAS.

Co-regulatory arrangements under the National Registration and Accreditation Scheme (NRAS)



About the Councils

Charter

Each of the 15 Councils is an independent statutory body constituted under the *Health Practitioner Regulation National Law (NSW)* (National Law) exercising the powers, authorities, duties and functions set out in the National Law.

Responsibilities

Councils have a responsibility to protect public safety and wellbeing. This includes managing complaints that relate to the conduct, performance and health of registered health practitioners in NSW. Councils also manage conduct and health matters involving registered students in NSW training programs.

The Councils and the HCCC jointly assess complaints to decide how each complaint should be managed. The HCCC is a separate statutory authority established under the *Health Care Complaints Act 1993*.

Councils act in the interests of the public by ensuring that registered practitioners are fit to practise and registered students in approved programs of study are fit to have contact with members of the public.

The Councils manage a range of programs, services and processes that support their objectives. These also provide the public with assurance that registered practitioners are maintaining proper and appropriate standards of conduct and professional performance.

The Pharmacy Council has an additional role of regulating pharmacy ownership and is required to maintain a register of NSW pharmacies.

Council Membership

The National Law and the *Health Practitioner Regulation (New South Wales) Regulation 2010* sets out the composition of individual Councils.

Council members (members) are appointed by the Governor, except for half of the Pharmacy Council members who are elected. The term of appointment is three years and a member may serve up to a maximum of nine years.

Part 2 of this report includes membership details for each Council.

Funding

NSW Councils are funded through a portion of registration fees paid to AHPRA by health practitioners who identify NSW as their principal place of practice. Councils also receive a portion of fees collected from practitioners who do not identify a principal place of practice.

About the Health Professional Councils Authority

The HPCA is an executive agency of the NSW Ministry of Health (MoH) and works in partnership with the Councils. The HPCA provides shared executive and corporate services to support the Councils' regulatory purpose.

All employed staff that work directly and indirectly with Councils are employed by the HPCA. Under the National Law Councils cannot employ staff.

The HPCA also liaises with:

- The Ministry of Health to provide advice and responses to the Minister for Health and the Secretary on regulatory matters, member appointments and other operational functions
- The HCCC on complaints management issues
- The Australian Health Practitioner Regulation Agency (AHPRA) regarding finances, research, registration and reporting matters.

The HPCA's shared services assist Councils to achieve efficiencies that would not be possible if each Council had to establish its own service support structure.

Three year Service Level Agreements (SLAs) to 2019 are in place with all Councils. The SLAs define the scope and quality of services that Councils can expect, within the constraints of available resources.

Registration

Registered Health practitioners

Information about registration and health practitioner numbers provides context for the Councils' regulatory work.

AHPRA maintains the National public register of health practitioners which is available on the website www.ahpra.gov.au. HPCA sources registration information from AHPRA.

Table 1 provides information about the number of health practitioners who primarily practise in NSW; the total number of health practitioners in Australia; and NSW practitioners as a percentage of all Australian practitioners.

Table 1: Registered health practitioners by profession as at 30 June 2018

Profession ¹	NSW registered practitioners	Total Australian registered practitioners	% of Australian registered practitioners with NSW PPP ²
Aboriginal and Torres Strait Islander Health Practice	129	641	20.1%
Chinese Medicine	1,992	4,882	40.8%
Chiropractic	1,813	5,420	33.5%
Dental	6,981	23,093	30.2%
Medical	35,303	115,113	30.7%
Medical Radiation Practice	5,413	16,257	33.3%
Midwifery	1,199	5,209	23.0%
Nursing	100,734	370,319	27.2%
Nursing and Midwifery ³	8,024	28,277	28.4%
Occupational Therapy	5,881	20,975	28.0%
Optometry	1,857	5,532	33.6%
Osteopathy	582	2,389	24.4%
Pharmacy	9,443	31,108	30.4%
Physiotherapy	9,279	31,995	29.0%
Podiatry ⁴	1,447	5,155	28.1%
Psychology	11,956	36,376	32.9%
Total 2017/18	202,033	702,741	28.7%
Total 2016/17	196,605	678,938	29.0%

Notes:

¹ No paramedicine practitioners were registered in 2017/18 as registration for this profession does not commence until 2018/19.

² PPP refers to 'principle place of practice'.

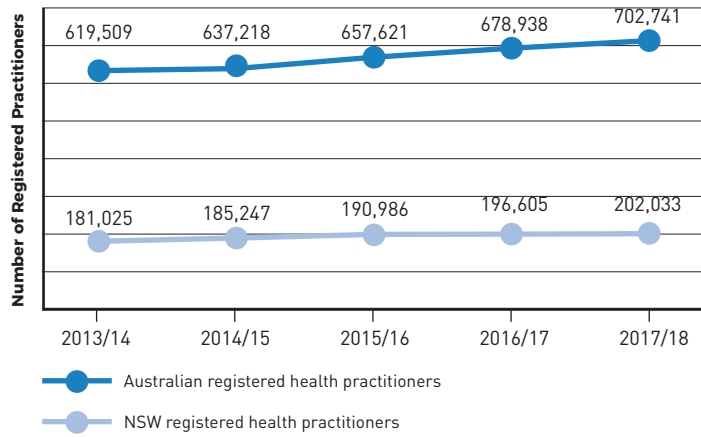
³ Registrants who hold dual registration as both a nurse and a midwife.

⁴ The term 'podiatrist' refers to both podiatrists and podiatric surgeons unless otherwise specified.

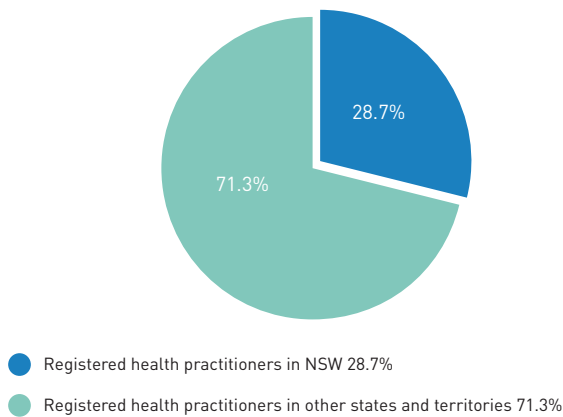
Registration continued

Health practitioner numbers are growing by roughly 3% each year and NSW health practitioners consistently make up around 29% of all registered health practitioners in Australia.

Graph 1: Increasing number of registered health practitioners



Proportion of registered health practitioners in Australia that practise in NSW

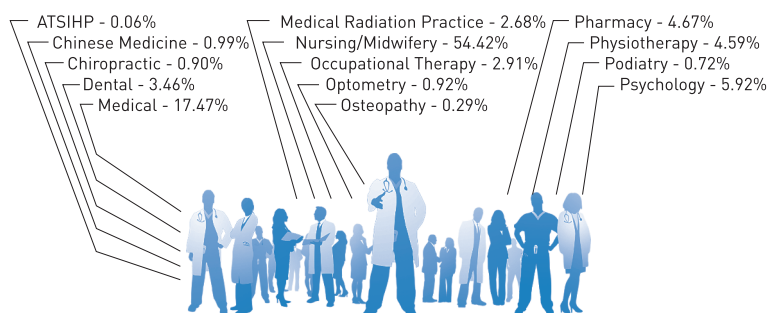


Registered practitioner numbers vary significantly between the professions.

Aboriginal and Torres Strait Islander Health Practice (ATSIHP) has the lowest number of practitioners and Nursing and Midwifery has the highest number of practitioners.

No paramedicine practitioners were registered in 2017/18 as registration for this profession is not due to commence until 2018/19.

Registered practitioners in NSW by profession as a percentage of total NSW registered practitioners



Registration continued

Registered Students

Students in programs of study for 13 of the regulated health professions are also registered. The Psychology Board of Australia does not register students but instead has provisional registration for new graduates. Paramedicine registration did not apply in 2017/18.

NSW students registered across the health professions make up 25.9% of student registrations Australia wide. Figures are based on where students reside.

Student registration data is identified separately to data about registered practitioners. Students do not pay registration fees and are not published on the National Register.

Table 2: Registered students in 2017/18

Students by profession ¹	Registered NSW ¹ Students	Total Registered Students in Australia	NSW Students as % of Australian Students
Aboriginal and Torres Strait Islander Health Practice	77	490	15.7%
Chinese Medicine	298	1,220	24.4%
Chiropractic	709	2,209	32.1%
Dental	798	3,731	21.4%
Medical	5,876	20,272	29.0%
Medical Radiation Practice	1,688	4,424	38.2%
Midwifery	729	3,495	20.9%
Nursing	23,984	97,361	24.6%
Occupational Therapy	2,108	8,079	26.1%
Optometry	622	1,936	32.1%
Osteopathy	61	1,456	4.2%
Pharmacy	1,921	6,487	29.6%
Physiotherapy	2,471	8,472	29.2%
Podiatry	448	1,482	30.2%
Total 2017/18	41,790	161,114	25.9%
Total 2016/17	43,282	157,213	27.5%

Notes:

¹ NSW students are based on the recorded residential state of students.

NSW students that have not provided a valid residential state may not be captured in the NSW data but are captured in AHPRA's total registered student numbers.

Student figures are the number of students reported to be in an approved program of study/clinical training program in the financial year. This may include ongoing students or students completing study within the period. Education providers submit this data to AHPRA.

Approved programs of study refer to courses approved by a National Board and leading to general registration.

Clinical training is any form of clinical experience that does not form part of an approved program of study.

Psychology students are not included in the table as they are not registered. New psychology graduates work under provisional registration instead.

Regulation of NSW Health Practitioners in 2017/18

SNAPSHOT



Practitioner information

702,741

Australian registered health practitioners

28.7% of Australian health practitioners are in NSW (n 202,033)

3,838

of NSW practitioners were subject of a complaint (1.9%)

65.7% of complaints were from patients, relatives or general public (n 3,031)

19.6% of complaints were from employers, health professionals, or self-reports (n 904)



Complaints received

4,610

complaints were received including:

362 mandatory notifications (7.9%) and 424 requiring immediate action (9.2%)

60.5% of complaints (n 2,793) were about:

- clinical care (n 1,880)
- pharmacy/medication issues (n 529)
- communications (n 384)

64.5%

of complaints related to performance

28.2% conduct and 7.3% health



Complaints managed

1,596

new complaints were managed directly by Councils after consultation with the HCCC

that is 34.6% of complaints received

4,240

complaints were closed during the year

2,541 complaints remained open at the end of the year

2,171 open complaints were carried over from the previous year

1,174

Assessments and hearing were concluded by Councils

297

outcomes involved cancelled, suspended, surrendered registration or conditions on practice

197 outcomes involved counselling or interview with a practitioner



Complaints monitored

852

practitioners were being actively monitored by Councils at the end of the year including:

165 performance matters
369 conduct matters
318 health matters

Regulatory Activity

Complaints about NSW Health Practitioners

Any individual or agency can make a complaint about a registered health practitioner or registered student through the Councils, the HCCC or AHPRA.

The *Health Care Complaints Act 1993* requires Councils and the HCCC to advise each other about complaints received and to consult about the action to be taken. A complaint made to a Council is deemed to be also made to the HCCC and vice versa. Complaints about NSW practitioners made through AHPRA are automatically transferred to the Councils and HCCC.

Most practitioners are professional and competent, so complaints are made about only a very small proportion of registered health practitioners. This year complaints were made about 1.9% of NSW health practitioners overall.

All NSW Councils have the same regulatory responsibilities. However, larger numbers of practitioners in a profession generally mean the council has a greater number of complaints to manage than Councils responsible for professions with smaller numbers of practitioners.

Also risk profiles vary for each profession. Differences in the nature of work contribute to this, for example more invasive procedures mean higher risks. Other factors can include settings where practitioners work, for instance practitioners in the private sector or solo practices may have greater risks when compared with practitioners in public health services who can access advice from other health practitioners, supervision and support systems.

Despite the relatively low incidence of complaints, the regulatory bodies and the work they do is critical to safe health service delivery and public protection.

Table 3 provides an overview of complaints about health practitioners by profession, including the number of complaints open at the beginning and the end of 2017/18; the number of complaints received during the year; the number of practitioners subject of complaint; and the percentage of NSW practitioners that had a complaint made about them.

Regulatory Activity continued**Table 3: Overview of NSW complaints 2017/18**

Profession	Number of cases open at 1/7/17	Number of complaints received in 2017/18	Number of complaints closed in 2017/18	Number of cases open at 30/6/18	Number of practitioners with complaints received in 2017/18	Practitioners with a complaint in 2017/18 as % of registered practitioners in NSW
Aboriginal and Torres Strait Islander Health Practice	-	-	-	-	-	-
Chinese Medicine	14	31	41	4	30	1.5%
Chiropractic	31	45	64	12	44	2.4%
Dental	301	425	443	283	321	4.6%
Medical	1,069	2,599	2,313	1,355	2,088	5.9%
Medical Radiation Practice	14	12	20	6	12	0.2%
Midwifery ¹	9	34	22	21	32	2.7%
Nursing ²	373	707	627	453	632	0.6%
Occupational Therapy	4	25	20	9	21	0.4%
Optometry	8	28	29	7	26	1.4%
Osteopathy	9	15	20	4	13	2.2%
Pharmacy	201	312	303	210	286	3.0%
Physiotherapy	23	54	58	19	51	0.5%
Podiatry	2	27	20	9	26	1.8%
Psychology	113	296	260	149	254	2.1%
Total 2017/18	2,171	4,610	4,240	2,541	3,836	1.9%

Notes:

Data includes mandatory notifications.

¹ Includes midwifery complaints about practitioners with registration as both midwife and nurse² Includes nursing complaints about practitioners with registration as both nurse and midwife

As no complaints about Aboriginal and Torres Strait Islander Health Practitioners or students were received or open in 2017/18, this profession is not included in any further tables presenting complaints data in this report.

Regulatory Activity continued

Mandatory Notifications

Health practitioners, employers and education providers must comply with the National Law and make mandatory notifications to AHPRA if they believe a practitioner's behaviour amounts to notifiable conduct. AHPRA then refers these matters to a Council if the mandatory notification is about a NSW practitioner.

Notifiable conduct includes:

- Practising while intoxicated by alcohol or drugs
- Sexual misconduct in connection with the practice of the profession
- Placing the public at risk of harm because of a significant departure from accepted professional standards
- Placing the public at risk of substantial harm because of a health issue or impairment.

Table 4 shows mandatory notifications received during the year; the number of practitioners about whom mandatory complaints were made; and the percentage of complaints received that were mandatory notifications.

Table 4: Mandatory notifications received about practitioners 2017/18

Profession	Mandatory notifications	Number of practitioners subject of mandatory notification	Mandatory notifications as % of all complaints received by profession
Chinese Medicine	-	-	-
Chiropractic	2	2	4.4%
Dental	-	-	-
Medical	88	77	3.4%
Medical Radiation Practice	-	-	-
Midwifery	14	14	41.2%
Nursing	234	218	33.0%
Occupational Therapy	3	1	12.0%
Optometry	2	2	7.1%
Osteopathy	1	1	6.7%
Pharmacy	4	4	1.3%
Physiotherapy	4	3	7.4%
Podiatry	2	2	7.4%
Psychology	8	8	2.7%
Total 2017/18	362	332	7.9%

Regulatory Activity continued

Complaints about Students

Complaints may be made about the conduct or health of registered students and mandatory notifications are required where a student has an impairment that could place the public at substantial risk of harm.

Table 5 provides information specific to complaints about students.

Complaints about students are also included in the overview of NSW complaints in Table 3 and mandatory notifications information in Table 4.

Table 5: Complaints and mandatory notifications received about health professional students 2017/18

Profession	Number of complaints and mandatory notifications about students
Chinese Medicine	-
Chiropractic	1
Dental	2
Medical	9
Medical Radiation Health Practice	1
Midwifery	1
Nursing	14
Occupational Therapy	1
Optometry	-
Osteopath	3
Pharmacy	3
Physiotherapy	-
Podiatry	1
Psychology	-
Total 2017/18	36

Regulatory Activity continued

Source of Complaints

Anyone can make a complaint about a health practitioner. However patients are most frequently the complainant, followed by relatives. This year the next highest number of complaints came from employers, then other practitioners and members of the public.

Table 6 provides information about source of complaints.

Table 6: Source of complaints received 2017/18

Notification source	Chinese Medicine	Chiropractic	Dental	Medical	Medical Radiation Practice	Midwifery	Nursing	Occupational Therapy	Optometry	Osteopathy	Pharmacy	Physiotherapy	Podiatry	Psychology	Total 2017/18
AHPRA	15	13	2	14	3	-	25	1	4	2	7	-	2	12	100
Anonymous	-	3	5	60	-	-	23	2	-	1	32	2	1	6	135
Council	1	2	11	104	-	1	8	-	1	-	24	-	2	2	156
Courts / Coroner	-	-	-	7	-	-	2	-	-	-	-	-	-	-	9
Drugs and poisons	-	-	-	34	-	-	-	-	-	-	19	-	-	-	53
Education provider	-	-	2	3	1	-	5	-	-	-	2	-	1	3	17
Employee	-	-	10	19	-	-	14	2	-	-	2	1	1	3	52
Employer	-	1	3	46	-	14	259	3	-	-	4	3	-	14	347
Government department	1	-	3	24	-	1	6	-	-	-	9	-	-	14	58
HCE	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Hospital	-	1	-	2	-	-	4	-	-	-	2	1	-	1	11
HPCA/HCCC	1	-	1	17	-	1	6	-	-	-	1	-	-	1	28
Insurance company	-	-	1	2	-	-	-	-	1	-	-	-	-	-	4
Lawyer	-	-	1	19	-	-	1	-	-	-	-	-	-	-	21
Member of the public ¹	-	10	19	109	-	1	69	1	-	1	47	6	3	33	299
Other practitioner ²	2	1	17	171	-	2	48	2	1	4	18	6	3	26	301
Patient	9	8	263	1,316	7	10	62	8	15	6	91	27	9	110	1,941
Police	1	-	2	19	-	-	7	-	-	1	-	-	-	1	31
Relative	-	3	62	541	-	2	78	3	4	-	41	6	5	46	791
Self	1	2	9	58	1	-	46	1	-	-	6	1	-	6	131
Treating practitioner ³	-	1	14	34	-	2	44	2	2	-	7	1	-	18	125
Total 2017/18	31	45	425	2,599	12	34	707	25	28	15	312	54	27	296	4,610

Notes:

¹ Includes unpaid carers; friends of patient or practitioner; students.

² Includes other service providers; colleagues.

³ Includes practitioners treating the patient or treating the practitioner.

Regulatory Activity continued

Types of Complaints

Complaints about health practitioners are made for various reasons. Complaints about clinical care are the most frequent. During the year the next most frequent complaints were about pharmaceutical or medication issues, followed by communications.

Table 7 provides information about the types of complaints received during the year for each health profession.

Table 7: Type of complaints received 2017/18

Complaint category	Chinese Medicine	Chiropractic	Dental	Medical	Medical Radiation Practice	Midwifery	Nursing	Occupational Therapy	Optometry	Osteopathy	Pharmacy	Physiotherapy	Podiatry	Psychology	Total 2017/18
Behaviour	-	2	6	57	-	1	48	1	2	0	7	2	2	19	147
Billing	1	2	32	61	-	-	4	1	4	1	14	1	2	10	133
Boundary violation	2	2	9	117	-	-	38	4	-	5	1	9	11	29	227
Clinical care	7	5	271	1,298	4	23	164	3	12	1	5	21	-	66	1,880
Communication	1	3	14	271	2	2	40	3	2	-	11	6	-	29	384
Confidentiality	1	1	1	41	1	1	16	2	-	-	7	3	-	25	99
Conflict of interest	-	-	-	4	-	-	-	-	-	-	-	-	-	4	8
Discrimination	-	-	1	8	-	-	-	2	-	-	1	1	-	1	14
Documentation	1	1	5	181	-	-	12	4	-	1	1	2	1	23	232
Health impairment	1	2	3	123	2	4	173	-	1	-	12	1	2	24	348
Infection / hygiene	-	-	21	8	-	-	1	-	2	1	-	-	2	-	35
Informed consent	-	-	3	25	-	-	3	-	-	-	1	-	1	4	37
Medico-legal conduct	-	-	-	5	-	-	-	1	-	-	-	1	-	3	10
National Law breach	6	12	29	28	3	2	26	1	2	2	12	-	3	11	137
National Law offence	10	11	17	109	-	-	12	1	2	4	2	7	3	36	214
Offence ¹	1	4	9	29	-	1	59	2	1	-	7	-	-	4	117
Other	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2
Pharmacy / medication	-	-	2	198	-	-	101	-	-	-	227	-	-	1	529
Research / teaching / assessment	-	-	2	10	-	-	2	-	-	-	-	-	-	-	14
Response to adverse event	-	-	-	3	-	-	4	-	-	-	-	-	-	1	8
Teamwork / supervision	-	-	-	23	-	-	4	-	-	-	4	-	-	2	33
Total 2017/18	31	45	425	2,599	12	34	707	25	28	15	312	54	27	296	4,610

Note:

¹ Offence includes offences by student.

Regulatory Activity continued

Managing Complaints

Regulation of health practitioners aims to minimise harm with the least possible restriction through remediation and supportive action. It is not intended to be punitive or an opportunity for complainants to seek compensation. However, on occasion disciplinary action may be needed to ensure public safety.

The National Law gives Councils powers to deal with complaints that relate to a practitioner's performance, conduct and health, commonly referred to as 'streams' or 'programs'. More than one stream may be applicable in some cases, but a primary stream is usually identified based on which issue is the most serious.

Performance

Performance issues are generally about the standard of a practitioner's clinical performance and whether the practitioner's knowledge, skill, judgement or care is significantly below the standard reasonably expected of a practitioner with equivalent training or experience.

Conduct

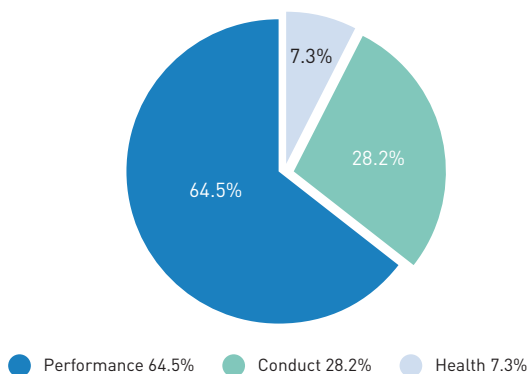
Conduct issues relate to a practitioner's behaviours and may call into question the character or suitability of a practitioner. Conduct issues may constitute unsatisfactory professional conduct or professional misconduct, as defined in the National Law.

Health

Physical and psychological impairments can affect the health of a practitioner. This includes the abuse of alcohol and other drugs. Impaired practitioner assessments help Councils to decide whether or not a practitioner can continue to practise and appropriate safeguards, such as certain restrictions on practice, supervision or monitoring arrangements.

This year 64.5% of complaints received were classed as performance matters, 28.2% conduct matters and 7.3% as health matters.

Complaints received by performance, conduct and health streams 2017/18



On receipt of a complaint the relevant Council and HCCC jointly decide which agency will manage the complaint and what action is appropriate.

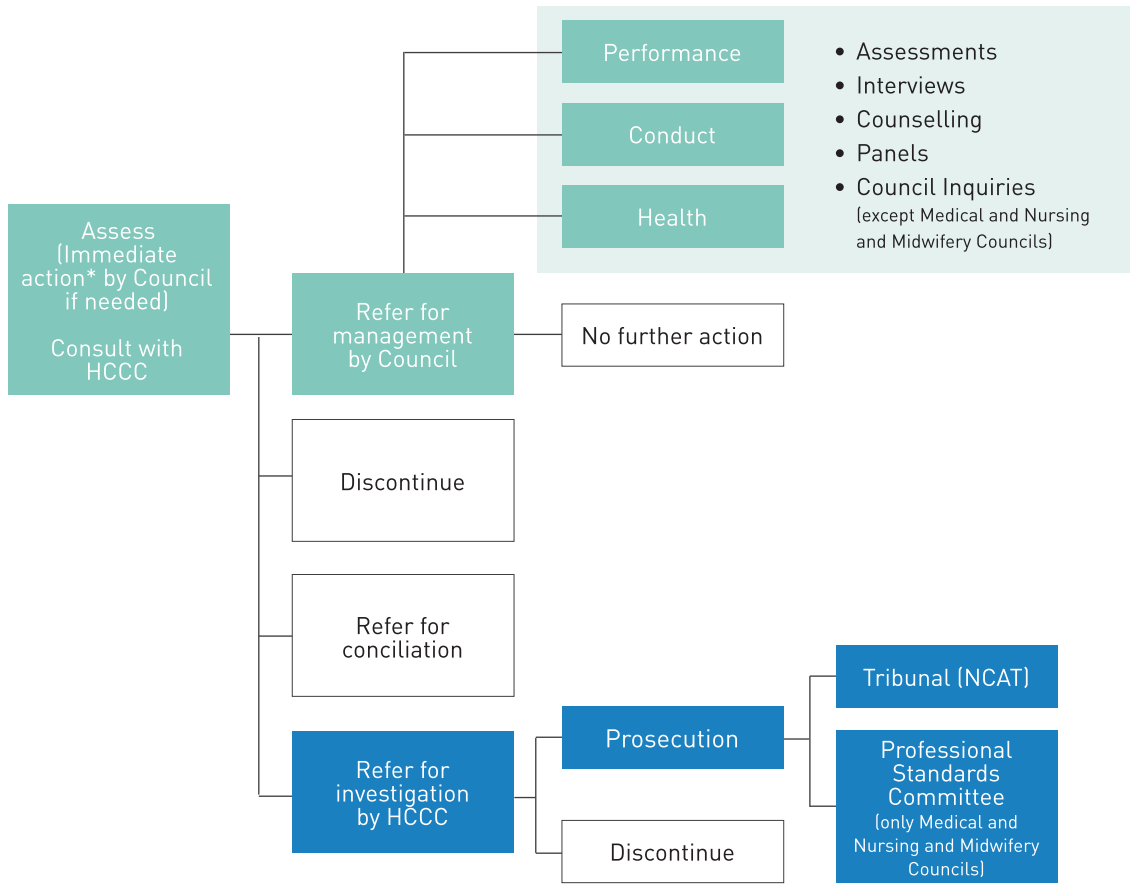
Councils may refer a practitioner for a health or performance assessment, for interview or counselling or to a panel. All Councils, except Medical and Nursing and Midwifery Councils, can also conduct a Council Inquiry.

Complaints referred to the HCCC for investigation may be prosecuted before NCAT. The HCCC can also refer medical practitioners, nurses and midwives to a Professional Standards Committee (PSC).

The pathway for management depends on the nature and seriousness of the matter. A complaint may be discontinued at any point during the process if it is appropriate to do so.

Regulatory Activity continued

Overview of complaints management



* Councils continue to monitor risk throughout the process and take immediate action if needed.

Information on making a complaint about a health practitioner and processes for managing a complaint is available on the HPCA and Councils' websites at www.hpca.nsw.gov.au.

Regulatory Activity continued**Immediate Action under s150 of the National Law**

The National Law requires Councils to use their powers to either suspend or impose conditions on a practitioner's registration if satisfied that such action is appropriate for the protection of the health or safety of the public, or is otherwise in the public interest.

If a Council decides against immediate action at the outset of a complaint, it does not preclude immediate action by Council at a later stage or stop the Council or HCCC from continuing to deal with the complaint through other available measures.

Table 8 shows the number of immediate actions by type of complaint for each profession. Health related issues were the most frequent reason for Councils to take immediate action.

Table 9 shows the outcomes of immediate actions considered by Councils. Imposing conditions on practice was the most common outcome.

Table 8: Immediate action considered or taken by Councils by complaint type 2017/18 - including review hearings

Profession	Boundary	Health	Infection Control	Offence	Breach of conditions	Pharmacy / medication	Clinical care	Other	Total
Chinese Medicine	-	1	-	-	-	-	1	-	2
Chiropractic	-	2	-	1	1	-	-	-	4
Dental	3	4	7	3	2	1	4	-	24
Medical	24	40	-	8	15	27	18	4	136
Medical Radiation Practice	-	-	-	-	-	-	-	-	0
Midwifery	-	-	-	-	1	-	4	-	5
Nursing	8	54	-	15	1	22	56	16	172
Occupational Therapy	2	-	-	1	-	-	-	-	3
Optometry	-	2	-	1	-	-	-	-	3
Osteopathy	-	-	-	-	-	-	-	-	0
Pharmacy	-	7	1	3	2	35	-	3	51
Physiotherapy	3	2	-	-	-	-	1	-	6
Podiatry	-	-	1	-	-	-	-	-	1
Psychology	6	7	-	1	2	-	-	1	17
Total 2017/18	46	119	9	33	24	85	84	24	424

Note:

Data includes matters where the practitioner surrendered registration and also review inquiries.

Regulatory Activity continued

Table 9: Immediate action outcomes 2017/18 – excluding review hearings

Profession	No action taken	Accept surrender of registration	Action taken		Decision Pending	Total
			Suspend registration	Impose conditions		
Chinese Medicine	-	-	1	-	-	1
Chiropractic	1	-	3	1	-	5
Dental	1	-	6	11	-	18
Medical	19	5	20	70	4	118
Medical Radiation Practice	-	-	-	-	-	0
Midwifery	3	-	-	2	-	5
Nursing	43	-	11	94	-	148
Occupational Therapy	-	-	1	1	-	2
Optometry	-	-	1	1	-	2
Osteopathy	-	-	-	-	-	0
Pharmacy	8	-	4	27	-	39
Physiotherapy	3	-	-	2	-	5
Podiatry	-	-	-	1	-	1
Psychology	2	-	3	7	-	12
Total 2017/18	80	5	50	217	4	356

Notes:

Data includes initial actions only.

Data excludes reviews of immediate action decisions and matters that did not proceed to an inquiry.

Regulatory Activity continued

Complaints Referred for Council Management

At the initial consultation between a Council and the HCCC about a new complaint, there may be a decision to refer the complaint for direct management by the Council.

Table 10 provides information about the number of complaints referred to Councils during the year; the complaints referred for Council management during the year as a percentage of total complaints received in 2017/18; complaints referred to Councils prior to 2017/18 that were still open on 1 July 2017; and the total number of complaints directly managed by Councils during the year, including complaints referred during 2017/18 and prior referrals still open at 1 July 2017.

This year 34.6% of complaints received in 2017/18 were referred for direct management by Councils. However the proportion varies significantly Council to Council.

Table 10: Complaints referred for management by a Council following consultation with HCCC

Council	Complaints referred for Council management prior to 2017/18 and still open at 1.7.17	Complaints referred for Council management in 2017/18 ¹	% of complaints received in 2017/18 referred for Council management	Total complaints managed directly by Councils in 2017/18 ²
Chinese Medicine Council	7	21	67.7%	28
Chiropractic Council	9	29	64.4%	38
Dental Council	170	178	41.9%	348
Medical Council	235	529	20.4%	764
Medical Radiation Practice Council	0	8	66.7%	8
Nursing and Midwifery Council	189	523	70.6%	712
Occupational Therapy Council	0	11	44.0%	11
Optometry Council	2	13	46.4%	15
Osteopathy Council	4	4	26.7%	8
Pharmacy Council	98	173	55.4%	271
Physiotherapy Council	13	12	22.2%	25
Podiatry Council	1	8	29.6%	9
Psychology Council	25	87	29.4%	112
Total 2017/18	753	1,596	34.6%	1,068

Notes:

¹ Includes matters where a Council took immediate action.

Excludes matters that were:

- discontinued
- pre-resolved or referred to resolution or conciliation
- withdrawn
- referred to HCCC for investigation, to Director Proceedings or Tribunal or PSC at some point.

Also excludes matters where there was no jurisdiction or where matters were referred elsewhere at the initial consultation decision with the HCCC and matters still being assessed by the HCCC at 30 June 2018.

² Includes complaints referred for direct Council management during 2017/18 and complaints referred prior to 2017/18 that were still open on 1 July 2017.

Regulatory Activity continued

Regulatory Committees and Panels

The National Law prescribes panels and committees to assist Councils with their regulatory responsibilities.

Regulatory panels and committees include:

- Performance Review Panel
- Impaired Registrants Panel
- Assessment Committee (all Councils except Medical and Nursing and Midwifery Councils)
- Professional Standards Committee (only for Medical and Nursing and Midwifery Councils).

Performance Review Panel

A 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 an equivalent 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.

Impaired Registrants Panel

An 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. Each panel draws on a pool of members who are experienced in working with practitioners who have health problems.

Assessment Committee

A 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 involved, 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.

Regulatory Activity continued

Professional Standards Committee

A Professional Standards Committee (PSC) is only applicable to the Medical Council and Nursing and Midwifery Council. The PSC hears matters where unsatisfactory conduct is indicated and has the following powers:

- 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 consists of 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.

Assessments and Hearings

Councils use regulatory committees or panels as appropriate to assist in assessing complaints, making further inquiries and managing complaints.

In addition, Councils may require a practitioner to attend counselling or an interview.

Councils, other than the Medical Council and Nursing and Midwifery Council, may also deal with a complaint through an inquiry at a Council meeting.

Table 11 provides information about the number of assessments and hearings concluded by Councils during the year. Counselling and interviews were most frequently used representing 34.7% of concluded assessments and hearings.

Regulatory Activity continued

Table 11: Assessments and hearings concluded in 2017/18 for each Council

Council	Applicable to all Councils						Applicable to all Councils except Medical and Nursing and Midwifery	Medical and Nursing and Midwifery Councils only	
	Health Assessments	IRPs	Performance Assessments	PRPs	Tribunals (Complaint Hearings)#	Counselling / Interviews	Assessment Committees	Council Inquiries	PSCs
Chinese Medicine Council	-	-	-	-	1	11	-	-	
Chiropractic Council	4	2	-	-	2	3	-	-	
Dental Council	11	5	-	-	3	69	42	50	
Medical Council	119	52	18	18	24	83			12
Medical Radiation Practice Council	1	3	-	-	1	-	-	-	
Nursing and Midwifery Council	143	68	40	19	17	125			1
Occupational Therapy Council	1	-	-	-	-	-	-	-	
Optometry Council	-	-	-	-	-	3	-	-	
Osteopathy Council	-	-	-	-	-	2	-	-	
Pharmacy Council	23	8	9	2	5	81	-	23	
Physiotherapy Council	1	1	2	2	1	4	-	-	
Podiatry Council	-	-	-	-	-	2	-	-	
Psychology Council	12	5	6	5	4	25	-	-	
Total 2017/18	315	144	75	46	58	408	42	73	13

Notes:

Excludes reassessments and reviews.

Includes matters that did not proceed, for example complaints withdrawn.

Regulatory Activity continued

NSW Civil and Administrative Tribunal

Serious matters may be referred to the NSW Civil and Administrative Tribunal (NCAT) following investigation by the HCCC, particularly where substantiated complaints could result in cancelled or suspended registration. The HCCC prosecutes these matters before NCAT. Disciplinary hearings may involve more than one complaint about the same practitioner.

Other relevant decision making functions carried out by NCAT include:

- Adjudicating appeals by a practitioner against certain decisions by a Council, a PSC, a PRP or the National Boards
- Undertaking reviews of previous orders cancelling a practitioner’s registration and in some cases orders imposing conditions on registration.

NCAT decisions are publically available on the NSW CaseLaw website.

Table 12 provides an overview of complaints matters referred to NCAT for each Council, including the number of hearings open at the beginning and the end of 2017/18; the number of new hearings referred during the year; and the number of hearings closed during the year.

Table 12: Overview of complaints matters referred to NCAT for each Council

Council	Number of Open Hearings at 30/6/17	Number of New Hearings Referred in 2017/18	Number of Hearings Closed in 2017/18	Number of Open Hearings at 30/6/18
Chinese Medicine Council	1	-	1	-
Chiropractic Council	1	2	2	1
Dental Council	3	4	3	4
Medical Council	22	25	24	23
Medical Radiation Practice Council	1	-	1	-
Nursing and Midwifery Council	14	16	17	13
Occupational Therapy Council	-	-	-	-
Optometry Council	-	-	-	-
Osteopathy Council	-	-	-	-
Pharmacy Council	5	6	5	6
Physiotherapy Council	-	2	1	1
Podiatry Council	-	-	-	-
Psychology Council	3	3	4	2
Total 2017/18	50	58	58	50

Regulatory Activity continued

Outcomes for Closed Complaints

Complaints are carefully considered to determine the appropriate course of action.

Inquiries into a complaint may lead to a decision to take no action. For instance a practitioner may have satisfactorily acknowledged the reason for a complaint and taken steps to ensure an improvement in practice so that further action by a Council is not needed.

Also a final outcome of 'no further action' may be recorded where Councils have already provided advice or comments in correspondence to the practitioner or required the practitioner to take some action, such as updating a patient consent form.

Where outcomes involved regulatory action, the most common action was counselling or interview. Outcomes for more serious matters involved conditions on practice or suspension or cancellation of registration.

Table 13 indicates the outcomes for complaints closed during the year. More than one outcome is possible for a single complaint and this table shows all outcomes. For example, a practitioner may be reprimanded and also have conditions placed on his/her registration.

Table 13 also includes outcomes for mandatory notifications. However mandatory notifications are potentially quite serious so these outcomes are also presented separately in Table 14.

Table 13: Outcomes for closed complaints 2017/18¹

Profession	No further action ²	No jurisdiction ³	Discontinued	Withdrawn	Make a new complaint	Refer all or part of complaint to another body	Caution	Reprimand	Orders - No conditions	Finding - No orders	Counselling /Interview	Resolution/Conciliation by HCCC	Fine	Refund/ Payment /Withhold fee / Retreat	Conditions by consent	Order / Impose conditions Conditions would apply if registered	Accept surrender	Accept change to non-practising registration	Suspend	Cancelled registration Disqualified from registering	Total 2017/18
Chinese Medicine	17	5	8	-	-	6	-	-	-	-	4	-	-	-	-	1	-	-	-	-	41
Chiropractic	24	-	16	1	-	14	-	1	-	-	4	1	-	-	-	3	-	-	-	1	65
Dental	93	4	201	7	-	27	29	1	6	1	50	-	-	-	-	36	3	-	-	11	469
Medical	386	29	1,604	42	-	85	1	12	2	1	16	31	-	-	25	40	16	1	3	28	2,322
Medical Radiation Practice	5	1	9	-	-	2	-	-	-	-	-	-	-	-	-	2	-	-	-	1	20
Midwifery	10	2	6	-	-	1	-	-	-	-	3	-	-	-	-	-	-	-	-	-	22
Nursing	194	63	189	2	-	9	-	6	-	-	91	-	-	-	43	22	-	-	3	11	633
Occupational Therapy	7	-	12	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	20
Optometry	12	1	16	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	29
Osteopathy	2	4	6	-	-	5	-	-	-	-	2	-	-	-	-	1	-	-	-	-	20
Pharmacy	120	4	118	4	-	4	7	3	-	3	16	-	-	-	3	23	-	-	-	4	309
Physiotherapy	6	-	31	2	-	10	-	-	-	-	5	-	-	-	-	3	-	-	-	1	58
Podiatry	10	-	9	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	20
Psychology	67	16	133	8	-	16	-	4	-	-	6	-	-	-	-	10	-	1	-	3	264
Total 2017/18	953	129	2,358	66	0	181	37	27	8	5	197	32	0	0	71	141	19	2	6	60	4,292

Notes:

¹ Each complaint may have more than one outcome, all outcomes are included.

² Includes resolved before assessment; apology; advice; Council letter; comments by HCCC; deceased; no further action following Council processes.

³ Includes non-renewal of registration.

Regulatory Activity continued

Table 14: Outcomes¹ for closed mandatory notifications 2017/18

Profession	Discontinued / Proceedings withdrawn	Changed to non-practising	Other/No jurisdiction ²	Counselling	No further action	Refer all or part of the notification to another body	Fine registrant	Orders - No Conditions	Caution or reprimand	Accept undertaking	Impose conditions ³	Accept surrender of registration	Suspend registration	Cancel registration / Disqualify	Not permitted to reapply for registration for 12 months or more	Total 2017/18
Chinese Medicine	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Chiropractic	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	2
Dental	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	2
Medical	20	-	1	-	18	4	-	1	3	-	15	2	1	3	-	68
Medical Radiation Practice	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Midwifery	-	-	2	1	2	-	-	-	-	-	-	-	-	-	-	5
Nursing	16	-	28	30	64	1	-	-	4	-	36	-	3	6	-	188
Occupational Therapy	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Optometry	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Osteopathy	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Pharmacist	-	-	-	-	-	-	-	-	-	-	3	-	-	1	-	4
Physiotherapy	1	-	-	2	-	-	-	-	-	-	1	-	-	-	-	4
Podiatry	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	2
Psychology	1	-	-	-	3	-	-	-	3	-	3	-	-	1	-	11
Total 2017/18	40	0	31	33	88	5	0	1	10	0	62	2	4	11	0	287

Notes:

¹ Each mandatory notification may have more than one outcome, all outcomes are included.

² Includes practitioners who did not renew registration.

³ Includes conditions by consent.

Regulatory Activity continued

Monitoring and Compliance with Orders and Conditions

Councils are responsible for monitoring practitioner compliance with orders made and conditions imposed on practice by an adjudication body. Conditions fall into two categories:

1. Public conditions that are published on the National register on the AHPRA website www.ahpra.gov.au
2. Private conditions that relate to impairment and are recorded by AHPRA but not published on the National Register due to privacy and confidentiality considerations.

Ensuring compliance with orders and conditions allows practitioners to continue to practise in a way that is safe for consumers.

The conduct stream has the largest number of practitioners being actively monitored.

Table 15: Number of practitioners being actively monitored for each Council by stream as at 30 June 2018

Council	Performance	Conduct	Health	Total
Chinese Medicine Council	1	1	0	2
Chiropractic Council	0	4	3	7
Dental Council	50	23	13	86
Medical Council	29	192	125	346
Medical Radiation Practice Council	0	0	2	2
Nursing and Midwifery Council	63	67	147	277
Occupational Therapy Council	1	1	0	2
Optometry Council	0	0	2	2
Osteopathy Council	0	1	1	2
Pharmacy Council	12	61	14	87
Physiotherapy Council	2	3	3	8
Podiatry Council	1	0	0	1
Psychology Council	7	12	10	29
Total 2017/18	166	365	320	851

Note:

A practitioner may be monitored in more than one stream

Five Year Trends 2013/14 to 2017/18

The NRAS commenced in July 2010 with 10 health professions. In July 2012 a further four health professions joined the NRAS, Aboriginal and Torres Strait Islander Health Practice, Chinese Medicine, Medical Radiation Practice and Occupational Therapy. In 2018/19 another health profession, Paramedicine, is due to become part of the NRAS.

This section of the report contains trend data over the past five years for the 14 health professions that have been part of NRAS during that time.

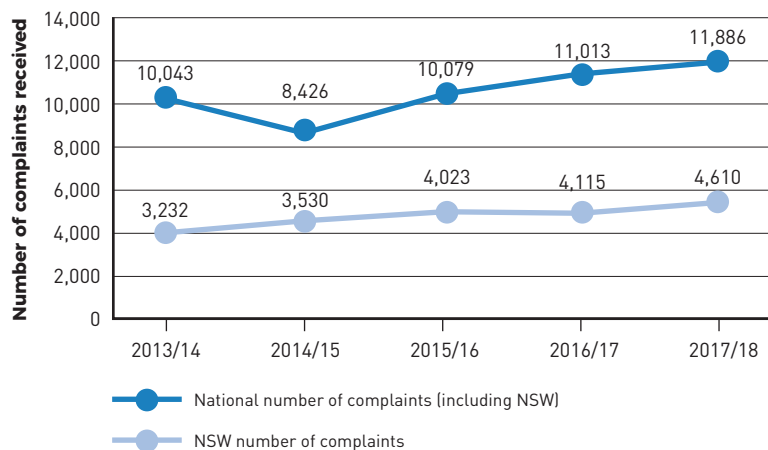
Trend in Complaints Received

The number of complaints received each year continues to grow, both in NSW and at a National level.

Various factors contribute to this including the increase in registered practitioner numbers each year; increased awareness of the complaints process; and profession specific issues that generate an intermittent influx of complaints, such as advertising, infection control or Pharmacy compounding.

The number of complaints received about NSW health practitioners in 2017/18 was 12% greater than in 2016/17 and 42.6% greater than in 2013/14.

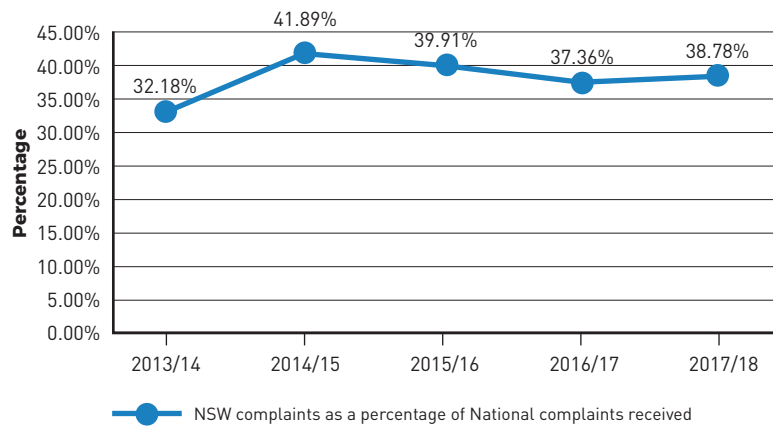
Graph 2: Five year trend in complaints received



Complaints about NSW health practitioners made up 38.7% of complaints received Australia wide in 2017/18 and has consistently been between 32% and 42% of National complaint numbers over the past five years.

Five Year Trends 2013/14 to 2017/18 continued

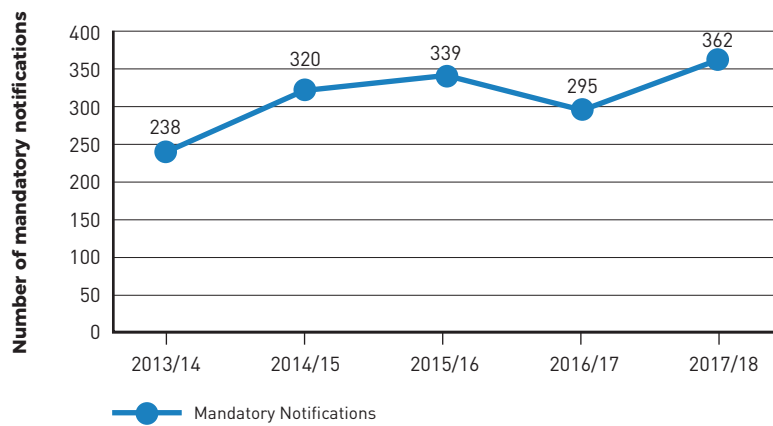
Graph 3: NSW complaints as a percentage of National complaints received



Trend in Mandatory Notifications

Mandatory notifications made up 7.9% of NSW complaints received during 2017/18. After a downward turn in 2016/17, the number of mandatory notifications has again started to increase. The number of mandatory notifications in 2017/18 was 52.1% greater than in 2013/14.

Graph 4: NSW mandatory notifications



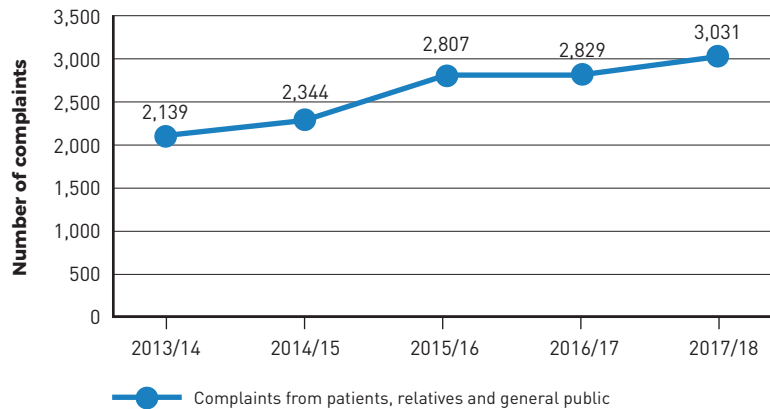
Five Year Trends 2013/14 to 2017/18 continued

Trend in Source of Complaints

Patients make the most complaints about health practitioners. In 2017/18 patients made up 42.1% of NSW complaints. This percentage increases to 65.7% of complaints received when complaints made on behalf of patients by relatives and the general public are added.

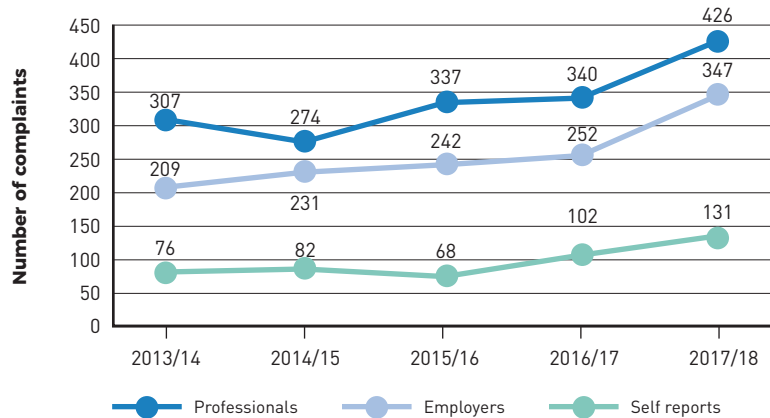
The increase in complaints from patients, relatives and general public since 2013/14 is consistent with the overall increase in complaints received about NSW health practitioners.

Graph 5: Complaints from patients, relatives and general public



Other key sources of complaints include professionals (treating or other health practitioners), employers and self-reports by the practitioner.

Graph 6: Complaints from professionals, employers and self-reports

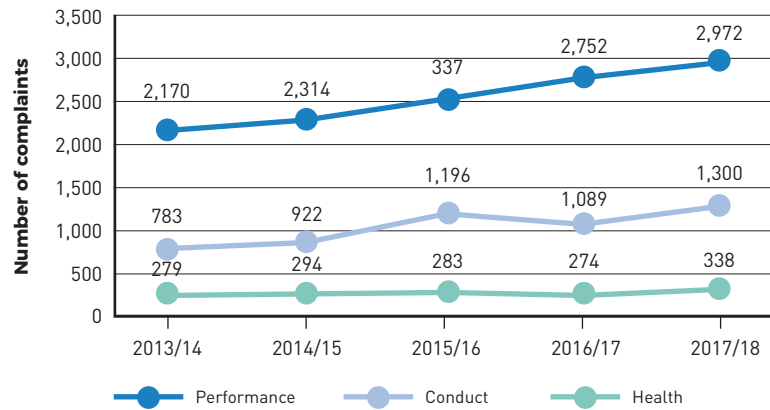


Five Year Trends 2013/14 to 2017/18 continued

Trend in Performance, Conduct and Health Streams

Complaints are categorised into three main streams of performance, conduct and health. Performance matters represented the greatest proportion of complaints received in NSW during 2017/18 making up 64.5%. Conduct matters made up 28.2% and health 7.3% of complaints received. This distribution has been a fairly consistent pattern for the past five years.

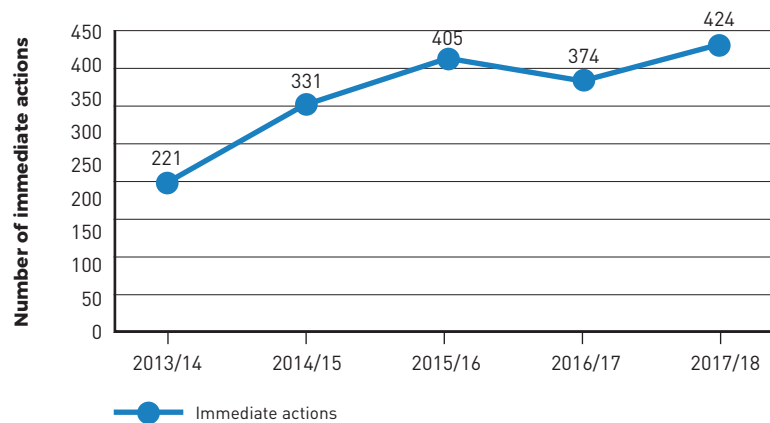
Graph 7: NSW complaints received by stream



Trend in Immediate Action Matters

Immediate actions considered or taken by Councils represented 9.2% of NSW complaints received during 2017/18. Despite a slight downward trend in 2016/17, the number of immediate actions for 2017/18 were 91.9% greater than in 2013/14.

Graph 8: Immediate actions considered or taken



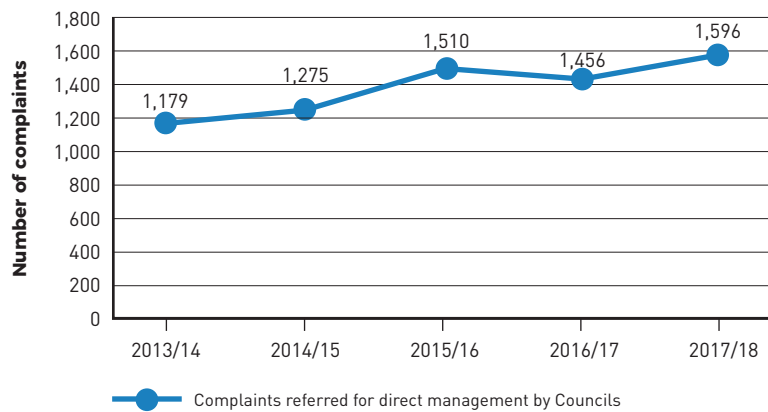
Five Year Trends 2013/14 to 2017/18 continued

Trend in Complaints Referred for Management by Councils

There has been a steady increase in the number of complaints referred for direct management by Council after the initial joint assessment of a complaint by the relevant Council and the HCCC.

The number of complaints referred for direct management by Council in 2017/18 was 9.6% greater than in 2016/17 and 35.4% greater than in 2013/14. Complaints received for direct management by Councils this year represented 34.6% of all complaints received. This has remained fairly constant over the past five years ranging between 32% and 38% of complaints received each year.

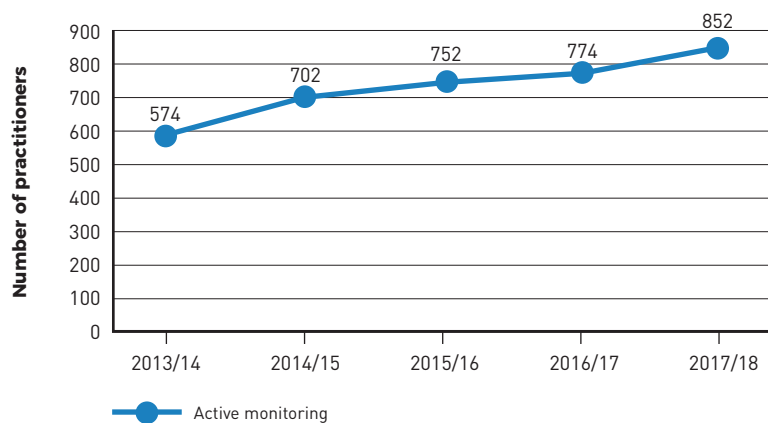
Graph 9: Complaints referred for management by Councils



Trend in Monitoring

The number of practitioners being actively monitored by Councils for compliance with conditions on practice or orders continued to rise in 2017/18. At year end the number of practitioners being monitored was 48.4% greater than in 2013/14.

Graph 10: Practitioners being actively monitored



Strategic Planning

Strategic Planning

In February 2018 the Council Presidents and HPCA Executive participated in a strategic planning workshop to review progress under the joint Councils and HPCA Strategic Framework 2014 to 2017 and to develop a new strategic plan for the coming three years.

Inroads had been made under the five key strategic themes of the previous Strategic Framework including:

1. Strengthening the profile and positioning of the Councils and the HPCA
2. Developing partnerships with key stakeholders, internally and externally
3. Demonstrating value
4. Building the organisations' sustainability and effectiveness
5. Positioning the Councils and HPCA for the future.

The new joint Councils and HPCA Strategic Plan 2018 to 2021 was developed and includes four key strategic pillars:

1. Expertise
2. Engagement
3. Effectiveness
4. Education and research.

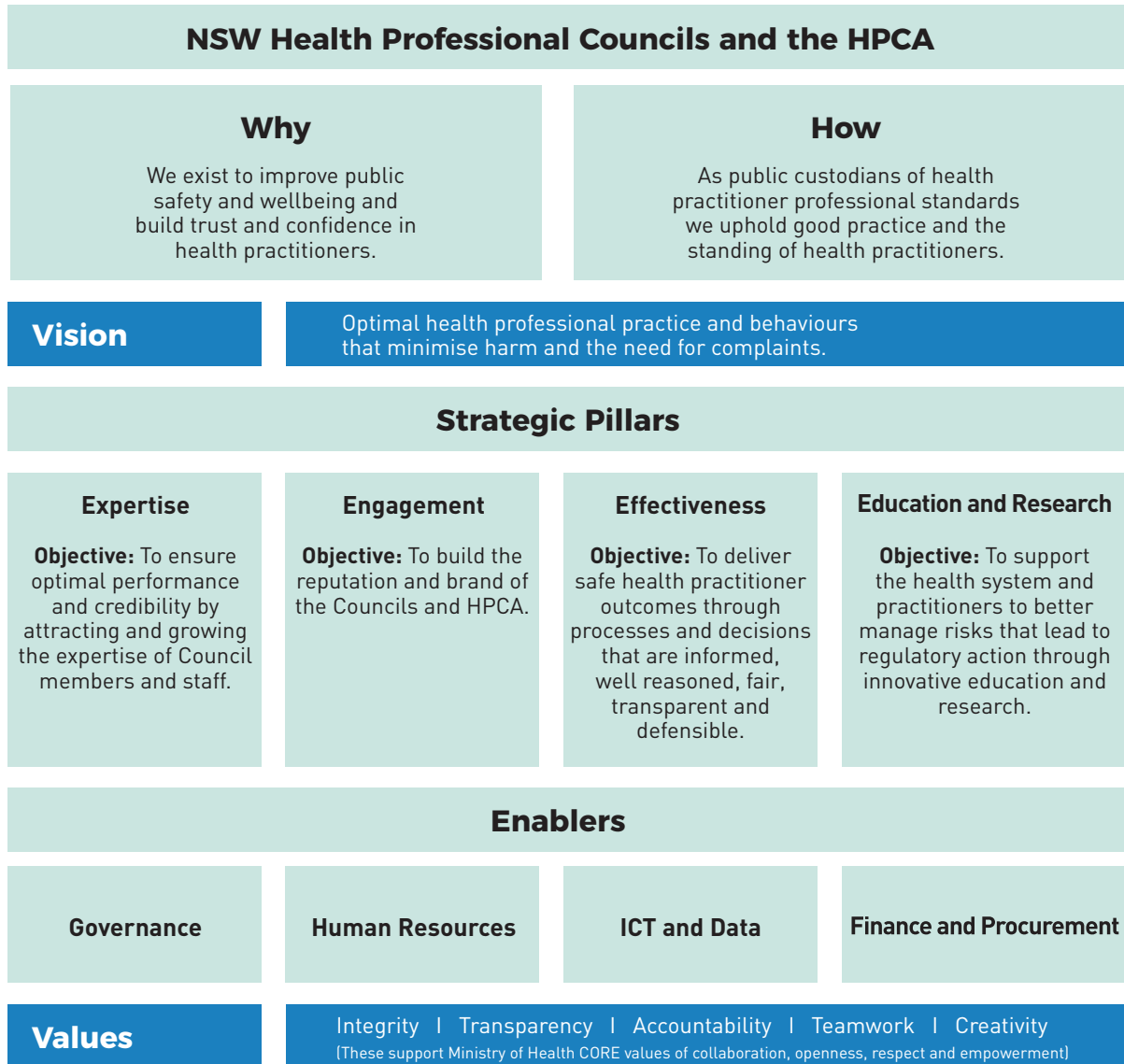
Councils and the HPCA develop action plans that support these strategic pillars. Action plans also accommodate the different roles of Councils and the HPCA and allow for inclusion of profession specific issues requiring attention.

The joint Strategic Plan also distinguishes between strategic goals and 'enablers'. The enablers are the tools that facilitate achievement of strategic goals and are the responsibility of the HPCA. The enablers include:

1. Governance
2. Human resources
3. ICT and data
4. Finance and procurement.

Strategic Planning continued

Overview of Joint Councils and HPCA Strategic Plan 2018 to 2021



Communications

Communications play a critical role in the work of the Councils. The HPCA has developed a communications framework identifying key audiences, messaging and channels of communication.

Websites are the main vehicle for communications with a range of audiences. A Website Improvement Project concluded in August 2018. This project saw the launch of new websites for the HPCA and all the Councils. The new websites provide a modern, more interactive and user-friendly platform for users.

Easy access to the new online complaints form is included on the websites. Also featured is detailed information about the complaints process and information on how Councils engage with key stakeholders to manage complaints. Visitors to the websites can access comprehensive information about the HPCA and the Councils, including policies and publications.

Electronic newsletters are another way Councils engage with practitioners. A total of 18 newsletters across the Councils was published during the year. Topics included regulation of health practitioners in NSW, common types of complaints for the different professions, case studies, information about professional standards and tips on how to manage risk and prevent the need for complaints to be made.

Websites for the HPCA and all Councils can be accessed at www.hpca.nsw.gov.au.

Governance and Compliance

Legislative Changes

Health Practitioner Regulation National Law (NSW)

Amendments made following the five year statutory review of the National Scheme

During the reporting period substantial amendments were made to the National Law. Most significantly those amendments were made via the *Health Practitioner Regulation National Law and Other Legislation Amendment Act 2017* of Queensland which resulted from the five year statutory review of the National Law. While there were significant amendments to the powers of the National Boards to manage complaints about registered practitioners, those amendments are of no effect in NSW given the different approach to complaints, including the role of the Health Care Complaints Commission. The significant amendments that apply in NSW are:

- national regulation of paramedics, including the establishment of a Paramedicine Board of Australia
- enabling the COAG Health Council to make changes to the structure of National Boards by regulation following consultation, and
- recognition of nursing and midwifery as two separate professions, rather than a single profession, with the professions continuing to be regulated by the Nursing and Midwifery Board of Australia.

Consequential and cognate amendments to the NSW legislation were also made by the *Health Practitioner Regulation Amendment Act 2017*. Those amendments provide for the establishment and operation of the Paramedicine Council of NSW which is expected to become operational in the second half of 2018.

Other minor amendments

The *Health Legislation Amendment Act (No 2) 2018* resulted in minor amendments as follows:

- the membership of an Assessment Committee of a Council for a health profession
- the powers of the Civil and Administrative Tribunal of NSW on an appeal brought under s159
- clarifying the powers of authorised persons to use their powers to monitor practitioner compliance with suspensions of conditions imposed under the law and
- clarifying the effect of suspension under Part 8 of the Law by repealing s150G and replacing it with s176D.

Finally minor amendments were made to Schedule 5D (Proceedings before Professional Standards Committees or the Tribunal) by Schedule 1.14 of the *Statute Law (Miscellaneous Provisions) Act 2018*.

Governance and Compliance continued

Health Practitioner Regulation (New South Wales) Regulation 2016

During the course of the year, minor amendments were made to the Regulation as follows:

- amendments to provide for the composition of the Paramedicine Council of NSW
- a minor amendment to the record keeping obligations of medical practitioners in cases of partner initiated treatment for chlamydia.

Audit and Risk Management

NSW Treasury granted the Councils an exemption from the Internal Audit and Risk Management Policy for the NSW Public Sector on the grounds that Councils are small agencies and the administrative and cost burden of full compliance would be prohibitive.

However the HPCA has in place appropriate risk management practices which are consistent with the core requirements of the policy, including the HPCA Audit and Risk Committee.

Three independent members sit on the Audit and Risk Committee.

This Committee is an important way of ensuring independent monitoring and advice to the HPCA regarding financial reports, risk management and internal audits and reviews. It operates in a clear and transparent manner with a documented charter. Representatives of the Councils, the Audit Office of NSW and the internal auditors attend meetings as observers.

Internal Audit

During the year the HPCA's internal audit provider, Protiviti, undertook internal audits of:

- The HPCA's procedures and policies for payment of members, and
- HPCA's contract management framework.

HPCA management responded to the recommendations from the audit of member payments and has initiated action to effect improvements.

At the end of the reporting year HPCA management had not yet responded to the audit of contract management.

Insurances

The HPCA manages insurances for all Councils through the Ministry of Health's insurance cover with the NSW Treasury Managed Fund including:

- Legal liability – public liability, professional indemnity, product liability
- Workers compensation
- Property coverage
- Comprehensive Motor Vehicle Insurance Policy.

Governance and Compliance continued

Information Management and Systems

Following a strategic decision for HPCA to align itself to eHealth for ICT services, HPCA commenced a number of initiatives to progress this alliance.

The HPCA Pitt Street and Gladesville sites were connected to the Health Wide Area Network (HWAN) providing additional reliability and redundancy services to HPCA, as well as direct connection to the Government Data Centre. This project was followed up with the planning of migrating servers on both HPCA sites to managed services at the Government Data Centre. This project is expected to be complete by next year.

HPCA also initiated a joint management program with eHealth to define the scope of services, cost, coordination and governance for the transition of ICT services.

The new websites for the HPCA and the 14 Health Professional Councils were launched in August 2017 as planned. An additional website for the newly created Paramedicine Council was also completed, ready to be launched later in 2018.

During the year further functional enhancements and modifications were made to the case management system (MaCS) to improve usability and reporting. This included the automated reports for the new drug and alcohol testing reports.

All out of warranty computers and laptops were replaced and existing computers were upgraded to Windows 10 and Office 2013.



Health Professional Councils Authority

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Digital Information Security Annual Attestation

I, Mr Ameer Tadros, Director, Health Professional Councils Authority, am of the opinion that the NSW Health Professional Councils had an Information Security Management System in place during the 2017/2018 financial year which is materially consistent with the Core Requirements set out in the *Digital Information Security Policy for the NSW Public Sector* with the following exceptions:

Core Requirement 1 - Information Security Management System

HPCA *ICT Strategic Plan 2017-2019* informs of the planned transition of the HPCA IT systems to the Government Data Centre. Transition planning for the transfer of HPCA applications and associated infrastructure to the NSW Government Data Centres is currently occurring. Transfer of the HPCA to the Government Data Centre will result in a full deployment of ISO 27001 Information Security Management System.

Core Requirement 2 - Compliance with Minimum Controls

Implementation of Security Awareness program continues.

Implementation of HPE (Micro Focus) Records Manager 8.3 is complete.

Business Continuity Plan (BCP) reviewed and tested.

Core Requirement 3 - Certified Compliance with AS/NZS ISO/IEC 27001

Compliance with ISO 27001 is part of overall ICT strategic architecture roadmap in 2017-2019. Transfer to the Government Data Centre will result in certified compliance.

Mr Ameer Tadros

Director

Health Professional Councils Authority

Date: 21 September 2018

Contact Officer:

Mr Iain Martin

Assistant Director, Legal Services, Health Professional Councils Authority

Telephone: (02) 9219 0203

Governance and Compliances continued

Exemptions from Reporting Provisions and Triennial Reports

As small statutory bodies, the Councils are exempt from certain reporting provisions and are only required to provide triennial reports on the following:

- Multicultural policies and services program
- Workforce diversity
- Disability services
- Work, health and safety.

The Councils last reported on these provisions in 2016/17 and will next report in 2019/20.

The Councils continued to meet their compliance obligations with regard to each of these matters and are committed to implementing the relevant requirements.

Human Resources

The HPCA, as an executive agency of the Ministry of Health, employs staff under Part 4 of the *Government Sector Employment Act 2013* (GSE) to work both directly and indirectly with Councils.

Councils cannot employ staff under the National Law.

HPCA staff must comply with Ministry of Health policies and procedures and are included in Ministry of Health reports, including details of HPCA Senior Executive.

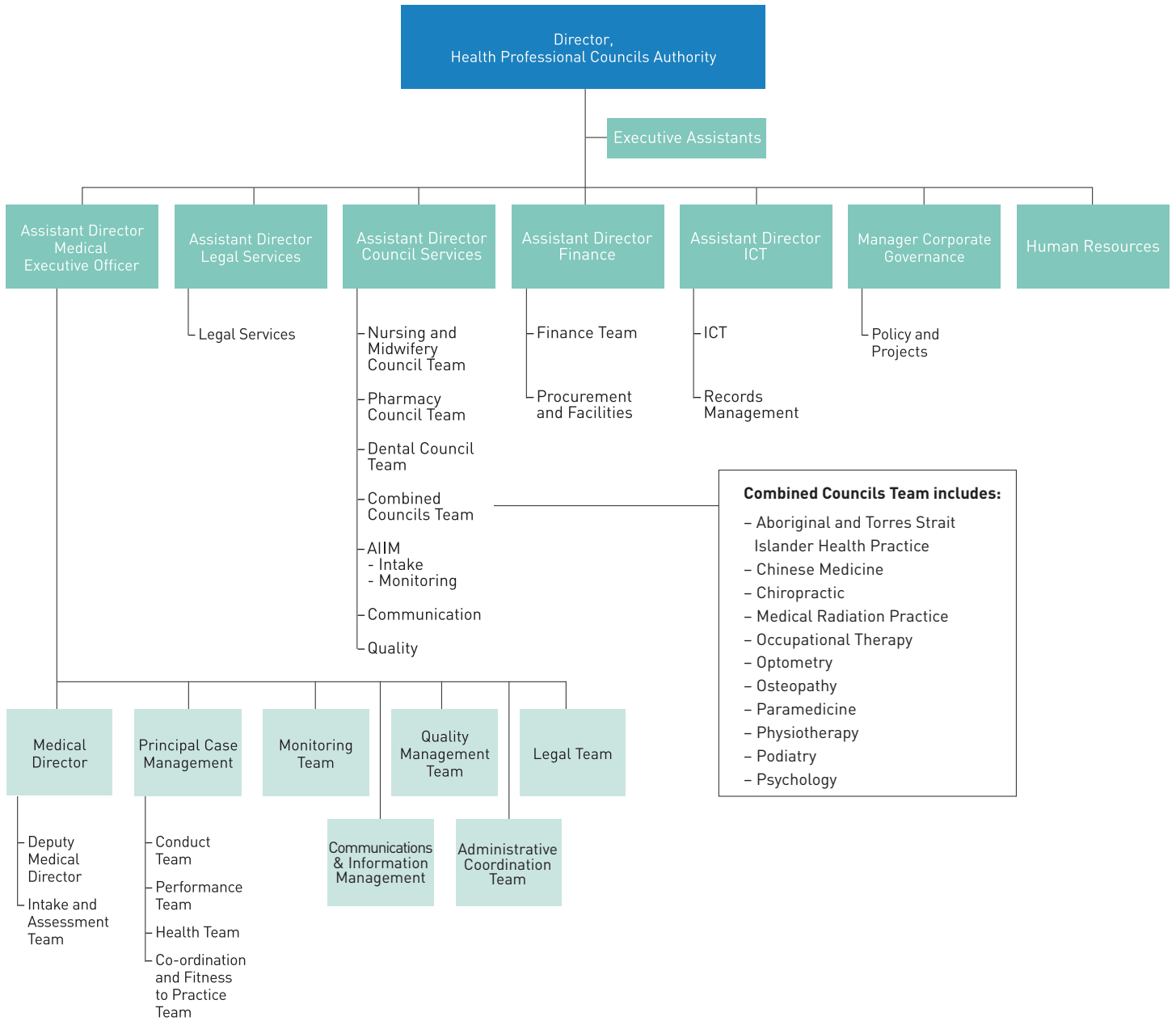
As at 30 June 2018 the HPCA employed 155 ongoing and temporary staff including 101 staff members located at the Pitt St office and 54 at the Gladesville office.

The NSW Ministry of Health provides some assistance with human resources services under a service level agreement with the HPCA.

The following organisational chart represents the structure of the HPCA as at 30 June 2018.

Governance and Compliances continued

HPCA Organisational Chart as of 30 June 2018



Governance and Compliances continued

Organisational restructure

The HPCA began implementing a new organisational structure on completion of a review of corporate services and regulatory teams at the Pitt St office.

A review of teams supporting the Medical Council at the Gladesville office was completed in 2016/17.

Review of the staff structure became necessary due to increased demands and statutory obligations.

The review included extensive consultation with staff and Council members. The outcome included an increase in permanent staff numbers; upgrades for some positions based on the capabilities required for those roles; introduction of a case management operating model; and establishment of a dedicated intake, assessment and monitoring team. In addition communications and information technology capabilities were improved.

The new structure is to be fully operational later in 2018.

Following the Gladesville office restructure, a benefits realisation review was undertaken which highlighted some significant achievements and tangible business benefits. These included:

- Achievement of significant reform to the team structure and processes.
- Strong staff engagement during the reform process, evidenced in qualitative staff feedback and quantitative results from the 'People Matter' Survey results which indicated 20% to 30% higher ratings than other Health cluster scores in change management.
- Maintenance and improvements in some areas for performance against business performance indicators including customer focus, business efficiency and integrated process improvement measures.

Performance management

All ongoing staff have a performance agreement as required under the GSE. Managers meet with their staff six monthly to complete performance reviews against these agreements. The reviews provide an opportunity for staff to discuss with their manager strategic directions, individual priorities and learning and development needs.

Learning and development

Learning and development opportunities are available to all staff to build capabilities under the GSE and to ensure staff have the skills and knowledge relevant to core business and the achievement of strategic priorities. These opportunities also support career development for individuals.

All new staff must complete the HPCA online orientation training developed last year, as well as seven other mandatory online learning modules provided through the Health Education and Training Institute (HETI). The mandatory online modules are:

1. Introduction to Work, Health and Safety
2. Privacy Module 1 – Know Your Boundaries
3. Violence Prevention and Management – Awareness
4. Violence Prevention and Management – Promoting Acceptable Behaviour in the Workplace
5. Aboriginal Culture – Respecting the Difference
6. Child Wellbeing and Child Protection
7. Hazardous Manual Tasks

Governance and Compliances continued

Numerous other online learning modules are also available to HPCA staff.

This year a number of staff members participated in face to face programs delivered by external providers including:

- Leadership training
- Diploma of Project Management course
- Prevention of Workplace Bullying and Harassment
- Public Interest Disclosure

Consultants

Consultants engaged during 2017/18 at a cost of less than \$50,000 per consultancy are set out in table 16.

Table 16: Consultant engagements costing less than \$50,000

Service Provided	Number	Total Cost incl GST \$
Cost allocation methodology review	1	\$37,936
Organisational review	1	\$4,043
Councils' templates project	1	\$3,300
Strategic planning - Nursing and Midwifery Council	2	\$26,131
Training strategy – Medical Council	1	\$5,913
Total	6	\$77,323

Professional service providers engaged by Councils for Education and Research are detailed in Part 2 of this report.

Financial Management

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

Service Level Agreements (SLAs) between Councils and the HPCA include cost allocation methodologies (CAM) or the distribution of shared costs across all Councils. The methodologies are largely based on Council activity and provide a formula to apportion shared services staff, facilities and other resources. The CAM was reviewed in 2017/18 in consultation with Councils to ensure the allocation methods are equitable and simplified to achieve efficiencies in allocating shared costs to each Council. The outcomes of the review are being considered for adoption from 2019/20.

In line with HPCA's decision in 2016/17 to strategically align itself with eHealth and HealthShare NSW, HPCA transitioned selected data processing functions to the Service Centre Westmead, HealthShare NSW and implemented the Oracle R12 StaffLink financial system in February 2018. The implementation included core finance modules.

The StaffLink Human Resource Information System for payments to Council and Hearing members was implemented in January 2018. A progressive implementation of further modules such as Purchasing Cards and Business Intelligence reporting is planned for the coming year. This together with further business process redesign will ensure the continued effectiveness of the finance function.

Governance and Compliances continued

Format

The accounts of the Councils’ administrative operations, including any Education and Research Fund activities, together with the Independent Auditor’s Report are set out in the Financial Statements in Part 3 of this Report.

Investment performance

The Councils’ banking arrangements are with Westpac Banking Corporation as part of the Treasury banking system in accordance with the agreement between NSW Treasury and Westpac Banking Corporation for the provision of transactional banking.

The interest is paid monthly by the bank based on daily cash balances.

Payments performance

The Councils’ accounts are managed by the Health Administration Corporation (HAC). The consolidated accounts payable performance report for all Councils is set out in Tables 17 and 18.

Table 17: Consolidated Councils’ accounts payable performance 2017/18 (1)

Quarter	Current (Within Due Date)	Less than 30 Days	Between 30 to 60 days overdue	Between 60 to 90 days overdue	More than 90 days overdue
	\$	\$	\$	\$	\$
All Suppliers					
September 2017	275,734	48,990	678,102	4,320	728.20
December 2017	1,020,368	110,974	11,046	0	4,544
March 2018	89,396	37,827	4,696	0	7,678
June 2018	837,758	-3,306	438	2,701	12,478
Small Business Suppliers					
September 2017	75,458	28,995	48	659	728.20
December 2017	40,066	4,185	24	0	635
March 2018	8,597	32,350	1,983	0	0
June 2018	72,664	6,680	2,438	1,051	10,970

Governance and Compliances continued**Table 18: Consolidated Councils' accounts payable performance 2017/18 (2)**

Measure	Sept 2017	Dec 2017	Mar 2018	Jun 2018
All Suppliers				
Number of accounts due for payment	147	59	58	131
Number of accounts paid on time	92	33	45	91
% of accounts paid on time (based on number of accounts)	63%	56%	78%	69%
\$ amount of accounts due for payment	1,007,874	1,146,932	139,597	852,269
\$ amount of accounts paid on time	275,734	1,020,368	89,396	837,758
% of accounts paid on time (based on \$)	27%	89%	64%	98%
Number of payments for interest on overdue accounts	0	0	0	0
Interest paid on overdue accounts	0	0	0	0
Small Business suppliers				
Number of accounts due for payment	90	13	13	63
Number of accounts paid on time	51	8	5	31
% of accounts paid on time (based on number of accounts)	57%	62%	38%	49%
\$ amount of accounts due for payment	105,889	44,910	50,752	93,803
\$ amount of accounts paid on time	75,458	40,066	8,597	72,664
% of accounts paid on time (based on \$)	71%	89%	17%	77%
Number of payments for interest on overdue accounts	0	0	0	

Governance and Compliances continued

Privacy

The Councils are subject to the provisions of the *Privacy and Personal Information Protection Act 1998* and the *Health Records and Information Privacy Act 2002* and have adopted the NSW Health Privacy Management Plan.

An online Privacy training module is mandatory for all HPCA staff.

There were 25 privacy breaches across the Dental, Medical, Nursing and Midwifery, Physiotherapy and Psychology Councils. The privacy breaches related to:

- Information sent to the wrong email address
- Incorrect extract of minutes included in documents provided to the practitioner
- Incorrect information provided to a complainant regarding a practitioner
- Incorrect information provided to a practitioner regarding the complainant
- Personal details about a complainant forwarded to another complainant (both had complained about the same practitioner)
- Practitioner letter sent in error to another practitioner
- Complainant (requesting anonymity) being identified to the practitioner
- Report sent to an incorrect practitioner
- Notification and conditions sent to the wrong practitioner.

Corrective action included advising involved parties of a breach, direction to delete any information received in error, letters of apology, review of reasons causing the error and initiation of staff education to respond to these issues.

Complaints about Councils' Administrative Processes

The Councils acknowledge that the trust and confidence of the public is essential to their role and value all forms of feedback.

A complaints handling policy and procedures are in place to manage complaints about the Councils' administrative processes, activities, staff or service delivery. These are consistent with the NSW Ombudsman Complaint Management Framework.

Three people lodged administrative complaints this year related to dissatisfaction with outcomes of Council or committee decisions.

Governance and Compliances continued

Public Interest Disclosures

Each Council is subject to the provisions of the *Public Interest Disclosures Act 1994* and the reporting requirements of the *Public Interest Disclosures Regulation 2011*. Staff and Council members comply with the policy and information is available on the requirements and processes for making and managing disclosures. Councils provide six monthly reports to the NSW Ombudsman and Ministry of Health.

There were no public interest disclosures (PIDs) made by staff or members of any Council during the year.

Table 19: Public Interest Disclosures

	Made by public officials performing their day to day functions	Under a statutory or other legal obligation	All other PIDs
Number of public officials who made PIDs	0	0	0
Number of PIDs received	0	0	0
Of PIDs received, number primarily about: <ul style="list-style-type: none"> ▪ Corrupt conduct / maladministration ▪ Serious and substantial waste ▪ Government information contravention 	0	0	0
Number of PIDs finalised	0	0	0

Government Information Public Access

Access to Information

The joint annual report of Councils complies with the Government Information (Public Access) Regulation 2009 and meets annual reporting requirements.

The NSW Health Professional Councils' websites provide access to policies, publications and other information consistent with the principles of the Government Information (Public Access) Act 2009 (GIPA Act).

The Councils monitor and regularly review newly developed and revised information to identify what can be made publicly available. The HPCA and Councils' websites are then updated as appropriate.

The public can readily access information on the following topics and resources:

- GIPA and how to make an application
- Right to information
- Agency information guide
- Disclosure log
- Register of government contracts
- Formal access to information, including application form
- Frequently asked questions (FAQs)
- Contact details

The Councils provide statistical GIPA reports through NSW Health for submission to the Information and Privacy Commission (IPC).

Governance and Compliances continued

A total of 23 GIPA applications was received across Councils this year. Information about these GIPA applications follows in the IPC report format.

GIPA report 2017/18 for all Councils

Clause 7(a): Details of the review carried out by the agency under section 7 (3) of the Act during the reporting year and the details of any information made publicly available by the agency as a result of the review.

7(a)	
Review carried out by the agency.	TRUE
Information made publicly available by the agency.	TRUE

Clause 7(b): The total number of access applications received by the agency during the reporting year (including withdrawn applications but not including invalid applications)

7(b)	
Total number of applications received.	23

Clause 7(c): The total number of access applications received by the agency during the reporting year that the agency refused, either wholly or partly, because the application was for the disclosure of information referred to in Schedule 1 to the Act (information for which there is conclusive presumption of overriding public interest against disclosure)

7(c)	
Number of Applications Refused	
Wholly	4
Partly	10

Governance and Compliances continued

In tables A and B there may be more than one outcome for a single access application.

Table A: Number of applications by type of applicant and outcome								
	Access granted in full	Access granted in part	Access refused in full	Information not held	Information already available	Refuse to deal with application	Refuse to confirm/ deny whether information is held	Application withdrawn
Media	0	0	0	0	0	0	0	0
Members of Parliament	0	0	0	0	0	0	0	0
Private sector business	0	0	0	0	0	0	0	0
Not for profit organisations or community groups	0	0	0	0	0	0	0	0
Members of the public (application by legal representative)	1	7	0	0	0	0	0	1
Members of the public (other)	2	7	4	0	1	0	0	1

Table B: Number of applications by type of application and outcome								
	Access granted in full	Access granted in part	Access refused in full	Information not held	Information already available	Refuse to deal with application	Refuse to confirm/ deny whether information is held	Application withdrawn
Personal information applications ¹	2	3	0	0	0	0	0	1
Access applications (other than personal information applications)	1	5	2	0	1	0	0	1
Access applications that are partly personal information applications and partly other	0	6	2	0	0	0	0	0

¹ A personal information application is an access application for personal information (as defined in clause 4 of Schedule 4 to the Act) about the applicant, the applicant being an individual.

Governance and Compliances continued

Table C: Invalid applications	
Reason for invalidity	Number of applications
Application does not comply with formal requirements (section 41 of the Act)	0
Application is for excluded information of the agency (section 43 of the Act)	0
Application contravenes restraint order (section 110 of the Act)	0
Total number of invalid applications received	0
Invalid applications that subsequently became valid applications	0

Table D: Conclusive presumption of overriding public interest against disclosure: matters listed in Schedule 1 of the Act	
	Number of times consideration used
Overriding secrecy laws	0
Cabinet information	0
Executive Council information	0
Contempt	0
Legal professional privilege	0
Excluded information	18
Documents affecting law enforcement and public safety	0
Transport safety	0
Adoption	0
Care and protection of children	0
Ministerial code of conduct	0
Aboriginal and environmental heritage	0

Governance and Compliances continued

Table E: Other public interest considerations against disclosure: matters listed in table to section 14 of the Act	
	Number of occasions when application not successful
Responsible and effective government	3
Law enforcement and security	0
Individual rights, judicial processes and natural justice	13
Business interests of agencies and other persons	0
Environment, culture, economy and general matters	0
Secrecy provisions	0
Exempt documents under interstate Freedom of Information legislation	0

Table F: Timeliness	
	Number of applications
Decided within the statutory timeframe (20 days plus any extensions)	8
Decided after 35 days (by agreement with applicant)	14
Not decided within time (deemed refusal)	0

Table G: Number of applications reviewed under Part 5 of the Act (by type of review and outcome)		
	Decision varied	Decision upheld
Internal review	4	1
Review by Information Commissioner ¹	2	5
Internal review following recommendation under section 93 of Act	0	0
Review by NCAT	1	1

¹ The Information Commissioner does not have the authority to vary decisions, but can make recommendations to the original decision-maker. The data in this case indicates that a recommendation to vary or uphold the original decision was made by the Information Commissioner.

Governance and Compliances continued

Table H: Applications for review under Part 5 of the Act (by type of applicant)	
	Number of applications for review
Applications by access applicants	8
Applications by persons to whom information the subject of access application relates (see section 54 of the Act)	5

Table I: Applications transferred to other agencies	
	Number of applications transferred
Agency initiated transfers	0
Applicant initiated transfers	0

Glossary

Adjudication Body

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

Boundary/Boundaries

Parameters around appropriate and effective interactions between health practitioners and their patients are professional boundaries. Behaviours that damage or exploit patients constitute boundary violation. This includes both sexual and non-sexual misconduct.

Cancellation (of registration)

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

Caution

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

Closed Complaint

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

Complainant

A person who makes a complaint to a health complaint entity including the following:

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

Conciliation

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

Condition

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

Glossary continued

Immediate Action (Section 150)

If a Council is satisfied that a practitioner or student poses an imminent risk to public safety the Council must take immediate action and may suspend registration or impose conditions on registration pending further investigation.

Notification

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

Notifiable Conduct / Mandatory Reporting

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

Open Matter

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

Order

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

Professional Misconduct

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

Reprimand

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

Stream

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

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

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

Supervision

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

Glossary continued

Suspension (of registration)

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

Unsatisfactory Professional Conduct

Conduct which is:

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

Additional matters apply to medical practitioners and pharmacists.

Abbreviations

AASB	Australian Accounting Standards Board
AHPRA	Australian Health Practitioner Regulation Agency
AIIM	Assessment Intake Inspection Monitoring (unit)
ARC	Audit and Risk Committee
ATO	Australian Taxation Office
ATSIHP	Aboriginal and Torres Strait Islander Health Practice
AustLII	Australasian Legal Information Institute
BCS	Business Classification Scheme
COAG	Council of Australian Governments
CORE	Collaboration Openness Respect Empowerment
CPI	Consumer Price Index
DIAP	(NSW Health) Disability Inclusion Action Plan
DP	Director of Proceedings, HCCC
DPP	Director of Public Prosecutions
FTE	Full-time Equivalent
GIPA Act	Government Information (Public Access) Act 2009
GSE	Government Sector Employment
GST	Goods and Services Tax
HAC	Health Administration Corporation
HCCC	Health Care Complaints Commission
HETI	Health Education and Training Institute
HPCA	Health Professional Councils Authority
ICT / IT	Information Communications Technology / Information Technology
IRP	Impaired Registrants Panel
L&D	Learning and Development
MaCS	Monitoring and Complaints System
MISU	Monitoring Inspections and Scheduling Unit
MoH	Ministry of Health
NCAT	NSW Civil and Administrative Tribunal
NMW or N&M	Nursing and Midwifery
NRAS	National Registration and Accreditation Scheme
PID	Public Interest Disclosures
PPP	Principal Place of Practice
PRP	Performance Review Panel
PSC	Professional Standards Committee
RAT	Risk Assessment Tool
RTS	Records Titling Standard
SLA	Service level agreement
National Law	Health Practitioner Regulation National Law (NSW) No 86a
TRIM	Total Records Information Management - the document management system used by the HPCA

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