



Health Professional Councils of NSW

Annual Report 2018-19

JOINT ANNUAL REPORTS 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

Health Professional Councils Authority (HPCA)

Level 6, North Wing, 477 Pitt Street, Sydney NSW 2000
Locked Bag 20, Haymarket NSW 1238

Telephone: 1300 197 177

Fax: (02) 9281 2030

Email: mail@hpca.nsw.gov.au

Website: www.hpca.nsw.gov.au

Medical Council of New South Wales

Building 45 Gladesville Hospital Off Punt Road Gladesville NSW 2111
PO Box 104 Gladesville NSW 1675
DX 22808 Gladesville

Telephone: (02) 9879 2200

Fax: (02) 9816 5307

Email: mcnsw@mcnsw.org.au

Website: www.mcnsw.org.au

ISSN: 2205-8400 (Online)

© Health Professional Councils Authority of New South Wales

The work is copyright. It may be reproduced in whole or part for study and training purposes subject to the inclusion of an acknowledgement of the source. It may not be reproduced for commercial usage or sale. Reproduction for purposes other than those indicated above requires written permission from the Health Professional Councils Authority of New South Wales or individual health professional Councils. This report can be downloaded from the HPCA and health professional Councils' websites.

The total cost of layout and design was quoted at \$19,300 (GST excl).
Design: Raubinger Visual Communications

Foreword

The activities, performance, financial results and strategic directions for the 15 NSW health professional Councils (Councils) are presented 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 Wales¹
- **Pharmacy Council** of New South Wales
- **Physiotherapy Council** of New South Wales
- **Podiatry Council** of New South Wales
- **Psychology Council** of New South Wales.

¹ The Paramedicine Council was established in February 2018 and Council member appointments commenced 1 September 2018.

The Councils' joint annual report has three parts.

Part 1 – Information about all Councils

Includes responsibilities, governance, compliance, strategic directions, trends and data reports.

Part 2 – Council specific information

Includes Council member details and Council achievements.

Part 3 – Council specific financial statements

Includes audited financial statements for each Council.

The full 2019 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 Council specific sections of Parts 2 and 3 are available on each Council's website.

The HPCA collated information provided by each Council about their activities.

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



Health Professional Councils Authority

Level 6 North Wing 477 Pitt Street Sydney NSW 2000

Locked Bag 20 Haymarket NSW 1238

Phone: 1300 197 177 Fax: (02) 9281 2030

Email: mail@hpca.nsw.gov.au Online: www.hpca.nsw.gov.au

11 October 2019

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 2019 for presentation to the NSW Parliament.

The report has been prepared in accordance with the provisions of the *Annual Reports (Statutory Bodies) Act 1984* and the *Public Finance and Audit Act 1983*.

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

Yours 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

Professor Danforn Lim
President
Chinese Medicine Council

Ms Christine Berle
Deputy President
Chinese Medicine Council

Dr Wayne Minter AM
President
Chiropractic Council

Dr Lawrence Whitman
Deputy President
Chiropractic Council

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

Dr Kavita Lobo
Deputy President
Dental Council



Health Professional Councils Authority

Level 6 North Wing 477 Pitt Street Sydney NSW 2000

Locked Bag 20 Haymarket NSW 1238

Phone: 1300 197 177 Fax: (02) 9281 2030

Email: mail@hpca.nsw.gov.au Online: www.hpca.nsw.gov.au

Adjunct Associate Professor Richard Walsh
President
Medical Council

Dr John Sammut
Deputy President
Medical Council

Ms Tracy Vitucci
President
Medical Radiation Practice Council

Dr Karen Jovanovic
Deputy President
Medical Radiation Practice Council

Associate Professor Bethne Hart
President
Nursing and Midwifery Council

Adjunct Professor Greg Rickard OAM
Deputy President
Nursing and Midwifery Council

Mr Kim Nguyen
President
Occupational Therapy Council

Ms Carolyn Fozzard
Deputy President
Occupational Therapy Council

Mr Albert Lee
President
Optometry Council

Ms Pauline O'Connor
Deputy President
Optometry Council

Ms Anne Cooper
President
Osteopathy Council

Dr Kerrin Murnane
Deputy President
Osteopathy Council

Mr Alan Morrison
President
Paramedicine Council

Mr Peter Lang
Deputy President
Paramedicine Council



Health Professional Councils Authority

Level 6 North Wing 477 Pitt Street Sydney NSW 2000

Locked Bag 20 Haymarket NSW 1238

Phone: 1300 197 177 Fax: (02) 9281 2030

Email: mail@hpca.nsw.gov.au Online: www.hpca.nsw.gov.au

 Dr Joyce Cooper President Pharmacy Council	 Ms Veronica Murdoch Deputy President Pharmacy Council
 Professor Darren Rivett President Physiotherapy Council	 Ms Elizabeth Ward Deputy President Physiotherapy Council
 Mr Luke Taylor President Podiatry Council	 Dr Kristy Robson Deputy President Podiatry Council
 Ms Gail Purkis President Psychology Council	 Conjoint Associate Professor Christopher Willcox Deputy President Psychology Council

Contents

	Page
PART 1	9
Responsibilities, governance, compliance, strategic directions, trends and data reports	
Who are the Councils?	10
<ul style="list-style-type: none"> ▪ Charter ▪ Responsibilities ▪ Council membership ▪ Funding 	
Who do Councils work with?	11
<ul style="list-style-type: none"> ▪ The Councils' regulatory partner – HPCA ▪ The Councils' co-regulators 	
What are the Councils' strategic priorities?	13
What did Councils do during 2018/19?	15
Who do Councils regulate?	16
<ul style="list-style-type: none"> ▪ Registered health practitioners ▪ Students 	
What is a complaint?	21
Who makes complaints?	25
What are complaints about?	26
What happens when a complaint is made?	27
How do Councils manage complaints?	28
<ul style="list-style-type: none"> ▪ Immediate action ▪ Regulatory committees and panels ▪ Assessments and hearings ▪ NSW Civil and Administrative Tribunal (NCAT) 	
What are the outcomes of complaints?	35
What is active monitoring?	38
What are the trends?	40
<ul style="list-style-type: none"> ▪ Trend in complaints received ▪ Trend in source of complaints ▪ Trend in types of complaints ▪ Trend in mandatory notifications ▪ Trend in immediate action matters ▪ Trend in complaints referred for management by Councils ▪ Trend in interviews and counselling conducted by Councils 	
How do Councils communicate with stakeholders and the community?	45
Are there any recent legislative changes?	45
How is risk managed?	46
<ul style="list-style-type: none"> ▪ Audit and Risk Committee ▪ Internal audit ▪ Insurances 	
What systems support Councils?	47
<ul style="list-style-type: none"> ▪ Human resources ▪ Consultants ▪ Finance and procurement ▪ Information management and systems 	

Contents continued

What must Councils report?	53
▪ Public Interest Disclosures	
▪ Privacy	
▪ GIPA	
▪ Administrative complaints and feedback	
Glossary	59
Abbreviations	62
List of tables and graphs	63
Index	65

PART 2	66
---------------	-----------

Council membership and achievements

- 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

PART 3	202
---------------	------------

Financial Statements

- 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



PART 1

Responsibilities, governance, compliance, strategic directions, trends and data reports

Who are the Councils?

Who do Councils work with?

What are the Councils' strategic priorities?

What did Councils do during 2018/19?

Who do Councils regulate?

Who makes complaints?

What are complaints about?

What happens when a complaint is made?

How do Councils manage complaints?

What are the outcomes of complaints?

What is active monitoring?

What are the trends?

How do Councils communicate with stakeholders and the community?

Are there any recent legislative changes?

How is risk managed?

What must Councils report?

What systems support Councils?

Glossary

Abbreviations

List of tables and graphs

Index

Who are the Councils?

Charter

The NSW health professional Councils (the 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 public safety and wellbeing.

Responsibilities

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 health impairments.

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

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 three terms.

Membership details for each Council are in Part 2 of this report.

Funding

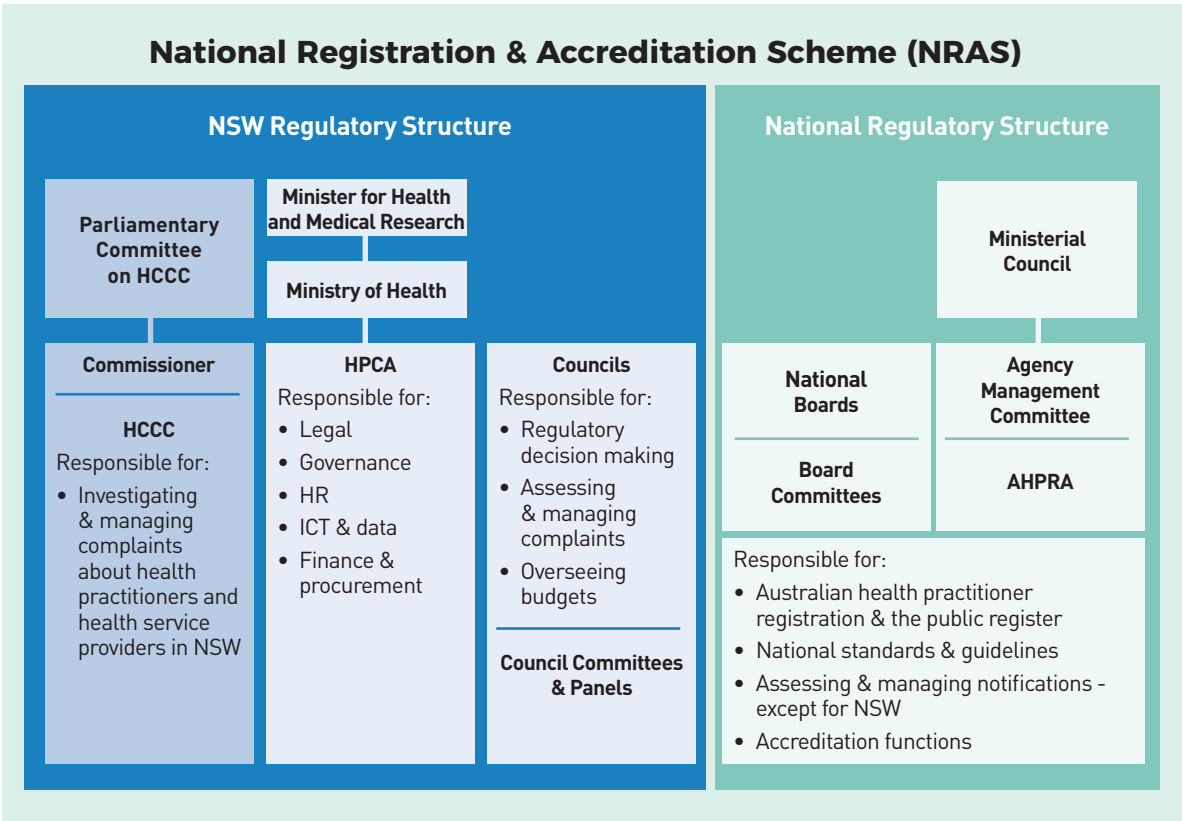
Councils are funded through a portion of registration fees that NSW practitioners pay to the Australian Health Practitioner Regulation Agency (AHPRA). Councils also receive a portion of fees collected from practitioners who do not identify a principal place of practice.

Each Council ensures their budget and finances are managed responsibly. The HPCA is responsible for financial systems, managing the funds through the Health Administration Corporation Account and proper expenditure of these public monies.

Who do the Councils work with?

The Councils are part of the National Registration and Accreditation Scheme (NRAS) working:

- in partnership with the Health Professional Councils Authority (HPCA)
- in consultation with the Health Care Complaints Commission (HCCC)
- collaboratively with the national health professional Boards (National Boards) and Australian Health Practitioner Regulation Agency (AHPRA).



Who do the councils work with? continued

The Councils' regulatory partner – 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 National Law Councils cannot employ staff.

HPCA responsibilities include:

- Case management and monitoring functions
- Legal advice
- Corporate governance, policy and risk management
- Human resources
- Information and communications technology (ICT) and data
- Finance and procurement.

The HPCA also liaises with:

- The Ministry of Health to provide advice and responses to the Secretary and Minister for Health and Medical Research on regulatory matters, member appointments and other matters as required
- The HCCC on complaints management issues
- The 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 Councils' co-regulators

HCCC

The HCCC is an independent NSW agency established under the *Health Care Complaints Act*.

Councils and the HCCC jointly assess and decide on the appropriate pathway for all complaints about registered health practitioners in NSW.

The HCCC investigates and may prosecute serious complaints.

The HCCC is also able to deal with complaints about unregistered health practitioners and health services.

AHPRA and National Boards

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

AHPRA and the National Boards:

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

The Councils, HPCA, National Boards and AHPRA work collaboratively to achieve consistent and effective regulation across Australia.

What are the Councils' strategic priorities?

The Councils jointly developed a three year strategic plan with the HPCA from July 2018 to June 2021 with four key strategic pillars:

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

The joint strategic plan also distinguishes between strategic goals and 'enablers'.

HPCA has responsibility for the enablers that facilitate achievement of the strategic goals. Enablers include:

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

Support for cross-Council collaboration has come through strongly during planning activities, as has the need for preventive messaging and gaining a better understanding of community perspectives about health practitioner regulation.

During the year most Councils also developed Council specific action plans that support the joint strategic plan. These action plans have assisted in identifying opportunities for collaborative action across Councils, as well as addressing profession specific concerns.

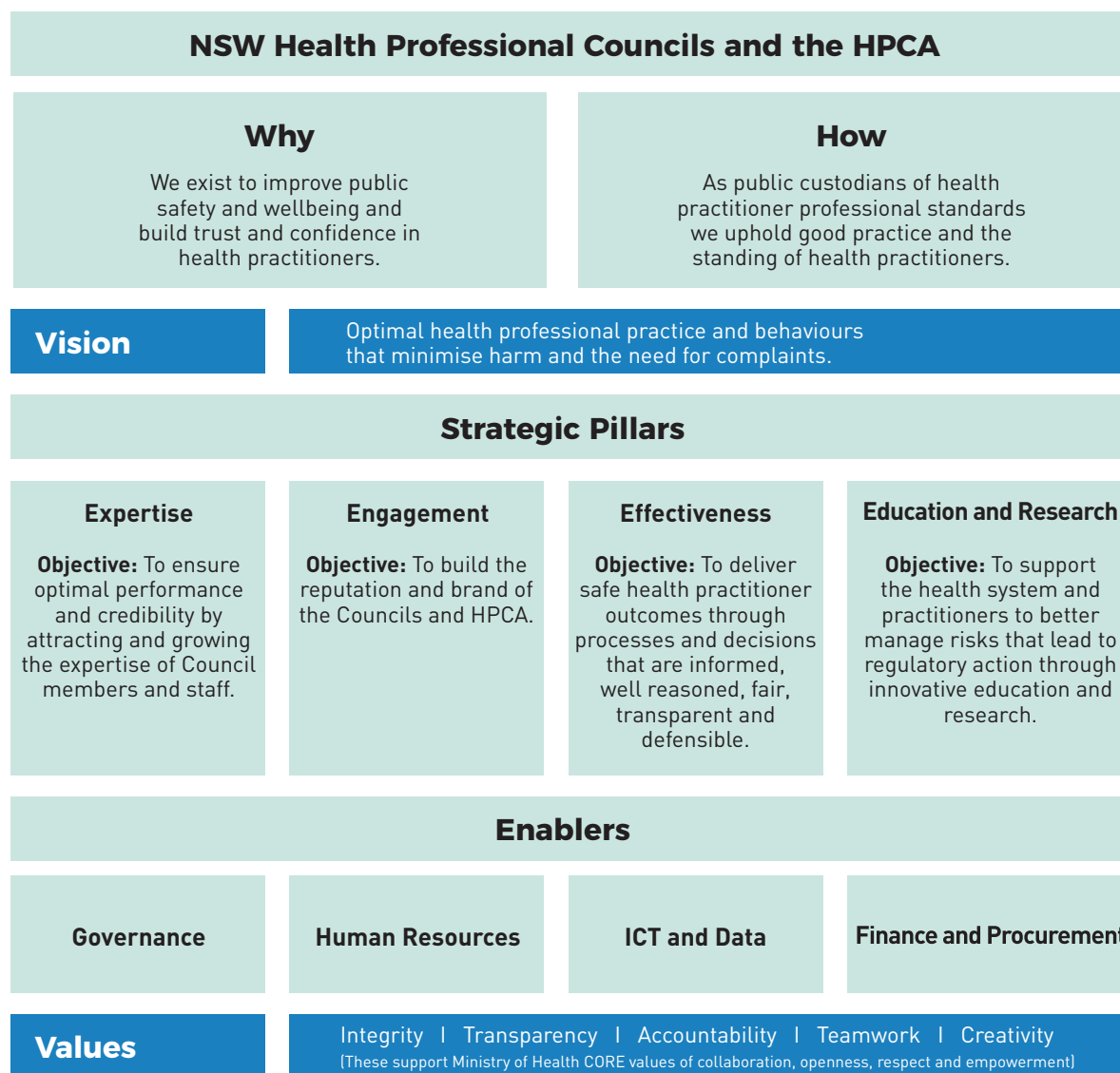
The HPCA develops annual action plans that complement Council specific action plans and support the joint strategic plan. The HPCA action plan incorporates the enablers as well as strategic priorities. Quarterly progress reports are provided to Councils.

There has been notable progress with implementation of the joint strategic plan during the first year and some solid foundations have been laid for further work.

A workshop for Council Presidents and HPCA Executive is scheduled for August 2019 to review progress to date and identify any emerging issues.

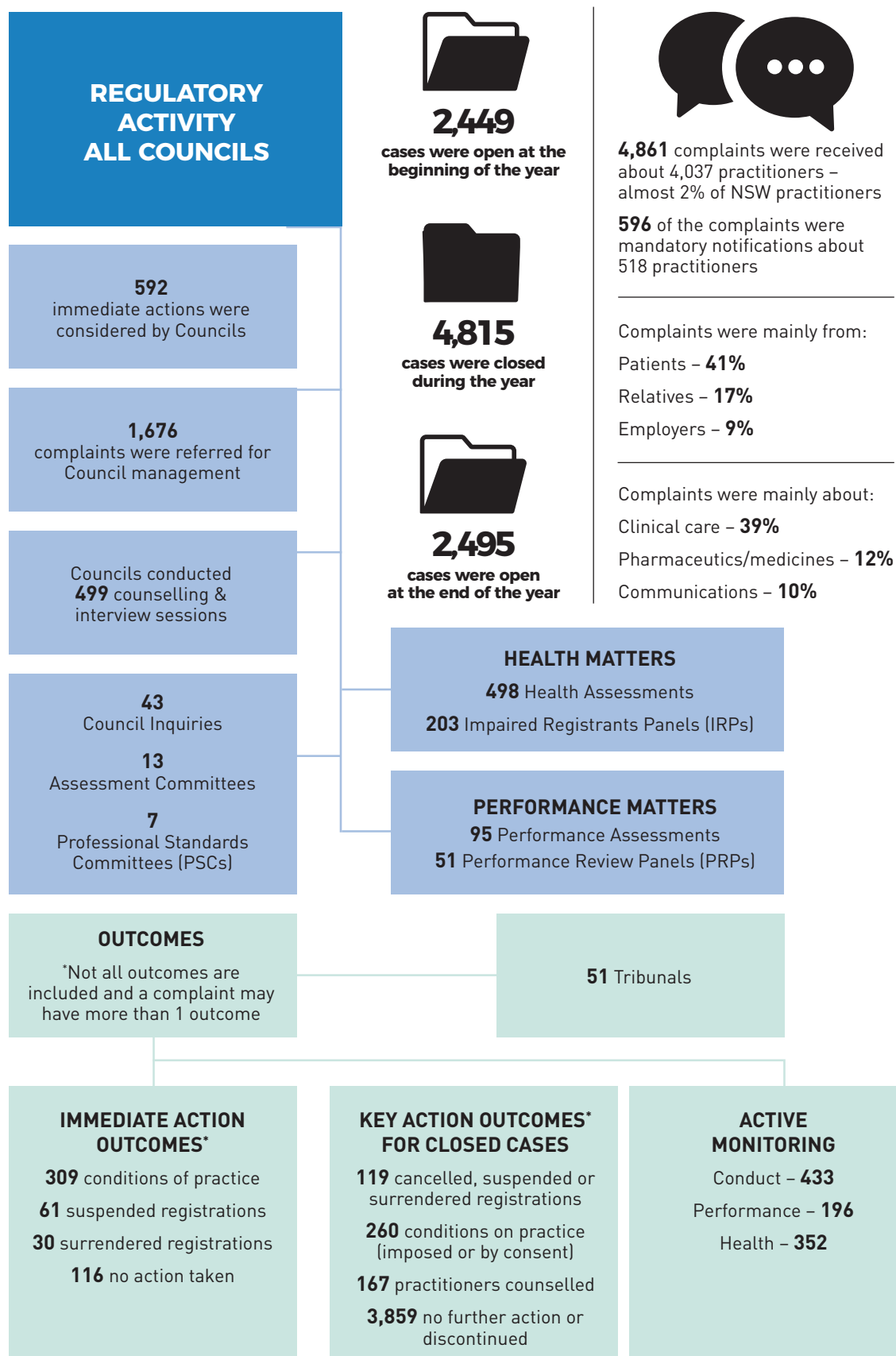
What are the Councils' strategic priorities? continued

Overview of Councils and HPCA joint strategic plan 2018 to 2021



What did Councils do in 2018/19?

2018/19 Summary – complaints and regulatory activity



Who do Councils regulate?

Councils regulate registered health practitioners who primarily practise in NSW.

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



212,207

registered health
practitioners in NSW

29%

of Australian registered
health practitioners are
in NSW

2%

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



50,483

health professional
students in NSW

28%

of Australian health
professional students
are in NSW

0.08%

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

Who do Councils regulate? continued

Registered health practitioners

In NSW there were 212,207 registered health practitioners as at 30 June 2019, making up almost 29% of all health practitioners registered in Australia.

Table 1 shows the number of practitioners in NSW, the total number of practitioners in Australia, and NSW practitioners as a percentage of all Australian practitioners.

Table 1: Registered practitioners as at 30 June 2019

Profession	NSW registered practitioners	Total Australian registered practitioners	% of Australian registered practitioners with NSW PPP ¹
Aboriginal and Torres Strait Islander Health Practitioner	133	690	19.3%
Chinese medicine practitioner	2,003	4,892	40.9%
Chiropractor	1,840	5,550	33.2%
Dental practitioner	7,100	23,730	29.9%
Medical practitioner	36,194	118,996	30.4%
Medical radiation practitioner	5,489	16,683	32.9%
Midwife	1,336	5,727	23.3%
Nurse	103,985	383,509	27.1%
Nurse and midwife ²	7,746	27,707	28.0%
Occupational therapist	6,245	22,412	27.9%
Optometrist	1,933	5,781	33.4%
Osteopath	586	2,546	23.0%
Paramedic	4,417	17,323	25.5%
Pharmacist	9,637	31,955	30.2%
Physiotherapist	9,739	33,792	28.8%
Podiatrist ³	1,506	5,361	28.1%
Psychologist	12,318	37,783	32.6%
Total 2018/19	212,207	744,437	28.5%
Total 2017/18	202,033	702,741	28.7%

Notes:

¹ PPP refers to 'principle place of practice'.

² Registrants who hold dual registration as both a nurse and a midwife.

³ The term 'podiatrist' refers to both podiatrists and podiatric surgeons unless otherwise specified in this report.

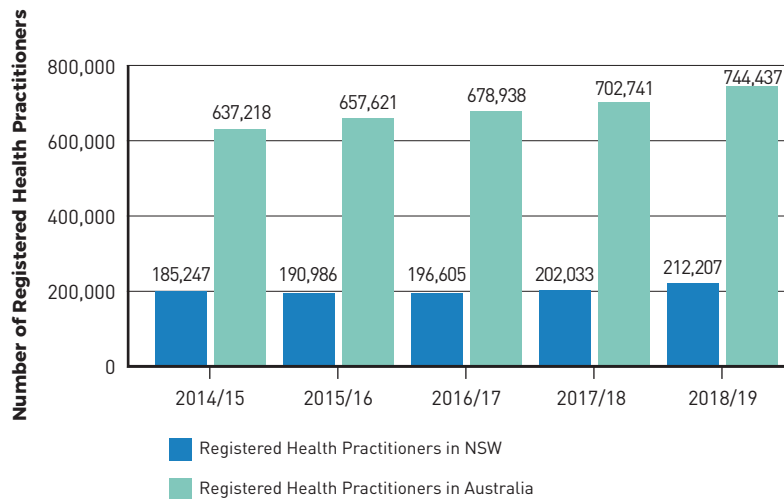
Registration data sourced from AHPRA.

Who do Councils regulate? continued

The number of registered health practitioners increases by approximately 3% each year. This year there was an overall increase of almost 6% on last year's registered practitioner numbers Australia-wide, and 5% in NSW. The inclusion of paramedics registered for the first time during the year impacted on the growth of practitioner numbers in 2018/19.

Registered health practitioners appear on the national public register which can be accessed on the AHPRA website www.ahpra.gov.au.

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



Note:

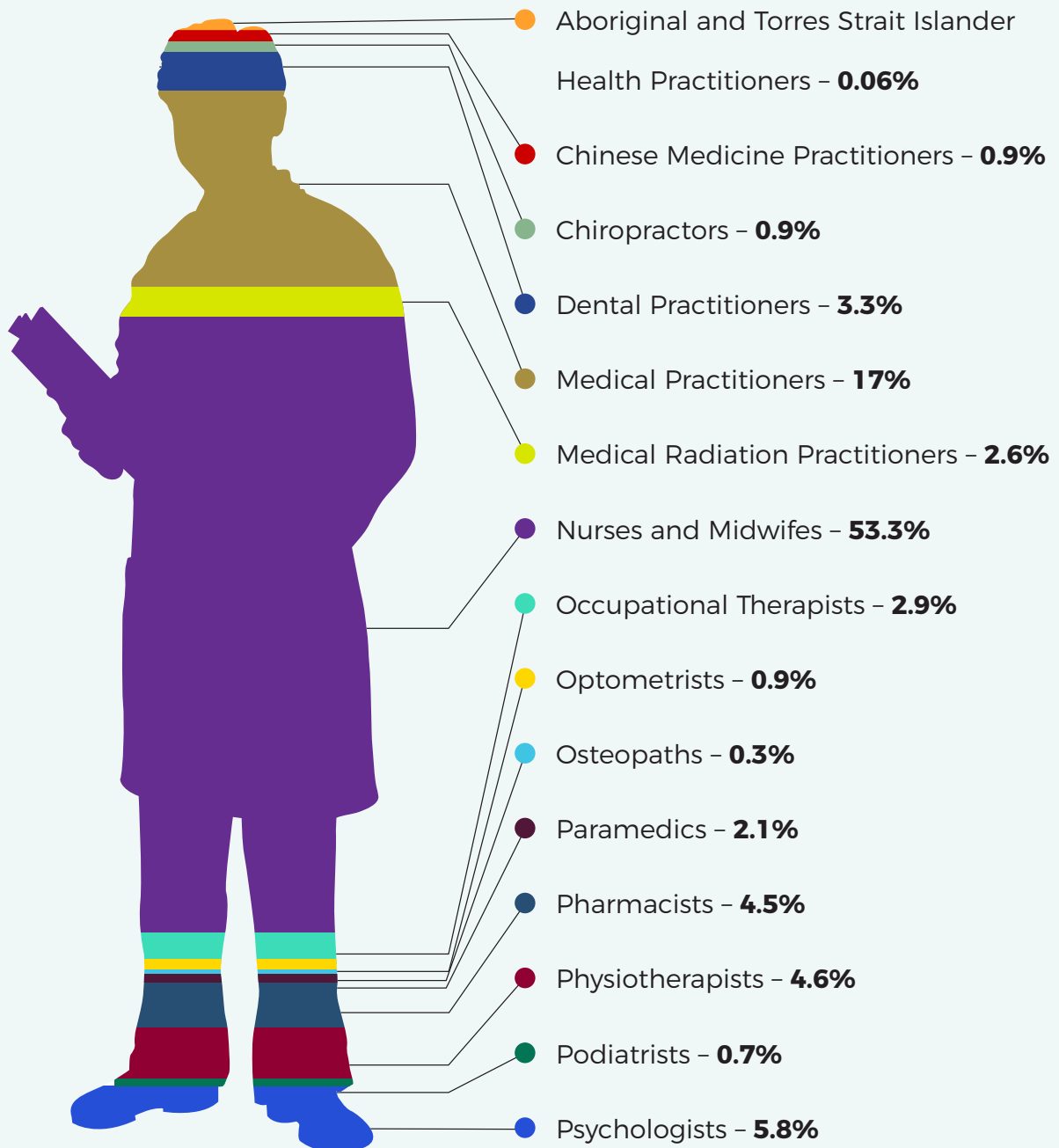
The additional growth in numbers of registered health practitioners in 2018/19 was impacted by the inclusion of registered paramedics for the first time.

The number of practitioners in each profession is wide-ranging.

Aboriginal and Torres Strait Islander Health Practitioners are lowest in number and Nurses and Midwives are highest in number.

Who do Councils regulate? continued

NSW practitioners by profession as a percentage of total NSW practitioners



Who do Councils regulate? continued

Students

There are 50,483 health professional students in NSW making up almost 28% 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 as at 30 June 2019

Students by profession ¹	Registered NSW ² Students	Total Registered Students in Australia	NSW Students as % of Australian Students
Aboriginal and Torres Strait Islander Health Practitioner	3	396	0.8%
Chinese medicine practitioner	531	1,434	37.0%
Chiropractor	756	2,346	32.2%
Dental practitioner	1,257	4,204	29.9%
Medical practitioner	7,002	22,540	31.1%
Medical radiation practitioner	1,897	4,906	38.7%
Midwife	1,210	4,065	29.8%
Nurse	27,485	104,137	26.4%
Occupational therapist	2,506	9,361	26.8%
Optometrist	763	2,142	35.6%
Osteopath	190	1,843	10.3%
Paramedic	1,429	7,920	18.0%
Pharmacist	2,165	6,820	31.7%
Physiotherapist	2,937	9,188	32.0%
Podiatrist	352	1,355	26.0%
Total 2018/19	50,483	182,657	27.6%
Total 2017/18	41,790	161,114	25.9%

Notes:

¹ Psychology students are not registered and therefore no student numbers appear in the table. New psychology graduates work under provisional registration instead.

² NSW students are based on the recorded residential state of students. NSW students that have not provided a valid residential state may not be captured in the NSW data but are captured in AHPRA's total registered student numbers.

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

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

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

To avoid double-counting, students undertaking double degrees involving more than one profession (nursing/midwifery and nursing/paramedicine) have only been assigned to a single profession.

What is a 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.

Any individual or agency can make a complaint through a Council, the HCCC or AHPRA. Complaints made to Councils are also considered to be made to the HCCC and vice versa. Complaints made to AHPRA about NSW practitioners are automatically transferred to the Councils and HCCC.

In addition, 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.

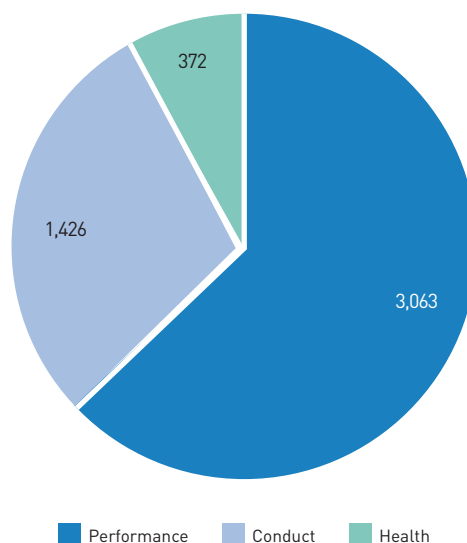
Most practitioners are professional and competent. Less than 2% of NSW practitioners overall are subject of a complaint, although the likelihood of a complaint is variable across the health professions. For instance, there can be a greater likelihood of complaint about practitioners in professions that involve more invasive procedures, or where practitioners have fewer professional support systems.

The regulatory work of Councils is critical to safe health service delivery and public protection, even though complaints are received about only a low number of practitioners.

In 2018/19 a total of 4,861 complaints were received about 4,037 health practitioners in NSW.

During the year performance matters accounted for the greatest proportion of complaints received at 63%, followed by conduct issues which accounted for 29% and health matters accounting for 8%.

Complaints received by performance, conduct and health streams 2018/19



What is a complaint? continued

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

Table 3: Overview of NSW complaints 2018/19

Profession	Number of cases open at 1/7/18	Number of complaints received in 2018/19	Number of complaints closed in 2018/19	Number of cases open at 30/6/19	Number of Practitioners with complaints received in 2018/19	Practitioners with a complaint in 2018/19 as % of Registered Practitioners in NSW
Aboriginal and Torres Strait Islander Health Practitioner	0	2	1	1	2	1.5%
Chinese medicine practitioner	5	57	31	31	51	2.5%
Chiropractor	12	58	47	23	51	2.8%
Dental practitioner	281	462	464	279	335	4.7%
Medical practitioner	1,270	2,518	2,511	1,277	2,051	5.7%
Medical radiation practitioner	6	21	21	6	20	0.4%
Midwife ¹	24	54	57	21	52	0.7% ³
Nurse ²	453	784	836	401	687	
Occupational therapist	10	47	42	15	33	0.5%
Optometrist	7	31	27	11	30	1.5%
Osteopath	4	11	11	4	10	1.7%
Paramedic	0	90	64	26	87	1.9%
Pharmacist	205	320	300	225	287	2.9%
Physiotherapist	19	64	51	32	54	0.5%
Podiatrist	7	47	45	9	42	2.8%
Psychologist	146	295	307	134	245	2.0%
Total 2018/19	2,449	4,861	4,815	2,495	4,037	1.9%
Total 2017/18	2,171	4,610	4,240	2,541	3,836	1.9%

Notes:

Data includes mandatory notifications and complaints about students.

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 Number of nurses and midwives with a complaint as a percentage of all NSW nursing and midwifery practitioners.

What is a complaint? continued

Table 4: Mandatory notifications received about practitioners 2018/19

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	50.0%
Chinese medicine practitioner	2	2	3.5%
Chiropractor	5	5	8.6%
Dental practitioner	37	14	8.0%
Medical practitioner	110	101	4.4%
Medical radiation practitioner	6	6	28.6%
Midwife	7	7	13.0%
Nurse	275	250	35.1%
Occupational therapist	18	7	38.3%
Optometrist	1	1	3.2%
Osteopath	-	-	-
Paramedic	81	79	90.0%
Pharmacist	15	9	4.7%
Physiotherapist	7	7	10.9%
Podiatrist	-	-	-
Psychologist	31	29	10.5%
Total 2018/19	596	518	12.3%
Total 2017/18	362	332	7.9%

Notes:

Mandatory notifications data is also included in Table 3.

What is a complaint? 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	1
Chinese Medicine	2
Chiropractic	-
Dental	-
Medical	6
Medical Radiation Practice	2
Midwifery	1
Nursing	22
Occupational Therapy	2
Optometry	-
Osteopathy	-
Paramedicine	1
Pharmacy	1
Physiotherapy	-
Podiatry	-
Psychology	-
Total 2018/19	38
Total 2017/18	36

Notes:

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

Who makes complaints?

Patients made the highest number of complaints during the year, totalling 41% of all complaints received. Relatives (of a patient or practitioner) made the second highest number of complaints accounting for 17% of all complaints, followed by employers accounting for 9% of complaints.

Table 6 provides information about who made complaints for each profession.

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 2018/19	Total 2017/18
AHPRA	-	17	9	3	11	-	-	18	3	9	1	-	3	1	5	8	88	100
Anonymous	-	2	2	8	77	1	6	30	-	-	1	-	16	5	1	16	165	135
Council	-	8	1	12	64	-	-	14	-	-	1	-	23	1	-	3	127	156
Courts / Coroner	-	-	-	-	3	-	-	-	-	-	-	-	-	-	-	-	3	9
Drugs and poisons	-	-	-	-	41	-	-	2	-	-	-	-	57	-	-	-	100	53
Education provider	-	-	-	1	-	1	-	9	1	-	-	-	-	-	-	3	15	17
Employee	-	-	-	4	18	-	-	9	-	-	-	-	7	-	2	1	41	52
Employer	1	-	-	28	46	5	8	229	3	-	-	77	9	5	1	15	427	347
Government department	-	1	-	-	25	-	-	7	-	-	-	-	3	1	-	1	38	58
Hospital	-	-	-	-	2	-	-	3	-	-	-	-	1	-	-	-	6	11
HPCA/HCCC	-	-	-	-	12	-	-	4	-	-	-	-	1	-	-	-	17	28
Insurance company	-	-	1	-	1	-	-	-	1	1	-	-	-	1	-	-	5	4
Lawyer	-	-	-	1	27	-	-	2	-	-	-	-	2	2	-	5	39	21
Medicare	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	0
Member of the public ¹	-	11	11	32	77	1	2	70	4	1	2	2	50	2	13	36	314	299
Other practitioner ²	1	2	5	20	120	4	5	82	8	-	-	1	29	9	6	34	326	301
Patient	-	8	17	273	1,347	5	22	80	8	13	5	2	63	26	15	92	1,976	1,941
Police	-	2	-	-	15	-	-	4	-	-	1	-	3	-	-	-	25	31
Relative	-	3	5	64	506	1	9	107	6	4	-	2	41	6	4	54	812	791
Self	-	1	4	3	31	2	2	56	1	1	-	2	4	3	-	5	115	131
Treating practitioner ³	-	2	3	13	94	1	-	58	12	2	-	4	8	2	-	22	221	125
Total 2018/19	2	57	58	462	2,518	21	54	784	47	31	11	90	320	64	47	295	4,861	-
Total 2017/18	0	31	45	425	2,599	12	34	707	25	28	15	0	312	54	27	296	-	4,610

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.

What are complaints about?

The most frequent type of complaint during the year was about clinical care, making up 39% of all complaints received. This was followed by pharmaceutical or medication issues accounting for 12% of all complaints, then communications accounting for 10% of complaints.

Table 7 provides information about the type of complaints received for each profession.

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 2017/18	Total 2016/17
Behaviour	-	2	2	16	73	4	4	57	3	-	-	4	10	5	1	19	200	147
Billing	-	-	2	30	80	-	-	-	-	3	-	-	9	1	1	6	132	133
Boundary violation	-	5	2	5	102	2	-	38	2	1	2	2	1	9	3	28	202	227
Clinical care	-	12	14	287	1,221	4	21	164	21	10	2	4	3	19	17	79	1,878	1,880
Communication	-	1	2	25	322	1	7	75	2	2	1	6	13	2	-	35	494	384
Confidentiality	1	-	1	2	47	-	2	23	2	-	1	1	3	4	3	18	108	99
Conflict of interest	-	-	-	-	5	-	2	2	-	-	-	-	-	-	-	6	15	8
Discrimination	-	-	-	-	5	-	-	-	-	-	-	-	-	-	-	-	5	14
Documentation	-	2	3	6	159	-	5	7	3	3	2	-	2	4	-	28	224	232
Health impairment	-	2	1	9	82	4	4	174	3	-	-	67	11	4	1	16	378	348
Infection / hygiene	-	1	-	19	14	1	-	10	-	-	-	1	4	-	-	-	50	35
Informed consent	-	-	-	4	6	-	-	-	-	-	-	-	1	1	-	4	16	37
Medico-legal conduct	-	-	-	-	9	-	-	1	-	-	-	-	-	-	-	5	15	10
National Law breach	-	15	11	11	37	1	6	36	4	9	2	-	9	3	9	16	169	137
National Law offence	-	17	13	40	34	1	-	31	5	1	1	1	12	4	12	26	198	214
Offence ¹	1	-	5	2	38	2	-	57	-	1	-	4	14	8	-	6	138	117
Pharmacy / medication	-	-	2	5	255	1	-	97	-	1	-	-	225	-	-	-	586	529
Research / teaching / assessment	-	-	-	-	6	-	-	1	-	-	-	-	-	-	-	-	7	14
Response to adverse event	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	1	3	8
Teamwork / supervision	-	-	-	1	21	-	3	11	2	-	-	-	3	-	-	2	43	33
Total 2018/19	2	57	58	462	2,518	21	54	784	47	31	11	90	320	64	47	295	4,861	-
Total 2017/18	0	31	45	425	2,599	12	34	707	25	28	15	0	312	54	27	296	-	4,610

Note:

¹ Offence includes offences by student.

What happens when a complaint is made?

When Councils receive a complaint, a preliminary assessment determines if immediate action is necessary because of an imminent or serious risk to public health or 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

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 equivalent training or experience.

Conduct

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

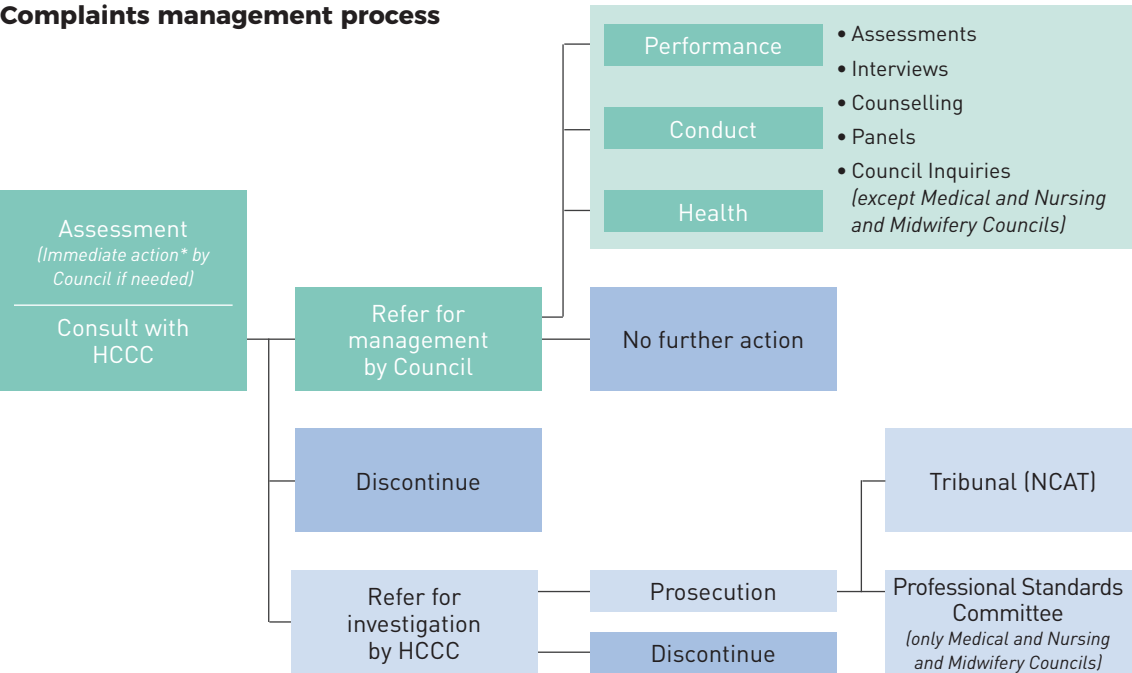
Health

Both physical and psychological impairments can affect the health of a practitioner. This includes the abuse of alcohol and other drugs. Impaired practitioner assessments help Councils 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.

Councils have various assessment, panel, interview and counselling processes available to them.

The HCCC investigates serious matters and may prosecute a practitioner through the NSW Civil and Administrative Tribunal (NCAT).

Complaints management process



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

How do Councils manage complaints?

Consultation with the HCCC identifies which complaints are to be managed by Councils. Councils may use their immediate action powers, various regulatory committees and panels, assessments and hearings to manage these complaints.

During the year 1,676 complaints were directed to the Councils for management.

Table 8 provides information about complaints identified for Council management for each Council.

Table 8: Complaints identified for management by a Council following consultation with HCCC

Council	Complaints referred for Council management prior to 2017/18 and still open at 1.7.18	Complaints referred for Council management in 2018/19	Total complaints managed directly by Councils in 2018/19 ²
Aboriginal and Torres Strait Islander Health Council	-	1	1
Chinese Medicine Council	3	33	36
Chiropractic Council	4	22	26
Dental Council	104	231	335
Medical Council	286	487	773
Medical Radiation Practice Council	1	7	8
Nursing and Midwifery Council	201	468	669
Occupational Therapy Council	4	7	11
Optometry Council	2	16	18
Osteopathy Council	-	8	8
Paramedicine Council	-	8	8
Pharmacy Council	76	231	307
Physiotherapy Council	5	27	32
Podiatry Council	-	11	11
Psychology Council	24	119	143
Total 2018/19	710	1,676	2,386
Total 2017/18	753	1,596	2,349

Notes:

¹ Includes matters where a Council took immediate action. Excludes matters discontinued, 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 2019.

² Complaints received pre July 2018 and during 2018/19 that were managed by the Council in 2018/19.

How do Councils manage complaints? continued**Immediate action**

At the outset of a complaint, and at any time during a complaint, Councils may consider immediate action to suspend or place conditions on a practitioner if this is appropriate for protecting public health or safety or otherwise in the public interest and pending further assessment. This does not interfere with any other actions required to manage a complaint.

Table 9 provides information about immediate actions considered or taken by each Council.

Table 9: 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 2018/19	Total 2017/18
Aboriginal and Torres Strait Islander Health Practitioner	1	-	-	-	-	-	-	-	1	0
Chinese medicine practitioner	5	1	-	-	-	-	3	2	11	2
Chiropractor	-	1	-	1	1	-	-	1	4	4
Dental practitioner	1	7	18		3	-	6	7	42	24
Medical practitioner	30	50	-	8	15	60	41	25	229	136
Medical radiation practitioner	1	-	-	-	-	-	-	1	2	0
Midwife	-	1	-	-	-	-	4	-	5	5
Nurse	9	56	1	22	4	27	44	25	188	172
Occupational therapist	-	1	-	-	-	-	-	-	1	3
Optometrist	1	-	-	-	-	-	-	-	1	3
Osteopath	1	-	-	-	-	-	-	-	1	0
Paramedic	-	1	-	-	-	-	-	1	2	0
Pharmacist	1	8	-	6	2	41	-	18	76	51
Physiotherapist	4	2	-	1	1	-	-	1	9	6
Podiatrist	-	-	-	-	-	-	-	1	1	1
Psychologist	6	8	-	-	1	-	1	3	19	17
Total 2018/19	60	136	19	38	27	128	99	85	592	-
Total 2017/18	46	119	9	33	24	85	84	24	-	424

Notes:

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

Data excludes matters that did not proceed to an inquiry.

How do Councils manage complaints? continued

Table 10 shows outcomes of Councils' immediate actions. Imposing condition on practice was the most frequent immediate action outcome.

Table 10: Immediate action outcomes – excluding review hearings

Profession	No action taken	Action taken			Decision Pending	Total
		Accept surrender of registration	Suspend registration	Impose conditions		
Aboriginal and Torres Strait Islander Health Practitioner	-	-	1	-	-	1
Chinese medicine practitioner	3	-	2	5	-	10
Chiropractor	2	-	1	1	-	4
Dental practitioner	17	-	4	17	-	38
Medical practitioner	27	25	28	119	-	199
Medical radiation practitioner	-	-	1	1	-	2
Midwife	-	-	-	3	-	3
Nurse	39	3	7	109	-	158
Occupational therapist	-	-	-	-	-	-
Optometrist	-	1	-	-	-	1
Osteopath	-	-	-	1	-	1
Paramedicine	-	-	-	1	-	1
Pharmacist	18	-	13	37	-	68
Physiotherapist	5	-	2	2	-	9
Podiatrist	-	-	1	-	-	1
Psychologist	5	1	1	13	-	20
Total 2018/19	116	30	61	309	-	516
Total 2017/18	80	5	50	217	4	356

Notes:

Data includes initial actions only.

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

How do Councils manage complaints? continued

Regulatory committees and panels

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

Regulatory panels and committees include:

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

Performance Review Panel

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

Assessment Committee

Councils, other than Medical and Nursing and Midwifery, may refer matters to an Assessment Committee, but not complaints that are:

- being investigated by the HCCC
- referred to a Tribunal
- related to a criminal offence or conviction
- involve a practitioner who is not of good character.

An Assessment Committee may obtain medical, legal, financial or other advice considered necessary for this function. An Assessment Committee may settle a complaint with the consent of the parties involved. Otherwise recommendations are made to the Council on appropriate management of the complaint, for instance through Council Inquiry, counselling or dismissal of the complaint.

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

How do Councils manage complaints? continued

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 the subject of the complaint, one member must be an Australian lawyer and not a registered health practitioner and one member must not be a health practitioner.

Assessments and hearings

In addition to regulatory committees and panels, Councils may refer practitioners for performance or health assessments and conduct counselling or interview sessions with a practitioner.

Councils, other than the Medical and Nursing and Midwifery Councils, may also conduct a Council Inquiry.

Counselling and/or interviews were most frequently used by Councils in complaints management with 499 completed during the year. Health assessments were comparable in number with 498 completed during the year.

Tables 11 includes information about assessments and hearings concluded during the year for each Council.

How do Councils manage complaints? continued

Table 11: Assessments and Hearings concluded in 2018/19 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	-	-	-	-	-	-	-	-	
Chinese Medicine	-	-	-	-	-	6	-	3	
Chiropractic	1	2	-	-	1	10	-	-	
Dental	17	9	1	-	4	57	13	26	
Medical	205	68	35	8	22	161			7
Medical Radiation Practice	3	1	-	-	-	-	-	-	
Nursing and Midwifery	228	106	50	37	15	128			-
Occupational Therapy	-	-	-	-	-	2	-	-	
Optometry	1	-	-	-	-	1	-	-	
Osteopathy		1	-	-	-	3	-	-	
Paramedicine	1	-	-	-	-	1	-	-	
Pharmacy	23	9	3	1	4	89	-	13	
Physiotherapy	2	1	-	-	-	12	-	-	
Podiatry	1	1	1	-	-	5	-	-	
Psychology	16	5	5	5	5	24	-	1	
Total 2018/19	498	203	95	51	51	499	13	43	7
Total 2017/18	315	144	75	46	58	408	42	73	13

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 do 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 PSC, a PRP or the National Boards
- undertaking reviews of previous orders cancelling a practitioner's registration and in some cases orders imposing conditions on registration.

NCAT decisions are publically available on the NSW CaseLaw website.

Table 12 provides an overview of matters referred to NCAT for each Council during the year.

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

Council	Number of Open Hearings at 30/6/18	Number of New Hearings Referred in 2018/19	Number of Hearings Closed in 2018/19	Number of Open Hearings at 30/6/19
Aboriginal and Torres Strait Islander Health Practice	-	-	-	-
Chinese Medicine	-	-	-	-
Chiropractic	1	1	1	1
Dental	4	2	4	2
Medical	26	27	22	31
Medical Radiation Practice	1	-	-	1
Nursing and Midwifery	13	12	15	10
Occupational Therapy	-	-	-	-
Optometry	-	-	-	-
Osteopathy	-	-	-	-
Paramedicine	-	-	-	-
Pharmacy	5	6	4	7
Physiotherapy	2	-	-	2
Podiatry	-	-	-	-
Psychology	5	2	5	2
Total 2018/19	57	50	51	56
Total 2017/18	50	58	58	50

What are the outcomes of 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 '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 3,859 complaints were either discontinued or resulted in no further action.

On the serious end of the spectrum, 119 registrations were cancelled, suspended or surrendered. Conditions on practice, imposed or by consent, applied to a further 260 cases.

Table 13 provides information about outcomes for closed complaints by profession, including mandatory notification outcomes.

Table 14 shows outcomes for mandatory notifications only by profession.

What are the outcomes of complaints? 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	Refund/ Payment /Withhold fee /Retreat	Conditions by consent	Order / Impose conditions Conditions would apply if registered	Accept surrender	Accept change to non-practising registration	Suspend	Cancelled registration Disqualified from registering	Total 2018/19	Total 2017/18
Aboriginal and Torres Strait Islander Health Practitioner	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	0
Chinese medicine practitioner	13	2	5	2	2	1	-	-	-	5	-	-	-	2	-	-	-	-	32	41
Chiropractor	6	-	25	-	7	-	-	-	-	8	-	-	-	-	-	-	-	1	47	65
Dental practitioner	148	6	234	9	23	10	3	5	-	10	--	1	-	16	5	1	-	5	476	469
Medical practitioner	428	15	1757	50	100	1	20	-	-	3	-	-	27	54	36	7	6	25	2,529	2,322
Medical radiation practitioner	7	1	11	-	1	-	-	-	-	-	-	-	-	1	-	-	-	-	21	20
Midwife	12	2	31	-	-	-	-	-	-	4	1	-	1	1	1	4	-	-	57	22
Nurse	187	57	337	8	11	-	3	-	-	86	1	-	73	35	8	16	1	15	838	633
Occupational therapist	5	1	34	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	42	20
Optometrist	13	-	11	-	-	-	-	-	-	1	-	-	-	1	1	-	-	-	27	29
Osteopath	5	-	4	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	11	20
Paramedic	2	2	59	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	64	0
Pharmacist	116	5	94	4	8	4	1	-	-	34	-	-	7	26	-	-	-	5	304	309
Physiotherapist	6	1	27	2	5	-	-	-	-	9	-	-	-	1	-	-	-	-	51	58
Podiatrist	9	-	18	3	12	-	-	-	-	2	-	-	-	-	-	-	1	-	45	20
Psychologist	86	6	168	10	12	-	-	-	-	2	-	-	-	15	1	-	-	7	307	264
Total 2018/19	1,043	98	2,816	88	182	16	27	5	-	167	2	1	108	152	53	28	8	58	4,852	-
Total 2017/18	953	129	2,358	66	181	37	27	8	5	197	32	0	71	141	19	2	6	60	-	4,292

Notes:¹ Each complaint may have more than one outcome, all outcomes are included.² Includes resolved before assessment; apology; advice; Council letter, Comments by HCCC; deceased; no further action following Council processes.³ Includes non-renewal of registration.

What are the outcomes of complaints? 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	Orders - No Conditions	Caution or reprimand	Impose conditions ³	Accept surrender of registration	Suspend registration	Cancel registration / Disqualify	Total 2018/19	Total 2017/18
Aboriginal and Torres Strait Islander Health Practitioner	-	-	-	-	-	-	-	-	-	-	-	-	0	0
Chinese medicine practitioner	1	-	-	-	-	-	-	-	-	-	-	-	1	0
Chiropractor	3	-	-	-	-	1	-	-	-	-	-	-	4	2
Dental practitioner	25	-	-	-	1	1	-	-	1	-	-	1	29	2
Medical practitioner	35	2	3	-	33	12	-	2	11	4	1	3	106	68
Medical radiation practitioner	-	-	-	-	3	-	-	-	-	-	-	-	3	0
Midwife	2	2	2	2	5	-	-	-	1	1	-	-	15	5
Nurse	40	4	20	44	73	4	-	2	61	5	-	7	260	188
Occupational therapist	15	-	1	-	-	-	-	-	-	-	-	-	16	0
Optometrist	1	-	-	-	-	-	-	-	-	1	-	-	2	0
Osteopath	-	-	-	-	-	-	-	-	-	-	-	-	0	1
Paramedic	57	-	2	-	2	-	-	-	-	-	-	-	61	0
Pharmacist	2	-	-	-	4	-	-	2	5	-	-	-	13	4
Physiotherapist	1	-	-	-	-	-	-	-	1	-	-	-	2	4
Podiatrist	1	-	-	-	-	-	-	-	-	-	-	-	1	2
Psychologist	8	-	1	1	6	-	-	-	1	-	-	3	20	11
Total 2018/19	191	8	29	47	127	18	0	6	81	11	1	14	533	
Total 2017/18	40	0	31	33	88	5	1	10	62	2	4	11		287

Notes:

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

² Includes practitioners who did not renew registration.

³ Includes conditions by consent.

What is 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:

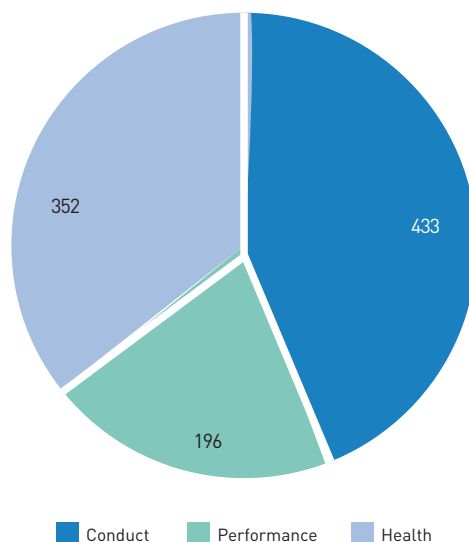
1. Public conditions that are published on the national register on the AHPRA website www.ahpra.gov.au
2. Unpublished conditions due to a practitioner's impairment – these are recorded by AHPRA but not published on the national register because of confidentiality considerations.

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

The HPCA Assessment, Intake, Inspections and Monitoring team (AIIM) manages systems and processes for monitoring practitioner compliance with orders and conditions for 14 Councils. The HPCA monitoring team based at Gladesville fulfils this role for the Medical Council.

At year end 981 cases were being actively monitored, the greatest number in the conduct stream.

Active Monitoring Cases as at 30 June 2019



What is active monitoring? continued

Table 15 shows active monitoring cases by stream for each Council.

Table 15: Number of active monitoring cases for each Council by stream as at 30 June 2019

Council	Conduct	Performance	Health	Total
Aboriginal and Torres Strait Islander Health Practice	1	-	-	1
Chinese Medicine	7	1	1	9
Chiropractic	5	-	4	9
Dental	18	44	13	75
Medical	226	50	131	407
Medical Radiation Practice	-	-	5	5
Nursing and Midwifery	76	80	165	321
Occupational Therapy	-	-	-	-
Optometry	-	-	1	1
Osteopathy	2	-	1	3
Paramedicine	-	-	-	-
Pharmacy	78	10	12	100
Physiotherapy	5	1	2	8
Podiatry	-	1	1	2
Psychology	15	9	16	40
Total 2018/19	433	196	352	981
Total 2017/18	365	166	320	851

Note:

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

What are the trends?

In July 2010 the NRAS commenced and 10 Councils were established for 10 registered health professions. In July 2012 a further four professions entered NRAS and Councils for these professions were established, the Aboriginal and Torres Strait Islander Health Practice, Chinese Medicine, Medical Radiation Practice and Occupational Therapy Councils.

In 2018/19 Paramedicine also became part of the NRAS and the Paramedicine Council was established.

Five year trend data for complaints and regulatory action across all Councils is included in this section of the annual report. Various factors can impact on the trends and these can differ between the professions. However annual growth in registered practitioner numbers has been one constant factor over the last five years with the potential to impact on complaints trends. The inclusion of Paramedicine has also contributed to some additional growth in practitioner numbers this year.

Variation in the nature and seriousness of complaints can also impact on trends in regulatory activity.

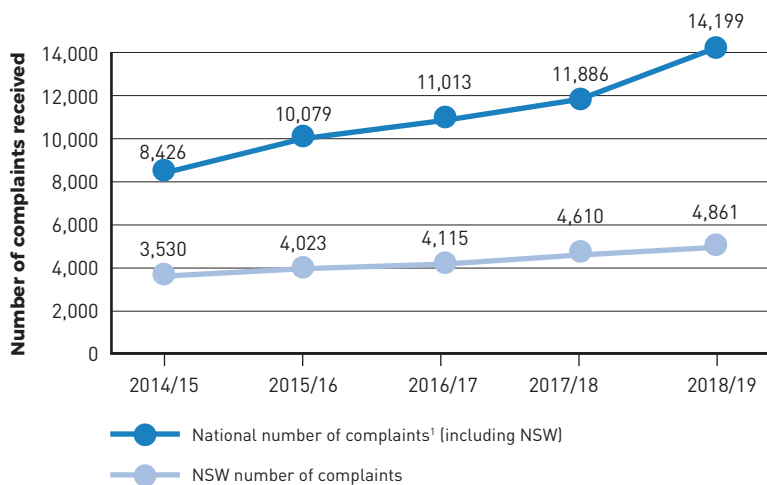
Trend in complaints received

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 2018/19 was just over 5% more than in 2017/18 and almost 38% more than in 2014/15.

Complaints about NSW health practitioners made up 34% of complaints received Australia-wide in 2018/19. To date NSW has consistently had between 37% and 42% of national complaint numbers.

Graph 2: Five year trend in complaints received



¹ Excludes matters received and managed by the Office of the Health Ombudsman (OHO) in Queensland.

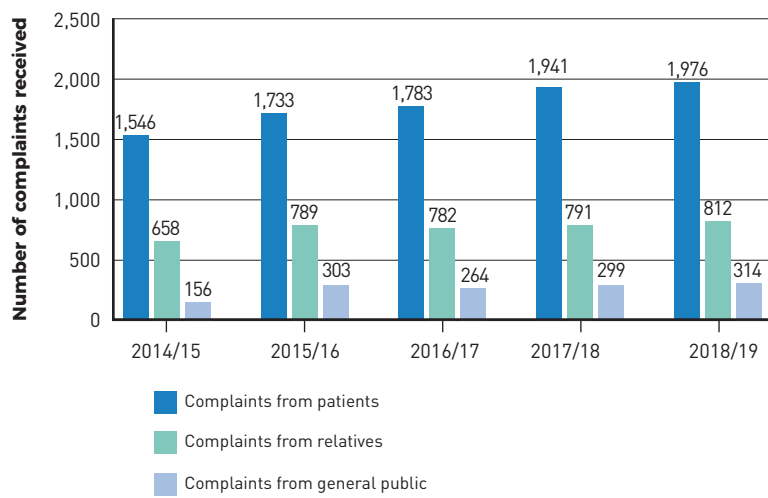
What are the trends? continued

Trend in source of complaints in NSW

Patients make the most complaints about health practitioners. This year 41% of complaints received in NSW were from patients. Complaints made by relatives and the general public, when added to complaints from patients, totalled 64% of complaints received.

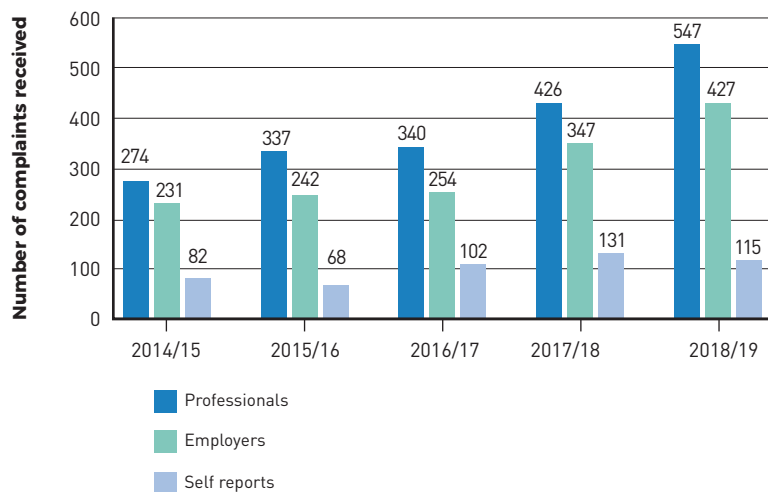
The increase in complaints from patients, relatives and general public since 2014/15 is consistent with the overall increase in complaints received about NSW health practitioners.

Graph 3: Complaints from patients, relatives and general public



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

Graph 4: Complaints from professionals, employers and self-reports

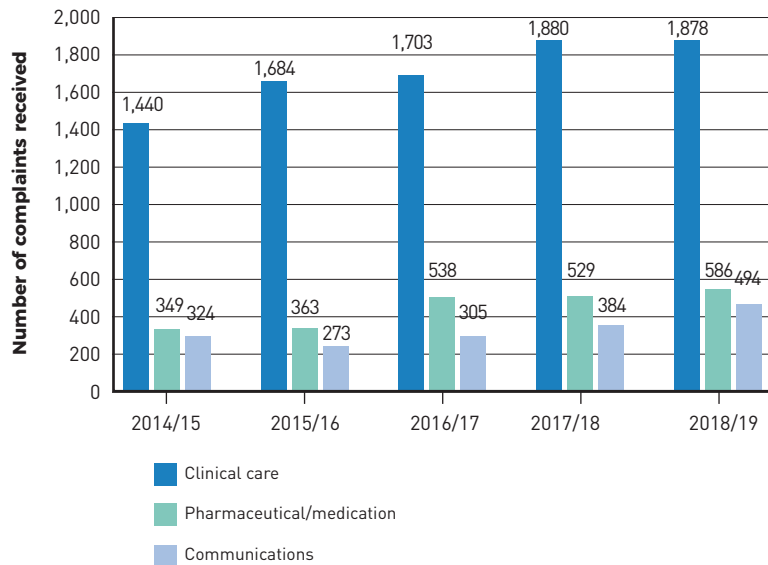


What are the trends? continued

Trend in types of complaints

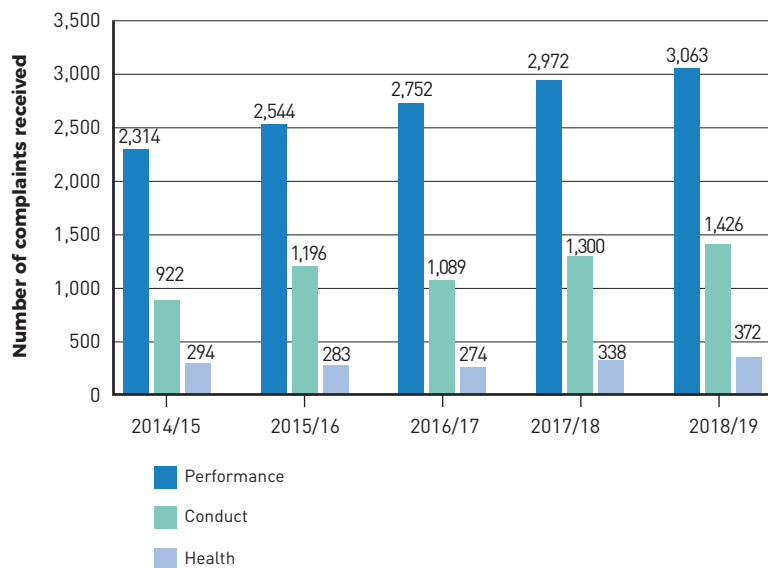
Clinical care is the most common reason for a complaint, followed by pharmaceutical or medication issues, then communications. This year complaints about clinical care made up 39% of complaints received in NSW.

Graph 5: Complaints about clinical care, pharmaceutical/medication issues and communications



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 6: Complaints by performance, conduct and health streams

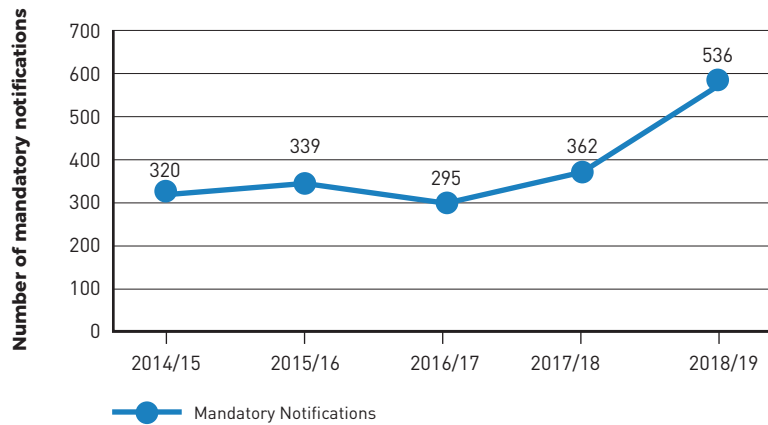


What are the trends? continued

Trend in mandatory notifications

The number of mandatory notifications has increased by almost 65% on 2017/18 and is 86% higher than in 2014/15. Mandatory notifications made up 12% of complaints received this year.

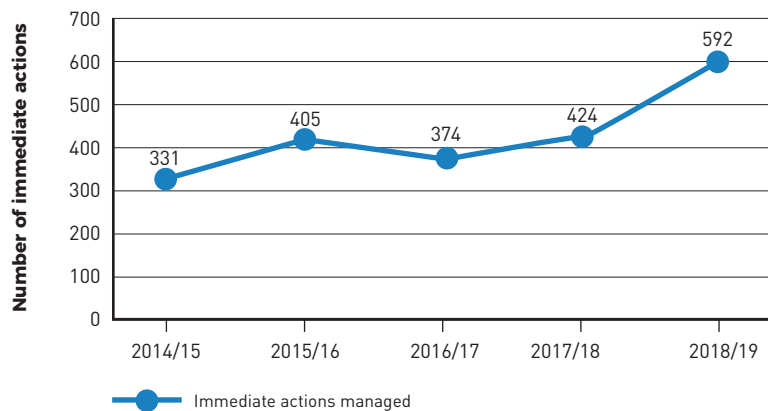
Graph 7: NSW mandatory notifications



Trend in immediate action matters

Immediate actions considered or taken by Councils this year increased by 40% on last year.

Graph 8: Immediate actions (including reviews) considered or taken by Councils



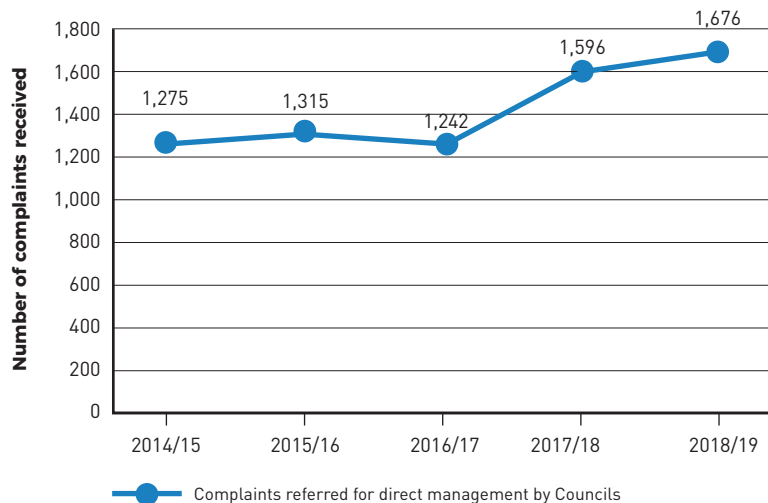
What are the trends? continued

Trend in complaints referred for management by Councils

The number of complaints referred for management by Councils, after the initial joint assessment with HCCC, has continued to rise.

This year saw a 5% increase on 2016/17 and a 31% increase on the number referred to Councils in 2014/15.

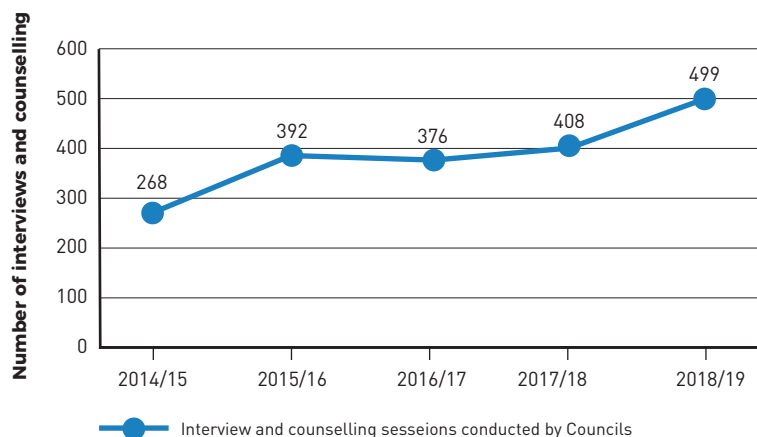
Graph 9: Complaints referred for management by Councils



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 22% on last year.

Graph 10: Council interviews and counselling



How do Councils communicate with stakeholders and the community?

Effective engagement with stakeholders and communications with the community are a priority for Councils.

All Councils have a 2019 plan for 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 reduce the risks that lead to complaints about practitioners.

Most Councils also use e-newsletters or bulletins to keep practitioners up to date with regulatory issues. During the year 28 e-newsletters were distributed to health practitioners and a further two newsletters were distributed to members of Council hearings.

The HPCA and Council websites are the main way Councils connect with the community. The Website Improvement Project concluded in August 2018 to deliver a modern, more interactive and user-friendly platform for users. 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 HPCA and the Councils, policies and publications.

Are there any recent legislative changes?

Health Practitioner Regulation National Law (NSW)

During the reporting year two minor amendments were made to the National Law:

1. The *Health Legislation Amendment Act (No 3) 2018* inserted sections 142A and 151B in the National Law. The combined effect of these sections is to address a duplication that imposed distinct mandatory reporting obligations on the Chief Executives of public health organisations (including Local Health Districts and the NSW Ambulance) under both the *National Law* and the *Health Services Act*. The new sections provide that a single report satisfies both legislative requirements.
2. The *Criminal Legislation Amendment (Child Sexual Abuse) Act 2018* made a minor amendment to the definition of *sex or violence offence* in section 138(1) of the *National Law*.

Health Practitioner Regulation (New South Wales) Regulation 2016

In June 2019 a minor amendment was made to Clause 14 of Schedule 1 to the Regulation to clarify that the registered paramedics appointed to the Paramedicine Council of New South Wales are to be nominated by the Minister for Health and Medical Research.

How is risk managed?

NSW Treasury granted Councils an exemption from the *Internal Audit and Risk Management Policy* for the NSW Public Sector (TPP15-03) 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.

The HPCA and Councils to date have adapted the Ministry of Health approach to risk management. Further work is now also underway to develop an enterprise-wide risk framework across all Councils and the HPCA and to improve the structure of the risk register.

Audit and Risk Committee

An important part of risk management is the HPCA Audit and Risk Committee. The Committee comprises three members. All members are independent of the HPCA and the Councils.

A documented Charter sets out responsibilities of the Committee, including the Committee's responsibility to provide independent advice to the HPCA about financial reports, risk management, external audits, internal audits and reviews. The Charter was reviewed early in 2019 to maintain currency.

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 are invited to attend Audit and Risk Committee meetings as observers.

Internal audit

The internal auditor for the HPCA is Protiviti Inc.

During 2018/19 Protiviti completed internal audits on contract management and procurement.

HPCA management agreed with, and has substantially implemented, most of the audit recommendations. Some recommendations were not needed because those matters were addressed by implementation of the Ministry of Health's Procurement Procedure at the HPCA.

The HPCA also continued to implement recommendations from earlier internal audits, including those about member payments audited in the previous reporting year.

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, and
- Comprehensive Motor Vehicle Insurance Policy.

What systems support Councils?

Human resources

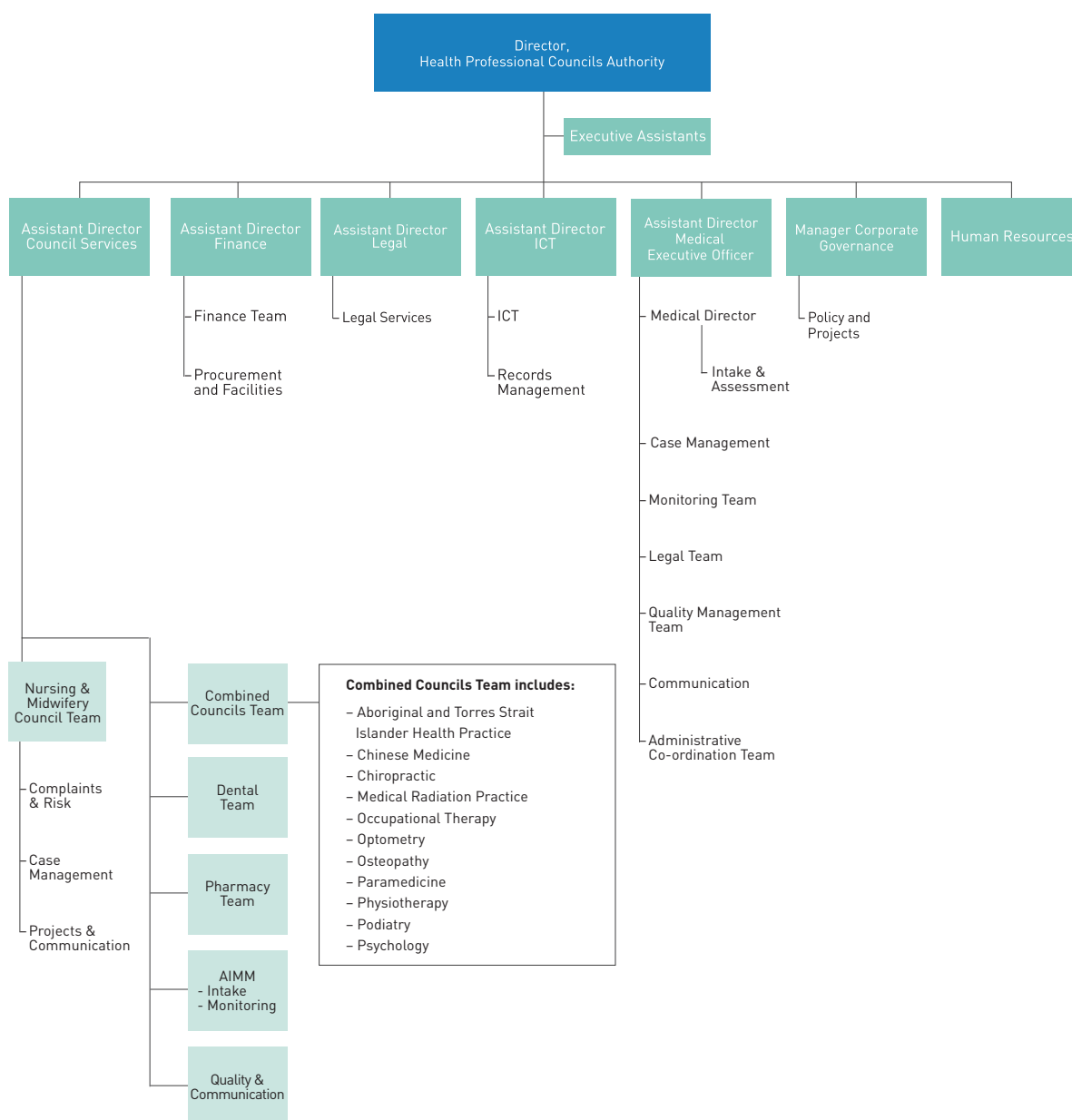
HPCA staff

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 includes teams that work directly with Councils and teams that fulfil organisation-wide functions and provide indirect support to Councils.

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 2019 HPCA staff totalled 155 ongoing and temporary roles, including 103 at Pitt St and 52 at Gladesville.



What systems support 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 HR services.

Over the past 12 months the HPCA HR team has undertaken a number initiatives focused on learning and development programs, increasing awareness and accessibility of HR support, developing key HR materials and resources, and implementing a HR reporting framework.

HPCA staff responded to the 2018 NSW Government *People Matter* survey which seeks feedback on a range of workplace issues including employment, career development, safety and culture. Following release of the *People Matter* survey report, the HPCA HR team ran a number of workshops with staff in April 2019 aimed at obtaining further input and recommendations from staff about the survey results. An action plan was then developed, based on the workshop outcomes. This is shaping HR functions over the next financial year.

Consultants

The HPCA manages the engagement of consultants. During 2018/19 one consultant was engaged at a cost of less than \$50,000. This consultancy was for the organisational transformation of the finance function at a cost of \$27,500.

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

Service Provided	Number	Total Cost incl GST \$
Organisational Transformation of Finance Function	1	\$27,500
Total	1	\$27,500

There were no consultancy engagements of \$50,000 or more during 2018/19.

Finance and procurement

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

Service Level Agreements (SLAs) between Councils and the HPCA include cost allocation methodologies for the distribution of shared costs across all Councils. The methodologies are largely based on Council activity and provide a formula to apportion shared services staff, facilities and other resources. The cost allocation methodology was reviewed in 2017/18 in consultation with Councils. New percentage allocations will be applied from 2019/20.

Following transition of selected data processing functions to the Service Centre Westmead (HealthShare NSW) and implementation of the Oracle R12 StaffLink financial system in early 2018, further modules were progressively implemented this year, including online reimbursement of expenses. Planning also commenced during the year for Purchasing Card transaction processing using Oracle StaffLink, and Business Intelligence reporting.

Format

The Financial Statements in Part 3 of this report include the accounts of the Councils' administrative operations, any Education and Research Fund activities, and the Independent Auditor's Report.

What systems support Councils? continued

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 17 and 18 include the consolidated accounts payable performance report for all 15 Councils.

Table 17: 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	74,698	3,724	2,198	0	-15214.60*
December	120,005	19,420	1,456	243	-14037.60*
March	100,425	34,178	1,650	9,350	10704.03
June	108,453	12,411	2,200	0	0
Small Business Suppliers					
September	0	0	0	0	0
December	0	781	0	0	0
March	0	14,960	0	0	0
June	0	0	0	0	0

* Negative values are due to credit notes which were cleared/applied to invoices received in subsequent quarters.

What systems support Councils? continued

Table 18: Consolidated Councils' accounts payable performance (2)

Measure	Sep-18	Dec-18	Mar-19	Jun-19
All Suppliers				
Number of accounts due for payment	1196	1313	1169	1,274
Number of accounts paid on time	974	1023	1004	1,171
% of accounts paid on time (based on number of accounts)	81%	78%	86%	92%
\$ amount of accounts due for payment	7,306,459	8,518,468	8,841,119	9,799,620
\$ amount of accounts paid on time	6,919,265	6,982,850	7,408,222	8,766,891
% of accounts paid on time (based on \$)	95%	82%	84%	89%
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	37	30	13	23
Number of accounts paid on time	22	20	10	21
% of accounts paid on time (based on number of accounts)	59%	67%	77%	91%
\$ amount of accounts due for payment	133,003	182,399	76,980	133,797
\$ amount of accounts paid on time	84,078	138,050	68,736	116,692
% of accounts paid on time (based on \$)	63%	76%	89%	87%
Number of payments for interest on overdue accounts	0	0	0	0

Information management and systems

The HPCA is responsible for information management and ICT systems. A number of new initiatives commenced during the year aimed at improving functionality and support for regulatory responsibilities of Councils.

eHealth Partnership

As part of the HPCA's strategic alignment with eHealth, a joint strategic review was completed to determine options for an improved operating and service delivery model for our ICT services. The focus was on future business requirements and service uplift to support HPCA's ICT Strategic Plan for 2018 to 2021.

As a result, a formal project was initiated in April 2019 to transfer a number of back office services to eHealth.

Business Intelligence tools

A project was initiated to introduce a business intelligence tool to provide information to support better strategic, tactical and effective decisions at all levels. The tool provides a single source of information which will reduce time consuming activities, including interpreting potentially conflicting data. Access to real time intelligent data analytics will support staff to monitor and achieve process timeframe targets.

People First Project

The HPCA is undertaking a significant project to transform the way it works with its customers. This year it started planning a two year project to deliver services that are more accessible, timely and customer focussed. The first phase of this initiative, starting July 2019, will be reviewing customer experience and business processes to develop new business processes and ICT architecture in line with customers' needs.

What systems support Councils? continued

ATTESTATION STATEMENT

**Digital Information Security Annual Attestation & Evidence of Certification
Statement for the 2018-19 Financial Year for NSW Health**

I, Elizabeth Koff, am of the opinion that the NSW Ministry of Health had information security management arrangements in place during the financial year being reported on consistent with the core elements set out in the Digital Information Security Policy for the NSW Public Sector.

I, Elizabeth Koff, am of the opinion that the security arrangements in place to manage identified risks to the digital information and digital information systems of the NSW Ministry of Health including the Enterprise-Wide Risk Management Policy and Framework and the Electronic Information Security Policy, are adequate. Processes are in place to continually improve the information security arrangements.

I, Elizabeth Koff, am further of the opinion that the public sector agencies, or part thereof, under the control of the Secretary (and listed below) also have security arrangements in place to manage identified risks to their digital information and digital information systems. These agencies are covered by the Enterprise-Wide Risk Management Policy and Framework and the Electronic Information Security Policy. Processes are in place to continually improve the information security arrangements.

I, Elizabeth Koff, am of the opinion that in accordance with the Digital Information Security Policy for the NSW Public Sector, eHealth NSW, as the information and communication technology and eHealth NSW shared service provider for NSW Health, had certified compliance with AS/NZS ISO/IEC 27001 Information technology – Security techniques – Information Security Management Systems – Requirements.

I, Elizabeth Koff, am further of the opinion that the public-sector agencies, or part thereof, under the control of the Secretary (and listed below) since the publication of the NSW Government Cyber Security Policy in February 2019, have:

1. Managed cyber security risks in a manner consistent with the additional mandatory requirements set out in this new policy;
2. Assessed and managed risks to information and systems;
3. Ensured governance is in place to manage the cyber-security maturity and initiatives;
4. Prepared a cyber incident response plan which will be tested during the next reporting period;
5. Progressed work towards undertaking an independent review of the sub-agency's Information Security Management System within NSW Health.

The public-sector agencies controlled by the Secretary for the purposes of this attestation are:

1. NSW Ministry of Health
2. Central Coast Local Health District
3. Far West Local Health District
4. Hunter New England Local Health District
5. Illawarra Shoalhaven Local Health District
6. Mid North Coast Local Health District
7. Murrumbidgee Local Health District

What systems support Councils? continued

8. Nepean Blue Mountains Local Health District
9. Northern NSW Local Health District
10. Northern Sydney Local Health District
11. South Eastern Sydney Local Health District
12. Southern NSW Local Health District
13. South Western Sydney Local Health District
14. Sydney Local Health District
15. Western NSW Local Health District
16. Western Sydney Local Health District
17. Agency for Clinical Innovation
18. Bureau of Health Information
19. Cancer Institute NSW
20. Clinical Excellence Commission
21. Health Education and Training Institute
22. Health Infrastructure
23. eHealth NSW
24. HealthShare NSW
25. Justice Health & Forensic Mental Health Network
26. NSW Ambulance
27. NSW Health Pathology
28. The Sydney Children's Hospitals Network
29. St Vincent's Health Network
30. Health Professional Councils Authority



Elizabeth Koff
Secretary, NSW Health

What must Councils report?

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 19: Public Interest Disclosures

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

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:

- including an incorrect name in the title of an email or in the text of a communication
- sending an email requesting information to an incorrect address
- sending information to the wrong Council member with a similar name to the intended recipient
- sending acknowledgement of receipt of a complaint to the wrong complainant.

Inadvertent errors were managed by:

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

Further information about privacy is available on the HPCA website.

What must Councils report? continued

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 2018/19, including withdrawn applications but excluding invalid applications, totalled 25 including:

- One formal access application received by the Dental Council.
- 23 formal access applications received by the Medical Council – 24 decisions were made including two decisions about applications from the previous reporting year. One application received this year is not yet decided.
- One formal access application received by the Nursing and Midwifery Council.

The other 12 Councils did not receive any formal access applications.

The Councils reported receipt of:

- Five invalid access applications
- One invalid access application that subsequently became valid
- One invalid review application.

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

What must Councils report? continued

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 13 applications refused in full and three applications refused in part including:

- Dental Council – one access application refused in full
- Medical Council – two access application refused in part and 12 access applications refused in full
- Nursing and Midwifery Council – one access application refused in part.

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	0	0	2	0	0	0	0	0
Members of Parliament	0	0	0	0	0	0	0	0
Private sector business	0	0	0	0	0	0	0	0
Not for profit organisations or community groups	0	1	0	0	0	0	0	0
Members of the public (application by legal representative)	1	1	5	0	0	0	0	0
Members of the public (other)	5	1	6	2	0	0	0	0

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*	1	1	1	0	0	0	0	0
Access applications (other than personal information applications)	5	2	11	0	0	0	0	0
Access applications that are partly personal information applications and partly other	0	0	1	2	0	0	0	0

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

What must Councils report? continued

GIPA Table C: Invalid applications

Reason for invalidity	Number of applications
Application does not comply with formal requirements (section 41 of the Act)	6
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	6
Invalid applications that subsequently became valid applications	1

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	0
Contempt	0
Legal professional privilege	0
Excluded information	6
Documents affecting law enforcement and public safety	0
Transport safety	0
Adoption	0
Care and protection of children	0
Ministerial code of conduct	0
Aboriginal and environmental heritage	0

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	3
Business interests of agencies and other persons	0
Environment, culture, economy and general matters	0
Secrecy provisions	0
Exempt documents under interstate Freedom of Information legislation	1

What must Councils report? continued

GIPA Table F: Timeliness

	Number of applications
Decided within the statutory timeframe (20 days plus any extensions)	9
Decided after 35 days (by agreement with applicant)	2
Not decided within time (deemed refusal)	1
Total	12

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	1	1
Review by Information Commissioner*	0	2	2
Internal review following recommendation under section 93 of Act	0	0	0
Review by NCAT	0	3	3
Total	0	6	6

* 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.

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	4
Applications by persons to whom information the subject of access application relates (see section 54 of the Act)	2
Total	6

GIPA Table I: Applications transferred to other agencies

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

What must Councils report? continued

Administrative complaints and feedback

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 was one administrative complaint. This was about the time taken by the Nursing and Midwifery Council to advise the outcome of a complaint about a practitioner. The Council apologised and explained the process to the complainant.

Feedback

Feedback, whether through administrative complaints or other feedback mechanisms, is important to Councils as this helps inform improvements.

One of the challenges for Councils is to balance prompt action to resolve a complaint with due diligence to ensure decisions are informed, fair and equitable.

Councils routinely review performance data. Regular process indicator reports are run measuring timeliness of action through various stages of the complaints management process. This year the reports have shown improved timelines in a number of areas. The reports have also shown that the significant increase in immediate action matters has presented some challenges. The process indicator reports are an important feedback tool for Councils.

This year a new initiative commenced to inform improvements in complaints management processes. On case closure complainants and practitioners are being invited to complete a survey about their experience of the complaints management process. This feedback is already starting to be used to improve the customer experience.

Exemptions from reporting provisions and triennial reports

The Councils are exempt from certain reporting provisions as they are small statutory bodies. Only triennial reporting is required for:

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

The Councils reported on these items in 2016/17 so the next reports are due in 2019/20.

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

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 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
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
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

List of Tables and Graphs

Tables

Table 1:	Registered practitioners as at 30 June 2019
Table 2:	Registered students as at 30 June 2019
Table 3:	Overview of NSW complaints in 2018/19
Table 4:	Mandatory notifications about practitioners in 2018/19
Table 5:	Complaints and mandatory notifications received about health professional students
Table 6:	Complaints by source
Table 7:	Type of complaints received
Table 8:	Complaints identified for management by a Council following consultation with HCCC
Table 9:	Immediate action considered or taken by Councils by complaint category – including review hearings
Table 10:	Immediate action outcomes – excluding review hearings
Table 11:	Assessments and hearings concluded in 2018/19 for each Council
Table 12:	Overview of complaints matters referred to NCAT for each Council
Table 13:	Outcomes for closed complaints
Table 14:	Outcomes for closed mandatory notifications
Table 15:	Number of active monitoring cases for each Council by stream as at June 2019
Table 16:	Consultant engagements costing less than \$50,000
Table 17:	Consolidated Councils' accounts payable performance (1)
Table 18:	Consolidated Councils' accounts payable performance (2)
Table 19:	Public Interest Disclosures

List of Tables and Graphs continued

GIPA report tables

Table A:	Number of applications by type of applicant and outcome
Table B:	Number of applications by type of application and outcome
Table C:	Invalid applications
Table D:	Conclusive presumption of overriding public interest against disclosure: matters listed in Schedule 1 of the Act
Table E:	Other public interest considerations against disclosure: matters listed in table to section 14 of the Act
Table F:	Timeliness
Table G:	Number of applications reviewed under Part 5 of the Act (by type of review and outcome)
Table H:	Applications for review under Part 5 of the Act (by type of applicant)
Table I:	Applications transferred to other agencies

Graphs

Graph 1:	Growth in registered health practitioners – five year trend
Graph 2:	Five year trend in complaints received
Graph 3:	Complaints from patients, relatives and general public
Graph 4:	Complaints from professionals, employers and self-reports
Graph 5:	Complaints about clinical care, pharmaceutical/medication issues and communications
Graph 6:	Complaints by performance, conduct and health streams
Graph 7:	NSW mandatory notifications
Graph 8:	Immediate actions (including reviews) considered or taken by Councils
Graph 9:	Complaints referred for management by Councils
Graph 10:	Council interviews and counselling

Index

About the Councils	10
Administrative complaints.....	58
Assessments and hearings	15, 32, 33
Audit and risk management	46
Budgets	Part 2 and Part 3
Council membership	10 and Part 2
Complaints closed	15, 35, 36, 37
Complaints received	15, 22
Consultants	48
Co-regulation	11, 12
Digital Information Security Attestation Statement	51, 52
Disability services.....	58
Exemptions from reporting provisions and triennial reports	58
Financial management	48, 49, 50
Financial statements.....	Part 3
Government Information (Public Access) Act 2009 (GIPA)	54, 55, 56, 57
Health professional regulation in NSW	16, 17, 18
HPCA	12
HPCA organisational chart	47
Human resources	47, 48
Immediate action under s150 of the National Law	15, 27, 29, 30
Information management and systems	50
Insurances	46
Internal audit	46
Investment performance	49
Legislative changes	45
Letter of Submission	4, 5, 6
Mandatory notifications	15, 21, 23, 24
Monitoring compliance	15, 38, 39
Multicultural policies and services program	58
National registration	11, 12, 16
National Registration and Accreditation Scheme (NRAS)	11
NSW Civil and Administrative Tribunal (NCAT)	34
Payments performance	49
Privacy	53
Public Interest Disclosures (PID)	53
Registered health practitioners	16, 17, 18, 19
Registered students	16, 20
Remuneration (Council members)	Part 2
Workforce diversity	58
Work Health and Safety	58