



Health Professional Councils of NSW

Annual Report 2020-21

JOINT ANNUAL REPORT FOR 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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ISSN: 2205-8400 (Online)

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The total cost of layout and design was quoted at \$19,000 (GST excl).
Design: Raubinger Visual Communications

Foreword

The 15 NSW Health Professional Councils (Councils) present information about their strategic directions, activities, performance and financial results in the one joint annual 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 Wales
- **Pharmacy Council** of New South Wales
- **Physiotherapy Council** of New South Wales
- **Podiatry Council** of New South Wales
- **Psychology Council** of New South Wales.

The Councils' joint annual report has two parts.

Part 1 – Information about all Councils

The 15 NSW Health Professional Councils present information about their strategic directions, activities, performance and financial results in the one joint annual report.

Part 2 – Council specific financial information

Includes audited financial statements for each Council.

The full 2021 report and earlier reports are available on the Health Professional Councils Authority (HPCA) website www.hPCA.nsw.gov.au.

Part 1 of the report and the relevant financial report is also on each Council's website.

The HPCA collates information provided by each Council, data sourced from the HPCA database and registration data provided by the Australian Health Practitioner Regulation Agency (Ahpra) to prepare this annual report.



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22 October 2021

The Hon. Brad Hazzard MP
Minister for Health
Minister for Medical Research

GPO Box 5341
SYDNEY NSW 2001

The NSW Health Professional Councils are pleased to submit their joint Annual Report and Financial Statements for the year ending 30 June 2021 for presentation to Parliament.

This is in accordance with the provisions of the *Annual Reports (Statutory Bodies) Act 1984* and the *Government Sector Finance Act 2018*.

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

Yours faithfully

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

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

Ms Pamela Langley
President
Chinese Medicine Council

Mr Stephen Woods
Deputy President
Chinese Medicine Council

Dr Wayne Minter AM
President
Chiropractic Council

Dr Christopher Burrell
Deputy President
Chiropractic Council

**Clinical Associate Professor Frederic (Shane)
Fryer OAM**
President
Dental Council

Dr Kavita Lobo
Deputy President
Dental Council



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 Dr John Sammut President Medical Council	 Dr Jennifer Kendrick AM Deputy President Medical Council
 Ms Justine Trpezanovski President Medical Radiation Practice Council	 Ms Nadine Thompson Deputy President Medical Radiation Practice Council
 Adjunct Professor Greg Rickard OAM President Nursing and Midwifery Council	 Ms Elisabeth Black Deputy President Nursing and Midwifery Council
 Dr Alison Wicks President Occupational Therapy Council	 Mr Robert Farrugia Deputy President Occupational Therapy Council
 Mr Derek Fails President Optometry Council	 Dr Isabelle Jalbert Deputy President Optometry Council
 Dr Kerrin Murnane President Osteopathy Council	 Dr Ashar Salia Practitioner Member Osteopathy Council
 Mr Alan Morrison ASM President Paramedicine Council	 Mr Peter Lang Deputy President Paramedicine Council



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 <p>Dr Joyce Cooper President Pharmacy Council</p>	 <p>Ms Veronica Murdoch Deputy President Pharmacy Council</p>
 <p>Ms Elizabeth Ward President Physiotherapy Council</p>	 <p>Mr Toni Andary Deputy President Physiotherapy Council</p>
 <p>Mr Luke Taylor President Podiatry Council</p>	 <p>Dr Kristy Robson Deputy President Podiatry Council</p>
 <p>Ms Gail Purkis President Psychology Council</p>	 <p>Clinical Associate Professor Christopher Willcox Deputy President Psychology Council</p>

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▪ Psychology Council of New South Wales	



PART 1

Governance,
responsibilities,
membership,
strategic directions,
compliance,
data reports
and trends

NSW Health Professional Councils

Charter

The NSW health professional Councils (Councils) are established under the *Health Practitioner Regulation National Law (NSW)* (National Law). Each Council is an independent statutory body exercising the powers, authorities, duties and functions set out in the National Law.

The purpose of the Councils is to protect the health and safety of the public.

Council responsibilities

The Councils are responsible for regulatory decision making relating to the conduct, performance and health of registered health practitioners in NSW. Councils also manage conduct and health matters involving registered students in NSW health professional training programs.

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.

Councils assess and decide the appropriate management pathway for complaints about health practitioners in consultation with the Health Care Complaints Commission (HCCC).

Councils also have processes and programs that support registered practitioners to maintain proper and appropriate standards of conduct and professional performance, and to manage impairments.

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

Councils' regulatory partner – the HPCA

The HPCA is an executive agency of the NSW Ministry of Health (MoH) working in partnership with the Councils.

The HPCA supports the Councils' regulatory purpose by providing shared executive services and fulfilling corporate functions.

All staff working both directly and indirectly with Councils are employed by the HPCA under the Government Sector Employment Act. The National Law precludes Councils from employing staff.

HPCA responsibilities include:

- Delegated regulatory responsibilities
- Legal advice and legal representation
- Human resources
- Corporate governance, policy and risk management
- Information and communications technology (ICT) and data
- Finance and procurement systems and management.

NSW Health Professional Councils continued

The HPCA also liaises with:

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

The HPCA's shared support structures and systems assist Councils to achieve efficiencies that would not be possible if each Council had to manage these independently.

The co-regulatory context

The Councils are part of the National Registration and Accreditation Scheme (NRAS) which was established in 2010. The Councils work under co-regulatory arrangements with the HCCC in NSW, and with the health professional Boards (National Boards) and Ahpra at a national level.

The HCCC is an independent NSW agency established under the Health Care Complaints Act. The Councils and the HCCC jointly assess and decide on the appropriate management pathway for all complaints about registered health practitioners in NSW.

In addition the HCCC:

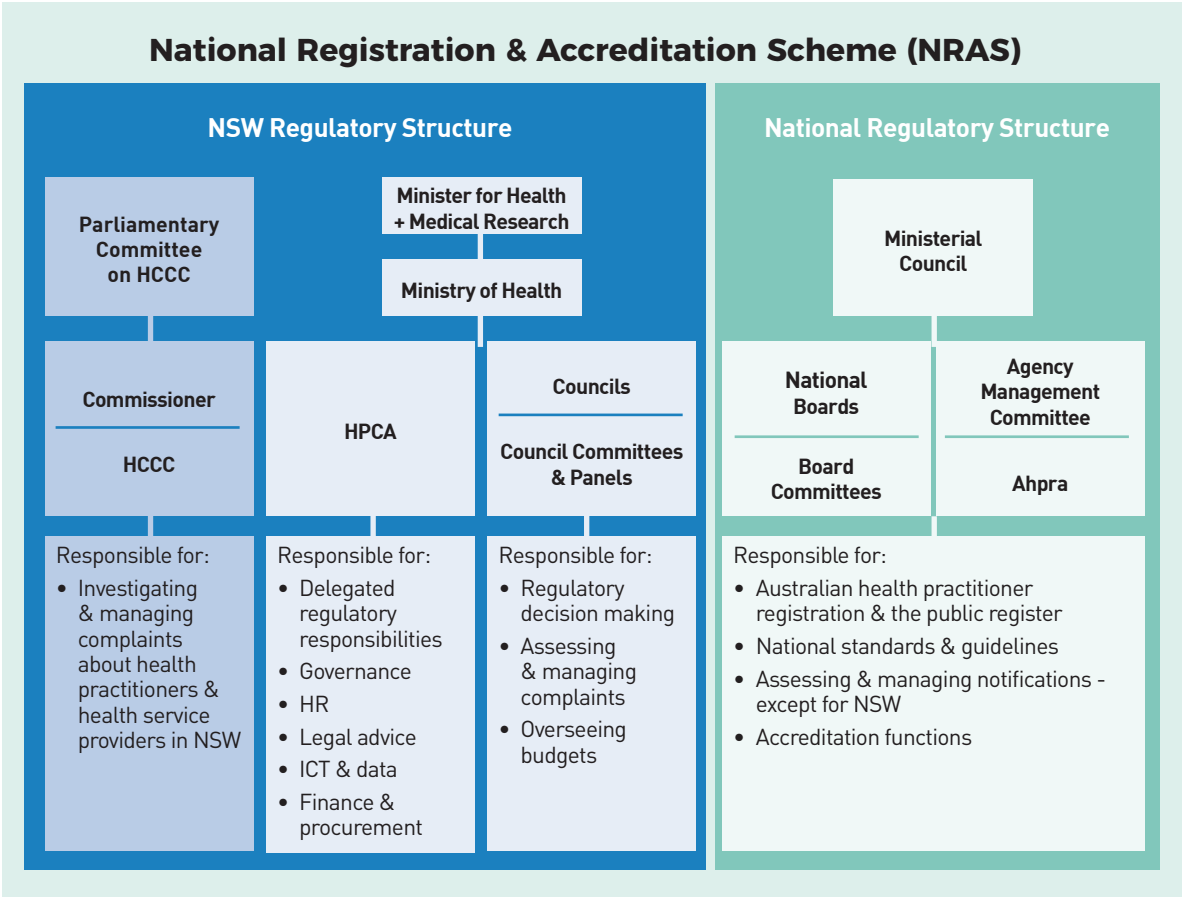
- investigates and may prosecute serious complaints.
- deals with complaints about unregistered health practitioners and health services.

The National Boards and Ahpra are established under the *Health Practitioner Regulation National Law* (National Law).

The National Boards and Ahpra:

- Register health practitioners Australia wide and maintain the public register
- Register students in approved programs of study
- Manage notifications (complaints) about health practitioners in most other states and territories of Australia
- Set national health professional standards
- Accredited education programs.

NSW Health Professional Councils continued



Council overview

Council membership

The membership of each Council is set out in the National Law and the *Health Practitioner Regulation (New South Wales) Regulation 2010*.

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

Regulatory panels and committees

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

- Performance Review Panel (PRP)
- Impaired Registrants Panel (IRP)
- Assessment Committee – applicable to all Councils except the Medical Council and the Nursing and Midwifery Council
- Professional Standards Committee (PSC) – only applicable to the Medical Council and the Nursing and Midwifery Council.

In addition, the National Law provides that lower level conduct complaints can be dealt with by an Inquiry in a Council meeting. This process is not available to the 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 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.

Impaired Registrants Panel

An Impaired Registrants Panel (IRP) deals with matters where a registered health practitioner has a physical or mental impairment that detrimentally 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 have undergone probity checks and are experienced in working with practitioners who have health problems.

Council overview continued

Assessment Committee

Councils, other than Medical and Nursing and Midwifery, may refer matters to an Assessment Committee for review, 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.

An Assessment Committee may obtain medical, legal, financial or other advice considered necessary for this function. 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.

Professional Standards Committee

The Professional Standards Committee (PSC) is only applicable to the Medical Council and Nursing and Midwifery Council.

A 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.

Council committees

The Councils may also establish other committees to assist with Council functions. These vary across Councils depending on the needs of each Council. Committee members are not necessarily Council members.

Executive Officers

Councils are supported by Executive Officers and other staff employed by the HPCA, an executive agency of the Ministry of Health. Councils cannot employ staff under the National Law.

Council overview continued

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

Council members

Four members sit on the Aboriginal and Torres Strait Islander Health Practice Council as set out in the National Law.

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

Registered Aboriginal and Torres Strait Islander Health practitioner members:

- Mr Christopher O'Brien ATSIHP, Dip Mgt, Cert IV TAE, JP
- Ms Rae Reed ATSIHP, Aboriginal Liaison Officer.

Legal member:

- Ms Rosemary MacDougal Dip Law (LPAB).

The Governor appointed Mr Christopher O'Brien as President of the Aboriginal and Torres Strait Islander Health Practice Council.

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

Executive Officer

Ms Farina Bains is the Executive Officer of the Aboriginal and Torres Strait Islander Health Practice Council.

The Executive Officer leads a team of 12 who work directly with the Council, and 10 other health professional Councils.

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 term of office

Member	Meetings Attended	Meetings Eligible to Attend	Date first appointed	Current Term of Office*
President Mr Christopher O'Brien	1	1	19 September 2018	19 September 2018 to 20 June 2021
Deputy President Ms Rosemary MacDougal	1	1	1 July 2016	1 July 2019 to 30 June 2022
Ms Rae Reed	0	1	19 September 2018	19 September 2018 to 20 June 2021

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

Council overview continued

Regulatory Committees and Panels

The National Law sets out the committees and panels that assist the Council to undertake its regulatory activities.

The Council did not establish 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 this year.

Meetings and Events

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

Name of Meeting / Event	Attended by
Ahpra NRAS Online Conference	Mr Christopher O'Brien, President

Overseas Travel

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

Education and Research Account

The Aboriginal and Torres Strait Islander Health Practice Council does not maintain an Education and Research account.

Council overview continued

Chinese Medicine Council of New South Wales

Council members

Six members sit on the Chinese Medicine Council as set out in the National Law.

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

Registered Chinese Medicine practitioner members:

- Adjunct Professor Danforn (Chi Eung) Lim PhD (UNSW), EDBA(INE PAN), MBBS(UNSW), BSc(Med) (UNSW), BHltSc(CSU), DCH(Syd), ClinDipPallMed(RACP), GradDipAcup(RMIT), MMed(Syd), MAppSc(Acup)(RMIT), MAppMgt(Health)(Newcastle), RCMP(Acup&CHM), FRACGP, FASLM, FIML, Cert BSM (Cambridge UK), Chartered Manager (UK & Aust), AFRACMA, AFCHSM, FFACMA, FFCMASA, JP
- Ms Christine Berle MSc (Research), DipAc
- Dr Wenbo Peng, BMed, MMed, PhD (UTS)
- Dr Li Mei-Kin Rees PhD (TCM), Master of Health Sc (TCM-UTS), BAppSc Acup (UTS), GradCert Pharm/Cosmetic Tech, Dip Training & Assessment.

Legal member:

- Ms Christina Lam LLB.

Community member:

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

The Governor appointed Adjunct Professor Danforn Lim as President of the Chinese Medicine Council.

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

Executive Officer

Ms Heather Comino is the Executive Officer for the Chinese Medicine Council.

The Executive Officer is part of a team of 12 led by Ms Farina Bains. This team works with 11 of the health professional Councils.

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 overview continued

Council Meeting Attendance

The Chinese Medicine Council met eleven times during the year.

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

Member	Meetings Attended	Meetings Eligible to Attend	Date first appointed	Current Term of Office*
President Adjunct Professor Danforn Lim	11	11	1 July 2012	1 July 2018 – 30 June 2021
Deputy President Ms Christine Berle	11	11	1 July 2012	1 July 2018 – 30 June 2021
Ms Christina Lam	10	11	1 July 2018	1 July 2018 – 30 June 2021
Dr Wenbo Peng	10	11	1 July 2018	1 July 2018 – 30 June 2021
Dr Li Mei-kin Rees	8	9	1 July 2018	1 July 2018 – 7 April 2021
Mr Stephen Woods	11	11	1 July 2015	1 July 2018 – 30 June 2021

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

Dr Li Mei-Kin Rees retired from the Council on 7 April 2021.

Adjunct Professor Danforn Lim and Ms Christine Berle retired on 30 June 2021 having served the maximum consecutive terms of office as a Council member.

Regulatory Committees and Panels

The National Law sets out the committees and panels that assist the Council to undertake its regulatory activities.

The Chinese Medicine Council appointed six Performance Review Panels during the year with the following membership.

Chair	Non Council Members
Mr Robert Farrugia	Mr Paul Coop Ms Yu-Ting Sun

Council Committees

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

The Chinese Medicine Council appointed one committee this year.

Chinese Medicine Complaints and Notifications Committee

Chair	Council members
Mr Stephen Woods	Ms Christine Berle Ms Christina Lam Dr Wenbo Peng

Council overview continued

Meetings and Events

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

Name of Meeting / Event	Attended by
Ahpra NRAS Online Conference	Adjunct Professor Danforn Lim, President
Chinese Medicine Board of Australia Board Meeting	Adjunct Professor Danforn Lim, President

Overseas Travel

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

Education and Research Account

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

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

Council overview continued

Chiropractic Council of New South Wales

Council members

Four members sit on the Chiropractic Council as set out in the National Law.

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

Registered Chiropractic practitioner members:

- Dr Wayne Minter AM, BEc, BAppSc (Chiro), DP Dip, (NMS Rehabilitation), FICC
- Dr Lawrence Whitman BSc, DC Chiro
- Dr Christopher Burrell BSc, LLB, MChiro, MRes.

Legal member:

- Mr Matthew Seisun B App Sc (Chiro), LLB.

The Governor appointed Dr Wayne Minter AM as President of the Chiropractic Council.

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

Executive Officer

Ms Heather Comino is the Executive Officer for the Chiropractic Council.

The Executive Officer is part of a team of 12 led by Ms Farina Bains. This team works with 11 of the health professional Councils.

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

Council Meeting Attendance

The Chiropractic Council met eleven times during the year.

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

Member	Meetings Attended	Meetings Eligible to Attend	Date first appointed	Current Term of Office*
President Dr Wayne Minter AM	11	11	1 July 2017	1 July 2020 – 30 June 2023
Deputy President Dr Lawrence Whitman	11	11	6 March 2013	1 July 2018 – 30 June 2021
Dr Christopher Burrell	11	11	1 July 2018	1 July 2018 – 30 June 2021
Mr Matthew Seisun	11	11	29 August 2018	29 August 2018 – 30 June 2021

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

Dr Lawrence Whitman retired from the Council on 30 June 2021 having served the maximum consecutive terms of office as a Council member.

Council overview continued

Regulatory Committees and Panels

The National Law sets out the committees and panels that assist the Council to undertake its regulatory activities.

The Chiropractic Council appointed three Impaired Registrants Panels during the year with the following membership.

Chair	Non Council Member
Dr Karen Arnold (medical practitioner)	Dr Julie Uren

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 this year.

Meetings and Events

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

Name of Meeting / Event	Attended by
CLEAR Virtual Symposium	Dr Wayne Minter AM, President
National Health Practitioner Ombudsman & Privacy Commission	Dr Wayne Minter AM, President
Friends of Science in Medicine	Dr Wayne Minter AM, President
International Chiropractic Regulatory Society	Dr Wayne Minter AM, President
Ahpra NRAS Online Conference	Dr Wayne Minter AM, President Dr Chris Burrell, Council member

Overseas Travel

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

Education and Research Account

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

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

Council overview continued

Dental Council of New South Wales

Council membership

Twelve members sit on the Dental Council as set out in the National Law.

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

Registered dental practitioner members:

- Clinical Associate Professor Frederic (Shane) Fryer OAM, BDS, MDS (Syd), FRACDS, MRACDS(Orth) (Dentist/Dental Specialist)
- Dr Kavita Lobo BDS (Hons), FICD, FPFA, FADI (Dentist)
- Dr Christine Biscoe BDS (Syd), FPFA, FADI, FICD (Dentist)
- Dr Anthony Burges BDS, FRACDS, FICD, FPFA, FADI (Dentist)
- Mr Christiaan Claassens Adv Dip DP(Syd), Dip DT (Syd) (Dental Prosthetist)
- Clinical Associate Professor William O'Reilly AM, BDS (Syd), Dip Law BAB (Dentist)
- Dr Colyn Pavey BDS (Hons), FADI (Dentist)
- Dr John Pearman BDS (Syd), FPFA, FADI, FICD (Dentist)
- Associate Professor Janet Wallace PhD, GCPTT, BOH, Dip DT, Dip BM, Hon FADI (Oral Health Therapist).

Legal member:

- Ms Rosemary MacDougal Dip Law (LPAB).

Community members:

- Mr David Owen MBA BSc
- Ms Jebby Phillips BA (Hons), MAICD.

The Governor appointed Clinical Associate Professor F. Shane Fryer OAM as President of the Dental Council.

The Governor appointed Dr Kavita Lobo as Deputy President of the Dental Council.

Executive Officer

Mr Colin Borg is the Executive Officer for the Dental Council.

The Executive Officer leads a team of eight 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 overview continued

Council Meeting Attendance

The Dental Council met 13 times during the year.

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

Member	Meetings Attended	Meetings Eligible to Attend	Date first appointed	Current Term of Office*
President Clinical Associate Professor Frederic (Shane) Fryer OAM	13	13	1 May 2014	1 July 2019 – 30 June 2021
Deputy President Dr Kavita Lobo	13	13	1 July 2015	1 July 2018 – 30 June 2021
Dr Christine Biscoe	12	13	1 July 2015	1 July 2018 – 30 June 2021
Dr Anthony Burges	11	13	1 July 2012	1 July 2020 – 30 June 2021
Mr Christiaan Claassens	12	13	1 July 2018	1 July 2018 – 30 June 2021
Ms Rosemary MacDougal	12	13	17 July 2013	1 July 2019 – 30 June 2022
Clinical Associate Professor William O'Reilly AM	10	13	1 July 2012	1 July 2018 – 30 June 2021
Mr David Owen	13	13	1 July 2012	1 July 2020 – 30 June 2021
Dr Colyn Pavey	12	13	1 July 2019	1 July 2019 – 30 June 2022
Dr John Pearman	10	13	1 July 2015	1 July 2020 – 30 June 2023
Ms Jebby Phillips	13	13	28 March 2018	1 July 2020 – 30 June 2023
Associate Professor Janet Wallace	9	13	1 July 2012	1 July 2020 – 30 June 2021

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

Dr Anthony Burges, Clinical Associate Professor William O'Reilly AM, Mr David Owen and Associate Professor Janet Wallace retired on 30 June 2021 having served the maximum consecutive terms of office as a Council member.

Regulatory Committees and Panels

The National Law sets out the committees and panels that assist the Council to undertake its regulatory activities.

The Dental Council appointed:

Regulatory Committees and Panels	Number of Regulatory Committee and Panels
Impaired Registrants Panels	7
Performance Review Panels	0
Assessment Committees	3

Council overview continued

Regulatory Committee and Panel Membership

Impaired Registrants Panel	Assessment Committee
Chair Nil	Chair Dr Mark Sinclair
Non Council Members Dr Karen Arnold (medical practitioner) Dr Penny Burns Dr Kay Franks PhD Dr Robert Smith Professor F. A. Clive Wright AM	Non Council Members Dr Megan Phillips Ms Frances Taylor Dr David Wheatley

Council Committees

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

The Dental Council appointed/reappointed three Council committees this year.

Complaints and Notifications Committee	Education and Research Committee	Health Committee
Chair Dr Anthony Burges	Chair Associate Professor Janet Wallace	Chair N/A
Council Members Mr Christiaan Claassens Dr Kavita Lobo Mr David Owen Dr Colyn Pavey Dr John Pearman	Council Members Dr Anthony Burges Clinical Associate Professor F. Shane Fryer OAM Mr David Owen	Council Members Dr Christine Biscoe Clinical Associate Professor William O'Reilly AM Ms Jebby Phillips Associate Professor Janet Wallace

Council overview continued

Meetings and Events

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

Name of Meeting / Event	Attended by
Dental Board of Australia COVID-19 Dental Stakeholder Liaison Group	Clinical Associate Professor F. Shane Fryer OAM, President Dr Kavita Lobo, Deputy President
NSW Ministry Oral Health Clinical Community of Practice – COVID-19	Clinical Associate Professor F. Shane Fryer OAM, President
NSW Ministry of Health Regulators Forum	Clinical Associate Professor F. Shane Fryer OAM, President Clinical Associate Professor William O'Reilly AM, Council Member
Dental Stakeholder Group hosted by NSW Ministry of Health	Clinical Associate Professor F. Shane Fryer OAM, President Clinical Associate Professor William O'Reilly AM, Council Member
Meeting with the Dental Board of Australia	Clinical Associate Professor F. Shane Fryer OAM, President Dr Christine Biscoe, Member Dr Anthony Burges, Member Mr Christiaan Claassens, Member Mr David Owen, Member Dr Colyn Pavey, Member Dr John Pearman, Member Ms Jebby Phillips, Member Associate Professor Janet Wallace, Member
NSW Ministry Centre for Oral Health Strategy	Clinical Associate Professor F. Shane Fryer OAM, President
Dental Practitioner Support Stakeholder Consultation Workshop	Clinical Associate Professor F. Shane Fryer OAM, President
Roundtable meeting with Dental Board of Australia and Australian Dental Association Inc.	Clinical Associate Professor F. Shane Fryer OAM, President

Overseas Travel

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

Education and Research Account

The Dental Council maintains an Education and Research account. This can be used to fund activities that promote better understanding of professional standards and compliance, issues that lead to complaints and how complaints are managed. The account may also be used to fund research activity including Council specific initiatives and collaborative projects. In 2020/21, the Council offered Education and Research Grants to a maximum of \$10,000 per grant. Education and Research account expenditure this year included:

- \$6,964.65 to The University of Sydney for a research project "Narrative Dentistry – A methodology of enhancing students' competencies in professionalism and communication"
- \$7,728.75 to The University of Sydney for a research project "Knowledge, attitudes and challenges towards infection control following COVID-19 among dental practitioners".

Council overview continued

Medical Council of New South Wales

Council membership

Up to 19 members sit on the Medical Council as set out in the National Law.

The President, Deputy President and Council members are nominated by the Minister for Health and appointed by the Governor.

Practitioner members:

- Dr John Frank Charles Sammut MBBS (Hons) (Sydney), FACEM – Australasian College for Emergency Medicine nominee
- Dr Jennifer Kendrick AM, BSc (Sydney), MBBS (Sydney), MPH (UNSW), GAICD, FRACGP – Royal Australian College of General Practitioners nominee
- Professor Mark Arnold MBBS (Sydney) FRACP M Bio ethics, GAICD PhD, Universities of Sydney, New South Wales and Newcastle nominee
- Dr Merran Auland FACRRM, BM.BCh (Oxon), PhD, B.Pharm – Australian College of Rural and Remote Medicine nominee
- Dr Claire Blizzard MBBS (UNSW) MHealthAdmin (UNSW) – Royal Australasian College of Medical Administrators nominee
- Dr Geoffrey Mark Brieger MBBS (Syd), CU FRANZCOG, FHKAM, MHKCOG, MRACOG – Royal Australian and New Zealand College of Obstetrics and Gynaecology nominee
- Dr Stephen Richard Buckley MBBS (UNSW), FACRM, FAFRM (RACP) – Royal Australasian College of Physicians nominee
- Associate Professor Ross Kerridge MBBS, FRCA, FANZCA – Australian Medical Association (NSW) nominee
- Dr Saretta Lee MBBS (Hons)(Melb) DipChildHealth, MPubHealth, MHealthManagement (UNSW), AFRACMA, FRANZCP, Australian and New Zealand College of Psychiatrists nominee
- Dr Brian Morton AM, MBBS (UNSW), FRACGP, FAMA – Australian Medical Association (NSW) nominee
- Dr Elizabeth Tompsett MBBS (Hons) (UNSW), BMedSc (UNSW), PhD (UNSW), FRACS – Royal Australasian College of Surgeons nominee
- Adjunct Associate Professor Richard George Walsh MBBS (Sydney), FANZCA – Australian and New Zealand College of Anaesthetists nominee.

Legal member:

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

Council overview continued

Community members:

- Ms Maria Cosmidis BA, BSW, MM
- Dr Alix Genevieve Magney BA Sociology (Hons), PhD Sociology (UNSW)
- Professor Isabel Karpin BA LLB (Syd) LLM (Harvard) JSD (Columbia)
- Mr Robert Lagaida BEc MComm FCPA GAICD PSM
- Ms Margaret Piper AM – Multicultural NSW nominee
- Mrs Frances Taylor BA/BSocWk (Sydney).

The Governor appointed Dr John Frank Charles Sammut as President of the Medical Council.

The Governor appointed Dr Jennifer Kendrick AM as Deputy President of the Medical Council.

Senior Officers

Executive Officer

Mr John Jamieson is the Executive Officer for the Medical Council.

The Executive Officer leads a team of 50 who work directly with the Council.

Medical Director

Dr Annette Pantle, MBBS, MPH, FRACMA, FAICD, FAAQHC is the Medical Director of the Medical 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 overview continued

Council Meeting Attendance

The Medical Council met 6 times during the year.

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

Member	Meetings Attended	Meetings Eligible to Attend	Date first appointed	Current Term of Office*
President Dr John Sammut	6	6	18 June 2014	1 July 2019 - 30 June 2022
Deputy President Dr Jennifer Kendrick AM	6	6	1 July 2015	1 July 2018 - 30 June 2021
Professor Mark Arnold	6	6	2 October 2019	1 July 2020 - 30 June 2023
Dr Merran Auland	3	6	2 June 2017	1 July 2019 - 30 June 2022
Dr Claire Blizard	5	6	1 July 2019	1 July 2019 - 30 June 2022
Dr Geoffrey Brieger	3	6	1 July 2018	1 July 2018 - 30 June 2021
Dr Stephen Buckley	5	6	1 July 2015	1 July 2018 - 30 June 2021
Ms Maria Cosmidis	3	6	1 July 2017	1 July 2020 - 30 June 2023
Professor Isabel Karpin	6	6	1 July 2020	1 July 2020 - 30 June 2023
Mr Robert Lagaida PSM	6	6	1 July 2020	1 July 2020 - 30 June 2023
Dr Saretta Lee	6	6	1 July 2020	1 July 2020 - 30 June 2023
Professor Ross Kerridge	6	6	1 July 2015	1 July 2018 - 30 June 2021
Dr Alix Magney	5	6	1 July 2012	1 July 2020 - 30 June 2021
Dr Brian Morton AM	5	6	1 July 2015	1 July 2018 - 30 June 2021
Ms Margaret Piper AM	6	6	27 November 2019	27 November 2019 - 30 June 2022
Professor Cameron Stewart	6	6	1 July 2017	1 July 2019 - 30 June 2022
Mrs Frances Taylor	6	6	1 July 2015	1 July 2018 - 30 June 2021
Dr Elizabeth Tompsett	6	6	1 July 2018	1 July 2018 - 30 June 2021
Adjunct Associate Professor Richard Walsh	6	6	1 July 2012	1 July 2018 - 30 June 2021

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

Dr Alix Magney and Adjunct Associate Professor Richard Walsh retired on 30 June 2021 having served the maximum consecutive terms of office as a Council member.

Regulatory Committees and Panels

The National Law sets out the committees and panels that assist the Council to undertake its regulatory activities.

The Medical Council appointed:

Impaired Registrants Panels	84
Performance Review Panels	41
Professional Standards Committees (PSC)	3

Council overview continued

Regulatory Committee and Panel Membership

Impaired Registrants Panel	Performance Review Panel	PSC
Chair Keith Edwards Michael Diamond Alison Reid Abdullah Demirkol Karen Arnold Sarah Mares Glenys Dore Susan Messner Ian Rewell	Chair Arthur Glass PhD Diane Robinson Geri Ettinger Chantal Bostock PhD Isabel Karpin Mark Paul	Chair Geri Ettinger Diane Robinson Arthur Glass PhD
Non Council Members Susan Messner Deborah Telford Jennifer Houen Robert Kelly Karryn Koster Michael Atherton	Non Council Members John Riley Hadia Haikal-Mukhtar Steven Merten Andrew Barrie McCann Katherine Smartt Snehal Patel Kathleen Wilhelm Antonio Di Dio Carolyn Ee Lesley Cotterell Louise King Jon Fogarty Candace Newberry Brian Bailey Guan Yeo Andrew Bean Heather Knox James Aitken Keith Liyanagama Melaine Wroth Gregory Nelson Emily Kuan Simon Cowap Ellie Summers Alana Horadam Marcela Cox Mardi Jarrett Sandy Eun Andrew Pennington Richard Barnett	Non Council Members Andrew Barrie McCann Gregory Nelson Jennifer Houen Alexander Grant James Aitken Ellie Summers Catherine Berglund

Council Committees

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

The Medical Council appointed eight committees this year.

Council overview continued

Council Committees and Membership

Case Management Committees:

Week 2 (Green)	Week 3 (Blue)	Week 4 (Orange)
President Dr John Sammut	President Dr John Sammut	President Dr John Sammut
Chair Dr Jennie Kendrick	Chair Dr Elizabeth Tompsett	Chair Dr Alix Magney
Council Members Dr Merran Auland Professor Isabel Karpin Professor Cameron Stewart Dr Stephen Buckley Dr Claire Blizard	Council Members Dr Brian Morton Ms Margaret Piper Mr Robert Lagaida A/A Professor Richard Walsh Dr Geoff Brieger	Council Members Dr Saretta Lee Mrs Frances Taylor Ms Maria Cosmidis Dr Ross Kerridge Professor Mark Arnold
Non Council Members Dr Glen Smith A/Professor Nicole Phillips	Non Council Members Dr Murray Wright (from June 2021)	Non Council Members Dr Martine Walker Dr Keith Edwards

Case Management Committees continued:

Week 1 (Virtual)		HCCC Consult Committee (Post-Committee)
President Dr John Sammut		President Dr John Sammut
Chairs Dr Jennie Kendrick, Dr Elizabeth Tompsett, Dr Alix Magney and Dr John Sammut		Chair Dr John Sammut
Council Members Dr Merran Auland Mr Robert Lagaida Professor Isabel Karpin Professor Cameron Stewart Dr Stephen Buckley Dr Claire Blizard Dr Brian Morton Ms Margaret Piper	A/A Professor Richard Walsh Dr Geoff Brieger Dr Saretta Lee Mrs Frances Taylor Ms Maria Cosmidis Dr Ross Kerridge Prof Mark Arnold	Council Members Dr Jennie Kendrick Dr Elizabeth Tompsett Dr Alix Magney
Non Council Members Dr Glen Smith A/Professor Nicole Phillips Dr Martine Walker Dr Keith Edwards Dr Murray Wright (from June 2021)		Non Council Members N/A

Council overview continued

Other Committees:

Executive Committee	Research Committee	Family Violence Sub-Committee
Chair Dr John Sammut	Chair Professor Cameron Stewart	President & Chair Dr John Sammut
Council Members A/A Professor Richard Walsh Mr Robert Lagaida Dr Jennie Kendrick Dr Liz Tompsett Professor Cameron Stewart Dr Alix Magney	Council Members Dr John Sammut Dr Alix Magney Professor Mark Arnold Professor Isabel Karpin	Council Members Ms Maria Cosmidis Professor Isabel Karpin Dr Claire Blizard Dr Brian Morton

Meetings and Events

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

Name of Meeting / Event	Attended by
MCNSW, MBA, Ahpra	Dr John Sammut Dr Jennifer Kendrick AM
MCNSW / HCCC Collab bi-monthly meeting	Dr John Sammut Dr Jennifer Kendrick AM
MCNSW / AMA Liaison meeting	Dr John Sammut Dr Jennifer Kendrick AM
AMA NSW + MDO's Regulators Forum	Dr John Sammut
NSW Ministry of Health Regulators Forum	Dr John Sammut
National Registration and Accreditation Scheme (NRAS) combined meeting - online	Dr John Sammut
MCNSW /MII Quarterly meeting	Dr John Sammut Dr Jennifer Kendrick AM
MCNSW / Macquarie Uni Steering Committee meeting	Dr John Sammut
MCNSW / PSR / HCCC Regulatory response meeting	Dr John Sammut

Overseas Travel

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

Education and Research Account

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

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

Council overview continued

Medical Radiation Practice Council of New South Wales

Council members

Six members sit on the Medical Radiation Practice Council as set out in the National Law.

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

Registered Medical Radiation Practice practitioner members:

- Ms Tracy Vitucci MBA, MHSM, BAppSc (MedImaging), DMU, GradDipUltrason, FIR
- Dr Karen Jovanovic HScD, MMedSc, GradDipClinEpid, DCR (T)
- Ms Nadine Thompson BAppSc (MRS) DR Hons I, MEd, MHM, GradCert ClinEd, Cert3 Customer Contact, FASMIRT
- Ms Justine Trpezanovski MPH, MHM, BAppSc (MRS - Nuc Med), MANZSNM.

Legal member:

- Mr Greg Ross LLB.

Community members:

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

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

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

Executive Officer

Ms Asha Mears is the Executive Officer for the Medical Radiation Practice Council. Ms June Garcia has been providing Executive Officer support to the Council since November 2020 while Ms Mears is acting in another role.

The Executive Officer is part of a team of 12 led by Ms Farina Bains. This team works with 11 of the health professional Councils.

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 overview continued

Council Meeting Attendance

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

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

Member	Meetings Attended	Meetings Eligible to Attend	Date first appointed	Current Term of Office*
President Ms Tracy Vitucci	10	11	1 July 2012	1 July 2018 to 30 June 2021
Deputy President Dr Karen Jovanovic	11	11	1 July 2012	1 July 2018 to 30 June 2021
Mr Greg Ross	10	11	1 July 2018	1 July 2018 to 30 June 2021
Mr Warren Stretton	11	11	1 July 2012	1 July 2018 to 30 June 2021
Ms Nadine Thompson	10	11	1 July 2018	1 July 2018 to 30 June 2021
Ms Justine Trpezanovski	10	11	1 July 2017	1 July 2020 to 30 June 2023

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

Ms Tracy Vitucci, Dr Karen Jovanovic and Mr Warren Stretton retired on 30 June 2021 having served the maximum consecutive terms of office as a Council member.

Regulatory Committees and Panels

The National Law sets out the committees and panels that assist the Council to undertake its regulatory activities.

The Medical Radiation Practice Council appointed four Impaired Registrants Panels during the year with the following membership.

Chair (medical practitioner) Dr Karen Arnold Dr Mary-Anne Friend	Non Council Members Mr Trevor Brown Mr Darrin Gray
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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 this year.

Meetings and Events

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

Name of Meeting / Event	Attended by
The Australian Society of Medical Imaging and Radiation Therapy (NSW) - Meeting	Ms Justine Trpezanovski, Council member
Ahpra NRAS Online Conference	Ms Tracy Vitucci, President

Council overview continued

Overseas Travel

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

Education and Research Account

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

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

Council overview continued

Nursing and Midwifery Council of New South Wales

Council members

Fifteen members sit on the Nursing and Midwifery Council as set out in the National Law.

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

Registered nurse / midwife members:

- Associate Professor Bethne Hart RN, Cert IV TAA, Dip Clin Hypnotherapy, BA (Soc. Sci), MHPed, PhD (UNSW) (MHRN)
- Adjunct Professor Greg Rickard OAM, RN, BAppSc (Nursing), Grad Dip Comm Counselling, MHSM, DrPH, FACN (Nominee of the College)
- Associate Professor Vasiliki Betihavas RN, BN, gred Cert Uni L&T, MN, PhD
- Ms Elisabeth Black RN, RM, BN, PGD, MNSc, Cert IV TAE, FACN, Clinical Fellow, ACU
- Dr Kate Cheney RN, RM, Sexual Health (GCert), PhD (Syd), MA Midwifery (New), B Nursing (Syd) MACN, MACM, JP
- Ms Veronica Croome, RN, MPHealth (UNSW), GCert HEc (Monash), BHSc (CSU), Hon.D (UC)
- Associate Professor Murray Fisher RN, PhD (USyd), ITU Cert (SVPH), DipAppSc (Nursing) (CCES), BHSc (Nursing) (UTS), MHPed (UNSW)
- Dr Lyn Francis RN, RM P PhD (UoN), BN (UNE) MHM (UNE), LLB (UoN), LLM (ANU)
- Ms Angela Garvey RN, B Nursing (QUT), B Arts (USyd) (Nominee of the Association)
- Ms Karyn Godier EN
- Ms Karen Hay EN, Adv Dip Nursing (Perioperative Nursing), MACORN, MNSWOTA.

Legal member:

- Ms Joanne Muller BSc (Syd), LLB (UTS), DipEd (STC), GAICD.

Community members:

- Ms Kerryn Boland PSM, LLB, GDLP
- Dr Jayne Meyer Tucker FRSA, MAICD, MSc, PhD
- Ms Jennifer Thommeny GradCert Appl Mgmt. AIPM, BA (Soc) (UNSW), JP.

The Governor appointed Associate Professor Bethne Hart as President of the Nursing and Midwifery Council.

The Governor appointed Adjunct Professor Greg Rickard OAM as Deputy President of the Nursing and Midwifery Council.

Council overview continued

Executive Officer

Dr Margaret Cooke RN, RM, PhD is the Executive Officer for the Nursing and Midwifery Council. Kim Bryant RN, BN, MEd was the Executive Officer while Dr Cooke was on extended leave (effective 1 July 2020 – 29 January 2021).

The Executive Officer leads a team of 29 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 6 times during the year.^

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

Member	Meetings Attended	Meetings Eligible to Attend	Date first appointed	Current Term of Office*
President Bethne Hart	6	6	1 July 2012	11 July 2018 – 30 June 2021
Deputy President Greg Rickard OAM	6	6	1 July 2018	11 July 2018 – 30 June 2021
Vasiliki Betihavas	6	6	1 July 2020	1 July 2020 – 30 June 2023
Elisabeth Black	6	6	1 July 2015	11 July 2018 – 30 June 2021
Kerryn Boland PSM	6	6	1 January 2018	1 July 2020 – 30 June 2023
Kate Cheney	6	6	1 July 2015	11 July 2018 – 30 June 2021
Veronica Croome	6	6	1 July 2019	1 July 2019 – 30 June 2022
Murray Fisher	4	6	5 August 2015	11 July 2018 – 30 June 2021
Lyn Francis	4	6	1 July 2020	1 July 2020 – 30 June 2023
Angela Garvey	6	6	1 January 2018	1 July 2020 – 30 June 2023
Karyn Godier	5	6	27 August 2014	1 July 2020 – 30 June 2023
Karen Hay	5	6	1 July 2015	11 July 2018 – 30 June 2021
Joanne Muller	6	6	1 January 2018	1 July 2020 – 30 June 2023
Jayne Meyer-Tucker	6	6	1 July 2020	1 July 2020 – 30 June 2023
Jennifer Thommeny	5	6	1 July 2018	11 July 2018 – 30 June 2021

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

Bethne Hart retired on 30 June 2021 having served the maximum consecutive terms of office as a Council member.

Council overview continued

Regulatory Committees and Panels

The National Law sets out the committees and panels that assist the Council to undertake its regulatory activities.

The Nursing and Midwifery Council appointed:

Regulatory Committees and Panels	Number of Regulatory Committee and Panels
Impaired Registrants Panels	89
Performance Review Panels	12
Professional Standards Committees (PSC)	1

Regulatory Committee and Panel Membership

Impaired Registrants Panel	Performance Review Panel	PSC
Chair Decided by committee in each case	Chair Elizabeth Angel Lynette Hopper Ian McQualter	Chair Mark Paul
Non Council Members Christine Anderson Toni-Marie Anderson Elizabeth Angel Deborah Armitage Karen Arnold (medical practitioner) Kathryn Austin Toni Azzopardi Anita Bizzotto Leeanne Carlin Elizabeth Chiarella Melissa Cooke Timothy Coombs Julie Corrigan Jane Cotter Allison Cummins Susan Daly Michael Diamond (medical practitioner) Janice Dilworth Jennifer Fenwick Julie Flood Mary-Anne Friend (medical practitioner) Valerie Gibson Laura Graham Linda Gregory Michael Hagarty Jennifer Haines Lynette Hopper	Non Council Members Anita Bizzotto Lynette Hopper Jennifer Houen Rosemary Kusuma Maryanne Maher Sheree Smiltnieks Jennifer O’Baugh	Non Council Members Deborah Armitage Catherine Berglund Linda Gregory

Council overview continued

Council Committees

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

The Nursing and Midwifery Council appointed seven committees this year.

Strategic Management Committee

The Strategic Management Committee provides strategic oversight of the management of the finance and resourcing, complaints process, administrative complaints, policy and project management, planning and governance, legal issues and stakeholder engagement, on behalf of the Council.

Notifications Committee

The Notifications Committee, in consultation with the HCCC, manages complaints about the conduct, performance and health of registered health practitioners and the health and conduct of students. The Committee's purpose is to protect the public by ensuring safe professional practice, maintaining public safety, and proactively identifying and minimising risk early.

Monitoring and Review Committee

The Monitoring and Review Committee oversees monitoring and reviews of registered health practitioners and students with restrictions on registration related to conduct, performance and conduct pathways.

Education, Quality and Research Committee

The Education Quality and Research Committee provides oversight, input and recommendations on education, quality and research projects on behalf of the Council.

Performance Interview and Counselling Committee

The purpose of the Performance Interview and Counselling Committee is to deal with complaints referred by the Council to:

- make inquiries into a complaint and advise the Council in managing an individual matter under Part 8 of the Health Practitioner Regulation National Law (NSW).
- counsel registered health practitioners and students about professional standards to ensure safe professional practice and maintain public safety.

s150 Review Committee

The Section 150 Review Committee deals with complaints referred by the Council to determine whether urgent interim action is required on a practitioner's or student's registration to maintain public safety, minimise risk early or otherwise in the public interest.

s152J Committee

The Section 152J Committee enables timely decision-making regarding the recommendations of the Impaired Registrants Panel (IRP), on behalf of the Council.

The following table provides information on Council committee membership.

Council overview continued

Council Committees and Membership

Strategic Management Committee	Notifications Committee	Monitoring and Review Committee
Chair Bethne Hart	Chair Bethne Hart Karyn Godier	Chair Angela Garvey
Council Members Kerryn Boland Joanne Muller Greg Rickard OAM	Council Members Vasiliki Betihavas Elisabeth Black Kerryn Boland Kate Cheney Veronica Croome Murray Fisher Karen Hay Jayne Meyer Tucker Joanne Muller Greg Rickard OAM	Council Members Kate Cheney Jayne Meyer Tucker Joanne Muller Greg Rickard OAM
Non Council Members Nil	Non Council Members Christine Anderson Carole Doyle	Non Council Members Margo Gill Frances Taylor
Education, Quality and Research Committee	Performance Interview and Counselling Committee	S150 Review Committee
Chair Kate Cheney Angela Garvey	Chair Decided by committee for each case	Chair Decided by committee for each case
Council Members Kerryn Boland Murray Fisher Lyn Francis Karen Hay Greg Rickard	Council Members Vasiliki Betihavas Elisabeth Black Kerryn Boland Kate Cheney Veronica Croome Murray Fisher Lyn Francis Bethne Hart Jayne Meyer Tucker Joanne Muller Greg Rickard Jennifer Thommeny	Council Members Vasiliki Betihavas Elisabeth Black Kerryn Boland Kate Cheney Veronica Croome Murray Fisher Lyn Francis Karyn Godier Bethne Hart Karen Hay Jayne Meyer Tucker Joanne Muller Greg Rickard Jennifer Thommeny
Non Council Members Nil	Non Council Members Leeanne Carlin Marie Clarke Margo Gill Lynette Hopper Susan Kennedy Maryanne Maher Rebecca Roseby Leigh Schalk Deirdre Sinclair Frances Taylor	Non Council Members Marie Clarke Carole Doyle Margo Gill Frances Taylor

Council overview continued

S152J Committee		
Chair Nil	Council Members Kerryn Boland Kate Cheney Veronica Croome Angela Garvey Karyn Godier Joanne Muller	Non Council Members Nil

Meetings and Events

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

Name of Meeting / Event	Attended by
Roadshow 2020 - Justice Health – 11 Nov 2020	Ms Elisabeth Black, Council Member
Roadshow 2020 – Northern Beaches Hospital – 25 Nov 2020	Dr Kate Cheney, Council Member
Ahpra NRAS Online Conference	Associate Professor Bethne Hart, President
NSW Operating Theatre Association Conference – 28 May 2021	Adjunct Professor Greg Rickard OAM, Deputy President
NMBA State Territory Chairs Committee x 3 in 2020 and 2021	Adjunct Professor Greg Rickard OAM, Represented Bethne Hart, President
Pulse Staffing, Thought Leadership Royal Commission into Aged Care Safety and Quality – 22 April 2021	Adjunct Professor Greg Rickard OAM, Deputy President

Overseas Travel

The Nursing and Midwifery Council did not incur any overseas travel costs during the year.

Education and Research Account

The Nursing and Midwifery Council maintains an Education and Research account. This can be used to fund activities that promote better understanding of professional standards and compliance, issues that lead to complaints and how complaints are managed. The account may also be used to fund research activity including Council specific initiatives and collaborative projects. Education and Research account expenditure this year included \$8,187 to Full Frame Productions for the filming & editing of the 2021 NMC NSW Educational Series (3 x videos).

Council overview continued

Occupational Therapy Council of New South Wales

Council members

Six members sit on the Occupational Therapy Council as set out in the National Law.

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

Registered Occupational Therapist practitioner members:

- Mr Kim Nguyen BAppSc(OT), Dip HRMgt, GradDipPH, GradDipStratLDRSHP, FRSPH, FIML, AFCHSM
- Ms Carolyn Fozzard BAppSc(OT), JD (Juris Doctor)
- Ms Melinda Hunt BAppSc(OT), LLB (Hons)
- Dr Alison Wicks PhD, M HSC (OT), , B App SC (OT), Adjunct Associate Professor University of Canberra, JP.

Legal member:

- Mr Barry Dean B Optom (Hons), LLB (Hons), LLM.

Community members:

- Mr Robert Farrugia RN, Onc.Cert., BCom (UOW), MHSM (CSU).

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

The Governor appointed Ms Carolyn Fozzard as Deputy President of the Occupational Therapy Council.

Executive Officer

Ms Heather Comino is the Executive Officer for the Occupational Therapy Council.

The Executive Officer is part of a team of 12 led by Ms Farina Bains. This team works with 11 of the health professional Councils.

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 overview continued

Council Meeting Attendance

The Occupational Therapy Council met eleven times during the year.

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

Member	Meetings Attended	Meetings Eligible to Attend	Date first appointed	Current Term of Office*
President Mr Kim Nguyen	10	11	1 July 2012	1 July 2018 to 30 June 2021
Deputy President Ms Carolyn Fozzard	8	11	1 July 2012	1 July 2018 to 30 June 2021
Mr Barry Dean	9	11	1 July 2018	1 July 2018 – 30- June 2021
Mr Robert Farrugia	11	11	1 July 2018	1 July 2018 – 30 June 2021
Ms Melinda Hunt	11	11	1 July 2012	1 July 2018 – 30 June 2021
Dr Alison Wicks	10	11	1 July 2018	1 July 2018 – 30 June 2021

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

Mr Kim Nguyen, Ms Carolyn Fozzard and Ms Melinda Hunt retired on 30 June 2021 having served the maximum consecutive terms of office as a Council member.

Regulatory Committees and Panels

The National Law sets out the committees and panels that assist the Council to undertake its regulatory activities.

The Occupational Therapy Council appointed three Impaired Registrants Panels during the year with the following membership.

Chair Dr Susan Messner	Non Council Members Ms Sarah Blakemore Mr Justin Scanlan Ms Michelle Williams Ms Daena Wilson
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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 this year.

Meetings and Events

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

Name of Meeting / Event	Attended by
Ahpra NRAS Online Conference	Mr Kim Nguyen, President

Council overview continued

Overseas Travel

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

Education and Research Account

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

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

Council overview continued

Optometry Council of New South Wales

Council members

Four members sit on the Optometry Council as set out in the National Law.

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

Registered Optometry practitioner members:

- Mr Albert Lee MOptom, GradCertOcTher, BOptom
- Mr John Davis BOptom (Hons)
- Mr Derek Fails BSc (Hons), MCOptom (UK), CertOcTher (SUNY), GDipBus (Tas), FAICD - until 17 November 2020
- Ms Judith Hannan BOptom, MBA - from 18 November 2020.

Legal member:

- Ms Pauline O'Connor LLM, GAICD, AGIA, ACIS.

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

The Governor appointed Pauline O'Connor as Deputy President of the Optometry Council.

Executive Officer

Ms Asha Mears is the Executive Officer for the Optometry Council. Ms June Garcia has been providing Executive Officer support to the Council since November 2020 while Ms Mears is acting in another role.

The Executive Officer is part of a team of 12 led by Ms Farina Bains. This team works with 11 of the health professional Councils.

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 overview continued

Council Meeting Attendance

The Optometry Council met 11 times during the year.

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

Member	Meetings Attended	Meetings Eligible to Attend	Date first appointed	Current Term of Office*
President Mr Albert Lee	11	11	1 July 2012	1 July 2018 to 30 June 2021
Deputy President Ms Pauline O'Connor	9	11	1 July 2012	1 July 2018 to 30 June 2021
Mr John Davis	11	11	1 July 2015	1 July 2018 to 30 June 2021
Mr Derek Fails	6	6	1 July 2015	1 July 2018 to 17 November 2020
Ms Judith Hannan	6	6	18 November 2020	18 November 2020 to 30 June 2023

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

Mr Derek Fails resigned from Council due to a relocation of work to the Northern Territory but was reappointed on 1 July 2021.

Mr Albert Lee and Ms Pauline O'Connor retired on 30 June 2021 having served the maximum consecutive terms of office as a Council member.

Regulatory Committees and Panels

The National Law sets out the committees and panels that assist the Council to undertake its regulatory activities.

The Optometry Council did not appoint any regulatory committees or panels this 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.

Name of Meeting / Event	Attended by
Optometry Regulatory Reference Group – meeting	Mr Albert Lee, President
Ahpra NRAS Online Conference	Ms Pauline O'Connor, Deputy President

Council overview continued

Overseas Travel

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

Education and Research Account

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

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

Council overview continued

Osteopathy Council of New South Wales

Council members

Four members sit on the Osteopathy Council as set out in the National Law.

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

Registered Osteopathy practitioner members:

- Ms Anne Cooper OAM, RN, DO, MMedHum
- Dr Kerrin Murnane MOsteo (UWS), BAppSc(OsteoSt) (UWS)
- Dr Ashar Salia MOsteo, BAppSc(OsteoSt), BAppComms.

Legal member:

- Ms Soraya Mir Bsc(Hons), LLB, LLM, GradDipCorpGovn, BPsych(Hons), MPsyCh(Clin).

The Governor appointed Ms Anne Cooper OAM as President of the Osteopathy Council.

The Governor appointed Dr Kerrin Murnane as Deputy President of the Osteopathy Council.

Executive Officer

Ms Asha Mears is the Executive Officer for the Osteopathy Council. Ms June Garcia has been providing Executive Officer support to the Council since November 2020 while Ms Mears is acting in another role.

The Executive Officer is part of a team of 12 led by Ms Farina Bains. This team works with 11 of the health professional Councils.

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 term of office

Member	Meetings Attended	Meetings Eligible to Attend	Date first appointed	Current Term of Office*
President Ms Anne Cooper OAM	9	11	1 July 2012	1 July 2018 to 30 June 2021
Deputy President Dr Kerrin Murnane	10	11	1 July 2018	1 July 2018 to 30 June 2021
Ms Soraya Mir	9	11	6 March 2013	1 July 2018 to 30 June 2021
Dr Ashar Salia	5	8	18 November 2020	18 November 2020 to 30 June 2023

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

Ms Anne Cooper OAM and Ms Soraya Mir retired on 30 June 2021 having served the maximum consecutive terms of office as a Council member.

Council overview continued

Regulatory Committees and Panels

The National Law sets out the committees and panels that assist the Council to undertake its regulatory activities.

The Council did not establish 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 Osteopathy Council did not appoint any committees this year.

Meetings and Events

The Osteopathy Council did not attend any meetings or events during the year.

Overseas Travel

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

Education and Research Account

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

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

Council overview continued

Paramedicine Council of New South Wales

Council members

Six members sit on the Paramedicine Council as set out in the National Law.

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

Registered paramedicine practitioner members:

- Mr Alan Morrison ASM, MPET, GradDipPubAdmin, GradDipEd, BParaPrac, BAppSc, AdvDipParaSc
- Mr Peter Lang AdvDipParaSc, BHLthSc(PreHospCare), BNurs, GradCertAd&VocEd, FACPara
- Mr Brian Parsell ASM, FPA, AFCHSE, BHSc, BN, GradDipHSM, GradDipPSc
- Ms Cassandra McKenzie BHSc (Nursing), AdvDipParaSc, DipEMD, GradCertRedesign, RN.

Legal Member:

- Ms Ruth Townsend BN DipParaSc GradCertVET LLB LLM GradCertLegalPractice PhD.

Community members:

- Ms Margo Gill MBA, MppSc.

The Governor appointed Mr Alan Morrison as President of the Paramedicine Council.

The Governor appointed Mr Peter Lang as Deputy President of the Paramedicine Council.

Executive Officer

Ms Asha Mears is the Executive Officer for the Paramedicine Council. Ms June Garcia has been providing Executive Officer support to the Council since November 2020 while Ms Mears is acting in another role.

The Executive Officer is part of a team of 12 led by Ms Farina Bains. This team works with 11 of the health professional Councils.

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 overview continued

Council Meeting Attendance

The Paramedicine Council met 12 times during the year.

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

Member	Meetings Attended	Meetings Eligible to Attend	Date first appointed	Current Term of Office*
President Mr Alan Morrison ASM	11	12	25 October 2018	25 October 2018 to 30 June 2021
Deputy President Mr Peter Lang	12	12	25 October 2018	25 October 2018 to 30 June 2021
Ms Margo Gill	9	12	25 October 2018	25 October 2018 to 30 June 2021
Ms Cassandra McKenzie	12	12	25 October 2018	25 October 2018 to 30 June 2021
Mr Brian Parsell ASM	8	12	25 October 2018	25 October 2018 to 30 June 2021
Ms Ruth Townsend	7	7	18 November 2020	18 November 2020 to 30 June 2023

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

Mr Brian Parsell retired from the Council on 30 June 2021.

Regulatory Committees and Panels

The National Law sets out the committees and panels that assist the Council to undertake its regulatory activities.

The Paramedicine Council appointed twelve Impaired Registrants Panels during the year with the following membership.

Non Council Members

Dr Karen Arnold (medical practitioner)
Mr Jordan Emery
Dr Mary-Anne Friend (medical practitioner)
Mrs Lisa Hamilton
Ms Whitney Hughes
Dr Sue Messner (medical practitioner)
Dr Alison Reid (medical practitioner)
Mr Michael Smith
Miss Tanya Somani
Mr Craig Watkins

Council Committees

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

The Paramedicine Council did not appoint any committees this year.

Council overview continued

Meetings and Events

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

Name of Meeting / Event	Attended by
Workshop with NSW Ambulance	All Council members
Ahpra NRAS Online Conference	Mr Alan Morrison ASM

Overseas Travel

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

Council overview continued

Pharmacy Council of New South Wales

Council members

Ten members sit on the Pharmacy Council as set out in the National Law.

Five members are nominated by the Minister for Health and appointed by the Governor and five members are pharmacists elected by local pharmacists.

Members appointed by the Governor include the following.

Registered pharmacist members:

- Dr Joyce Cooper PhD, BSc(Pharmacy), GradDipClinPharm, GradCertClinEpi, GradCertTertiaryTeach, FSHP
- Ms Veronica Murdoch BPharm, M Health Management, MSHPA.

Legal member:

- Ms Penny Ho LLB (Hons), LLM.

Community members:

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

Pharmacists elected by local pharmacists include the following.

- Mr Paul Sinclair AM, BPharm, MAICD
- Mr Michael (Mike) Anderson BPharm, AACP, MPS
- Mrs Majella Hill MSc, BPharm, ADTT
- Ms Marina Holt BPharm, Dip Quality Auditing, Cert IV TAE, MPS
- Dr Erica Sainsbury BPharm (Hons), MSc, GradDipEdStud (Higher Ed), PhD, MPS, MSHP, MACE.

Mr Richard (Rick) Samimi BPharm, MComm, MAICD was appointed by the Governor in February 2021 to fill a casual vacancy on the Council.

The Governor appointed Dr Joyce Cooper as President of the Pharmacy Council.

The Governor appointed Ms Veronica Murdoch as Deputy President of the Pharmacy Council.

Council overview continued

Executive Officer

Nina Beeston is the Executive Officer for the Pharmacy Council.

The Executive Officer leads a team of 11 who work directly with the Council.

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

Council Meeting Attendance

The Pharmacy Council met 12 times during the year.

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

Member	Meetings Attended	Meetings Eligible to Attend	Date first appointed	Current Term of Office*
President Joyce Cooper	11	12	1 July 2015	1 July 2018 to 30 June 2021
Deputy President Veronica Murdoch	12	12	1 July 2018	1 July 2018 to 30 June 2021
Mike Anderson	12	12	1 April 2016	1 April 2019 to 31 March 2022
Carolyn Burlew	10	12	4 July 2012	1 July 2018 to 30 June 2021
Majella Hill	12	12	1 April 2019	1 April 2019 to 31 March 2022
Penny Ho	12	12	1 July 2015	1 July 2018 to 30 June 2021
Marina Holt	12	12	1 April 2019	1 April 2019 to 31 March 2022
Erica Sainsbury	11	12	1 April 2019	1 April 2019 to 31 March 2022
Rick Samimi	4	5	3 February 2021	3 February 2021 to 31 March 2022
Paul Sinclair AM	4	4	17 November 2011	1 April 2019 to 17 November 2020
Marilyn Starr	10	12	4 July 2012	1 July 2018 to 30 June 2021

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

Mr Paul Sinclair AM retired on 17 November 2020, Ms Carolyn Burlew and Ms Marilyn Star retired on 30 June 2021 all having served the maximum consecutive terms of office as a Council member.

Council overview continued

Regulatory Committees and Panels

The National Law sets out the committees and panels that assist the Council to undertake its regulatory activities.

The Pharmacy Council appointed:

Regulatory Committees and Panels	Number of Regulatory Committee and Panels
Impaired Registrants Panels	5
Performance Review Panels	3
Assessment Committees	0

Regulatory Committee and Panel Membership

Impaired Registrants Panel	Performance Review Panel
Pharmacist members Ms Alison Aylott Mr Peter Murney	Lay member Ms Rosemary Kusuma (Chair)
Medical practitioner members Dr Karen Arnold Dr (Patricia) Sue Morey Dr Alison Reid	Pharmacist members Mr Jonathan Chen Ms Zaheeda Patel

Council Committees

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

The Pharmacy Council appointed 1 committee and reappointed 5 committees this year.

Council overview continued

Council Committees and Membership

Notifications Committee	Finance Committee	Ownership Committee
Chair Paul Sinclair (to March 2021) Erica Sainsbury (from April 2021)	Chair Carolyn Burlew	Chair Paul Sinclair (to October 2020) Penny Ho (from November 2020)
Members Joyce Cooper Carolyn Burlew Penny Ho Erica Sainsbury Rick Samimi (from April 2021)	Members Mike Anderson Joyce Cooper Majella Hill Erica Sainsbury	Members Joyce Cooper Majella Hill Penny Ho Marina Holt Paul Sinclair (to March 2021) Maria Watts
Communications Committee*	Education and Research Committee*	Research, Education and Communications Committee
Chair Veronica Murdoch	Chair Penny Ho	Chair Veronica Murdoch
Members Mike Anderson Joyce Cooper Marina Holt Erica Sainsbury Marilyn Starr	Members Mike Anderson Joyce Cooper	Members Mike Anderson Joyce Cooper Penny Ho Marina Holt Erica Sainsbury Rick Samimi (from March 2021) Marilyn Starr
Monitoring and Review Committee	Proprietor Oversight Working Group	
Chair Veronica Murdoch	Chair Majella Hill	
Members Mike Anderson Majella Hill Marina Holt Marilyn Starr	Members Mike Anderson Joyce Cooper Penny Ho Marina Holt Veronica Murdoch Paul Sinclair (to March 2021) Rick Samimi (from March 2021)	

*In December 2020 the Council amalgamated the Communications Committee and the Education and Research Committee to form the Research, Education and Communications Committee.

Council overview continued

Meetings and Events

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

Name of Meeting / Event	Attended by
NSW Health Regulators Forum	Dr Joyce Cooper, President
Joint pharmacy and medical peak body - quarterly meetings	Dr Joyce Cooper, President
Ministry of Health Communities of Practice - meetings	Dr Joyce Cooper, President
Notifications Committee of the Pharmacy Board of Australia - meeting	Dr Joyce Cooper, President
NSW Pharmaceutical Society of Australia (PSA) in Parliament 2021	Ms Veronica Murdoch, Deputy President
Pharmaceutical Defence Ltd (PDL) – meeting with representatives	Council members
Pharmaceutical Regulatory Unit, Ministry of Health - quarterly meetings with the Director	Council members
Pharmaceutical Society of Australia (NSW Branch) - meeting with representatives	Council members
Pharmacy Board of Australia and Pharmaceutical Regulatory Unit - meeting with representatives	Dr Joyce Cooper, President Mrs Majella Hill, Council Member
Pharmacy Board of Australia – joint meeting with Pharmacy Council	Council Members
Pharmacy Enforcement Division, Ministry of Health Malaysia – joint meeting with representatives and presentation - Compounding of Medicines	Council Members
Pharmacy Peak Body - quarterly meetings	Dr Joyce Cooper, President
Pharmacy Premises Registering Authorities of Australia (PPRAA) - meetings	Dr Joyce Cooper, President
Real Time Prescription Monitoring (RTPM) Peak Body Reference Group - meeting	Dr Joyce Cooper, President
Primary Health Care and National Standards Program, Australian Commission on Safety and Quality in Health Care - presentation	Council members
The Pharmacy Guild of Australia - meeting with representatives	Dr Joyce Cooper, President Ms Veronica Murdoch, Deputy President Mr Paul Sinclair AM, Council Member
Therapeutic Goods Administration - meeting with representatives	Council members

Council overview continued

Overseas Travel

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

Education and Research Account

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

Education and Research account expenditure this year included:

\$4999 was incurred and accrued for the 2nd and final instalment of a grant to Joanne Cao for her project 'Applying reflective learning to pharmacy practice regarding drugs of addiction' however payment was made during FY2021-22.

Council overview continued

Physiotherapy Council of New South Wales

Council members

Ten members sit on the Physiotherapy Council as set out in the National Law.

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

Registered Physiotherapy practitioner members:

- Ms Elizabeth Ward BSc, PGD (Phty), MPH, MHLthSc (Phty), GAICD, APAM, Life Member AHTA
- Mr Toni Andary BAppSc (Physiotherapy), APAM
- Associate Professor Jane Butler PhD, MTertEdMgmt, MEd, GradDipAppSci, DipPhys
- Mr David Cross BAppSc (Pty) (Cumb), Master Physio (Rural and Remote) Uni SA, APAM
- Ms Katherine Maka BAppSci (Phty), Dip Ldrshp & Mgt, Grad Cert Clin Redesign, MBA, MAPA
- Professor Julie Redfern PhD BAppSc (Physio Hons 1) BSc.

Legal member:

- Ms Athena Harris Ingall – BHA , LLB , GDipHthMedLaw , GDipLegalPrac , MEd.

Community members:

- Ms Janene Eagleton GAICD, FGIA, MBA, BHA, RD
- Mrs Marie Clarke RN, RM, DipNEd, DipNAdmin, BBus, GradCertMgmt
- Professor Rodney Hill PhD.

The Governor appointed Ms Elizabeth Ward as President of the Physiotherapy Council.

The Governor appointed Mr Toni Andary as Deputy President of the Physiotherapy Council.

Executive Officer

Ms Heather Comino is the Executive Officer for the Physiotherapy Council.

The Executive Officer is part of a team of 12 led by Ms Farina Bains. This team works with 11 of the health professional Councils.

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 overview continued

Council Meeting Attendance

The Physiotherapy Council met eleven times during the year.

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

Member	Meetings Attended	Meetings Eligible to Attend	Date first appointed	Current Term of Office*
President Ms Elizabeth Ward	11	11	1 July 2015	1 July 2018 – 30 June 2021
Deputy President Mr Toni Andary	11	11	1 July 2018	1 July 2018 – 30 June 2021
Associate Professor Jane Butler	11	11	1 July 2015	1 July 2018 – 30 June 2021
Mrs Marie Clarke	11	11	1 July 2018	1 July 2018 – 30 June 2021
Mr David Cross	10	11	1 July 2018	1 July 2018 – 30 June 2021
Ms Janene Eagleton	11	11	1 July 2014	1 July 2020 – 30 June 2023
Ms Athena Harris Ingall	11	11	1 July 2018	1 July 2018 – 30 June 2021
Professor Rodney Hill	9	11	12 December 2018	12 December 2018 – 30 June 2021
Ms Katherine Maka	8	11	1 July 2020	1 July 2020 – 30 June 2023
Professor Julie Redfern	8	11	1 July 2020	1 July 2020 – 30 June 2023

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

Ms Marie Clarke, Professor Rodney Hill and Associate Professor Jane Butler retired from membership of the Council on 30 June 2021.

Regulatory Committees and Panels

The National Law sets out the committees and panels that assist the Council to undertake its regulatory activities.

The Physiotherapy Council appointed five Impaired Registrants Panels during the year with the following membership.

Chair - Medical Practitioner Dr Karen Arnold Dr Mary-Anne Friend Dr Alison Reid	Non Council Members Ms Simone Mackie Mr Gaetano Milazzo Ms Debra Shirley Mr David Young
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Council overview continued

Council Committees

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

The Physiotherapy Council appointed two committees this year.

Physiotherapy Council Complaints and Notifications Committee (1)	Physiotherapy Council Complaints and Notifications Committee (2)
Chair Mr Toni Andary	Chair Mr David Cross
Council Members Associate Professor Jane Butler Professor Rodney Hill Ms Athena Harris Ingall Professor Julie Redfern	Council Members Ms Marie Clarke Ms Janene Eagleton Ms Katherine Maka Ms Elizabeth Ward

Meetings and Events

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

Name of Meeting / Event	Attended by
CLEAR Conference	Ms Elizabeth Ward, President
CLEAR Conference	Mr David Cross, Council member
Ahpra NRAS Online Conference	Ms Elizabeth Ward, President Mr David Cross, Council member
Physiotherapy Board of Australia – Board meeting	Ms Elizabeth Ward, President

Overseas Travel

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

Education and Research Account

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

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

Council overview continued

Podiatry Council of New South Wales

Council members

Four members sit on the Podiatry Council as set out in the National Law.

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

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:

- Ms Leanne Houston LLB (Hons), LLM, BApp Sci (MedRad).

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

The Governor appointed Ms Kristy Robson as Deputy President of the Podiatry Council.

Executive Officer

Ms Asha Mears is the Executive Officer for the Podiatry Council. Ms June Garcia has been providing Executive Officer support to the Council since November 2020 while Ms Mears is acting in another role.

The Executive Officer is part of a team of 12 led by Ms Farina Bains. This team works with 11 of the health professional Councils.

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 term of office

Member	Meetings Attended	Meetings Eligible to Attend	Date first appointed	Current Term of Office*
President Mr Luke Taylor	10	11	1 July 2015	1 July 2020 to 30 June 2023
Deputy President Dr Kristy Robson	11	11	1 July 2015	1 July 2020 to 30 June 2023
Ms Verona du Toit	11	11	1 July 2015	1 July 2018 to 30 June 2021
Ms Leanne Houston	11	11	1 July 2020	1 July 2020 to 30 June 2023

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

Ms Verona du Toit retired from membership of the Council on 30 June 2021.

Council overview continued

Regulatory Committees and Panels

The National Law sets out the committees and panels that assist the Council to undertake its regulatory activities.

The Podiatry Council appointed five Impaired Registrants Panels during the year with the following membership.

Non Council Members

Dr Karen Arnold (medical practitioner)
Mr Dominic Hogan
Ms Jessica Knox
Ms Anna Spencer
Ms Peta Tehan

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 this year.

Meetings and Events

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

Name of Meeting / Event	Attended by
Podiatry Board of Australia – quarterly meetings	Mr Luke Taylor, President Ms Verona du Toit, Council Member
University of Newcastle – presentation for podiatry students	Ms Verona du Toit, Council Member
Sydney Local Health District – Q&A on clinical records for Foot Forward Education Day	Mr Luke Taylor, President
Western Sydney University – presentation for podiatry students	Mr Luke Taylor, President
Charles Sturt University – presentation for podiatry students	Dr Kristy Robson, Deputy
Podiatry Accreditation Committee – Podiatric Surgery focus group	Ms Verona du Toit, Council Member
Ahpra NRAS Online Conference	Mr Luke Taylor, President

Overseas Travel

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

Education and Research Account

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

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

Council overview continued

Psychology Council of New South Wales

Council members

Eight members sit on the Psychology Council as set out in the National Law.

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

Registered Psychology practitioner members:

- Ms Gail Purkis BSc(Applied Psych), Dip Psychol, GAICD
- Clinical Associate Professor Christopher Willcox BSc (Psych) Hons, MPsy (Clin), GC (PSM), MAPS, FCCLP
- Dr Lizabeth Tong AM, BA (Hons)(Psych), MA, Dip Clin Psych, PhD (Med), Cert TSL (Eng), AFBPS MACPA, MACAPP, MAPS FCCLP, JP
- Associate Professor Maree J Abbott BA, hon (Psych), M Clin Psych, PhD, FACPA, MAACBT
- Mr Thomas O'Neill BA (Hons)(Psych), MPsy (Clin), FAPS.

Legal member:

- Mr Hugh Macken BA, LLB, LLM.

Community members:

- Ms Joanne Jousif BA, Dip Crim, Cert IV Training & Assessment
- Mr Robert Lorsch JP.

The Governor appointed Ms Gail Purkis as President of the Psychology Council.

The Governor appointed Clinical Associate Professor Christopher Willcox as Deputy President of the Psychology Council.

Executive Officer

Farina Bains is the Executive Officer of the Psychology Council.

The Executive Officer leads a team of 12 who work directly with the Council, and 10 other health professional Councils.

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 Commentary

During the Covid-19 pandemic, the Psychology Council of NSW has continued to fulfil its duties to manage notifications about registered practitioners in NSW by transitioning from face-to-face interviews to videoconferencing to conduct all health, performance and conduct matters.

To assist practitioners and the general public understand who we are and what we do, the Council has developed a new webinar to explain the role of the Council and the part it plays in the national regulatory scheme. New challenges the Council is seeing emerge in the profession are the use of telehealth and the increase in need for psychological services at a time when practitioners are mostly working from home and being professionally isolated. Practitioners are also required to be aware of new guidelines related to helping them to understand and meet their obligations when using social media and adhering to public health directives which they have to incorporate into their practice requirements.

Council overview continued

Council Meeting Attendance

The Psychology Council met 11 times during the year.

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

Member	Meetings Attended	Meetings Eligible to Attend	Date first appointed	Current Term of Office*
President Ms Gail Purkis	11	11	1 July 2018	1 July 2018 to 30 June 2021
Deputy President Clinical Associate Professor Chris Willcox	11	11	1 July 2018	1 July 2018 to 30 June 2021
Associate Professor Maree Abbott	10	11	1 July 2018	1 July 2018 to 30 June 2021
Ms Joanne Jousif	11	11	1 July 2018	1 July 2018 to 30 June 2021
Mr Robert Lorsch	10	11	1 July 2016	1 July 2018 to 30 June 2021
Mr Hugh Macken	10	11	1 July 2016	1 July 2018 to 30 June 2021
Mr Thomas O'Neill	11	11	1 July 2012	1 July 2018 to 30 June 2021
Dr Lizbeth Tong AM	11	11	1 July 2015	1 July 2018 to 30 June 2021

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

Mr Thomas O'Neill retired on 30 June 2021 having served the maximum consecutive terms of office as a Council member.

Regulatory Committees and Panels

The National Law sets out the committees and panels that assist the Council to undertake its regulatory activities.

The Psychology Council appointed:

Regulatory Committees and Panels	Number of Regulatory Committee and Panels
Impaired Registrants Panels	10
Performance Review Panels	1
Assessment Committees	0

Council overview continued

Regulatory Committee and Panel Membership

Impaired Registrants Panel	Performance Review Panel
Non Council Members Mr Christopher Allan Dr Karen Arnold (medical practitioner) Dr Emma Collins Ms Margaret Crowley Dr Mary-Anne Friend (medical practitioner) Mr John Haigh Mr Matthew Jessimer Mr Christopher Lennings Dr Alison Reid (medical practitioner) Dr Wendy Roberts Mr Brian Sheridan Dr Amanda White	Non Council Members Dr Emma Collins Mr Robert Ferrugia Dr Amanda White

Council Committees

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

The Psychology Council did not appoint any committees this year.

Meetings and Events

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

Name of Meeting / Event	Attended by
Chairs of Psychology Board – PsyBA conference	Ms Gail Purkis, President
Chairs of Psychology Board – PsyBA conference	Ms Gail Purkis, President
Children’s Court Clinic – Professional Advisory group meeting	Ms Gail Purkis, President
PsyBA Psychology Advisory working group	Ms Gail Purkis, President
PsyBA – education reform and competency standards forum	Ms Gail Purkis, President
Psychology Advisory Council – BSW Health Meeting	Ms Gail Purkis, President
Children’s Court Clinic Webinar	Ms Gail Purkis, President Dr Lizbeth Tong AM, Council Member
PsyBA Psychology Advisory working group	Ms Gail Purkis, President

Overseas Travel

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

Education and Research Account

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

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

Strategic Priorities

Planning Process

All Councils and the HPCA participate in development of a joint three-year strategic plan. This joint strategic plan is supported by annual action plans.

The Councils and HPCA joint strategic plan from July 2018 to June 2021 set out four key strategic priorities:

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

The enablers that are the responsibility of the HPCA are also captured in the plan and include:

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

Councils and HPCA joint strategic plan 2018-2021

The three-year Councils and HPCA joint strategic plan for 2018 to 2021 concluded at the end of June 2021.

Over the last three years important achievements were made across all four priority areas of expertise, engagement, effectiveness and education & research. Some of the key achievements are summarised below.

Council Services

1. In 2018, the Paramedicine Council of NSW was established after paramedicine became the 15th registered health profession to enter the National Registration and Accreditation Scheme (NRAS). A significant amount of planning, preparation and engagement occurred to ensure the effective introduction and onboarding of a new health professional Council and newly regulated profession.
2. Creation of the Combined Councils team. The last three years has seen the support for 11 of the 15 Councils consolidated into a Combined Councils team. Councils have noted the benefits of having a larger team to support their regulatory functions. Staff have developed greater expertise as they gain experience with the regulatory activities of multiple Councils. It has also overcome many of the risks associated from small teams supporting a smaller number of Councils through greater redundancy and flexibility in the structure.
3. Merge of Intake and Assessment teams. During 2020, the Pitt St and Gladesville Intake and Assessments teams successfully merged to create a more cohesive 'front door' for incoming complaints about health practitioners. Processes are now harmonised across all Councils including initial risk assessment and the team has developed a more customer centric approach to its work.

Strategic Priorities continued

4. The transition of all pathology services to QML. The new services delivered cost savings to practitioners and timelier drug and alcohol testing results as well as a greater number of testing centres. It also enabled other types of testing to be introduced such as alcohol breath testing devices and greater availability of hair testing.
5. Establishment of a single list of approved health assessors who do assessments for all Councils. This project improved the availability and scheduling of health assessors for all Councils, has delivered enhanced reporting, data quality and assessment timeliness, and established a quality framework.
6. Stronger communications expertise and support for all Councils with a number of new initiatives introduced. For example, regular newsletters to practitioners, practitioner compliance newsletters and educational videos.

ICT

1. The partnership with eHealth supported the HPCA to substantially improve its ICT capability through:
 - upgraded databases and migrated all applications to the Government Data Centre which substantially improved data security, reliability and disaster recovery
 - installation of video conferencing facility in all meeting rooms
 - migrated all staff email to the NSW Health system
 - upgraded all desktop applications to the latest version of Office 365
 - introduced collaboration tools such as Skype and MS Teams which were significant during the Covid-19 pandemic
 - provided ability and flexibility for all staff to work remotely.
2. Introduction of a business intelligence tool (Qlik) to improve reporting on regulatory services and compliance to KPIs. This tool was further extended to assist in data clean up.
3. Implementation of secure printing. All printers were consolidated into 'Print on Demand' to allow secure printing across any printer in each office.
4. Education of all staff on cyber security through mandatory training modules developed by the Health Education and Training Institute.
5. Implementation of electronic sign-in for visitors to the HPCA office.

Strategic Priorities continued

Finance

1. Oracle Stafflink implemented in February 2018.
2. Oracle Stafflink BI financial reporting tool completed with eHealth business requirements and implemented since February 2020. This was followed by user-training to Council members and HPCA senior staff management.
3. Finance team restructure was implemented to meet the needs of the growing complexity and increasing operational challenges.

Corporate Governance

1. The process to develop the new Councils and HPCA joint strategic plan 2021-24 achieved greater engagement of Council members and HPCA managers through workshops and cross-professional discussions.
2. A contemporary enterprise-wide risk management approach was developed through consultation and workshops with Councils and HPCA managers. A suite of new processes and policies and procedures were created including a risk appetite statement, risk management framework, risk management policy, risk management procedures, and risk register.
3. The pandemic recovery plan was extracted out of the wider business continuity review to be developed quickly due to the Covid-19 pandemic.

People First

The People First program was initiated in 2019 to review both the HPCA's technology and business processes and implement a solution that effectively responded to the needs of the individuals and organisations (customers) who have contact with the Councils and HPCA. The People First program seeks to replace the HPCA's various aged business systems with an industry leading case management system. The outcome will deliver a better experience, address current pain points and frustrations, and result in a more data and risk driven regulatory system.

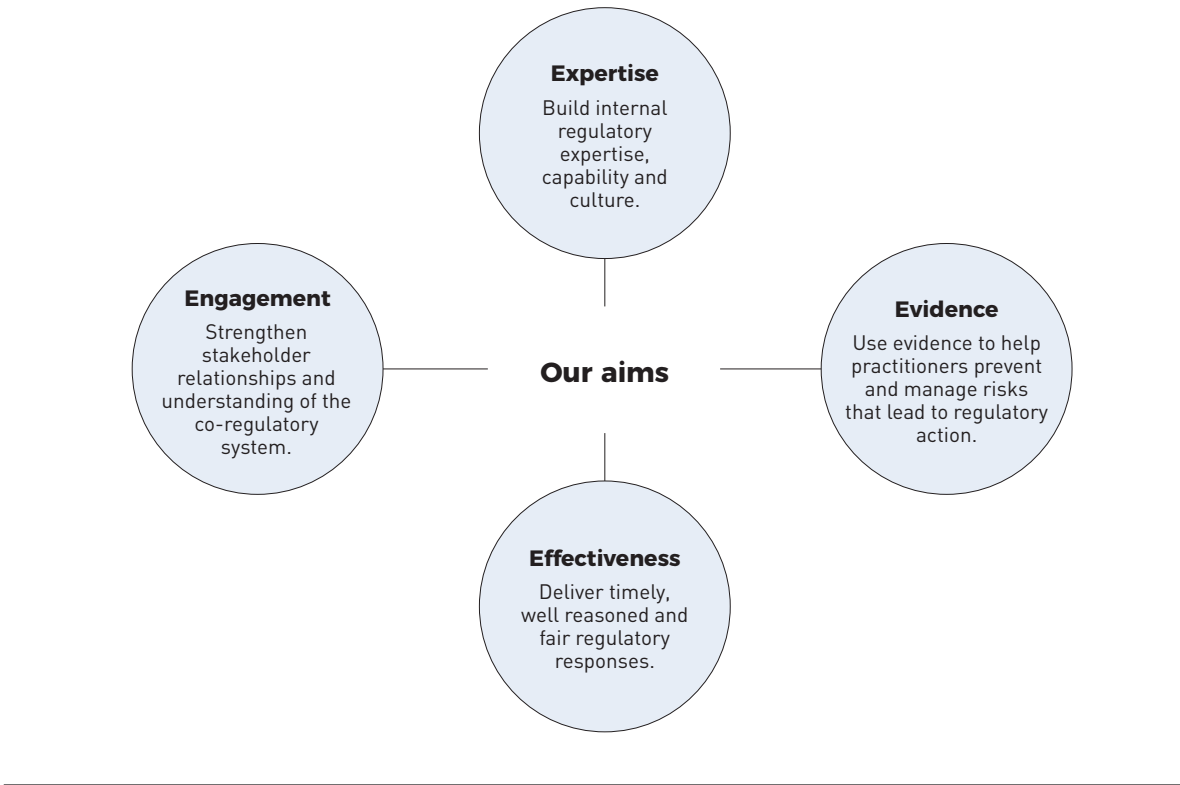
Joint strategic plan 2021 to 2024

Council Presidents and representatives along with the HPCA Executive and managers have collaboratively developed a new three-year joint strategic plan for July 2021 to June 2024.

Strategic Priorities continued

NSW Health Professional Councils and HPCA Joint Strategic Plan 2021/24

Our vision	Our mission	Our values
Public safety and trusted health professional practice.	Uphold professional standards, support evidence-informed practice and minimise harm.	Integrity, Transparency, Accountability, Collaboration, Innovation.



Our priorities

- Customer focus**
Our stakeholders have the best possible experience when they interact with the HPCA &/or a health professional council.
- System performance**
Our performance management helps drive effective & efficient services & quality improvement.
- Culture and capability**
Our people & other stakeholders have access to information, resources & tools to support good practice.

Our roles & responsibilities

The Councils and the HPCA have different and complementary roles and responsibilities.

Council responsibilities
The 15 Health Professional Councils are statutory bodies that make regulatory decisions about the performance, conduct and health of registered health practitioners and students in NSW including managing complaints, supporting professional standards and good practice, and Council governance.

HPCA responsibilities
The HPCA is an executive agency of NSW Ministry of Health that manages delegated regulatory functions, infrastructure and operational systems (human resources, ICT/data, finance/procurement, legal and governance functions) to support achievement of strategic goals and ensure compliance with Ministry of Health and other Government directives and requirements.

What the data says about practitioners and complaints

2020/21 Overview of health practitioners and students

Councils regulate registered health practitioners whose principal place of practice is in NSW.

Councils also regulate NSW students in health professional programs of study, except for psychology students. New graduates in psychology work under provisional registration for a year instead of being registered as a student.



HEALTH PRACTITIONERS

233,387

registered health practitioners in NSW

28%

of Australian registered health practitioners are in NSW

2%

of registered health practitioners in NSW had a complaint made about them



HEALTH PROFESSIONAL STUDENTS

50,030

health professional students in NSW

26%

of Australian health professional students are in NSW

0.07%

of registered health professional students in NSW had a complaint made about them

What the data says about practitioners and complaints continued

Registered health practitioners

In NSW 233,387 registered health practitioners identified NSW as their principal place of practice as at 30 June 2021. This is 28% of all health practitioners registered in Australia.

The national public register on the Ahpra website www.ahpra.gov.au includes all registered health practitioners in Australia. The number of practitioners in NSW, the total number of practitioners in Australia, and NSW practitioners as a percentage of all Australian practitioners is presented in Table 1.

Table 1: Registered practitioners as at 30 June 2021¹

Profession	NSW registered practitioners	Total Australian registered practitioners	% of Australian registered practitioners with NSW PPP ²
Aboriginal and Torres Strait Islander Health Practitioner	179	829	21.6%
Chinese Medicine Practitioner	1,959	4,863	40.3%
Chiropractor	1,945	5,968	32.6%
Dental Practitioner	7,420	24,984	29.7%
Medical Practitioner	38,874	129,066	30.1%
Medical Radiation Practitioner	5,931	17,844	33.2%
Midwife	1,677	6,785	24.7%
Nurse	115,353	429,258	26.9%
Nurse and Midwife ³	8,123	29,248	27.8%
Occupational Therapist	7,015	25,632	27.4%
Optometrist	2,064	6,288	32.8%
Osteopath	632	2,951	21.4%
Paramedic	5,525	21,492	25.7%
Pharmacist	10,509	35,262	29.8%
Physiotherapist	11,009	37,650	29.2%
Podiatrist ⁴	1,631	5,783	28.2%
Psychologist	13,541	41,817	32.4%
Total 2020/21	233,387	825,720	28.3%
Total 2019/20	227,530	801,659	28.4%

Notes:

¹ The 2020/21 data includes practitioners registered on the temporary pandemic sub-register created in response to the COVID-19 pandemic.

² PPP refers to 'principle place of practice'.

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

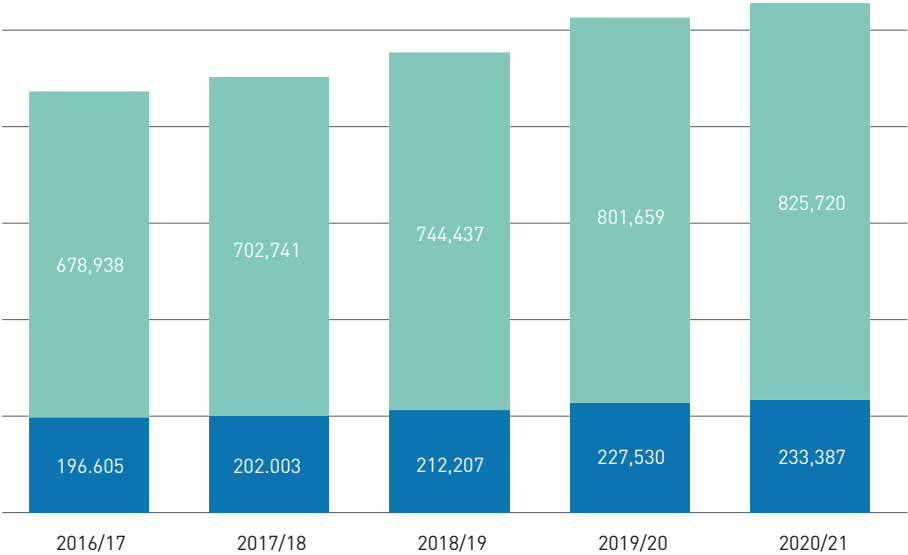
⁴ Throughout this report the term 'podiatrist' refers to both podiatrists and podiatric surgeons unless otherwise specified.

Registration data is sourced from Ahpra. The overall growth in practitioner numbers for the year was 2.5% in NSW and 3% Australia-wide.

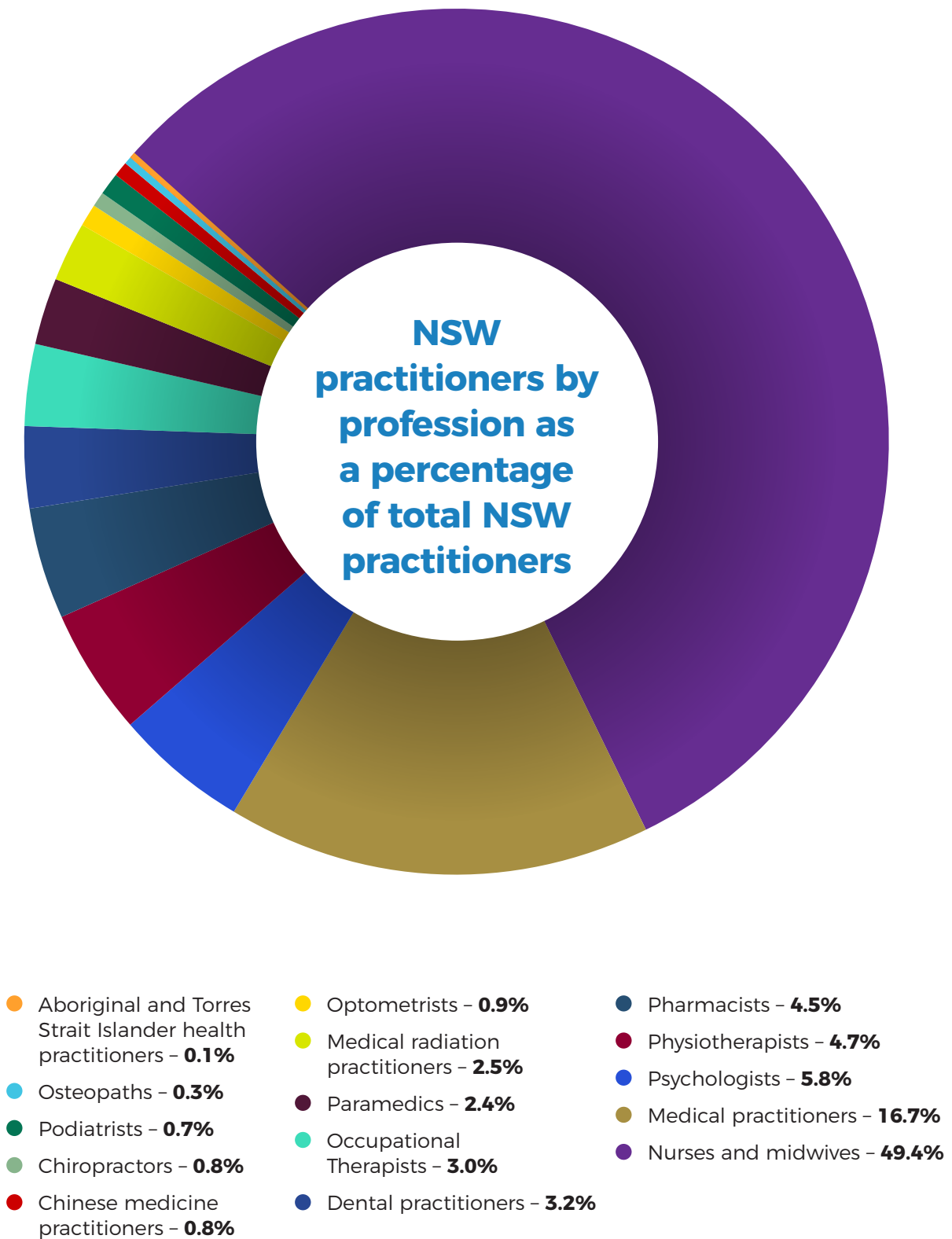
What the data says about practitioners and complaints continued

The five year trend in growth of practitioner numbers is presented in Graph 1.

Graph 1: Growth in registered health practitioner numbers – 5 year trend



What the data says about practitioners and complaints continued



What the data says about practitioners and complaints continued

Health professional students

There are 50,030 health professional students in NSW making up 26% of all registered health professional students in Australia.

Students do not pay registration fees and are not published on the national register.

Table 2 shows the number of health professional students in NSW, the total number of health professional students in Australia, and NSW health professional students as a percentage of all Australian health professional students.

Table 2: Registered students in 2020/21

Students by profession ¹	Registered NSW Students ¹	Total Registered Students in Australia ²	NSW Students as % of Australian Students
Aboriginal and Torres Strait Islander Health Practice	188	585	32.1%
Chinese Medicine	605	1,528	39.6%
Chiropractic	730	2,294	31.8%
Dental	1,239	4,531	27.3%
Medical	5,547	20,942	26.5%
Medical Radiation Practice	2,114	5,192	40.7%
Midwifery	912	4,129 ³	22.1%
Nursing	27,534	110,031 ³	25.0%
Occupational Therapy	2,958	10,141	29.2%
Optometry	303	1,756	17.3%
Osteopathy	65	1,481	4.4%
Paramedicine	1,897	8,454 ³	22.4%
Pharmacy	2,222	7,298	30.4%
Physiotherapy	3,213	10,144	31.7%
Podiatry	503	1,280	39.3%
Total 2020/21⁴	50,030	189,786⁵	26.4%
Total 2019/20	53,820	193,800	27.8%

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.

² The number of students reported as undertaking an approved program of study/clinical training program (accurate at 1 July 2021 does not account for fluctuations throughout the financial year). This may include ongoing students or students with a completion date falling within the period. These data reflect the information received from education providers, and as such have limitations if being used as a comprehensive, comparative or planning tool.

Approved programs of study refer to those students enrolled in a course that has been approved by a National Board and that leads to a qualification for registration.

Clinical training is defined as 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.

³ To avoid double-counting, there were 3,665 students undertaking an approved double degree involving more than one profession (nursing/midwifery and nursing/paramedicine) who have only been assigned to a single profession (nursing [2,005]/midwifery [202] and nursing [1,458]/paramedicine [0]).

⁴ Due to ongoing improvements in validation and reporting processes, the 2020/21 data should not be objectively compared to those of previous years.

⁵ These data have been adjusted to remove duplicate students who meet the 100% match criteria, based on full name, date of birth, education provider, email address and program of study name.

What the data says about practitioners and complaints continued

Complaints about health practitioners

Anyone can make a complaint (or notification) that the performance, conduct or health of a health practitioner is unsatisfactory or unacceptable.

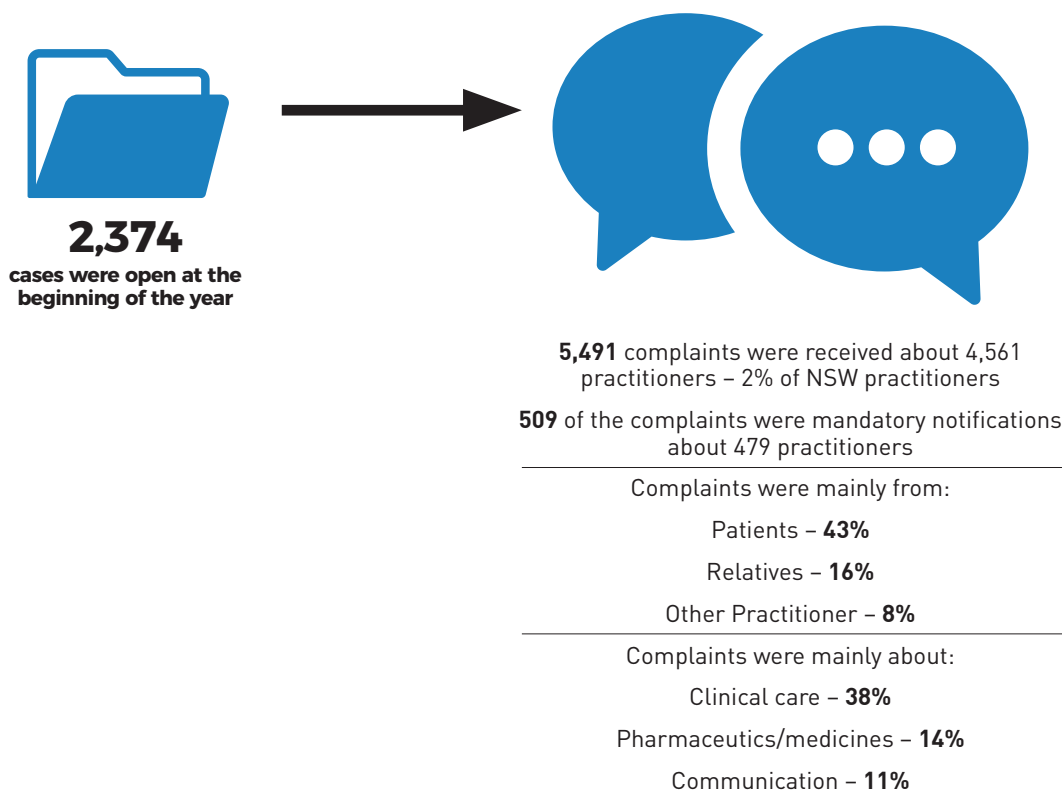
Health practitioners, employers and education providers must make a mandatory notification if they consider a practitioner's behaviour is notifiable conduct. Notifiable conduct includes:

- Practising while intoxicated by alcohol or drugs
- Sexual misconduct relating to 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 due to a practitioner's health or impairment.

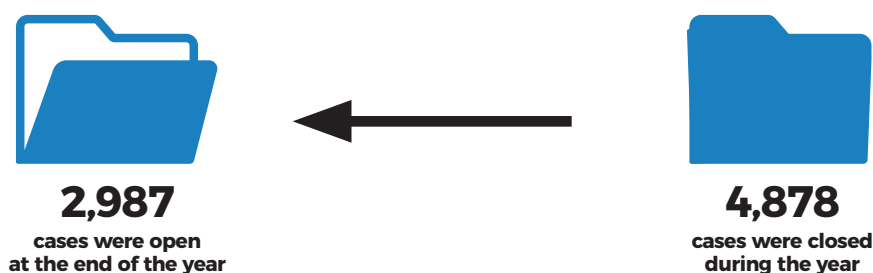
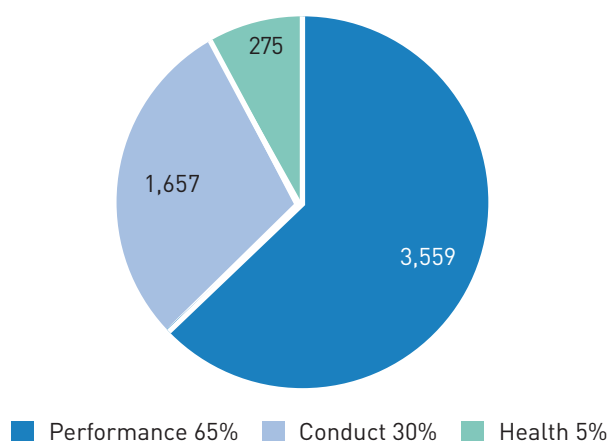
Complaints may be made through a Council, the HCCC or Ahpra. Councils and the HCCC must consult with each other on complaints, irrespective of where the complaint is lodged.

While complaints overall involve 2% of NSW health practitioners, the regulatory work of Councils is critical to safe health service delivery and public protection.

2020/21 overview of complaints



Complaints received by performance, conduct and health streams 2020/21



What the data says about practitioners and complaints continued

Complaints data

Profession specific information about complaints received, mandatory notifications and complaints/mandatory notifications about students is included in Tables 3, 4 and 5.

Table 3: Overview of NSW complaints

Profession	Number of cases open at 1/7/20	Number of complaints received in 2020/21	Number of complaints closed in 2020/21	Number of cases open at 30/6/21	Number of Practitioners with complaints received in 2020/21 ³	Practitioners with a complaint in 2020/21 as % of Registered Practitioners in NSW
Aboriginal and Torres Strait Islander Health Practitioner	1	1	1	1	1	0.6%
Chinese medicine practitioner	26	23	28	21	21	1.1%
Chiropractor	25	55	58	22	50	2.6%
Dental practitioner	307	438	453	292	381	5.1%
Medical practitioner	1128	3022	2657	1493	2382	6.1%
Medical radiation practitioner	2	14	10	6	13	0.2%
Midwife ¹	14	55	54	15	48	0.6%
Nurse ²	349	819	780	388	742	
Occupational therapist	8	45	29	24	41	0.6%
Optometrist	3	11	11	3	11	0.5%
Osteopath	11	9	7	13	9	1.4%
Paramedic	32	74	67	39	68	1.2%
Pharmacist	335	463	337	461	399	3.8%
Physiotherapist	34	82	73	43	71	0.6%
Podiatrist	7	24	19	12	21	1.3%
Psychologist	92	356	294	154	303	2.2%
Total 2020/21	2374	5491	4878	2987	4561	2.0%
Total 2019/20	2351	5050	4933	2468	4213	1.9%

Notes:

Data includes mandatory notifications.

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

² Includes nursing complaints about practitioners with registration as both nurse and midwife

³ Includes Practitioners whose identity remains unknown

What the data says about practitioners and complaints continued

Table 4: Mandatory notifications received about practitioners 2020/21

Profession	Mandatory Notifications	Number of Practitioners Subject of Mandatory Notification	Mandatory Notifications as % of all Complaints Received by Profession
Aboriginal and Torres Strait Islander Health Practitioner	1	1	100.00%
Chinese medicine practitioner	1	1	4.35%
Chiropractor	4	4	7.27%
Dental practitioner	4	4	0.91%
Medical practitioner	128	117	4.24%
Medical radiation practitioner	4	4	28.57%
Midwife	14	13	25.45%
Nurse	251	240	30.65%
Occupational therapist	6	6	13.33%
Optometrist	2	2	18.18%
Osteopath	-	-	0.00%
Paramedic	23	22	31.08%
Pharmacist	25	21	5.40%
Physiotherapist	8	7	9.76%
Podiatrist	3	3	12.50%
Psychologist	35	34	9.83%
Total 2020/21	509	479	9.3%
Total 2019/20	489	448	8.9%

Notes:

Mandatory notifications data is also included in Table 3.

What the data says about practitioners and complaints continued

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

Profession	Number of Complaints and Mandatory Notifications About Students
Aboriginal and Torres Strait Islander Health Practice	-
Chinese Medicine	1
Chiropractic	-
Dental	1
Medical	7
Medical Radiation Practice	-
Midwifery	-
Nursing	26
Occupational Therapy	-
Optometry	-
Osteopathy	-
Paramedicine	2
Pharmacy	2
Physiotherapy	-
Podiatry	-
Psychology	1
Total 2020/21	40
Total 2019/20	42

Notes:

Student complaints and mandatory notifications data is also included in Table 3.

What the data says about practitioners and complaints continued

Who makes complaints

Patients made the highest number of complaints during the year, totalling 43% of all complaints received. Relatives (of a patient or practitioner) made the second highest number of complaints accounting for 16% of all complaints, followed by other practitioner accounting for 8% of complaints. Information about who makes complaints is provided in Table 6.

Table 6: Complaints by source

Notification source	Aboriginal and Torres Strait Islander Health Practitioner	Chinese medicine practitioner	Chiropractor	Dental practitioner	Medical practitioner	Medical radiation practitioner	Midwife	Nurse	Occupational therapist	Optometrist	Osteopath	Paramedic	Pharmacist	Physiotherapist	Podiatrist	Psychologist	Total 2020/21	Total 2019/20
Ahpra	-	-	1	1	25	-	-	17	1	1	-	2	5	-	1	2	56	64
Anonymous	-	1	4	34	110	-	4	50	4	-	-	4	29	12	-	17	269	180
Council	-	2	-	7	17	-	-	16	1	-	1	-	11	-	1	8	64	109
Courts / Coroner	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	2	5
Drugs and poisons	-	-	-	-	39	-	-	4	-	-	-	1	72	-	-	-	116	101
Education provider	-	-	-	-	3	-	-	4	1	-	-	1	-	-	-	4	13	17
Employee	-	-	1	5	3	-	-	10	1	-	-	-	26	3	-	7	56	40
Employer	-	1	1	3	74	3	14	239	6	-	-	23	10	3	2	14	393	318
Government department	-	-	-	4	30	-	-	6	1	-	-	-	3	1	-	2	47	30
Hospital	-	-	-	-	5	-	1	2	-	-	-	-	-	-	-	-	8	4
HPCA/HCCC	-	-	-	2	6	-	-	2	-	-	-	-	-	-	-	-	10	16
Insurance company	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	5
Lawyer	-	-	1	4	50	-	-	7	-	-	-	-	2	2	-	-	66	45
Medicare	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Member of the public ¹	-	3	8	15	169	-	2	61	3	1	4	5	30	9	2	37	349	387
Other Board/Council ⁴	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
Other practitioner ²	1	6	5	35	173	5	4	90	4	2	-	7	46	12	2	44	436	376
Others	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	8
Patient	-	5	23	273	1582	5	16	107	11	5	4	10	156	29	13	116	2355	2100
Police	-	2	4	1	10	-	-	2	-	-	-	1	2	-	-	1	23	24
Relative	-	-	3	41	597	1	10	96	8	2	-	15	48	7	1	72	901	820
Self	-	2	1	7	66	-	1	73	3	-	-	4	9	2	1	16	185	186
Treating practitioner ³	-	1	3	6	62	-	3	32	1	-	-	1	14	1	1	16	141	212
Total 2020/21	1	23	55	438	3022	14	55	819	45	11	9	74	463	82	24	356	5491	-
Total 2019/20	2	32	56	501	2653	16	51	761	31	16	15	63	450	65	36	302	-	5050

Notes:

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

² Includes other service providers; colleagues.

³ Includes practitioners treating the patient or treating the practitioner

⁴ Includes Regulation Authority- Overseas

What the data says about practitioners and complaints continued

What complaints are about

The most frequent type of complaint during the year was about clinical care, making up 38% of all complaints received. This was followed by pharmaceutical or medication issues, accounting for 14% of all complaints, then communication accounting for 11% of complaints.

Information about the type of complaints received for each profession is presented in Table 7.

Table 7: Type of complaints received

Complaint Category	Aboriginal and Torres Strait Islander Health Practitioner	Chinese medicine practitioner	Chiropractor	Dental practitioner	Medical practitioner	Medical radiation practitioner	Midwife	Nurse	Occupational therapist	Optometrist	Osteopath	Paramedic	Pharmacist	Physiotherapist	Podiatrist	Psychologist	Total 2020/21	Total 2019/20
Behaviour	-	-	1	20	93	3	2	78	-	-	-	9	14	1	1	13	235	220
Billing	-	-	-	33	68	-	-	4	2	-	-	-	11	2	-	12	132	137
Boundary violation	-	6	13	3	158	2	-	54	1	-	-	7	2	12	-	33	291	184
Clinical care	-	8	20	252	1430	5	31	162	14	8	-	22	6	24	11	102	2095	1917
Communication	-	2	5	20	394	1	4	66	5	-	4	6	31	7	2	50	597	521
Confidentiality	-	-	-	2	37	1	-	25	2	-	-	-	15	2	-	22	106	100
Conflict of interest	-	-	-	1	12	-	-	1	-	-	-	-	-	-	1	5	20	16
Discrimination	-	-	-	-	7	-	-	3	-	-	-	-	-	1	-	-	11	18
Documentation	-	-	3	6	152	-	-	11	4	-	1	1	-	3	1	38	220	226
Health impairment	-	2	3	4	74	1	5	136	6	-	-	8	9	6	4	20	278	308
Infection / hygiene	-	-	-	17	16	1	1	5	1	-	1	-	4	-	-	1	47	161
Informed consent	-	-	-	7	33	-	-	9	-	-	1	1	-	-	-	4	55	33
Medico-legal conduct	-	-	-	-	16	-	-	-	-	-	-	-	-	-	-	-	16	17
National Law breach	-	2	-	29	55	-	5	34	2	-	-	2	12	6	-	13	160	162
National Law offence	-	-	5	23	42	-	1	32	2	-	2	2	11	11	3	28	162	202
Offence ¹	1	3	5	7	72	-	1	100	4	2	-	13	17	6	1	10	242	197
Pharmacy / medication	-	-	-	8	338	-	3	77	-	1	-	2	329	-	-	1	759	587
Research / teaching / assessment	-	-	-	3	7	-	-	4	-	-	-	-	1	-	-	2	17	16
Response to adverse event	-	-	-	1	4	-	-	-	-	-	-	-	-	-	-	-	5	2
Teamwork / supervision	-	-	-	2	14	-	2	18	2	-	-	1	1	1	-	2	43	26
Total 2020/21	1	23	55	438	3022	14	55	819	45	11	9	74	463	82	24	356	5491	-
Total 2019/20	2	32	56	501	2653	16	51	761	31	16	15	63	450	65	36	302	-	5050

Notes:

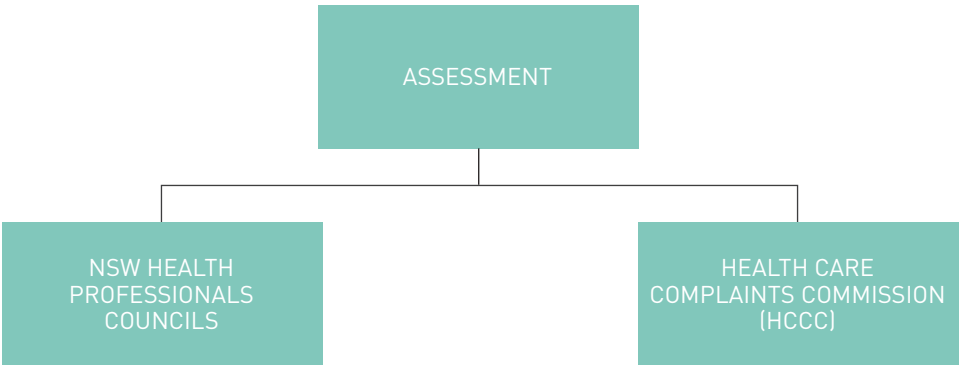
¹ Offence includes offences by student.

² Boundary violation includes inappropriate use of social media.

How Councils Manage Complaints

Complaints management pathways

When Councils receive a complaint, a preliminary assessment determines if immediate action is necessary because of an imminent or serious risk to public health and safety. A complaint is then jointly considered by the Council and the HCCC to decide which management pathway is the most appropriate, or whether the complaint should be discontinued. The management pathway depends on the nature and seriousness of a matter.



Under the National Law, Councils have powers to deal with complaints relating to a practitioner’s performance, conduct or health. In some cases more than one of these streams may be applicable. However, usually a primary stream is identified based on the most serious issue.



PERFORMANCE MATTERS

Performance

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



CONDUCT MATTERS

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.

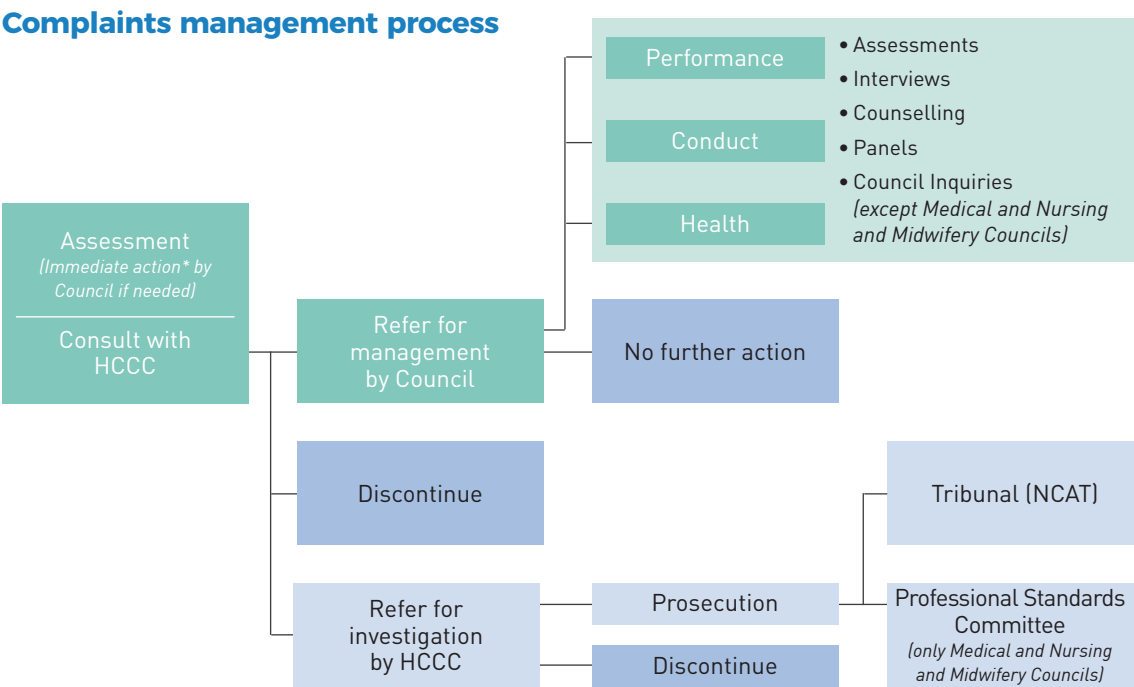


HEALTH MATTERS

Health

Both physical and psychological impairments can affect the health of a practitioner. This includes the abuse of alcohol and other drugs. Health assessments and panels help Councils to decide whether or not a practitioner can continue to practise and what safeguards are needed, such as certain restrictions on practice, supervision or monitoring arrangements.

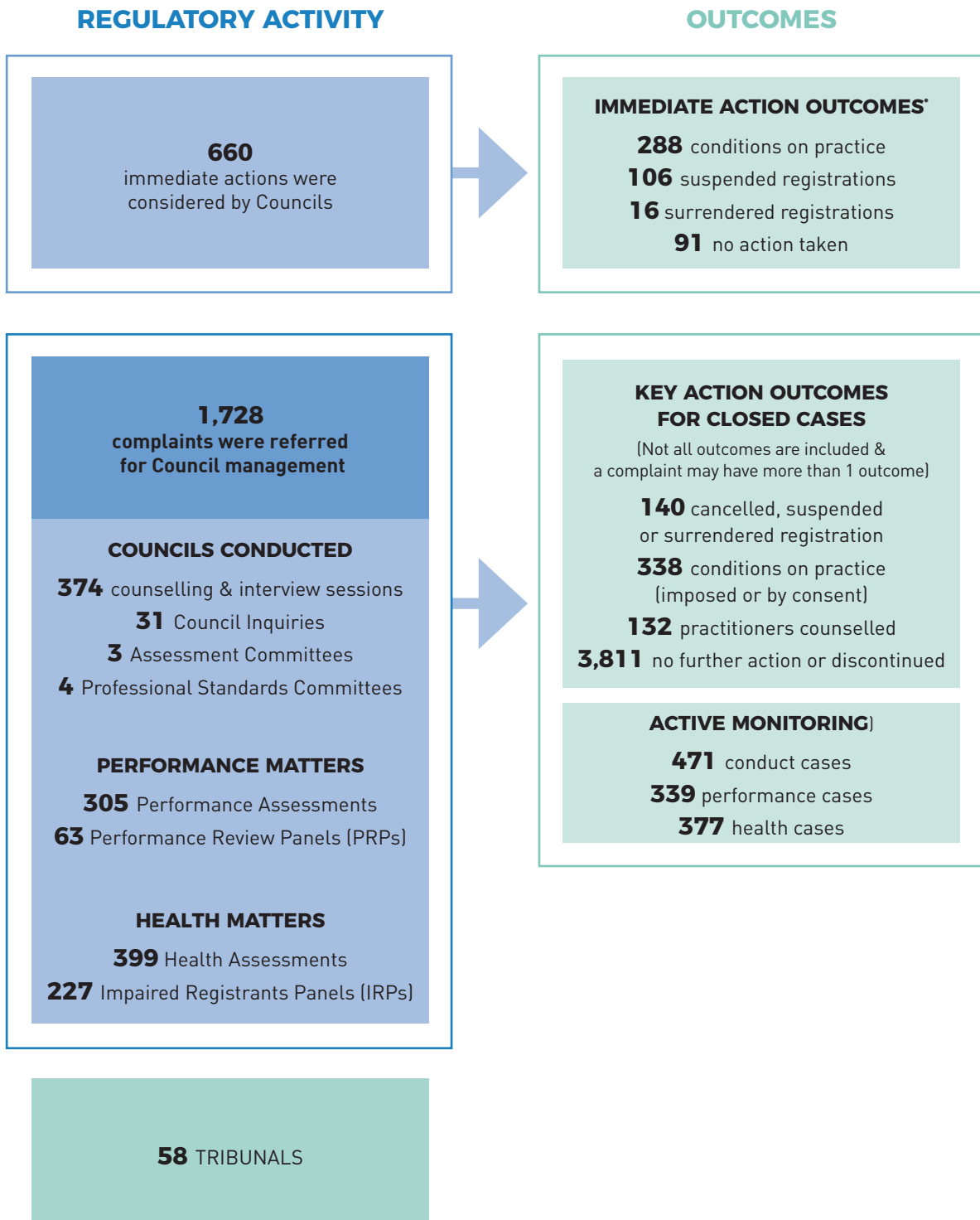
How councils manage complaints continued



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

How councils manage complaints continued

2020/21 Overview of Councils' regulatory activity and outcomes



* Excludes reviews of immediate action decisions.

How councils manage complaints continued

Immediate action

On receipt of a complaint, and at any time during a complaint, Councils may need to protect public safety or act in the public interest by considering immediate action. This may result in conditions being imposed on registration or registration being suspended pending further assessment. This does not interfere with any other actions required to manage a complaint.

Immediate actions considered by Councils this year are presented in Table 8 and outcomes are presented in Table 9.

Table 8: Immediate action considered or taken by Councils by complaint category, including review hearings

Profession	Boundary	Health	Infection Control	Offence	Breach of conditions	Pharmacy / Medication	Clinical Care	Other	Total 2020/21	Total 2019/20
Aboriginal and Torres Strait Islander Health Practitioner	-	-	-	2	-	-	-	-	2	-
Chinese medicine practitioner	2	1	-	2	2	-	3	-	10	13
Chiropractor	4	1	-	2	-	-	-	-	7	2
Dental practitioner	2	7	15	1	2		5		32	51
Medical practitioner	24	29	-	18	15	50	58	25	219	258
Medical radiation practitioner	1	-	-	-	-	-	-	-	1	-
Midwife	-	-	-	-	-	-	7	-	7	5
Nurse	16	39	-	34	12	28	36	33	198	196
Occupational therapist	-	-	-	1	2	-	-	1	4	2
Optometrist	-	-	-	-	-	-	-	-	-	-
Osteopath	2	-	-	-	-	-	-	-	2	1
Paramedic	5	2	-	2	-	-	2	2	13	11
Pharmacist	-	8	-	2	-	95	-	24	129	127
Physiotherapist	3	3	-	1	-	-	1	-	8	11
Podiatrist	-	4	-	-	-	-	-	1	5	2
Psychologist	4	8	-	4	1	-	-	6	23	18
Total 2020/21	63	102	15	69	34	173	112	92	660	-
Total 2019/20	62	122	14	68	47	166	139	79	-	697

Notes:

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

Data excludes matters that did not otherwise proceed to an inquiry.

How councils manage complaints continued

Table 9: Immediate action outcomes – excluding review hearings

Profession	No action taken	Action taken			Total 2020/21	Total 2019/20
		Accept surrender of registration	Suspend registration	Impose conditions		
Aboriginal and Torres Strait Islander Health Practitioner	-	-	1	-	1	-
Chinese medicine practitioner	2	1	1	4	8	11
Chiropractor	1	-	2	2	5	2
Dental practitioner	7	-	9	3	19	39
Medical practitioner	33	11	25	103	172	181
Medical radiation practitioner	-	1	-	-	1	-
Midwife	3		1	2	6	4
Nurse	29	1	33	91	154	156
Occupational therapist	-	-	-	4	4	3
Optometrist	-	-	-	-	-	-
Osteopath	1	-	-	-	1	1
Paramedicine	2	-	4	5	11	12
Pharmacist	10	-	27	54	91	83
Physiotherapist	-	-	-	6	6	6
Podiatrist	-	-	-	3	3	2
Psychologist	3	2	3	11	19	17
Total 2020/21	91	16	106	288	501	-
Total 2019/20	113	23	79	302	-	517

Notes:

Data includes initial actions only.

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

How councils manage complaints continued

Complaints managed by Councils

Complaints to be managed by a Council are identified when Councils and the HCCC jointly assess a new complaint. Councils then take the appropriate regulatory action which may involve assessments, regulatory committees, panels or hearings in managing these complaints.

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

Council	Complaints referred for Council management prior to 2020/21 and still open at 1.7.20	Complaints referred for Council management in 2020/21 ¹	Total complaints managed directly by Councils ² in 2020/21
Aboriginal and Torres Strait Islander Health Practice Council	-	1	1
Chinese Medicine Council	14	14	28
Chiropractic Council	8	23	31
Dental Council	139	170	309
Medical Council	450	610	1060
Medical Radiation Practice Council	2	2	4
Nursing and Midwifery Council	140	432	572
Occupational Therapy Council	3	12	15
Optometry Council	1	4	5
Osteopathy Council	1	7	8
Paramedicine Council	19	46	65
Pharmacy Council	152	269	421
Physiotherapy Council	12	28	40
Podiatry Council	3	11	14
Psychology Council	30	99	129
Total 2020/21	974	1728	2702
Total 2019/20	855	1576	2431

Notes:

¹ Includes matters where a Council took immediate action. Excludes matters discontinued, pre-resolved or referred to resolution or conciliation; matters withdrawn, where there was no jurisdiction or referred elsewhere at the initial consultation decision with the HCCC; matters referred to HCCC for investigation, to Director Proceedings or Tribunal or PSC; and matters still being assessed by the HCCC at 30 June 2020.

² Complaints received pre July 2020 and during 2020/21 that were managed by the Council in 2020/21.

How councils manage complaints continued

Assessments and hearings

Councils may refer practitioners for performance or health assessments and conduct counselling or interview sessions, as well as using regulatory committees and panels.

Councils, other than the Medical Council and Nursing and Midwifery Council, may also conduct a Council Inquiry. Professional Standards Committees (PSC) are only available to the Medical and Nursing and Midwifery Councils.

Information about Council assessments and hearings is presented in table 11.

Table 11: Assessments and hearings concluded in 2020/21 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
Aboriginal and Torres Strait Islander Health Practice	1	-	-	-	-	-	-	-	
Chinese Medicine	-	-	9	6	-	8	-	2	
Chiropractic	2	3	-	-	-	14	-	-	
Dental	7	7	15	-	3	75	3	21	
Medical	167	84	194	41	19	25			3
Medical Radiation Practice	2	4	-	-	-	-	-	-	
Nursing and Midwifery	145	89	52	12	23	125			1
Occupational Therapy	6	3	-	-	-	1	-	-	
Optometry	-	-	-	-	-	2	-	-	
Osteopathy	-	-	-	-	-	1	-	-	
Paramedicine	17	12	-	-	-	6	-	-	
Pharmacy	15	5	27	3	13	68	-	7	
Physiotherapy	9	5	3	-	-	10	-	-	
Podiatry	6	5	-	-	-	4	-	-	
Psychology	22	10	5	1	-	35	-	1	
Total 2020/21	399	227	305	63	58	374	3	31	4
Total 2019/20	440	216	194	39	69	344	14	38	9

Notes:

Excludes health and performance reassessments and Impaired Registrants Panel reviews.

Includes matters that did not proceed, for example complaints withdrawn or where the Practitioner ceased to be registered.

How councils manage complaints continued

NSW Civil and Administrative Tribunal

The HCCC, after investigating a serious matter, may prosecute the matter before the NSW Civil and Administrative Tribunal (NCAT). Substantiated serious complaints could result in cancelled or suspended registration for a practitioner. Disciplinary hearings may involve more than one complaint about the same practitioner.

NCAT functions also include:

- adjudicating appeals by a practitioner against certain decisions by a Council, a Professional Standards Committee, a Performance Review Panel 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 Case Law website.

An overview of matters referred to NCAT for each Council during the year is provided in Table 12.

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

Council	Number of Open Hearings at 30/6/20	Number of New Hearings Referred in 2020/21	Number of Hearings Closed 2020/21	Number of Open Hearings at 30/6/21
Aboriginal and Torres Strait Islander Health Practice	-	-	-	-
Chinese Medicine	1	1	-	2
Chiropractic	-	-	-	-
Dental	7	4	3	8
Medical	30	27	19	38
Medical Radiation Practice	-	-	-	-
Nursing and Midwifery	24	21	23	22
Occupational Therapy	-	-	-	-
Optometry	-	1	-	1
Osteopathy	-	1	-	1
Paramedicine	-	-	-	-
Pharmacy	17	18	13	22
Physiotherapy	1	1	-	2
Podiatry	-	-	-	-
Psychology	-	4	-	4
Total 2020/21	80	78	58	100
Total 2019/20	52	92	69	75

Outcomes of action by Councils

Closed complaints

The outcome for each complaint depends on the findings and options available to best manage the complaint. More than one outcome may apply to a single complaint, for example, a reprimand and conditions on practice.

A large number of complaints are discontinued at assessment. Councils also decide that no further action is required for a significant number of complaints during the complaints management process, for instance, if a practitioner has acted on Council advice or acknowledged areas of concern and taken steps to improve.

During the year 3,811 complaints were either discontinued or resulted in no further action, making up 77% of closed complaints outcomes.

On the serious end of the spectrum, 140 registrations were cancelled, suspended or surrendered, approximately 3% of closed complaints outcomes. A further 338 cases, just under 7% of closed complaint outcomes, resulted in conditions placed on practice, either imposed or by consent.

Information about outcomes for closed complaints by profession, including mandatory notification outcomes, is provided in Table 13.

Outcomes for mandatory notifications by profession are presented in Table 14.

Outcomes of action by Councils continued

Table 13: Outcomes¹ for closed complaints

Profession	No further action ²	No jurisdiction ³	Discontinued	Withdrawn	Refer all or part of complaint to another body	Caution	Reprimand	Orders - No conditions	Finding - No orders	Counselling/Interview	Resolution/Conciliation by HCCC	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 2020/21	Total 2019/20
Aboriginal and Torres Strait Islander Health Practitioner	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2
Chinese Medicine Practitioner	9	3	5	1	-	-	-	-	-	2	-	5	1	2	-	-	-	28	37
Chiropractor	4	3	29	2	7	-	-	-	-	12	-	1	-	-	-	-	-	58	55
Dental Practitioner	171	3	188	21	21	8	1	-	-	12	-	4	19	4	6	-	4	462	470
Medical Practitioner	315	36	1897	91	93	3	1	-	-	5	-	66	93	15	3	23	37	2678	2642
Medical Radiation Practitioner	5	2	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	10	19
Midwife	19	-	31	-	1	-	-	-	-	1	-	1	1	-	-	-	-	54	57
Nurse	211	31	335	4	6	1	5	-	1	42	-	92	6	2	13	7	27	783	819
Occupational Therapist	4	2	21	1	-	-	-	-	-	-	-	-	1	-	-	-	-	29	38
Optometrist	3	2	5	-	-	-	-	-	-	1	-	-	-	-	-	-	-	11	24
Osteopath	5	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	7	8
Paramedic	22	6	17	3	1	-	-	-	-	3	-	-	14	1	-	-	-	67	56
Pharmacist	65	4	139	21	23	-	8	-	-	46	-	13	11	1	-	-	14	345	315
Physiotherapist	9	6	42	2	6	-	-	-	-	7	-	-	1	-	-	-	-	73	65
Podiatry Practitioner	4	2	10	-	-	-	-	-	-	-	-	1	2	-	-	-	-	19	39
Psychologist	63	12	177	17	13	-	1	-	-	1	2	2	4	3	-	-	-	295	339
Total 2020/21	910	112	2901	163	171	12	16	-	1	132	2	185	153	28	22	30	82	4920	-
Total 2019/20	925	126	2908	115	334	14	37	1	2	103	3	107	178	31	16	26	59	-	4985

Note:

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

² No further action includes matters resolved before assessment; apology; advice; Council letter; comments by HCCC; practitioner deceased; or no further action following Council processes.

³ No jurisdiction includes non-renewal of registration.

Outcomes of action by Councils continued

Table 14: Outcomes¹ for closed mandatory notifications

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	Caution or reprimand	Impose conditions ³	Accept surrender of registration	Suspend registration	Cancel registration/Disqualify	Total 2020/21	Total 2019/20
Aboriginal and Torres Strait Islander Health Practitioner	-	-	-	-	1	-	-	-	-	-	-	1	-
Chinese Medicine Practitioner	-	-	1	-	-	-	-	1	-	-	-	2	-
Chiropractor	1	-	1	1	1	-	-	-	-	-	-	4	4
Dental Practitioner	3	-	-	-	4	3	-	3	-	-	-	13	19
Medical Practitioner	38	1	8	1	24	6	1	18	2	1	5	105	97
Medical Radiation Practitioner	1	-	1	-	4	-	-	-	-	-	-	6	6
Midwife	1	-	-	1	9	-	-	2	-	-	-	13	15
Nurse	31	8	15	13	83	6	3	69	1	3	9	241	298
Occupational Therapist	2	-	2	-	-	-	-	-	-	-	-	4	7
Optometrist	1	-	-	-	-	-	-	-	-	-	-	1	-
Osteopath	-	-	-	-	1	-	-	-	-	-	-	1	-
Paramedic	-	-	-	-	10	1	-	10	1	-	-	22	30
Pharmacist	1	-	-	1	3	4	3	4	-	-	-	16	17
Physiotherapist	1	-	4	1	-	1	-	1	-	-	-	8	12
Podiatry Practitioner	-	-	-	-	2	-	-	2	-	-	-	4	2
Psychologist	9	-	2	-	9	3	-	3	-	-	-	26	37
Total 2020/21	89	9	34	18	151	24	7	113	4	4	14	467	-
Total 2019/20	114	5	48	29	165	29	7	109	7	8	23	-	544

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.

Outcomes of action by Councils continued

Active monitoring

Some complaints result in orders or conditions on practice. Councils need to monitor and ensure practitioner compliance with these orders and conditions. This allows a practitioner to continue to practise in a way that is safe for consumers.

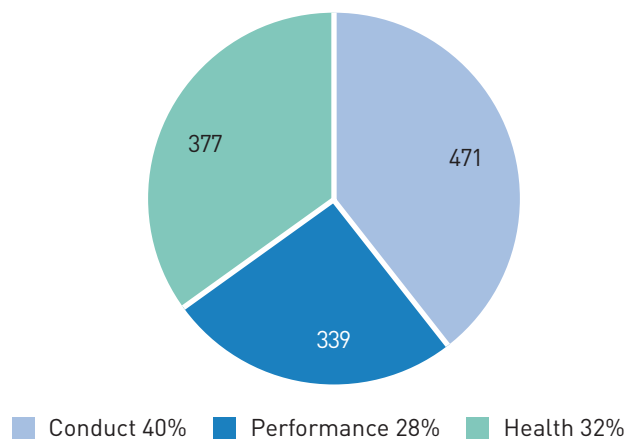
Conditions may be:

- Public conditions that are published on the national register on the Ahpra website www.ahpra.gov.au
- Private conditions due to a practitioner's impairment – these are recorded by Ahpra but not published on the national register because of privacy and confidentiality considerations.

Active monitoring is applicable to the three streams of conduct, performance and health. A practitioner may be monitored in more than one stream.

At year end 1,187 cases were being actively monitored, with the greatest number in the conduct stream. The graph below shows the distribution of monitoring cases across the three streams and Table 15 provides information about monitoring cases for each Council.

Active Monitoring Cases as at 30 June 2021



Outcomes of action by Councils continued

Table 15: Number of active monitoring cases for each Council by stream as at 30 June 2021

Council	Conduct	Performance	Health	Total
Aboriginal and Torres Strait Islander Health Practice	1	-	-	1
Chinese Medicine	10	7	1	18
Chiropractic	7	-	2	9
Dental	19	30	16	65
Medical	199	168	129	496
Medical Radiation Practice	-	-	1	1
Nursing and Midwifery	103	88	167	358
Occupational Therapy	3	-	2	5
Optometry	-	-	1	1
Osteopathy	3	-	-	3
Paramedicine	7	-	15	22
Pharmacy	98	33	17	148
Physiotherapy	8	-	3	11
Podiatry	-	1	6	7
Psychology	13	12	17	42
Total 2020/21	471	339	377	1187
Total 2019/20	423	265	370	1058

Note:

¹ A practitioner may be monitored in more than one stream.

Outcomes of action by Councils continued

Regulation of Pharmacy Businesses

The Pharmacy Council is responsible for the registration of NSW pharmacies and financial interests in NSW pharmacy businesses in addition to management of complaints about pharmacists.

As at 30 June 2021 there were 2,013 pharmacies registered in NSW.

Register of Pharmacies

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

Changes to the Register occur upon the approval of applications to the Council, satisfactory inspection of premises where required and payment of the relevant fee. The Council received 308 applications/notices during the year. This resulted in 292 changes to the Register of Pharmacies.

Table 16: Changes to the register of pharmacies

Changes	Number
New pharmacy	40
Pharmacy change of address	44
New professional services room	1
Professional services room change of address	0
Change of pharmacy ownership	126
Registration of new financial interest in a pharmacy business	187
Change of pharmacy name	49
Pharmacy closure	10

Fees

Pharmacy application fees are prescribed by the *Health Practitioner Regulation (New South Wales) Regulation 2016* (Clause 15). Fees are payable for initial approval of pharmacy premises, annual renewal of pharmacy premises and registration of financial interest in a pharmacy business. Application forms are available on the Council's website.

On 12 May 2021, the Health Practitioner Regulation (New South Wales) Amendment (Pharmacy Annual Declaration Fee) Regulation 2021 was published. The Regulation prescribed a new fee of \$297 to accompany an annual declaration a pharmacist is required to make in respect of a financial interest in a pharmacy business. The new fee applied for annual declarations due by 30 June 2021.

Offences under the National Law (Schedule 5F)

The National Law sets out provisions related to the holding of a financial interest in a pharmacy business and the responsibilities of pharmacy owners. If these provisions are contravened the Council may initiate a Local Court prosecution.

No Local Court prosecutions were conducted during the year.

Outcomes of action by Councils continued

Pharmacy Inspectors

Two pharmacy inspectors assist the Council by conducting inspections and investigations to enforce compliance with the National Law and Regulations.

The 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. The Inspectors also have responsibilities under the *Poisons and Therapeutic Goods Act 1966* regarding safe handling of medications and are authorised by the NSW Ministry of Health Pharmaceutical Services to destroy and dispose of unusable Schedule 8 medications.

Table 17: Pharmacy Council inspector activities in 2020/21

Activity	Number
Routine inspections	1,119
Inspections of relocated pharmacies and new pharmacy premises	73
Compliance/complaint related inspections	29
Drug destructions	235

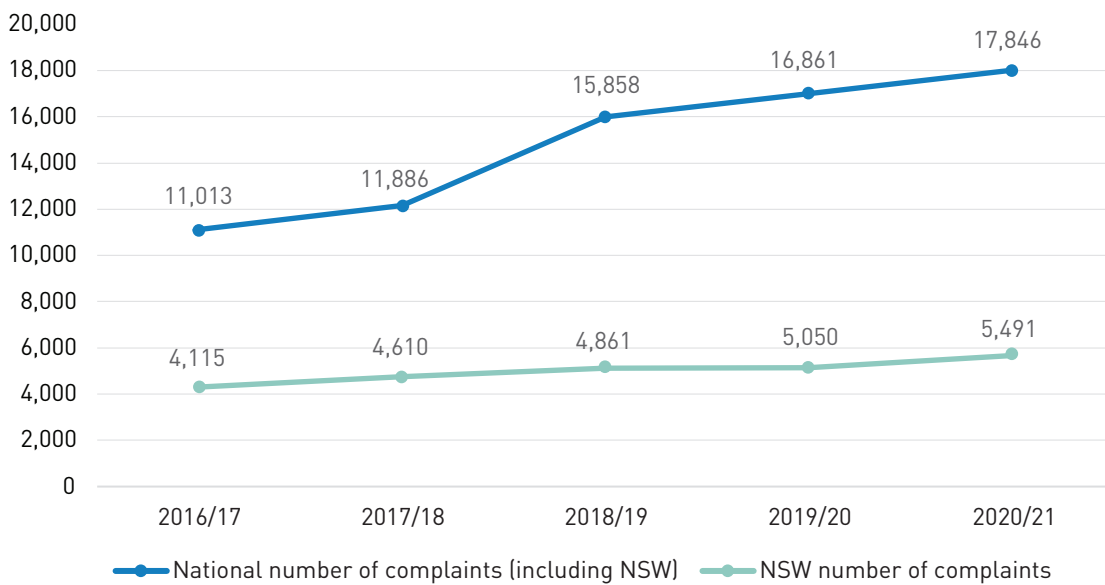
Trends

Five-year trend data for complaints and regulatory action across all Councils is included in this section of the annual report. Trends may be affected by a number of factors and these can differ between the professions.

Trend in complaints received

The number of complaints received each year continues to grow, both in NSW and at a National level. The number of complaints received about NSW health practitioners in 2020/21 was almost 9% more than in 2019/20.

Graph 2: Five year trend in complaints received



Notes:

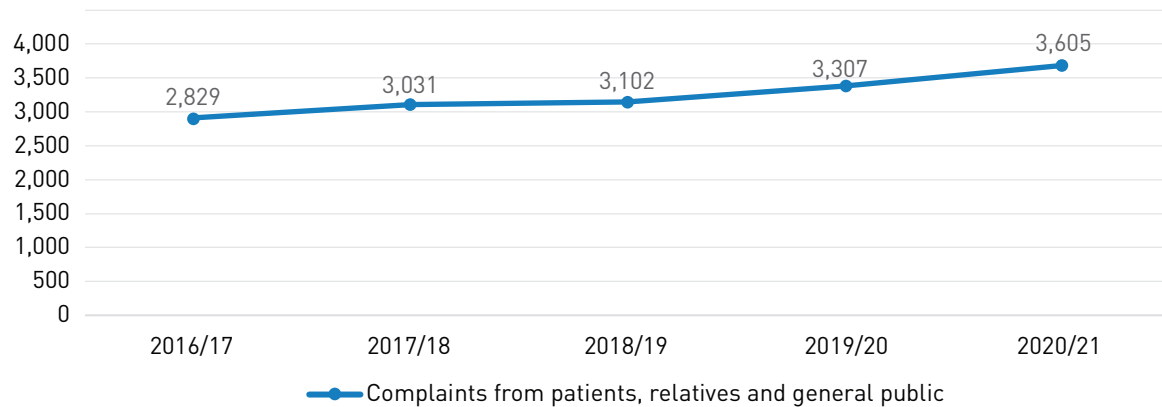
National data for 2018/19, 2019/20 and 2020/21 includes complaints received by Ahpra, Queensland Office of the Health Ombudsman (OHO) and the Councils in NSW.

Trends continued

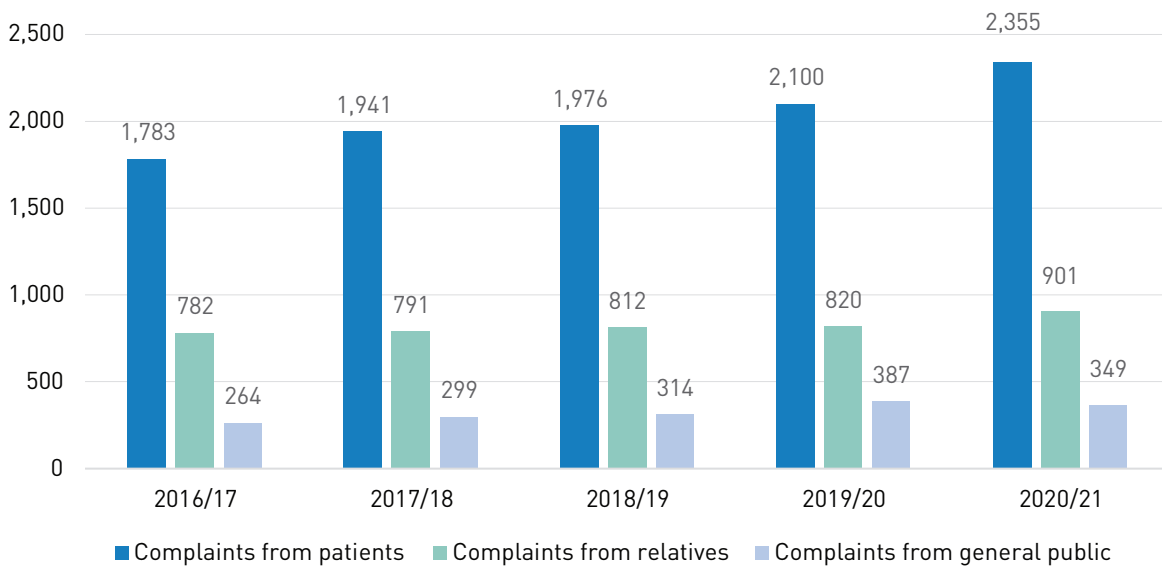
Trend in source of complaints in NSW

Patients make complaints about health practitioners more frequently than other complainant groups, followed by relatives and members of the public. This year patients accounted for 43% of complaints received in NSW. Patients, relatives and members of the public together accounted for 66% of complaints received.

Graph 3: Complaints from patients, relatives and general public combined



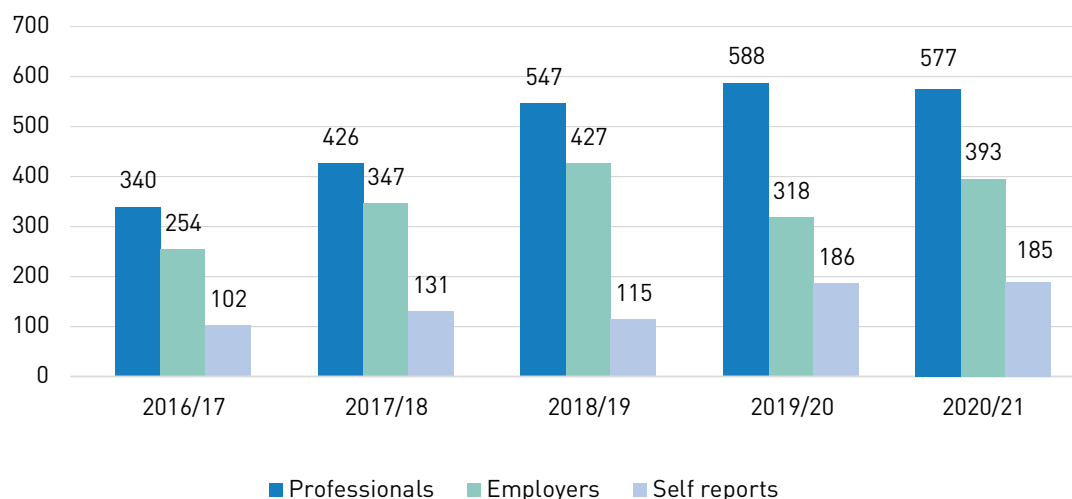
Graph 4: Complaints from patients, relatives and general public



Trends continued

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

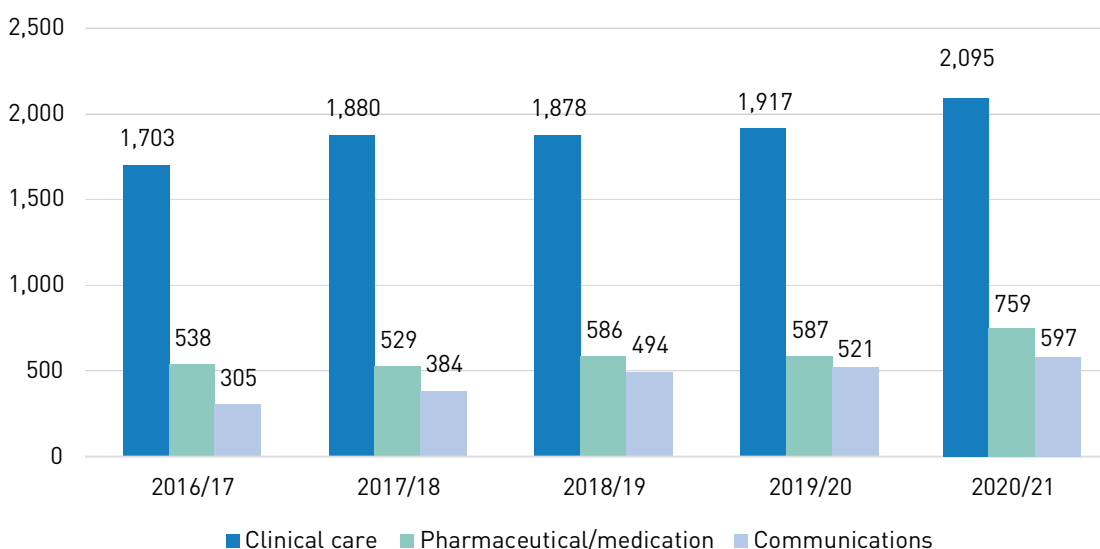
Graph 5: Complaints from professionals, employers and self-reports by the practitioner



Trend in types of complaints

Clinical care is the most common reason for a complaint, followed by pharmaceutical or medication issues, then communications. This year complaints about clinical care made up 38% of complaints received in NSW.

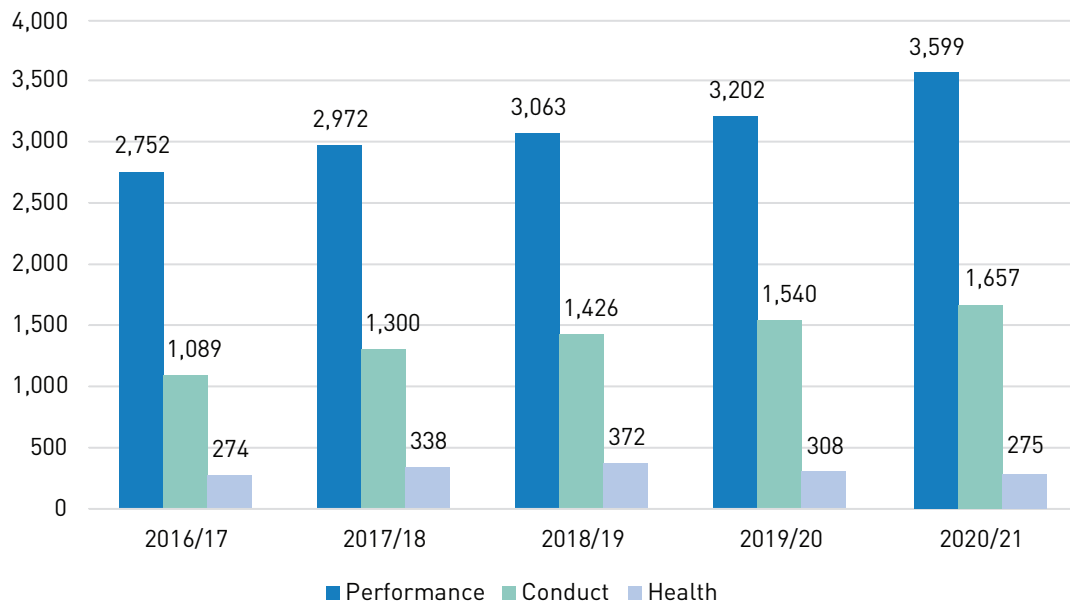
Graph 6: Complaints about clinical care, pharmaceutical/medication issues and communications



Trends continued

Complaints are categorised into three main streams of performance, conduct and health. Performance matters make up the greatest proportion of complaints received, followed by conduct matters and then health issues.

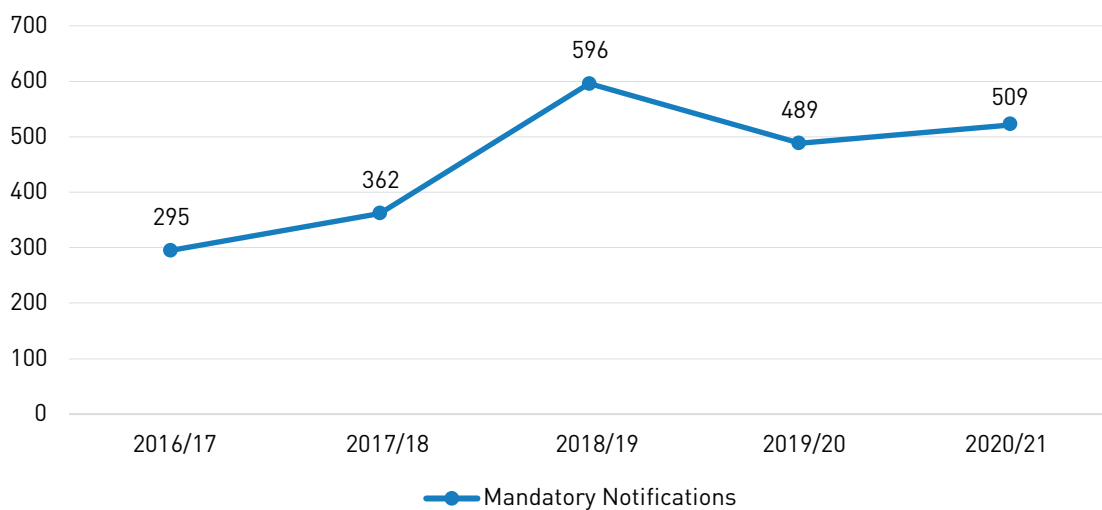
Graph 7: Complaints by performance, conduct and health streams



Trend in mandatory notifications

The number of mandatory notifications increased by a small amount this year – less than 1%. Mandatory notifications made up 9% of complaints received this year.

Graph 8: NSW mandatory notifications

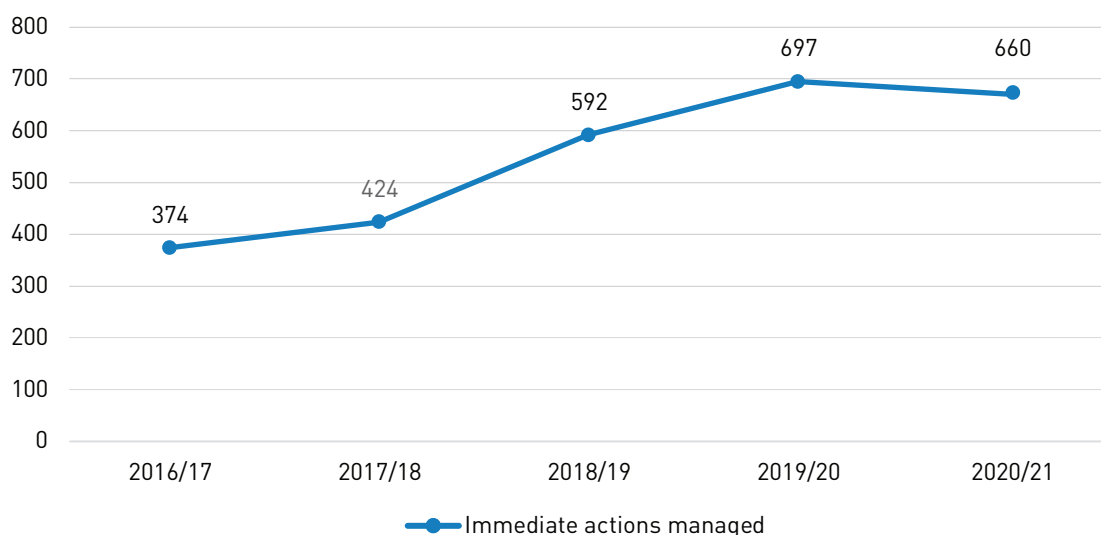


Trends continued

Trend in immediate action matters

Immediate actions considered or taken by Councils decreased by 3% this year.

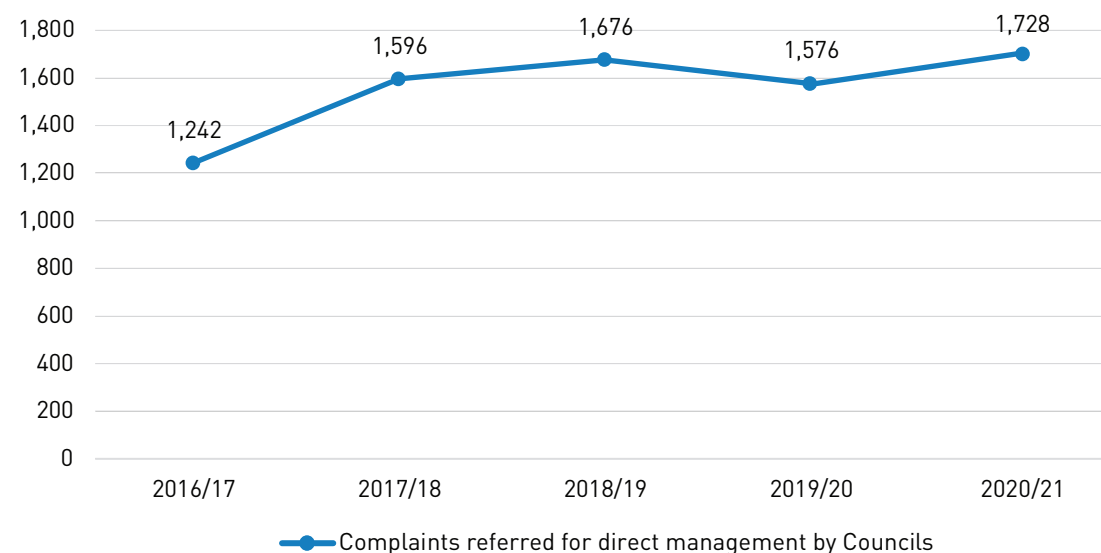
Graph 9: Immediate actions considered or taken by Councils



Trend in complaints referred for management by Councils

The number of complaints referred for management by Councils after the initial joint assessment with HCCC increased this year by 9%.

Graph 10: Complaints referred for management by Councils

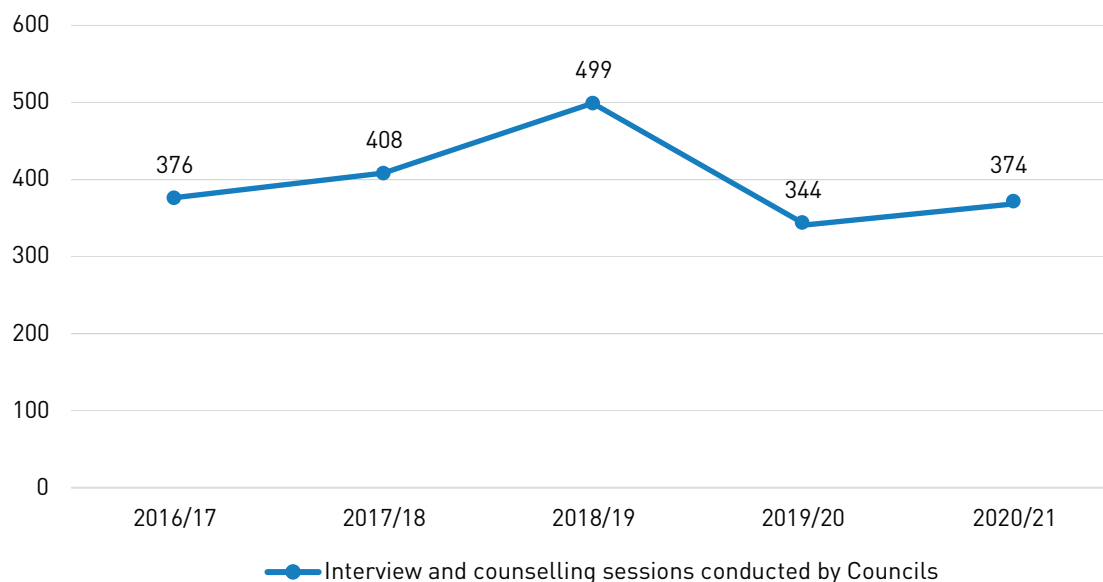


Trends continued

Trend in interviews and counselling conducted by Councils

A common action taken by Councils in managing complaints about practitioners is to conduct interviews and/or counselling sessions. This year these sessions increased by 8%.

Graph 11: Council interviews and counselling



Financial information

Funding

Councils are funded through a portion of registration fees that NSW practitioners pay to Ahpra. Councils also receive a portion of fees collected from practitioners who do not identify a principal place of practice.

The HPCA is responsible for financial systems, managing the funds through a Health Administration Corporation (HAC) account and proper expenditure of these public monies. Each Council oversees its budget to ensure responsible financial management.

Education and Research fund

Thirteen Councils maintain an Education and Research fund. This can be used to support activities that promote a better understanding of professional standards and compliance, issues that lead to complaints and how complaints are managed. The funds may also be used for research activity including Council specific initiatives and collaborative projects.

Table 18: Expenditure from Education and Research funds during 2020/21

Council	Expenditure \$	Purpose	Balance in account \$
Aboriginal and Torres Strait Islander Health Practice Council	N/A		N/A
Chinese Medicine Council	Nil		\$22,488
Chiropractic Council	Nil		\$19,236
Dental Council	Total \$14,693.40 \$6,964.65 \$7,728.75	Grant to the University of Sydney for a research project titled <i>Narrative Dentistry – A methodology of enhancing students' competencies in professionalism and communication.</i> Grant to the University of Sydney for a research project titled <i>Knowledge, attitudes and challenges towards infection control following COVID-19 among dental practitioners.</i>	\$415,739
Medical Council	Nil		\$2,717
Medical Radiation Practice Council	Nil		\$40,838
Nursing and Midwifery Council	\$8,187	Filming & editing of the 2021 NMC NSW Educational Series (3 x videos)	\$1,028,617
Occupational Therapy Council	Nil		\$47,918
Optometry Council	Nil		\$48,133
Osteopathy Council	Nil		\$236
Paramedicine Council	N/A		N/A

Financial information continued

Table 18: Expenditure from Education and Research funds during 2020/21 (continued)

Council	Expenditure \$	Purpose	Balance in account \$
Pharmacy Council	Nil		\$93,203
Physiotherapy Council	Nil		\$172,457
Podiatry Council	Nil		\$67,270
Psychology Council	Nil		\$78,526

Council member remuneration

Remuneration for Council members aligns with the Public Service Commission Remuneration Framework for NSW Government Boards and Committees. Council members receive additional payment for interviews, counselling sessions, immediate action inquiries, panels and Council Inquiries and are reimbursed for expenses when travelling on official business at Council direction. No additional payments are made for other regulatory work such as official visits, committee meetings, training, conferences or preparation for meetings.

Member remuneration rates for each Council follow.

Member remuneration rates for the Chinese Medicine, Chiropractic, Medical Radiation Practice, Occupational Therapy, Optometry, Osteopathy, Paramedicine, Podiatry and Physiotherapy Councils.

President	\$4,465 per annum
Deputy President	\$4,214 per annum
Council Members	\$3,665 per annum

Member remuneration rates for the Dental, Nursing and Midwifery and Psychology Councils.

President	\$20,000 per annum
Deputy President	\$11,143 per annum
Council Members	\$9,690 per annum

Member remuneration rates for the Medical Council.

President	\$45,464 per annum
Deputy President	\$27,162 per annum
Council Members	\$15,000 per annum

Member remuneration rates for the Pharmacy Council.

President	\$37,000 per annum
Deputy President	\$22,176 per annum
Council Members	\$15,000 per annum

Financial information continued

The structure for remuneration of Aboriginal and Torres Strait Islander Health Practice Council members differs to the other Councils. Aboriginal and Torres Strait Islander Health Practice Council members are entitled to the following remuneration.

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

Overseas travel

No overseas travel costs were incurred this year.

Consultants

Consultants engaged during 2020/21 at a cost of less than \$50,000 per consultancy are set out in table 19.

Table 19: Consultant engagements costing less than \$50,000

Service Provided	Number	Total Cost incl GST \$
Business Continuity Plan Review	1	\$38,200.00
Advice relating to classification and remuneration – Medical Advisor role	1	\$7,000.00
Total	1	\$45,200.00

There was no consultancy engagement of \$50,000 or more during 2020/21.

Financial Statements

Format

The Financial Statements in Part 2 of this report include the accounts of the Councils' administrative operations, any Education and Research fund activities, and the Independent Auditor's Report.

Investment Performance

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

The bank pays interest monthly, based on daily cash balances.

Payments Performance

The Councils' accounts are managed by the Health Administration Corporation (HAC).

Tables 20 and 21 include the consolidated accounts payable performance report for all 15 Councils.

Financial information continued

Table 20: Consolidated Councils' accounts payable performance (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 2020	128,862	61,424	10,365	2,706	902
December 2020	68,874	763,789	7,260	885	42,351
March 2021	209,878	83,811	15,923	1,353	-449.00
June 2021	86,804	80,568	0	0	0
Small Business Suppliers					
September 2020	0	14,116	0	0	0
December 2020	0	0	0	0	0
March 2021	0	6,171	0	0	0
June 2021	0	0	0	0	0

Table 21: Consolidated Councils' accounts payable performance (2)

Measure	September 2020	December 2020	March 2021	June 2021
All Suppliers				
Number of accounts due for payment	983	852	1,156	692
Number of accounts paid on time	722	586	550	453
% of accounts paid on time (based on number of accounts)	73%	69%	48%	65%
\$ amount of accounts due for payment	9,444,334	10,419,976	8,775,117	7,625,523
\$ amount of accounts paid on time	8,698,843	9,874,493	7,157,478	6,940,491
% of accounts paid on time (based on \$)	92%	95%	82%	91%
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	25	27	30	34
Number of accounts paid on time	21	16	18	29
% of accounts paid on time (based on number of accounts)	84%	59%	60%	85%
\$ amount of accounts due for payment	88,674	110,099	71,947	145,233
\$ amount of accounts paid on time	83,241	81,174	45,698	114,342
% of accounts paid on time (based on \$)	94%	74%	64%	79%
Number of payments for interest on overdue accounts	0	0	0	0

Financial information continued

Aboriginal and Torres Strait Islander Health Practice Council financial management

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

Accounts Performance 2020/21	\$
Revenue	7,622
Operating expenditure	12,175
Gain / (loss) on disposal	(39)
Net result	(4,592)
Net cash reserves (cash and cash equivalents minus current liabilities)	54,098

The Aboriginal and Torres Strait Islander Health Practice Council's budget for the period 1 July 2021 to 30 June 2022 is as follows.

Budget 2021/22	\$
Revenue	8,296
Operating expenditure	22,597
Net result	(14,301)

Full financial statements are presented in Part 2 of this report 'Financial Statements for NSW Health Professional Councils'.

Chinese Medicine Council financial management

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

Accounts Performance 2020/21	\$
Revenue	375,479
Operating expenditure	383,944
Gain / (loss) on disposal	(831)
Net result	(9,296)
Net cash reserves (cash and cash equivalents minus current liabilities)	2,330,442

* Included in the cash reserves is an Education and Research bank account balance of \$22,488.

The Chinese Medicine Council's budget for the period 1 July 2021 to 30 June 2022 is as follows.

Budget 2021/22	\$
Revenue	367,924
Operating expenditure	657,388
Net result	(289,464)

Full financial statements are presented in Part 2 of this report 'Financial Statements for NSW Health Professional Councils'.

Financial information continued

Chiropractic Council financial management

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

Accounts Performance 2020/21	\$
Revenue	450,958
Operating expenditure	390,085
Gain / (loss) on disposal	(932)
Net result	59,941
Net cash reserves* (cash and cash equivalents minus current liabilities)	1,170,865

* Included in the cash reserves is an Education and Research bank account balance of \$19,236.

The Chiropractic Council's budget for the period 1 July 2021 to 30 June 2022 is as follows.

Budget 2021/22	\$
Revenue	451,633
Operating expenditure	419,220
Net result	32,413

Full financial statements are presented in Part 2 of this report 'Financial Statements for NSW Health Professional Councils'.

Dental Council financial management

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

Accounts Performance 2020/21	\$
Revenue	3,992,513
Operating expenditure	3,332,969
Gain / (loss) on disposal	(13,015)
Net result	646,529
Net cash reserves* (cash and cash equivalents minus current liabilities)	2,263,071

* Included in the cash reserves is an Education and Research bank account balance of \$415,739.

The Dental Council's budget for the period 1 July 2021 to 30 June 2022 is as follows.

Budget 2021/22	\$
Revenue	4,207,755
Operating expenditure	4,325,554
Net result	(117,799)

Full financial statements are presented in Part 2 of this report 'Financial Statements for NSW Health Professional Councils'.

Financial information continued

Medical Council financial management

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

Accounts Performance 2020/21	\$
Revenue	16,232,999
Operating expenditure	18,056,854
Gain / (loss) on disposal	6,810
Net result	(1,817,045)
Net cash reserves* (cash and cash equivalents minus current liabilities)	9,476,353

* Included in the cash reserves is an Education and Research bank account balance of \$2,717.

The Medical Council's budget for the period 1 July 2021 to 30 June 2022 is as follows.

Budget 2021/22	\$
Revenue	16,786,620
Operating expenditure	20,635,489
Net result	(3,848,869)

Full financial statements are presented in Part 2 of this report 'Financial Statements for NSW Health Professional Councils'.

Medical Radiation Practice Council financial management

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

Accounts Performance 2020/21	\$
Revenue	252,995
Operating expenditure	183,474
Gain / (loss) on disposal	(427)
Net result	69,094
Net cash reserves* (cash and cash equivalents minus current liabilities)	2,183,433

* Included in the cash reserves is an Education and Research bank account balance of \$40,838.

The Medical Radiation Practice Council's budget for the period 1 July 2021 to 30 June 2022 is as follows.

Budget 2021/22	\$
Revenue	213,114
Operating expenditure	254,835
Net result	(41,721)

Full financial statements are presented in Part 2 of this report 'Financial Statements for NSW Health Professional Councils'.

Financial information continued

Nursing and Midwifery Council financial management

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

Accounts Performance 2020/21	\$
Revenue	9,728,679
Operating expenditure	8,583,379
Gain / (loss) on disposal	(32,518)
Net result	1,112,782
Net cash reserves* (cash and cash equivalents minus current liabilities)	9,672,820

* Included in the cash reserves is an Education and Research bank account balance of \$1,028,617.

The Nursing and Midwifery Council's budget for the period 1 July 2021 to 30 June 2022 is as follows.

Budget 2021/22	\$
Revenue	10,217,690
Operating expenditure	11,048,210
Net result	(830,520)

Full financial statements are presented in Part 2 of this report 'Financial Statements for NSW Health Professional Councils'.

Occupational Therapy Council financial management

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

Accounts Performance 2020/21	\$
Revenue	258,900
Operating expenditure	156,053
Gain / (loss) on disposal	(412)
Net result	102,435
Net cash reserves* (cash and cash equivalents minus current liabilities)	1,234,378

* Included in the cash reserves is an Education and Research bank account balance of \$47,918.

The Occupational Therapy Council's budget for the period 1 July 2021 to 30 June 2022 is as follows.

Budget 2021/22	\$
Revenue	270,648
Operating expenditure	298,117
Net result	(27,469)

Full financial statements are presented in Part 2 of this report 'Financial Statements for NSW Health Professional Councils'.

Financial information continued

Optometry Council financial management

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

Accounts Performance 2020/21	\$
Revenue	252,926
Operating expenditure	136,461
Gain / (loss) on disposal	(373)
Net result	116,092
Net cash reserves* (cash and cash equivalents minus current liabilities)	733,906

* Included in the cash reserves is an Education and Research bank account balance of \$48,133.

The Optometry Council's budget for the period 1 July 2021 to 30 June 2022 is as follows

Budget 2021/22	\$
Revenue	260,078
Operating expenditure	184,769
Net result	75,309

Full financial statements are presented in Part 2 of this report 'Financial Statements for NSW Health Professional Councils'.

Osteopathy Council financial management

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

Accounts Performance 2019/20	\$
Revenue	205,403
Operating expenditure	110,620
Gain / (loss) on disposal	(435)
Net result	94,348
Net cash reserves* (cash and cash equivalents minus current liabilities)	387,452

* Included in the cash reserves is an Education and Research bank account balance of \$236.

The Osteopathy Council's budget for the period 1 July 2021 to 30 June 2022 is as follows.

Budget 2020/21	\$
Revenue	190,689
Operating expenditure	186,213
Net result	4,476

Full financial statements are presented in Part 2 of this report 'Financial Statements for NSW Health Professional Councils'.

Financial information continued

Paramedicine Council financial management

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

Accounts Performance 2020/21	\$
Revenue	691,532
Operating expenditure	348,580
Gain / (loss) on disposal	(1,243)
Net result	341,709
Net cash reserves (cash and cash equivalents minus current liabilities)	812,237

The Paramedicine Council's budget for the period 1 July 2021 to 30 June 2022 is as follows.

Budget 2021/22	\$
Revenue	685,144
Operating expenditure	738,853
Net result	(53,709)

Full financial statements are presented in Part 2 of this report 'Financial Statements for NSW Health Professional Councils'.

Pharmacy Council financial management

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

Accounts Performance 2020/21	\$
Revenue	5,250,858
Operating expenditure	4,236,801
Gain / (loss) on disposal	(12,564)
Net result	1,001,493
Net cash reserves* (cash and cash equivalents minus current liabilities)	3,139,874

* Included in the cash reserves is an Education and Research bank account balance of \$93,203.

The Pharmacy Council's budget for the period 1 July 2021 to 30 June 2022 is as follows

Budget 2021/22	\$
Revenue	4,884,061
Operating expenditure	5,967,288
Net result	(1,083,227)

Full financial statements are presented in Part 2 of this report 'Financial Statements for NSW Health Professional Councils'.

Financial information continued

Physiotherapy Council financial management

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

Accounts Performance 2020/21	\$
Revenue	498,569
Operating expenditure	472,393
Gain / (loss) on disposal	(1,437)
Net result	24,739
Net cash reserves* (cash and cash equivalents minus current liabilities)	1,893,682

* Included in the cash reserves is an Education and Research bank account balance of \$172,457.

The Physiotherapy Council's budget for the period 1 July 2021 to 30 June 2022 is as follows.

Budget 2021/22	\$
Revenue	511,556
Operating expenditure	576,408
Net result	(64,852)

Full financial statements are presented in Part 2 of this report 'Financial Statements for NSW Health Professional Councils'.

Podiatry Council financial management

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

Accounts Performance 2020/21	\$
Revenue	266,610
Operating expenditure	134,796
Gain / (loss) on disposal	(412)
Net result	131,402
Net cash reserves* (cash and cash equivalents minus current liabilities)	915,085

* Included in the cash reserves is an Education and Research bank account balance of \$67,270.

The Podiatry Council's budget for the period 1 July 2021 to 30 June 2022 is as follows.

Budget 2021/22	\$
Revenue	278,746
Operating expenditure	368,272
Net result	(89,526)

Full financial statements are presented in Part 2 of this report 'Financial Statements for NSW Health Professional Councils'.

Financial information continued

Psychology Council financial management

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

Accounts Performance 2020/21	\$
Revenue	1,664,816
Operating expenditure	1,453,528
Gain / (loss) on disposal	(4,872)
Net result	206,416
Net cash reserves* (cash and cash equivalents minus current liabilities)	3,189,068

* Included in the cash reserves is an Education and Research bank account balance of \$78,526.

The Psychology Council's budget for the period 1 July 2021 to 30 June 2022 is as follows.

Budget 2021/22	\$
Revenue	1,709,011
Operating expenditure	1,766,805
Net result	(57,794)

Full financial statements are presented in Part 2 of this report 'Financial Statements for NSW Health Professional Councils'.

Legislative Changes in 2020/21

Health Practitioner Regulation National Law (NSW)

During the reporting year, a number of amendments were made to the National Law. The *Health Legislation (Miscellaneous Amendments) Act 2020* inserted or amended the following sections within the National Law:

- Insertion of s.41DA: this provision states that the Councils are under the control of the Minister except in relation to certain matters concerning the management of complaints and reports.
- Amendment of s.410: this provision now requires Councils to take into account a practitioner's complaints and disciplinary history in exercising any of its functions under Part 8 of the National Law.
- Amendment of s.139B(1)(e): this provision now includes contraventions of s.21A(3) and s.63G(4) of the *Health Care Complaints Act 1993*, which concern failure to provide information to the Health Care Complaints Commission when required, within the definition of unsatisfactory professional conduct.
- Insertion of s.176BB(1): this provision requires Councils to notify employers and accreditors of the suspension and cancellation of practitioners' registrations.
- Insertion of s.176BB(2): this provision provides that Councils may give written notice to employers and accreditors of contraventions of conditions.
- Amendment of s.139I: this provision now requires National Boards to provide copies of notifications made under s.130 of the National Law to Councils within 3 business days. The requirement applies in relation to practitioners notifying relevant events which occurred in NSW or for whom NSW is the principal place of practice. The requirement applies in relation to students notifying events which occurred in NSW.
- Insertion of clause 15(1A) in Schedule 5F: this provision requires pharmacists with a financial interest in a pharmacy business to pay a prescribed fee when submitting the annual declaration required by clause 15.

Health Practitioner Regulation (New South Wales) Regulation 2016

During the reporting year, the Regulation was also amended to insert clause 15(3), which provides that the prescribed fee payable under clause 15(1A) in Schedule 5F is \$297.

Managing risk

Risk framework

NSW Treasury granted Councils an exemption from the *Internal Audit and Risk Management Policy for the General Government Sector* (TPP20-08) because the administration and cost of full compliance would be prohibitive for the Councils which are small agencies. Despite this, appropriate organisation-wide risk management practices are in place which adopt the core requirements of the policy.

Previously the Councils and the HPCA had implemented the Ministry of Health's approach to risk management. This year work was completed on the development of an enterprise-wide risk management framework and register, including risk appetite statement. The risk management framework provides the Councils and the HPCA with a consistent approach to risk management and provides clear instructions for managing risks.

Audit and Risk Committee

An important part of risk management is the HPCA Audit and Risk Committee. The Committee comprises three independent members. The objective of the Committee is to provide independent advice and assistance to the HPCA and the Councils about governance, risk and control frameworks, and external accountability requirements.

Each year the charter is reviewed, a member evaluation survey is conducted, and a report on the Committee's activities is produced.

The Committee holds quarterly meetings as well as three special meetings a year to review financial statements for early close, audit submission and audit clearance. Representatives of the Councils, the Audit Office of NSW, and the internal auditors from Protiviti are invited to attend the Audit and Risk Committee meetings as observers.

Internal audit

The internal auditor for the HPCA is Protiviti Inc. Two internal audits were conducted by Protiviti during the year:

- Current processes of appointing, onboarding and providing learning and development to Council members
- Plans and/or initiatives to address the results of the People Matter survey and recommendations from the HPCA Cultural Review.

Internal audit recommendations agreed by management are implemented through an action plan and the progress of the actions is reported on to the Audit and Risk Committee.

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
- Cybersecurity.

Compliance Reports

Public Interest Disclosures

Each Council must comply with the provisions of the Public Interest Disclosures Act 1994 and reporting requirements of the Public Interest Disclosures Regulation 2011.

Members of Councils, committees, panels and hearings and HPCA staff are made aware of their obligations as public officers to ensure compliance with Public Interest Disclosure (PID) requirements.

The HPCA provides six monthly PID reports to the NSW Ombudsman and Ministry of Health. No PIDs were made by members or staff during the year.

Table 22: 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

Privacy

The HPCA and each Council must comply with the provisions of the *Privacy and Personal Information Protection Act 1998* and the *Health Records and Information Privacy Act 2002*.

The NSW Health Privacy Manual for Health Information provides operational guidance for staff and outlines procedures that support compliance with the Act in any activity where personal health information is involved.

In addition, all HPCA staff complete a mandatory online privacy training module as part of their orientation.

No applications were made for review under Part 5 of the Privacy and Personal Information Protection Act 1998 during the year.

There were a number of inadvertent errors in handling information such as:

- sending reports incorrectly to the wrong practitioner
- sending information by email to the wrong health staff member with a similar name to the intended recipient
- sending initial monitoring forms containing public conditions to the incorrect practitioner.

Compliance Reports continued

The inadvertent errors were managed by:

- recalling or ensuring the destruction of any incorrect information sent
- advising all affected parties of the error, reason for the error, action taken to resolve the matter and processes available to the affected parties
- phoning and apologising to the affected parties
- reviewing processes to assist in preventing similar errors in the future.

GIPA

Access to information

Policies, publications and other information consistent with the principles of the *Government Information (Public Access) Act 2009* (GIPA Act) is available on the HPCA and Councils' websites.

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

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

- GIPA and how to make an application
- Right to information
- Agency information
- Disclosure log
- Register of government contracts
- Frequently asked questions (FAQs)
- Contact details.

The Councils provide annual statistical GIPA reports to the Information and Privacy Commission (IPC).

Proactive Release of Government Information Program – Clause 8A

The Councils monitor newly developed and/or revised information to identify what can be made publicly available. Relevant documents are then included on the HPCA and Councils' websites.

Number of Access Applications Received – Clause 8B

Formal access applications for 2020/21, including withdrawn applications but excluding invalid applications, totalled 21 including:

- 13 formal access applications received by the Dental Council, including 2 applications where no decisions were made in 2020/21
- 6 formal access applications received by the Medical Council, including 1 application where no decision was made in 2020/21. Decisions in 2020/21 totalled 10 including decisions for 4 applications received in the previous reporting year
- 2 formal access applications received by the Nursing and Midwifery Council, including 1 application which was withdrawn.

The other 12 Councils did not receive any formal access applications. The Councils also reported receipt of:

- 0 invalid access applications
- 0 invalid access application that subsequently became valid
- 0 invalid review applications.

Compliance Reports continued

Number of Refused Applications for Schedule 1 Information - Clause 8C

During the year access applications that were refused in part or in full because the requested information was referred to in Schedule 1 of the GIPA Act (information for which there is conclusive presumption of overriding public interest against disclosure) totalled 10 applications refused in full including:

- Dental Council – 4 access applications refused in full
- Medical Council – 5 access applications refused in full
- Nursing and Midwifery Council – 1 access application refused in full.

For tables A and B more than one decision can be made in respect of a particular access application. If so, a recording is made in relation to each such decision.

GIPA 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	-	-	-	-	-	-	-	-
Members of Parliament	-	-	-	-	-	-	-	-
Private sector business	-	1	-	-	-	-	-	-
Not for profit organisations or community groups	-	-	-	-	-	-	-	-
Members of the public (application by legal representative)	-	-	3	-	-	-	-	1
Members of the public (other)	1	5	7	-	-	-	-	-

GIPA 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*	-	-	9	-	-	-	-	-
Access applications (other than personal information applications)	1	1	1	-	-	-	-	-
Access applications that are partly personal information applications and partly other	-	5	-	-	-	-	-	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.

Compliance Reports continued

GIPA 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

For tables D and E more than one public interest consideration may apply in relation to a particular access application and, if so, each such consideration is recorded, but only once per application.

GIPA 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	1
Contempt	0
Legal professional privilege	0
Excluded information	15
Documents affecting law enforcement and public safety	1
Transport safety	0
Adoption	0
Exempt documents under interstate Freedom of Information legislation	0

Compliance Reports continued

GIPA 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	2
Law enforcement and security	0
Individual rights, judicial processes and natural justice	2
Business interests of agencies and other persons	3
Environment, culture, economy and general matters	0
Secrecy provisions	0
Exempt documents under interstate Freedom of Information legislation	0

GIPA Table F: Timeliness

	Number of applications
Decided within the statutory timeframe (20 days plus any extensions)	13
Decided after 35 days (by agreement with applicant)	4
Not decided within time (deemed refusal)	0
Total	17

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

	Decision varied	Decision upheld	Total
Internal review	0	2	2
Review by Information Commissioner *	0	0	0
Internal review following recommendation under section 93 of Act	0	0	0
Review by NCAT	0	0	0
Total	0	2	2

* 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.

Compliance Reports continued

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

	Number of applications for review
Applications by access applicants	2
Applications by persons to whom information the subject of access application relates (see section 54 of the Act)	0
Total	2

GIPA Table I: Applications transferred to other agencies

	Number of applications transferred
Agency initiated transfers	0
Applicant initiated transfers	0
Total	0

Administrative complaints

Processes to manage complaints about Councils, HPCA staff, service delivery and administrative matters are consistent with the NSW Ombudsman Complaint Management Framework.

During the year there were eight administrative complaints. These primarily related to the complaints management process. Action included apologies and explanation of the processes.

Triennial reports

As small statutory bodies, the Councils are exempt from certain reporting provisions. No triennial reports are due this year. Data about the HPCA workforce and diversity trends is included in NSW Health reports.

Systems supporting Councils

Human resources

HPCA staff

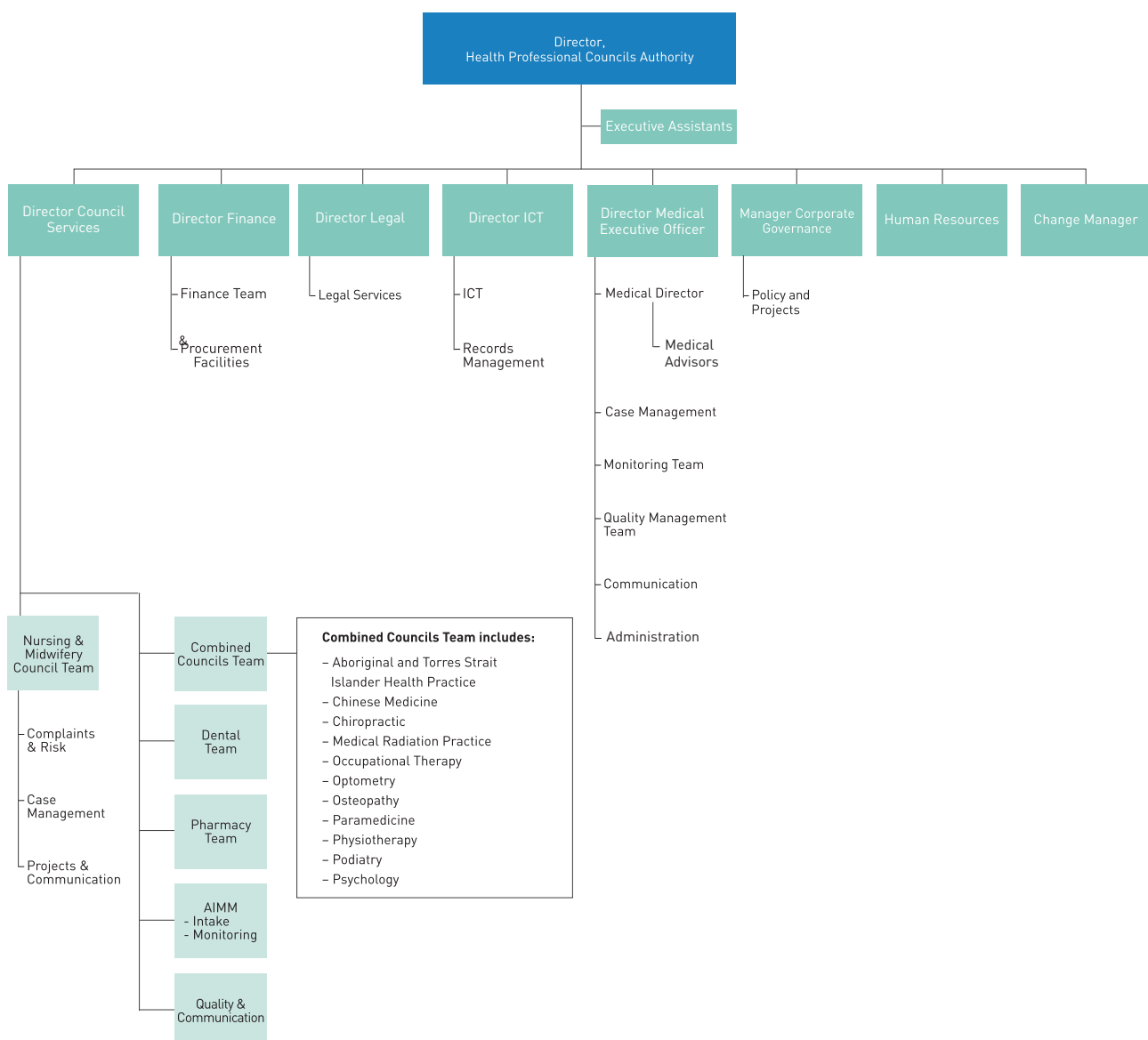
As an executive agency of the Ministry of Health, the HPCA employs staff under Part 4 of the Government Sector Employment Act 2013 (GSE). The HPCA staff make up a range of teams that work directly and indirectly with Councils, fulfilling organisation wide functions as well as providing support to each Council.

The HPCA is responsible for business management which complements and supports the regulatory responsibility of Councils to protect public safety.

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

As at 30 June 2021 the HPCA staff totalled 164 ongoing and 22 temporary roles, including 136 at Pitt Sreet and 50 at Gladesville.

HPCA Organisational Chart



Systems supporting Councils continued

Human resources support team

The HPCA has a small human resources (HR) team consisting of two ongoing roles. These roles provide HR support and services to staff and managers across the HPCA. In addition, the NSW Ministry of Health provides agreed assistance with some aspects of Human Resources such as recruitment, staffing matters where appropriate, and organisational structure.

Communications

Effective engagement with stakeholders and communications with the community is a priority for Councils. All Councils plan and report on regular engagement with National Boards recognising the importance of shared learning and collaboration to support a consistent regulatory approach across Australia.

There is also regular contact with Ahpra and the HCCC.

A number of Councils meet with other health professional bodies about a range of issues, including messaging for practitioners to assist in reducing the risks that lead to complaints about practitioners.

Most Councils also use e-newsletters and regular messaging to keep practitioners up to date with regulatory issues.

The HPCA and Council websites are the main way Councils connect with the community. The websites provide easy access to an online complaints form, as well as information about the complaints process and how Councils manage complaints. The websites also include information about the Councils and the HPCA policies and publications.

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

Finance and procurement

The HPCA provides financial services to the Councils, including statutory reporting, payment of accounts, preparation of annual budgets and periodic forecasts, financial analysis and regular financial reporting to the Councils.

The Councils and the HPCA use cost allocation methodologies for the distribution of shared costs across all Councils. The methodologies are largely based on Council activity and provide a formula to apportion shared services staff, facilities and other resources.

During the year, the HPCA completed implementation of the new finance staffing structure to provide enhanced services to the Councils.

Information management and systems

ICT services

The HPCA is responsible for information management and ICT systems. The ICT Enterprise Architecture Work Plan delivers activities throughout the year that are aimed at improving functionality and support for the regulatory responsibilities of Councils.

People First Project

In 2019 the HPCA commenced a significant customer experience initiative to design a future framework and ICT architecture that will ensure alignment with the needs of customers and stakeholders. This year the HPCA engaged a vendor to develop the desired technology and system. To support the development of the new system, a project team of HPCA staff work closely with the vendor to translate user stories into the system, ensure process harmonisation, and implement change and communication plans.

Systems supporting Councils continued

ANNUAL ATTESTATION

Cyber Security Annual Attestation Statement for the 2020-2021 Financial Year for NSW Health

I, Elizabeth Koff, am of the opinion that NSW Health has managed cyber security risks in a manner consistent with the Mandatory Requirements set out in the NSW Government Cyber Security Policy.

Governance is in place to manage the cybersecurity maturity and initiatives of NSW Health.

Risks to the information and systems of NSW Health have been assessed and are managed.

The cyber incident response plan for NSW Health has been developed by eHealth NSW. The plan is being implemented and will be tested during the next reporting period.

eHealth NSW is responsible for delivery and management of statewide ICT infrastructure and systems for NSW Health. eHealth NSW has an Information Security Management System (ISMS) and is an ISO27001 certified organisation.

NSW Health is doing the following to continuously improve the management of cyber security governance and resilience:

- 1) Ongoing awareness training of NSW Health staff about cyber safety;
- 2) Providing mandatory training of cyber security fundamentals for all staff;
- 3) Prompt reporting of cyber security incidents to Cyber Security NSW;
- 4) Regular reviews of cyber security risks, treatments and incidents by the ISMS committee and the Cyber Security Executive Committee;
- 5) Rapid response to alerts issued on cyber security vulnerabilities;
- 6) Regular patching and hardening activities of workstations and servers;
- 7) Maturity improvements to address the ACSC's Essential 8.

This attestation covers the following agencies:

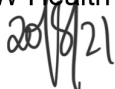
1. Agency for Clinical Innovation
2. Bureau of Health Information
3. Cancer Institute NSW
4. Central Coast LHD
5. Clinical Excellence Commission
6. eHealth NSW
7. Far West LHD
8. Health Care Complaints Commission
9. Health Education and Training Institute
10. Health Infrastructure
11. Health Professional Councils Authority

Systems supporting Councils continued

12. HealthShare NSW
13. Hunter New England LHD
14. Illawarra Shoalhaven LHD
15. Justice Health & Forensic Mental Health Network
16. Mental Health Commission NSW
17. Mid North Coast LHD
18. Murrumbidgee LHD
19. Nepean Blue Mountains LHD
20. Northern NSW LHD
21. Northern Sydney LHD
22. NSW Ambulance
23. NSW Health Pathology
24. NSW Ministry of Health
25. South Eastern Sydney LHD
26. South Western Sydney LHD
27. Southern NSW LHD
28. St Vincent's Health Network
29. Sydney Children's Hospitals Network
30. Sydney LHD
31. Western NSW LHD
32. Western Sydney LHD



Elizabeth Koff
Secretary
NSW Health



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.

Complaint

A complaint (or notification) is a statement that something related to the performance, conduct or health of a practitioner or student is unsatisfactory or unacceptable.

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.

Glossary continued

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.

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 (or complaint) can be either voluntary or a mandatory notification. A voluntary notification is about behaviour which presents a risk and a mandatory notification is required for notifiable conduct as defined in the National Law.

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

Professional misconduct is 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

- 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. Council 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 a 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 and Monitoring
ARC	Audit and Risk Committee
ATO	Australian Taxation Office
ATSIHP	Aboriginal and Torres Strait Islander Health Practice or Practitioner
AustLII	Australasian Legal Information Institute
BCP	Business Continuity Plan
BCS	Business Classification Scheme
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
HCE	Health Complaints Entry
HETI	Health Education and Training Institute
HPCA	Health Professional Councils Authority
ICT / IT	Information Communications Technology / Information Technology
IPC	Information and Privacy Commissioner
IRP	Impaired Registrants Panel
L&D	Learning and Development
MaCS	Monitoring and Complaints System (database)
MoH	Ministry of Health
National Law / The Law	Health Practitioner Regulation National Law (NSW) No 86a
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
TRIM	Total Records Information Management - the document management system used by the HPCA

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