



*Physiotherapy*

*Physiotherapy Council of New South Wales*  
***Annual Report 2014***

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ISSN: 1839-325X

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The total cost of layout and design was \$734.27 (GST inc.).



## Physiotherapy Council of New South Wales

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The Hon Jillian Skinner MP  
Minister for Health and Minister for Medical Research  
Parliament House  
SYDNEY NSW 2000

Dear Minister

Pursuant to the provisions of the *Annual Reports (Statutory Bodies) Act 1984* and the *Public Finance and Audit Act 1983*, we have pleasure in submitting this Annual Report of the Physiotherapy Council of New South Wales for the year ended 30 June 2014 for presentation to Parliament.

Yours sincerely

Anne Deans  
President

David Cross  
Deputy President

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## About the Council

The Physiotherapy Council of New South Wales (the Council) is a statutory body established to manage complaints about conduct, performance and health matters concerning registered physiotherapists practising and health and conduct matters related to students training in NSW.

The Council undertakes its regulatory functions in partnership with the Health Care Complaints Commission (HCCC), which is a separate statutory authority, established under the *Health Care Complaints Act 1993*.

The Council is one of 14 health professional Councils in NSW. The Health Professional Councils Authority (HPCA) provides secretariat and corporate support to assist the Councils in carrying out their regulatory responsibilities.

### Charter

The Council is constituted under the *Health Practitioner Regulation National Law (NSW)* (the Law) to exercise the powers, authorities, duties and functions imposed by the Law.

### Aims and Objectives

The purpose of the Council is to act in the interests of the public by ensuring that registered physiotherapists are fit to practise and physiotherapy students are fit to have contact with members of the public whilst they undertake approved programs of study.

The Council manages a range of programs, services and procedures to achieve this purpose. As a result, members of the public can be reassured that registered physiotherapists are required to maintain proper and appropriate standards of conduct and professional performance.

### Council Membership

Clause 8 of Schedule 5C of the Law prescribes that there are 10 members of the Council appointed by the Governor of New South Wales.

The following members held those positions during the reporting period:

- (a) four registered physiotherapists with NSW as their principal place of practice:

Ms Anne Deans DipPhysio (*President*)

Mr David Cross BAppSc MPhy (*Deputy President*)

Ms Virginia Binns BSc(Anatomy) DipPhysio (*until expiry of term on 31 December 2013*)

Ms Maria Quinlivan BAppScPhysio

- (b) one physiotherapist nominated by the Minister, being a registered physiotherapist involved in conducting approved programs of study for the physiotherapy profession:

Dr Martin Mackey PhD MSafSc BAppSc BEcon GradCertEd

- (c) one physiotherapist with NSW as their principal place of practice nominated by the Minister from a panel nominated by the Australian Physiotherapy Association NSW Branch or other representative body determined by the Minister

Mr Michael Ryan BAppSc(Phty) MHlthSc(ManipPhy) FACP

- (d) three persons, at least two of whom are not physiotherapists, nominated by the Minister to represent the community:

Dr Debra Shirley GradDipPhy BScPhysio BAppScPhysio PhD (*until expiry of term on 31 December 2013*)

Professor Ross Fitzgerald PhD MA BA

Ms Joanna Khoo MPubHlth BLibStud (*approved extended leave from 26 August 2013 for 12 months*)

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

Ms Christine Campbell BA LLB

As at 30 June 2014, the Council had eight members, including four female members, and two vacancies. Appointments have been made to both vacancies effective from 1 July 2014.

### Remuneration

Remuneration for members of the Council is as follows:

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

Additionally, Council members receive sitting fees of \$436 per day and \$218 per half day for the conduct of Inquiries at a meeting of the Council and \$256 per day and \$128 per half day to members for attendance for participating in counselling sessions or at specially convened workshops, forums or meetings.

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

Members of Council committees, panels, Tribunals and other regulatory activities also receive remuneration and reimbursement of expenses.

## Attendance at Council Meetings

The Council met on the first Tuesday of each month and met 11 times. The Council did not meet in January 2014.

Attendance at meetings is as follows:

Member	Meetings Attended	Leave of Absence Granted
Ms Anne Deans	11	0
Mr David Cross	10	1
Ms Virginia Binns <i>(until expiry of term on 31 December 2013)</i>	3	3
Ms Christine Campbell	10	1
Professor Ross Fitzgerald	7	4
Ms Joanna Khoo <i>(on approved extended leave)</i>	2	9
Dr Martin Mackey	11	0
Ms Maria Quinlivan	10	1
Mr Michael Ryan	10	1
Dr Debra Shirley <i>(until expiry of term on 31 December 2013)</i>	4	2

## Committees of the Council

Section 41F of the Law provides that the Council may establish committees to assist it with the exercise of its functions. Members of committees need not be Council members.

### Complaints and Notifications Committee

The Committee acts under Council delegation to deal with a diverse range of complaints concerning health, conduct and performance issues as they impact on the professional conduct of registered physiotherapists and the provision of physiotherapy services. This Committee reviews all new complaints in consultation with the HCCC.

The Committee met on 11 occasions on the first Tuesday of each month. A senior officer of the HCCC also attends.

Attendance at meetings is as follows:

Member	Meetings Attended
Ms Christine Campbell	10
Mr David Cross	10
Mr Michael Ryan	10
Dr Debra Shirley	9

## Health Committee

The Health Committee is delegated to oversee and manage the Health Program. The Committee is responsible for directing practitioners to undergo a health examination, referring matters to an Impaired Registrants Panel (IRP), considering IRP reports and approving the imposition of agreed conditions on registration.

The Committee met six times:

Member	Meetings Attended
Ms Maria Quinlivan	6
Ms Virginia Binns	4
Dr Martin Mackey	6
Ms Margo Gill	6

## Publications Review Committee

The Publications Review Committee is delegated to review policies and guidelines developed by the former Physiotherapists Registration Board as position statements, which are pertinent to the Council's regulatory functions and which do not have a National Board equivalent.

The members include external practising physiotherapists with experience in this area. The Committee prepares draft statements for the Council and makes recommendations on publication needs. The Committee met on two occasions via teleconference as follows:

Member	Meetings Attended
Ms Christine Campbell	2
Ms Vicki Williams	2
Mr David Young	2

## Regulatory Committees and Panels

Part 8 of the Law prescribes the Committees that support the Council to undertake its regulatory functions. They include Assessment Committees, Impaired Registrants Panels and Performance Review Panels.

The Council did not constitute any Performance Review Panels this year.

## Physiotherapy Assessment Committee

The Assessment Committee is established under section 172A of the Law and comprises four members appointed by the Minister of whom three are registered physiotherapists and one who is not a registered health practitioner.

Members are:

Associate Professor Catherine Dean (*Chairperson*)

Mr John Davies

Ms Libby Loneragan

Mr Michael Ward

## Impaired Registrants Panels

Impaired Registrants Panels (IRPs) are established under section 173 of the Law to deal with matters concerning practitioners who have a physical or mental impairment which affects or is likely to affect their capacity to practise.

The Panel consists of two or three members appointed by the Council. At least one member must be a registered medical practitioner and at least one member must be a registered physiotherapist. Panellists are drawn from a pool of members who are usually experienced in working with practitioners demonstrating problems with their health.

The IRP members in 2013/2014 are listed in the Appendix.

## Physiotherapy Tribunal and NSW Civil and Administrative Tribunal

The Physiotherapy Tribunal of NSW was established under section 165 of the Law and comprised four members: the Chairperson or Deputy Chairperson being an Australian lawyer appointed by the Governor; two registered physiotherapists and a lay member appointed by the Council.

The Physiotherapy Tribunal ceased on 31 December 2013 with the commencement of the NSW Civil and Administrative Tribunal (NCAT) on 1 January 2014. The NCAT exercises jurisdiction for all matters previously dealt with by the 14 distinct health profession Tribunals. Health practitioner matters are now dealt with in the Health Practitioner Division List in the Occupational Division of NCAT. The Council nominates two registered practitioners and a lay member to NCAT for appointment to a Tribunal.

Tribunal members in 2013/2014 are listed in the Appendix.

## Executive Officer

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

Ms Amanda McEacharn is the Executive Officer to the Council.

## Meetings and Conferences

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

- AHPRA National Registration and Accreditation Scheme Combined Meeting 2013
- Council Presidents' Forum and strategic planning workshop
- Sundry presentations and meetings organised by the HPCA.

## Education and Research

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

The Council is currently developing guidelines for applicants to enable the disbursement of funds. They will be available on the Council's website.

## Overseas Travel

There was no overseas travel undertaken by Council members during the reporting period.

## Promotion of Council Activities

The Council's website is updated regularly and is the principal medium for disseminating information to physiotherapists, students and the public.

## Complaints Received About Council Administrative Processes

The Council acknowledges that the trust and confidence of the public are essential to its role and values all forms of feedback. A complaint handling policy and procedures are in place for addressing complaints regarding the Council's administrative processes, activities, staff or service delivery. No complaints were received.

## Legislative Changes

Details of the legislative changes in 2013/2014 are in the Appendix.



# Regulatory Activities



The primary responsibility of the Council, in conjunction with the HCCC, is to protect the public by managing performance, conduct and health concerns relating to physiotherapists practising and students training in NSW.

This section details the Council's regulatory programs and results for the year.

## National Registration

NSW health practitioners are registered under the National Registration and Accreditation Scheme. Through the Scheme, the Physiotherapy Board of Australia (National Board) is responsible for registering practitioners and students and for determining the requirements for registration.

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

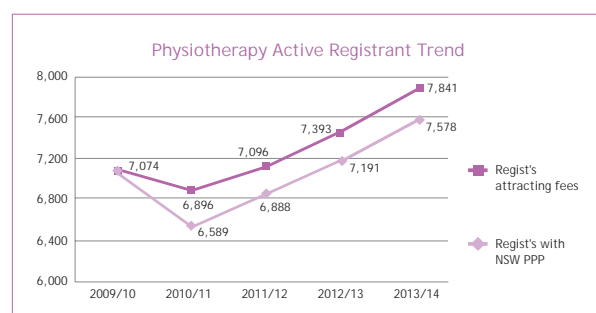
Further information about the operations of the National Board can be obtained on the Australian Health Practitioner Regulation Agency (AHPRA) website ([www.ahpra.gov.au](http://www.ahpra.gov.au)).

## Registrations in NSW

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

At 30 June 2014, there were 7,578 registered physiotherapists whose principal place of practice was in NSW. This represents 29% of the total number of physiotherapists registered under the Scheme across Australia.

The graph shows the trend in the number of physiotherapists registered in NSW from 2009/2010 to 2013/2014. There was a 5.4% increase in 2013/2014 (387 practitioners) compared with 2012/2013.



Students are also registered. AHPRA advised that the number of NSW students registered as at 30 June 2014 was 2,756. Figures are based on the student's residential address, not the location of the education provider.

Registrations by registration type as at 30 June 2014 were as follows:

Registration Type	Principal Place of Practice (PPP) in NSW	NSW Share of registrants with no PPP listed	Registrants for whom fees were paid to NSW (PPP + no PPP)
General	7,298	234	7,532
Limited	47	1	48
Non-practising	233	28	261
<b>Total</b>	<b>7,578</b>	<b>263</b>	<b>7,841</b>

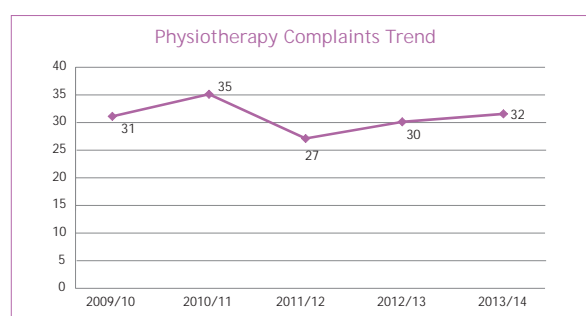
## Complaints Received

Any person may make a complaint against a registered physiotherapist or student. Complaints may relate to the conduct, health or performance of a registered physiotherapist or the health or conduct of a registered student. A complaint may be made to the HCCC, the Council, or AHPRA.

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

The Council received 32 complaints during the reporting period.

The following graph indicates the trend in complaints received since 2009/2010.



The percentage of physiotherapists about whom complaints were received was 0.38%. This compares with 0.41% in 2012/2013 and 0.39% in 2011/2012.



Of the physiotherapists with a new complaint in 2013/2014, 27 had one complaint, one had two complaints and one had three complaints. Of the 29 physiotherapists with a new complaint in 2013/2014, none had complaints in previous years.

The complaints managed are as follows:

Complaints	2013/2014	2012/2013
Case volume open* at year beginning	11	8
New complaints received	32	30
Complaints closed	32	27
Case volume open at year end	11	11
Total case volume managed	43	38

\* See Glossary for definition of open matters

When they are received, complaints are classified to the conduct, health or performance stream, depending on the nature of the matter. In some instances, more than one stream may be applicable however one primary stream is identified based on the seriousness of the matter.

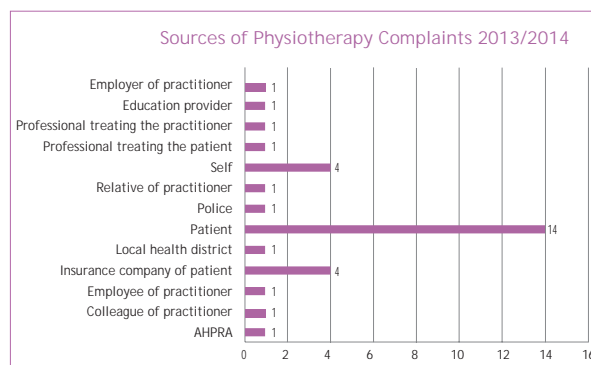
There were 15 new complaints classified as performance issues, 13 conduct issues and four complaints related to health issues.

Complaints are also allocated to an issue category. The Council has adopted the AHPRA issue categories, which facilitates reporting across jurisdictions.

The number of complaints received by the issue category was:

Category	Number
Behaviour	1
Billing	4
Boundary violation	2
Clinical care	12
Documentation	2
Health impairment	4
Medico-legal conduct	1
National Law offence	2
Offence	4
Total	32

The sources of complaints received in 2013/2014 were:



Of the 43 complaints managed 42% (18) were related to practitioners' conduct, 49% (21) were related to performance and 9% (four) related to health.

## Mandatory Notifications

The Law requires health practitioners, employers and education providers to make mandatory notifications to AHPRA if they believe a practitioner or student has behaved in a way that constitutes notifiable conduct. AHPRA then refers the matter to the Council for management.

There were two mandatory notifications about physiotherapists and one report concerning a student as follows:

Category	Number
Alcohol abuse	1
Drug and alcohol abuse	1
Physical impairment	1

Mandatory notifications represent 9% of all complaints received. One notification was made by another health practitioner, one by a professional treating the practitioner and the student notification was made by an education facility. One mandatory notification resulted in the Council considering immediate action under section 150 of the Law. The Council determined not to take immediate action on the matter.

Status of Mandatory Notifications	2013/2014	2012/2013
Mandatory notifications received in prior period but not completed at year beginning	1	1
Mandatory notifications received	3	3
Mandatory notifications closed	3	3
Mandatory notifications open at year end	1	1
Total case volume managed	4	4

## Complaints Management

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

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

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

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

- referral to the HCCC for investigation
- referral to another body such as AHPRA, where the matter was outside the jurisdiction of the Council or HCCC
- resolution of the matter during the assessment process
- withdrawal of the complaint.

Of the complaints managed during the period, 30% (13) were referred for management to other legislated committees or adjudication bodies. Of those matters referred in this or prior periods, 83% were completed.

The new complaints that were referred to an adjudication body or for counselling were as follows:

Adjudication Body	Number
Section 150	5
Assessment Committee	4
Counselling - performance	3
IRP hearing	1

## Protective Orders - Immediate Action under section 150 of the Law

The Council must exercise its powers to either suspend or impose conditions on a physiotherapist's registration if it is satisfied that such action is appropriate for the

protection of the health or safety of the public, or is otherwise in the public interest.

The Council considered taking immediate action on five occasions and exercised its powers on four occasions. The issues related to alcohol abuse, boundary violations and a sexual offence. One matter was referred to the state in which the practitioner resided, one practitioner had conditions imposed on their registration, one practitioner was suspended from practising and another practitioner initially had conditions imposed and was subsequently suspended from practising.

## Assessment Committee

The Council may refer a complaint to the Assessment Committee if the HCCC has decided not to investigate it, or following an investigation has decided not to refer the matter to a Tribunal. The Council may also direct the Committee to require that a practitioner undergo skills testing.

The Committee must investigate complaints referred to it and encourage the complainant and the practitioner to settle the complaint by consent. A complainant and the practitioner are not entitled to be legally represented at an appearance before a Committee.

The Committee may obtain the medical, legal, financial or other advice it thinks necessary or desirable to enable it to exercise its functions. Advice obtained by the Committee may not, unless otherwise ordered by the Council, be admitted or used in civil proceedings before a court and a person may not be compelled to produce the advice or to give evidence in relation to the advice in civil proceedings.

The Committee managed six matters: two carried over from the previous year and four new matters. The issues related to clinical record keeping, diagnosis, patient management and professional boundaries.

## Health Program

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

The Council managed four new matters in the health stream. The matters involved alcohol and drug abuse and addiction and physical impairment.

## Council Appointed Practitioner Assessments

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

The Council managed one new complaint by referral for a health assessment. The matter was referred to an Impaired Registrants Panel.

## Impaired Registrants Panels

The Council may establish Impaired Registrants Panels (IRPs) to deal with matters concerning physiotherapists who suffer from a physical or mental impairment which affects or is likely to affect their capacity to practise, or a student to undertake clinical training.

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

The Panel may counsel the physiotherapist or, recommend the Council to do so; impose conditions on the registration, or suspend the registration for a period if the Council is satisfied the physiotherapist or student has voluntarily agreed to the conditions or suspension.

One new complaint related to alcohol abuse was dealt with by an IRP. On the IRP's recommendation, the Council imposed conditions on the practitioner's registration with consent.

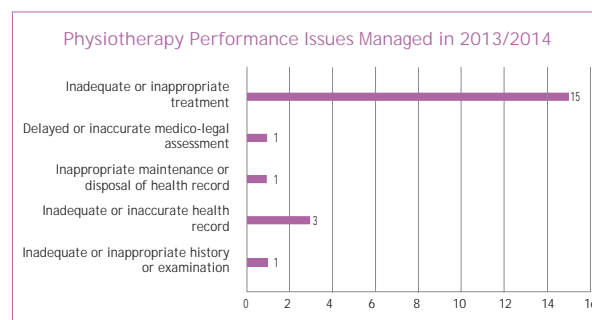
## Performance Program

Performance issues generally relate to concerns about the standard of a physiotherapist's clinical performance, that is, whether the knowledge, skill or judgement possessed, or care exercised, is significantly below the standard reasonably expected of a physiotherapist of an equivalent level of training or experience.

The Council's performance program provides an avenue for education and retraining where inadequacies in competence are identified, while at all times ensuring that the public is

appropriately protected. The program aims to address patterns of practice rather than one-off incidents unless a single incident is thought to be indicative of a broader problem.

There were 21 matters managed in the performance stream: six carried over from the previous period and 15 new matters. The performance issues managed were:



## Performance Assessments

To assist it in determining a course of action the Council may require a physiotherapist to participate in a performance assessment to establish whether their performance is at a standard expected of a similarly trained or experienced physiotherapist. It is intended to be broad-based and not limited to the substance of the matter that triggered it.

The assessment is generally conducted in the physiotherapist's own practice environment by assessors appointed by the Council who are familiar with the area of practice of the physiotherapist concerned. A Performance Review Panel (PRP) may be convened to review the assessment outcomes and recommend a course of action to the Council.

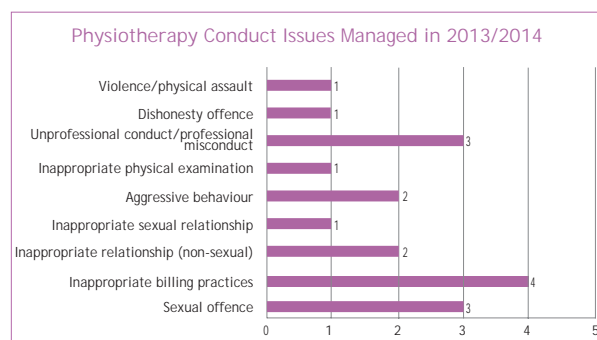
There were no matters managed by referral to a performance assessment or a PRP in the reporting period.

## Conduct Program

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

There were 18 matters managed in the conduct stream: five carried over from the previous period and 13 new matters.

The conduct issues were:



## Investigations by the Health Care Complaints Commission (HCCC)

During 2013/2014 a number of matters were investigated by the HCCC, resulting in a referral of one matter to the Director of Proceedings for consideration of prosecution before an adjudication body. Four matters remained under investigation as of 30 June 2014.

## Council Inquiry

Complaints of unsatisfactory professional conduct may be dealt with under Part 8 Division 3 Subdivision 5 of the Law by way of disciplinary proceedings held at a meeting of the Council. The resulting action taken may include a caution or reprimand, imposition of conditions on registration, issuing of an order requiring medical or psychiatric treatment or counselling, completion of an educational course or some other action.

There were no matters managed by Council Inquiry during the reporting period.

## Reviews by the Council

Physiotherapists who have had conditions placed on their registration or had their registration suspended as a result of Council's immediate action powers under section 150 of the Law or on the recommendation of an IRP may request a review of the conditions or suspension by the Council.

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

## Physiotherapy Tribunal and NSW Civil and Administrative Tribunal

Tribunals deal with serious complaints that may lead to suspension or cancellation of registration, appeals against Council decisions regarding disciplinary matters and appeals against decisions of the National Board in relation to registration matters.

Matters may be referred to a Tribunal by the Council or the HCCC Director of Proceedings. Hearings are generally open to the public unless otherwise directed by the Tribunal. Notices of hearings are posted on the Council's website one week prior to the first hearing day.

The Physiotherapy Tribunal was replaced by the NSW Civil and Administrative Tribunal (NCAT) on 1 January 2014.

One Tribunal matter that was carried over from the previous year was completed and no new matters were referred.

Tribunal Matters	2013/2014	2012/2013
Matters referred to a Tribunal but not completed at year beginning	1	2
Matters referred to a Tribunal	0	1
Matters completed by a Tribunal	1	2
Matters referred to a Tribunal but not completed at year end	0	1
<b>Total case volume managed</b>	<b>1</b>	<b>3</b>

The following matter was finalised by the Tribunal:

Name	Date of Decision	Outcome Summary
VERMA, Shashank	23/12/2013	The Tribunal found Mr Verma guilty of unsatisfactory professional conduct.  Mr Verma was reprimanded and a number of practice conditions were imposed on his registration.

NCAT decisions are published on the NSW Caselaw website ([www.caselaw.nsw.gov.au](http://www.caselaw.nsw.gov.au)) and may be accessed via the Council's website. The Reasons for Decision of the former Tribunals are published in full on the Australasian Legal Information Institute website ([www.austlii.edu.au](http://www.austlii.edu.au)).

## Tribunal Reviews and Appeals

Physiotherapists who have had restrictions or conditions placed on their practice or registration may request a review or appeal to the Tribunal. There were no appeals or reviews during the reporting period.

## Appeals to the Supreme Court

Physiotherapists may appeal a decision made by the Tribunal to the Supreme Court. There were no appeals in 2013/2014.

## Complaints Outcomes

The outcomes of the 32 complaints closed in 2013/2014 are summarised below. The majority of matters were dealt with expeditiously and

did not require investigation or referral to a regulatory or adjudication body.

Outcomes	Number
Discontinued	12
No further action with advice	6
Withdrawn	4
Counselled with no further action	2
No further action after Council process	2
Referred to AHPRA	1
Conditions by consent	1
Conditions and reprimand imposed	1
Counselled - activities agreed	1
Resolved	1
No jurisdiction	1

Of the complaints closed in 2013/2014, 25% (eight) were considered to require no action by the Council. The matters were closed as the complaints were assessed as unsubstantiated or no clinical or conduct issues were identified.

The stage at which matters were closed is:

Stage* at Closure of Complaints	Number
Assessment	18
Performance	4
Investigation	6
Health	2
Tribunal	1
Panel	1

\*See Glossary for description of each stage

## Complaints Received Under Former Physiotherapists Act 2001

The Council finalised one matter that had been lodged with the former Physiotherapists Registration Board. Complex matters may take a number of years to finalise. At the end of the reporting period, no matters were open.

Matters under the Former Act	2013/2014	2012/2013
Open matters under former Act at year beginning	1	3
Matters under former Act closed	1	2
Matters under former Act open at year end	0	1

The matter was heard by the Tribunal as reported above.

## Counselling

The Council may direct a physiotherapist or student to attend counselling. This is a non-disciplinary process that enables the Council to address performance or conduct concerns in an informal but sound and influential manner. Counselling may be conducted by two or three Council members.

The Council managed three matters by directing the practitioners to attend counselling. There were no students referred to counselling.

The issues managed by counselling were related to clinical record keeping. Two matters were finalised and one matter remained open as at 30 June 2014.

Council members who conducted counselling were:

- Dr Debra Shirley
- Mr Michael Ryan
- Mr David Cross

## Matters Referred to Another Entity

During the reporting period, the Council referred one matter to AHPRA as the practitioner had moved interstate.

## Matters Referred to HCCC for Assisted Resolution and Conciliation

The Council may refer a complaint to the HCCC for assisted resolution or conciliation to be dealt with under the *Health Care Complaints Act 1993*. No matters were referred to the HCCC for either of these actions.

## Outcomes of Mandatory Notifications

The outcomes of the three mandatory notifications completed were as follows:

Outcomes	Number
Conditions by consent	1
Referred to AHPRA	1
No further action with advice	1

## Monitoring and Compliance of Orders and Conditions

The Council is responsible for monitoring compliance with orders made and conditions imposed by an adjudication body. Conditions fall into two categories:

- a) public conditions, which are published on the AHPRA website ([www.ahpra.gov.au](http://www.ahpra.gov.au)) or
- b) private conditions, which relate to impairment.

During the year five cases were monitored, and four remain active as at 30 June 2014.

Matters Monitored	Number
Supervision of practice	1
Education or training required	1
Blood alcohol testing	1
Review by treating health practitioner	1
Urine drug testing and blood alcohol testing	1

One practitioner attended two reviews by a Council-appointed practitioner in addition to an IRP review. The practitioner's conditions were lifted and the monitoring case was finalised. One other practitioner was referred to a Council-appointed practitioner review assessment during the year.

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



# Management and Administration



## Shared Services

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

On behalf of the Councils, the HPCA liaises with:

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

This coordinated approach provides efficiencies through shared services that would be costly for each Council to implement on its own. It also allows the Council to direct its attention to protection of the public by concentrating on its core regulatory functions.

The Council and the HPCA have signed a three year service level agreement (SLA) effective from 1 July 2012. The SLA outlines the services the HPCA provides and key performance indicators against which performance is assessed annually. It provides certainty and a shared understanding for the Council and the HPCA on the range and quality of services provided.

The HPCA Advisory Committee was established in October 2013 to advise on strategy and improvements to services the HPCA provides to Councils and to support communication with the Ministry of Health and the Secretary on matters relating to Council regulatory practices and emerging issues. The Committee is chaired by the Ministry's Director of Legal and Regulatory Services and includes selected Council Presidents and the HPCA Director. A priority for the Committee will be a response to the NRAS review and a review of the Law in 2015.

## Strategic Planning

In April 2014 the Council Presidents and senior HPCA staff participated in a facilitated planning session to agree a shared strategic vision and priorities for the next three years. A broad Strategic Framework was outlined and further work is underway to develop a strategic plan. The first priorities focus on communication and stakeholder engagement, in particular to improve Council websites and electronic communication, including newsletters and to

develop a research plan. These plans will be developed during 2014/2015.

## Business Process Improvement

A process improvement plan is being implemented that brings together the recommendations of the business process reviews completed in 2012 and 2013. It also includes the priorities in the records management plan and the workforce management plan. A priority in 2014/2015 is to develop a regulatory handbook for use by staff in Council teams that will bring together the complaints management business process maps and other key business processes, resources and information guides. This will promote consistency in the way complaints are managed from receipt to resolution by the Council.

A project to publish an electronic conditions handbook is underway to promote consistent decision making and monitoring. The handbook includes generic information about the regulatory adjudication bodies and considerations when drafting conditions; information unique to individual professions that decision-makers need to take into account when imposing conditions, and a set of resources. The first tranche of conditions is nearing completion and covers procedural conditions, limiting practice conditions and prescribing and drug conditions.

A series of process indicators has been developed as a mechanism for Councils to report on qualitative aspects of their work and to supplement the current quantitative measures in place. The indicators will also identify areas where there is a need to focus on strategies for improvement and support consistent and regular reporting across Councils.

A major initiative this year was implementation in February 2014 of a technology solution for the preparation and distribution of Council and committee meeting papers. Diligent Boardbooks software was selected through a comprehensive tender and evaluation process.

Staff upload the agenda papers to a secure Internet portal from which Council members download them to iPads prior to their meeting. The Boardbooks application allows members to read and annotate the papers on their iPad during the meeting when the agenda is discussed. The system eliminates the need to print large agenda packs for all members for

each meeting, saves on mailing and courier costs, enhances security over confidential information and provides members with a lightweight and effective means of viewing Council material.

## Audit and Risk Management

NSW Treasury has granted the Council an exemption from the *Internal Audit and Risk Management Policy for the NSW Public Sector* (TPP09-05) on the grounds that it is a small agency for which the administrative and cost burden of full compliance would be prohibitive. Nevertheless the Council has appropriate internal audit and risk management practices in line with the core requirements of TPP09-05.

In 2013/2014 the HPCA Audit and Risk Committee continued to review and monitor the Risk Register, discussed and monitored internal audits and reviews, and received high level summaries on the Council's financial reports.

The HPCA implemented the recommendations of the Audit Office of NSW 2012/2013 Management Letter, and improved the finance working papers in preparation for the 2014 audit. A repeat recommendation that the HPCA has a memorandum of understanding (MOU) with the Ministry of Health for the services the Ministry provides has been completed with the MOU being signed in May 2014.

## Internal Audit

IAB is commissioned to undertake the internal audits nominated in the internal audit plan. In 2013/2014 an audit of monitoring of practitioners with orders and/or conditions on their registration was completed and the recommendations are being implemented. Standard operating procedures for dealing with monitoring cases have been documented and will be published following consultation with staff.

Implementation of the recommendations of the audit of the HPCA's workforce management framework was also completed. Position descriptions have been updated and the performance management framework is being implemented in accordance with the *Government Sector Employment Act 2013*.

An internal audit of complaint handling by Council teams was undertaken in June 2014 and the report and recommendations will be considered in the next financial year.

## Information Management and Systems

An Information and Communications Technology (ICT) strategic plan is being developed that formally identifies the ICT infrastructure, capability and priorities for the next three years. An ICT Steering Committee has been established and includes a Ministry of Health IT professional to inform the Committee on developments within the health sector and provide expert advice on proposed ICT projects.

Further system modifications were made to the case management system (MaCS) to improve usability and reporting. The MaCS user group guides priorities and contributes to user testing. Staff received training and support as changes were made and the accuracy and reliability of reporting is improving.

The TRIM records management system has been further embedded in practice. Training has been a focus and priorities developed to promote the use of TRIM to meet State Records compliance requirements. Planning is underway to upgrade and integrate TRIM to one platform at the Pitt Street and Gladesville sites. A request for quote was issued and a successful provider selected.

A TRIM user group has been established to finalise the file and document naming conventions for regulatory activities that will be applied consistently across all Council teams. The user group members also provide back up support and training within their work groups.

## Information Security

The Council has adopted the NSW Government *Digital Information Security Policy*. As a shared services provider to the Councils the HPCA has submitted an attestation statement to the Department of Finance and Services which outlines the timeframes for compliance with the core requirements of the Policy.

The Council is also required to present an attestation statement in the Annual Report, which is in the Appendix.

## Access to Information - Government Information Public Access (GIPA)

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

The Agency Information Guide was updated and is accessible on the website.

#### Review of Proactive Release Program

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

All new and revised policies and other information are publicly released on the website. In addition, the Council reviewed the program and the policy register including monitoring the completion and approval of relevant information.

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

- Annual Report 2012/2013
- Business Continuity Management Plan
- Council/HPCA Strategic Framework Summary (April 2014)
- Handbook for Council, Committee and Panel members
- HPCA Strategic Action Plan 2013/2014
- Managing email access policy and procedures
- Media and communication policy and procedures
- Council newsletter
- Staff handbook
- YourSay staff survey report summary.

#### Number of Access Applications Received

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

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

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

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

### Privacy

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

The Council received no complaints regarding privacy matters.

The Council has adopted the NSW Health Privacy Management policy pending development of a

specific privacy management plan. A number of staff attended privacy awareness training conducted by the Office of the Information and Privacy Commissioner.

### Public Interest Disclosures

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

There were no public interest disclosures (PIDs) made by staff or Council members during the year. The PID statistics are reported in the Appendix.

### Human Resources

The HPCA staff who support the Council are employed under Part 4 of the *Government Sector Employment Act 2013*.

As at 30 June 2014 the HPCA employed 97 permanent full-time equivalent (FTE) staff and three temporary FTE staff, of whom 1.06 FTE staff provided secretariat support directly to the Council. The organisation chart is provided in the Appendix.

### Learning and Development

Learning and development opportunities are available to staff to ensure that they have the skills and knowledge to support the Council's core business and the HPCA's organisational priorities.

Staff attended training sessions on:

- GIPA and privacy provisions
- Writing procedures and policy documents, and minute taking
- Dealing with difficult complainants
- TRIM records management system and Monitoring and Complaints System (MaCS) for case management
- Understanding of the *Health Practitioner Regulation Law (NSW)* - regulatory responsibilities and Council processes to protect the public
- *Government Sector Employment Act 2013* requirements. Managers and staff also attended training on the Performance Management Framework.

The *Government Sector Employment Act 2013* requires agencies to implement a Performance Management Framework and for all employees to have a performance agreement. Performance agreements are being developed and staff and managers are working on their individual priorities and identifying training needs.

The first all staff forum was held in July 2013, which brought staff together to hear about priority, strategic and operational issues and to provide an opportunity for discussion about matters of interest. It also enabled staff from across teams and work groups to meet and share ideas. The forum included discussion on the common issues raised through the *YourSay* staff survey that was conducted through the Ministry of Health.

The second forum was held in February 2014 and included staff led discussion to develop team building and communication activities. The forums have been well received by staff and will be held twice each year. Each forum includes a presentation and discussion on an aspect in the Code of Conduct.

Induction sessions for members of Councils, committees and panels were held in September and October 2013. These annual events aim to introduce new members to their legislative and regulatory responsibilities and were very well received. A number of long-standing members also participated and reported that the workshops provide a valuable opportunity to refresh their knowledge and share their experiences.

A series of seminars on the Council's core programs was also initiated. The Conduct Program seminar in June 2014 was attended by over 70 members from all Councils, committees and panels as well as practitioners who provide assessments, counselling and other services to the Council. Sessions focused on the management of complaints about practitioners' conduct, including progression to a tribunal. The conduct and content of the seminar received overwhelmingly positive feedback.

Seminars on the Performance Program and the Health Program are being planned for 2014/2015.

The Handbook for members of Councils, committees and panels was also revised and is available on the Council website.

## Workforce Diversity

The HPCA recognises the value of workforce diversity and encourages and aims to attract and retain people with diverse skills, experience and background. Appointments to the Council, committees and panels are also made on the understanding that diversity of knowledge, experience and background supports the Council's regulatory activities.

The workforce diversity statistics provided by the Public Service Commission are in the Appendix.

## Multicultural Policies and Services Program

The Council applies the NSW Government's *Principles of Multiculturalism* and ensures that information and services are available to meet the diverse language needs of the people of NSW.

The Council and the HPCA websites provide advice on how to access translating and interpreting services in 19 languages for people making an inquiry or a complaint. A number of HPCA staff are also able to provide assistance in translating and interpreting in a range of languages.

Responsibility for the registration and accreditation of overseas trained health professionals rests with the National Board. The Council supports the National Board's commitment to providing opportunities for overseas trained health practitioners to be registered and practise in Australia.

The following strategies are in place to address the *Principles of Multiculturalism*:

- promoting a culturally diverse workforce, membership of committees and participation in the Council's regulatory activities
- maintaining ongoing commitment to the *Principles of Multiculturalism* and the requirements of relevant legislation and Government policy.

The HPCA is organising cultural awareness and diversity training for staff and members. Staff are also encouraged to complete the Health Education and Training Institute's online cultural training modules.



## Disability Services

The Council supports the NSW Government's *Disability Policy Framework* and the Principles outlined in Schedule 1 of the *Disability Services Act 1993*.

The HPCA maintains a range of strategies to implement these requirements including:

- workplace assessment and adjustments to support staff and members with a disability
- assistance from external providers to prepare and coordinate return to work plans for staff with work related injuries and/or temporary disabilities
- provision of ergonomic furniture and equipment for all staff, including those requiring workplace adjustment
- access to disabled washrooms
- a TTY service and a hearing loop in hearing rooms available for the hearing impaired.

## Occupational Health and Safety

The Work Health and Safety Committee oversees the workplace environment to ensure compliance with legislation and government policy. Committee members participated in training in the legislative requirements and new members received appropriate induction. Fire wardens undertook refresher training and the outcomes of an evacuation drill were reviewed.

## Waste Management (WRAPP)

The HPCA manages implementation of the NSW Government's WRAPP on behalf of the Council. During the year the HPCA maintained efforts to reduce waste, recycle paper products, consumables and equipment, and to purchase resources with recycled content, with the following results:

- purchased all A4 copy paper with 50% recycled content
- recycled 95% of total paper waste
- recycled 100% of paper/cardboard packaging; separated and directed packaging material to the building's centralised recycling systems
- provided paper recycling containers at each workstation to divert paper from waste bins and landfill
- sent 100% of toner cartridges for recycling.

The following waste avoidance strategies are in place:

- scrap recycled paper diverted for use as message pads and notetaking

- increased use of email for internal communication and with Council members. The introduction of the Boardbooks technology for the distribution and management of Council meeting papers has significantly reduced the use of paper. It will be progressively extended to other meetings to further reduce dependence on printed papers.
- clients referred to Council websites for access to publications and other information as an alternative to providing hard copy documents
- use of double-sided printing as much as possible
- inclusion of "please consider the environment before printing" note on email communication.

The HPCA also participates in the Sydney Central Recycling Program managed by the owners of the Pitt Street building. The Program aims to improve recycling activity with increased use of centrally located colour-coded bins. An opportunity to dispose of electronic equipment securely is provided twice a year.

## Consultants

The Councils together commissioned six consultancies. The Council made the following contribution to these consultancies:

### Engagements costing less than \$50,000

Service Provided	Number	Cost inc. GST \$
Council business processes	2	739
Financial management	2	1,471
Governance	2	1,225
<b>Total</b>	<b>6</b>	<b>3,435</b>

## Insurance

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

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

## Financial Management

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

In signing the Service Level Agreement, the Council endorsed revised 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 methodologies were reviewed in 2013/2014 to ensure they are equitable and the best means of cost allocation. The review concluded that the existing formulae are equitable and the most effective means of calculating Councils' individual contributions to shared costs. Minor adjustments were made to the methodologies following consultation with all Councils.

## Format

The accounts of the Council's administrative operations, including the Education and Research activities, together with the Independent Auditor's Report are set out in the Financial Statements.

## Performance

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

	\$
Operating expenditure	386,830
Revenue	520,947
Net profit/(loss)	123,466
Net cash reserves (cash and cash equivalents minus current liabilities)*	783,140
* Included in the net cash reserves is Education and Research bank account balance of:	182,648

## Investment Performance

The Council's banking arrangements transferred to Westpac Banking Corporation in accordance with the agreement between NSW Treasury and Westpac Banking Corporation for the provision of transactional banking.

The guaranteed credit interest rate is calculated on daily balances as per the Reserve Bank of Australia cash rate plus an agreed fixed margin for five years.

## Payments Performance

The consolidated accounts payable performance report for all 14 Councils is in the Appendix.

## Budget

The budget for the period 1 July 2014 to 30 June 2015 is as follows:

	\$
Revenue	506,177
Operating expenses	486,622
Education and research	0
Net profit/(loss)	19,555



## PHYSIOTHERAPY COUNCIL OF NEW SOUTH WALES

YEAR ENDED 30 JUNE 2014

### STATEMENT BY MEMBERS OF THE COUNCIL

Pursuant to s 41C(1B) *Public Finance and Audit Act 1983*, and in accordance with the resolution of the members of the Physiotherapy Council of New South Wales, we declare on behalf of the Council that in our opinion:

1. The accompanying financial statements exhibit a true and fair view of the financial position of the Physiotherapy Council of New South Wales as at 30 June 2014 and financial performance for the year then ended.
2. The financial statements have been prepared in accordance with the provisions of Australian Accounting Standards, Accounting Interpretations, the *Public Finance and Audit Act 1983*, the *Public Finance and Audit Regulation 2010*, and the Treasurer's Directions.

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



Anne Deans  
President

Date: 17.10.14



David Cross  
Deputy President

Date: 17.10.14



## INDEPENDENT AUDITOR'S REPORT

### Physiotherapy Council of New South Wales

To Members of the New South Wales Parliament

I have audited the accompanying financial statements of the Physiotherapy Council of New South Wales (the Council), which comprise the statement of financial position as at 30 June 2014, the statement of comprehensive income, statement of changes in equity and statement of cash flows, for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information.

### Opinion

In my opinion, the financial statements:

- give a true and fair view of the financial position of the Council as at 30 June 2014, and of its financial performance and its cash flows for the year then ended in accordance with Australian Accounting Standards
- are in accordance with section 41B of the *Public Finance and Audit Act 1983* (the PF&A Act) and the Public Finance and Audit Regulation 2010.

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

### The Council's Responsibility for the Financial Statements

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

### Auditor's Responsibility

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

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

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

My opinion does *not* provide assurance:

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

### Independence

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

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

C J Giumelli  
Director, Financial Audit Services

20 October 2014  
SYDNEY



## Physiotherapy Council of New South Wales

### Statement of Comprehensive Income for the Year Ended 30 June 2014

	Notes	2014 \$	2013 \$
<b>EXPENSES EXCLUDING LOSSES</b>			
Operating expenses			
Personnel services	2(a)	(204,474)	(199,895)
Other operating expenses	2(b)	(108,898)	(124,022)
Depreciation and amortisation	2(c)	(19,842)	(12,700)
Finance costs	2(d)	(268)	(337)
Other expenses	2(e)	(53,348)	(57,161)
Education and research expenses	3	-	(3,859)
<b>Total Expenses Excluding Losses</b>		<b>(386,830)</b>	<b>(397,974)</b>
<b>REVENUE</b>			
Registration fees		488,660	453,073
Interest revenue	5(a)	30,339	23,906
Other revenue	5(b)	1,948	3,081
<b>Total Revenue</b>		<b>520,947</b>	<b>480,060</b>
Gain/(Loss) on disposal/additions	6	(10,651)	3,625
<b>Net Result</b>		<b>123,466</b>	<b>85,711</b>
Other comprehensive income		-	-
<b>Total Comprehensive Income</b>		<b>123,466</b>	<b>85,711</b>

The accompanying notes form part of these financial statements.

# Physiotherapy Council of New South Wales

Statement of Financial Position  
as at 30 June 2014

	Notes	2014 \$	2013 \$
<b>ASSETS</b>			
<b>Current Assets</b>			
Cash and cash equivalents	7	1,053,408	886,791
Receivables	8	8,952	12,679
<b>Total Current Assets</b>		<b>1,062,360</b>	<b>899,470</b>
<b>Non-Current Assets</b>			
Plant and equipment	9		
Leasehold improvements		13,751	32,862
Motor vehicles		175	345
Furniture and fittings		3,770	6,972
Other		2,825	5,298
<b>Total plant and equipment</b>		<b>20,521</b>	<b>45,477</b>
Intangible assets	10	13,056	11,183
<b>Total Non-Current Assets</b>		<b>33,577</b>	<b>56,660</b>
<b>Total Assets</b>		<b>1,095,937</b>	<b>956,130</b>
<b>LIABILITIES</b>			
<b>Current Liabilities</b>			
Payables	11	73,739	61,584
Fees in advance	12	196,529	190,101
<b>Total Current Liabilities</b>		<b>270,268</b>	<b>251,685</b>
<b>Non-Current Liabilities</b>			
Fees in advance	12	1,801	2,548
Provisions	13	6,325	7,820
<b>Total Non-Current Liabilities</b>		<b>8,126</b>	<b>10,368</b>
<b>Total Liabilities</b>		<b>278,394</b>	<b>262,053</b>
<b>Net Assets</b>		<b>817,543</b>	<b>694,077</b>
<b>EQUITY</b>			
Accumulated funds		817,543	694,077
<b>Total Equity</b>		<b>817,543</b>	<b>694,077</b>

The accompanying notes form part of these financial statements.



## Physiotherapy Council of New South Wales

### Statement of Changes In Equity for the Year Ended 30 June 2014

	Notes	Accumulated Funds \$
Balance at 1 July 2013		694,077
Net Result for the Year		123,466
Other comprehensive income		-
Balance at 30 June 2014		<u>817,543</u>
Balance at 1 July 2012		608,366
Net Result for the Year		85,711
Other comprehensive income		-
Balance at 30 June 2013		<u>694,077</u>

The accompanying notes form part of these financial statements.



## Physiotherapy Council of New South Wales

### Statement of Cash Flows for the Year Ended 30 June 2014

	Notes	2014 \$	2013 \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
<b>Payments</b>			
Personnel services		(197,106)	(215,902)
Other		(164,574)	(223,183)
<b>Total Payments</b>		<b>(361,680)</b>	<b>(439,085)</b>
<b>Receipts</b>			
Receipts from registration fees		502,159	492,106
Interest received		33,364	22,842
Other		187	698
<b>Total Receipts</b>		<b>535,710</b>	<b>515,646</b>
<b>Net Cash Flows from Operating Activities</b>	17	<b>174,030</b>	<b>76,561</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Proceeds from sale of plant and equipment		-	-
Purchases of plant and equipment and intangible assets		(7,413)	(3,718)
<b>Net Cash Flows from Investing Activities</b>		<b>(7,413)</b>	<b>(3,718)</b>
<b>Net Increase/(Decrease) in Cash</b>		<b>166,617</b>	<b>72,843</b>
Opening cash and cash equivalents		886,791	813,948
<b>Closing Cash and Cash Equivalents</b>	7	<b>1,053,408</b>	<b>886,791</b>

The accompanying notes form part of these financial statements.

# Physiotherapy Council of New South Wales

## Notes to the Financial Statements

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### 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

#### a. Reporting Entity

The Physiotherapy Council of New South Wales (the Council) as a not-for-profit reporting entity with no cash generating units, performs the duties and functions contained in the *Health Practitioner Regulation National Law (NSW) No 86a* (the Law).

These financial statements for the year ended 30 June 2014 have been authorised for issue by the Council on 17 October 2014.

#### b. Basis of Preparation

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

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

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

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

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

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

#### c. Statement of Compliance

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

#### d. Significant Accounting Judgments, Estimates and Assumptions

There has been no significant change from the agreed cost sharing arrangements for the pooled costs between Health Professional Councils introduced effective 1 July 2012.

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

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

#### e. Insurance

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

# Physiotherapy Council of New South Wales

## Notes to the Financial Statements

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### f. Accounting for the Goods and Services Tax (GST)

Income, expenses and assets are recognised net of the amount of GST, except that:

- the amount of GST incurred by the Council as a purchaser that is not recoverable from the Australian Taxation Office is recognised as part of the cost of acquisition of an asset or as part of an item of expense, and
- receivables and payables are stated with the amount of GST included.

Cash flows are included in the statement of cash flows on a gross basis. However, the GST components of cash flows arising from investing and financing activities which are recoverable from, or payable to, the Australian Taxation Office are classified as operating cash flows.

### g. Income Recognition

Income is measured at the fair value of the consideration or contribution received or receivable.

The National Registration and Accreditation Scheme for all health professionals commenced on 1 July 2010. NSW opted out of the complaint handling component of the National scheme and the health professional Councils were established in NSW effective from 1 July 2010 to manage the complaints function in a co-regulatory arrangement with the NSW Health Care Complaints Commission (HCCC).

Under s 26A of the Law, the complaints element of the registration fees payable during 2014 by NSW health practitioners was decided by the Council established for that profession subject to approval by the Minister for Health.

The Council, under the Law, receives fees on a monthly basis from the Australian Health Practitioner Regulation Agency (AHPRA) being the agreed NSW complaints element for the 2014 registration fee.

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

### h. Personnel Services

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

### i. Interest Revenue

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

### j. Education and Research

The Council is responsible for the administration of the Education and Research account. The Minister for Health may determine that a set amount of funds out of the fees received to be transferred to the Education and Research account.

### k. Assets

#### i. Acquisition of Assets

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

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

## Physiotherapy Council of New South Wales

### Notes to the Financial Statements

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Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

#### ii. Capitalisation Thresholds

The Health Professional Councils Authority (HPCA) acquires all assets on behalf of the Council. Shared use assets that cost over \$5,000 at the time of purchase by the HPCA are capitalised. These capitalised shared use assets are then allocated to the Council using an appropriate allocation method. The minimum capitalisation threshold limits applied to the Council for the asset are \$100 (2012/2013 - \$110) (all Council shared use asset), or \$157 (2012/2013 - \$170) (Pitt Street shared use asset), whichever is applicable.

#### iii. Impairment of Plant and Equipment

As a not-for-profit entity with no cash generating units, AASB 136 *Impairment of Assets* effectively is not applicable. AASB 136 modifies the recoverable amount test to the higher of fair value less costs to sell and depreciated replacement cost. This means that, where an asset is already measured at fair value, impairment can only arise if selling costs are material. Selling costs for the entity are regarded as immaterial.

#### iv. Depreciation of Plant, Equipment and Leasehold Improvements

Depreciation and amortisation is provided for on a straight-line basis for all depreciable assets so as to write off the amounts of each asset as it is consumed over its useful life to the Council.

Depreciation and amortisation methods, useful lives and residual values are reviewed at each reporting date and adjusted if appropriate.

Depreciation rates used are as follows:

Plant and equipment 20% - 25%

Furniture and fittings 16% - 20%

Motor vehicles 25% - 29%

Leasehold improvements 17% - 27.8%

#### v. Fair Value of Plant and Equipment

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

#### vi. Maintenance

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

#### vii. Intangible Assets

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

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

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

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

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

# Physiotherapy Council of New South Wales

## Notes to the Financial Statements

The Council's intangible assets are amortised using the straight line method over a period of four years. In general, intangible assets are tested for impairment where an indicator of impairment exists. However, as a not-for-profit entity with no cash generating units, the Council is effectively exempted from impairment testing.

### viii. Loans and Receivables

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

## I. Liabilities

### i. Trade and Other Payables

These amounts represent liabilities for goods and services provided to the Council and other amounts. Payables are recognised initially at fair value, usually based on the transaction cost or face value. Subsequent measurement is at amortised cost using the effective interest method. Short-term payables with no stated interest rates are measured at the original invoice amount where the effect of discounting is immaterial.

### ii. Personnel Services - Ministry of Health

In accordance with an agreed Memorandum of Understanding, personnel services are acquired from the MOH. As such the MOH accounting policy is below.

Liabilities for salaries and wages (including non-monetary benefits), recreation leave and paid sick leave that are due to be settled within 12 months after the end of the period in which the employees render the service are recognised and measured in respect of employees' services up to the reporting date at undiscounted amounts based on the amounts expected to be paid when the liabilities are settled.

In accordance with NSWTC 14/04 'Accounting for Long Service Leave and Annual Leave', the Council's annual leave has been assessed as a short-term liability as these short-term benefits are expected to be settled wholly before 12 months after the end of the annual reporting period in which the employee renders the related services.

Unused non-vesting sick leave does not give rise to a liability as it is not considered probable that sick leave taken in the future will be greater than the benefits accrued in the future.

The outstanding amounts of payroll tax, workers' compensation insurance premiums and fringe benefits tax, which are consequential to employment, are recognised as liabilities and expenses where the employee benefits to which they relate have been recognised.

All employees receive the Superannuation Guarantee Levy contribution. All superannuation benefits are provided on an accumulation basis - there are no defined benefits. Contributions are made by the entity to an employee superannuation fund and are charged as an expense when incurred.

### iii. Provision for Make Good

Provisions include the Council's proportionate liability (allocated to the Council using an appropriate allocation method) of the estimated make good liability, discounted to today's present value.

## m. Equity

### Accumulated Funds

The category 'Accumulated Funds' includes all current and prior period funds.

## Physiotherapy Council of New South Wales

### Notes to the Financial Statements

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#### n. Comparative information

Except when an Australian Accounting Standard permits or requires otherwise, comparative information is disclosed in respect of the previous period for all amounts reported in the financial statements.

#### o. Cash and cash equivalents

Cash and cash equivalent assets in the statement of financial position would normally comprise cash on hand, cash at bank and short-term deposits and include deposits in the NSW Treasury Corporation's Hour-Glass cash facility, other Treasury Corporation deposits (less than 90 days) and other at-call deposits that are not quoted in the active market.

Bank overdrafts are included within liabilities.

#### p. Adoption of New and Revised Accounting Standards

A number of new standards were applied from 1 July 2013, including AASB 13 *Fair Value Measurement* and AASB 119 *Employee Benefits*. The application of these new standards did not have a significant impact on the financial statements.

A number of new standards, amendments to standards and interpretations are effective for annual periods beginning after 1 July 2014, and have not been applied in preparing these financial statements. None of these are expected to have a significant effect on the financial statements of the Council.

NSW Treasury issued TC14/03 circular states which states none of the new revised Standards of Interpretations are to be adopted early.

The standards that are relevant to the Council are as follows:

- a) AASB 9, AASB 2010-7 and AASB Financial Instruments 2012-6 regarding financial instruments (2015/2016)
- b) AASB 10 Consolidated Financial Statements with NFP guidance
- c) AASB 12 Disclosure of interests in other entities.



# Physiotherapy Council of New South Wales

## Notes to the Financial Statements

### 2. EXPENSES EXCLUDING LOSSES

#### a. Personnel Services Expenses

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

	2014 \$	2013 \$
Salaries and wages (including recreation leave)	178,639	169,324
Superannuation	11,802	15,650
Payroll taxes	12,600	12,487
Workers' compensation insurance	1,433	2,435
	<u>204,474</u>	<u>199,895</u>

#### b. Other Operating Expenses

	2014 \$	2013 \$
Auditor's remuneration	5,976	5,535
Rent and building expenses	31,578	39,878
Council fees	13,286	16,681
Sitting fees	31,883	28,987
NSW Civil & Administrative Tribunal fixed costs	2,500	-
Contracted labour	23,675	32,941
	<u>108,898</u>	<u>124,022</u>

#### c. Depreciation and Amortisation Expense

	2014 \$	2013 \$
<b>Depreciation</b>		
Motor vehicles	146	160
Furniture and fittings	1,266	1,743
Other	2,760	3,558
	<u>4,172</u>	<u>5,461</u>
<b>Amortisation</b>		
Leasehold improvement	11,669	2,049
Intangible assets	4,001	5,190
	<u>15,670</u>	<u>7,239</u>
<b>Total Depreciation and Amortisation</b>	<u>19,842</u>	<u>12,700</u>

# Physiotherapy Council of New South Wales

## Notes to the Financial Statements

### 2. EXPENSES EXCLUDING LOSSES (continued)

#### d. Finance Costs

	2014 \$	2013 \$
Unwinding of discount rate on make good provision	268	337
	<u>268</u>	<u>337</u>

#### e. Other Expenses

	2014 \$	2013 \$
Subsistence and transport	9,198	9,242
Fees for service	28,693	29,929
Postage and communication	2,744	2,812
Printing and stationery	4,344	5,336
Equipment and furniture	36	559
General administration expenses	8,333	9,283
	<u>53,348</u>	<u>57,161</u>

### 3. EDUCATION AND RESEARCH

#### Education and Research Expenses

	2014 \$	2013 \$
Grants	-	3,859
Total (excluding GST)	<u>-</u>	<u>3,859</u>

# Physiotherapy Council of New South Wales

## Notes to the Financial Statements

### 4. EXPENDITURE MANAGED ON BEHALF OF THE COUNCIL THROUGH THE NSW MINISTRY OF HEALTH

The Council's accounts are managed by the NSW Ministry of Health (MOH). Executive and administrative support functions are provided by the HPCA, which is an executive agency of the MOH.

In accordance with an agreed MOU salaries and associated oncosts are paid by the MOH. The MOH continues to pay for the staff and associated oncosts. These costs are reimbursed by the Council to the MOH.

### 5. (a) INTEREST REVENUE

	2014 \$	2013 \$
Interest revenue from financial assets not at fair value through profit or loss	30,339	23,906
	<u>30,339</u>	<u>23,906</u>

During the year, in accordance with the agreement between NSW Treasury and Westpac Banking Corporation on 1 April 2013 for the provision of Transactional Banking, the HPCA on behalf of the Council, transitioned all current banking arrangements to Westpac Banking Corporation.

The guaranteed credit interest rate is calculated on daily balances as per the RBA cash rate plus an agreed fixed margin for five years.

	2014 %	2013 %
Average Interest Rate	2.54	2.81

### (b) Other revenue

	2014 \$	2013 \$
Recoupment of costs	-	347
Make good revenue resulting from decrease in make good provision	1,182	2,381
Profit on re-allocation of Make good	579	-
Legal fee recoveries	41	353
Other	146	-
	<u>1,948</u>	<u>3,080</u>

## Physiotherapy Council of New South Wales

### Notes to the Financial Statements

#### 6. GAIN/(LOSS) ON DISPOSAL/ADDITIONS

	2014 \$	2013 \$
<b>Plant and equipment</b>		
Net book value (disposed)/acquired during the year	(9,964)	11,190
Proceeds from sale/acquisition costs	-	-
	<u>(9,964)</u>	<u>11,190</u>
<b>Intangible assets</b>		
Net book value (disposed)/acquired during the year	(687)	(7,565)
Proceeds from sale/acquisition costs	-	-
	<u>(687)</u>	<u>(7,565)</u>
<b>Total Gain/(Loss) on Disposal/Additions</b>	<u><b>(10,651)</b></u>	<u><b>3,625</b></u>

Included in the above Gain/(Loss) on disposal are adjustments arising from the Council's prior year decision to adopt a significant accounting policy, an agreed cost sharing arrangement for the distribution of pooled costs between health professional Councils and to dispose or acquire of a portion of its share of the opening carrying values of the pooled assets. Refer Note 1 (d).

#### 7. CASH AND CASH EQUIVALENTS

	2014 \$	2013 \$
Cash at bank and on hand	182,649	397,857
Short-term bank deposits	-	268,150
Cash at bank - held by HPCA*	870,759	220,784
	<u><b>1,053,408</b></u>	<u><b>886,791</b></u>

\* This is cash held by the HPCA, an executive agency of the MOH, on behalf of the Council for its operating activities.

The Council operates the bank accounts shown below:

	2014 \$	2013 \$
Operating account**	-	221,690
Education and research account**	182,648	176,167
	<u><b>182,648</b></u>	<u><b>397,857</b></u>

\*\* managed by the HPCA, an executive agency of the MOH.

# Physiotherapy Council of New South Wales

## Notes to the Financial Statements

### 8. RECEIVABLES

	2014 \$	2013 \$
Prepayments	4,462	595
Other receivables	3,246	(132)
Interest receivable	5	3,029
Trade receivables	1,239	9,188
Less: allowance for impairment	-	-
	<u>8,952</u>	<u>12,679</u>

No receivables are considered impaired.

The trade receivables include monies that AHPRA has collected from registrants as at 30 June 2014 and has remitted the monies to HPCA in July 2014.

There were no Trade Debtor's past due.

### 9. PLANT AND EQUIPMENT

The Council has an interest in plant and equipment used by all health professional Councils. Plant and equipment is not owned individually by the Council. The amounts recognised in the financial statements have been calculated based on the benefits expected to be derived by the Council.

	Leasehold Improvements \$	Motor Vehicles \$	Furniture & Fittings \$	Other \$	Total \$
<b>At 1 July 2013</b>					
Gross carrying amount	34,403	638	8,715	21,741	65,497
Accumulated depreciation and impairment	(1,541)	(293)	(1,743)	(16,443)	(20,020)
<b>Net Carrying Amount</b>	<u>32,862</u>	<u>345</u>	<u>6,972</u>	<u>5,298</u>	<u>45,477</u>
<b>At 30 June 2014</b>					
Gross carrying amount	25,346	583	6,332	20,848	53,109
Accumulated depreciation and impairment	(11,595)	(408)	(2,562)	(18,023)	(32,588)
<b>Net Carrying Amount</b>	<u>13,751</u>	<u>175</u>	<u>3,770</u>	<u>2,825</u>	<u>20,521</u>



# Physiotherapy Council of New South Wales

## Notes to the Financial Statements

### Reconciliation

A reconciliation of the carrying amount of each class of plant and equipment at the beginning and end of the current reporting period is set out below:

	Leasehold Improvements	Motor Vehicles	Furniture & Fittings	Other	Total
	\$	\$	\$	\$	\$
<b>Year ended 30 June 2014</b>					
Net carrying amount at start of year	32,862	345	6,972	5,298	45,477
Additions	-	-	-	849	849
Disposals	-	-	-	-	-
Other <sup>1</sup>	(7,442)	(24)	(1,936)	(562)	(9,964)
Depreciation	(11,669)	(146)	(1,266)	(2,760)	(15,841)
<b>Net Carrying Amount at End of Year</b>	<b>13,751</b>	<b>175</b>	<b>3,770</b>	<b>2,825</b>	<b>20,521</b>

	Leasehold Improvements	Motor Vehicles	Furniture & Fittings	Other	Total
	\$	\$	\$	\$	\$
<b>At 1 July 2012</b>					
Gross carrying amount	26,931	1,242	6,074	34,934	69,181
Accumulated depreciation and impairment	(190)	(274)	-	(20,094)	(20,558)
<b>Net Carrying Amount</b>	<b>26,741</b>	<b>968</b>	<b>6,074</b>	<b>14,840</b>	<b>48,623</b>

<b>At 30 June 2013</b>					
Gross carrying amount	34,403	638	8,715	21,741	65,497
Accumulated depreciation and impairment	(1,541)	(293)	(1,743)	(16,443)	(20,020)
<b>Net Carrying Amount</b>	<b>32,862</b>	<b>345</b>	<b>6,972</b>	<b>5,298</b>	<b>45,477</b>

### Reconciliation

A reconciliation of the carrying amount of each class of plant and equipment at the beginning and end of the prior reporting period is set out below:

	Leasehold Improvements	Motor Vehicles	Furniture & Fittings	Other	Total
	\$	\$	\$	\$	\$
<b>Year ended 30 June 2013</b>					
Net carrying amount at start of year	26,741	968	6,074	14,840	48,623
Additions	1,060	-	-	1,005	2,065
Disposals	-	-	-	-	-
Other <sup>1</sup>	7,110	(463)	2,641	(6,989)	2,299
Depreciation	(2,049)	(160)	(1,743)	(3,558)	(7,510)
<b>Net Carrying Amount at end of year</b>	<b>32,862</b>	<b>345</b>	<b>6,972</b>	<b>5,297</b>	<b>45,477</b>

1. Other includes:

a. Adjustments required to opening balances due to the agreed Cost Allocation Methodology as at 1 July 2013 & 1 July 2012.

# Physiotherapy Council of New South Wales

## Notes to the Financial Statements

### 10. INTANGIBLE ASSETS

The Council has an interest in intangible assets used by all health professional Councils. The assets are not owned individually by the Council. The amounts recognised in the financial statements have been calculated based on the benefits expected to be derived by the Council.

	Software Work in Progress	Software	Total
	\$	\$	\$
<b>At 1 July 2013</b>			
Cost (gross carrying amount)	2,359	38,997	41,356
Accumulated amortisation and impairment	-	(30,173)	(30,173)
<b>Net Carrying Amount</b>	<b>2,359</b>	<b>8,824</b>	<b>11,183</b>

<b>At 30 June 2014</b>			
Cost (gross carrying amount)	8,920	36,051	44,971
Accumulated amortisation and impairment	-	(31,915)	(31,915)
<b>Net Carrying Amount</b>	<b>8,920</b>	<b>4,136</b>	<b>13,056</b>

	Software Work in Progress	Software	Total
	\$	\$	\$
<b>Year Ended 30 June 2014</b>			
Net carrying amount at start of year	2,359	8,824	11,183
Additions	6,561	-	6,561
Disposals	-	-	-
Other <sup>1</sup>	-	(687)	(687)
Amortisation	-	(4,001)	(4,001)
<b>Net Carrying Amount at End of Year</b>	<b>8,920</b>	<b>4,136</b>	<b>13,056</b>

	Software Work in Progress	Software	Total
	\$	\$	\$
<b>At 1 July 2012</b>			
Cost (gross carrying amount)	819	59,197	60,016
Accumulated amortisation and impairment	-	(37,731)	(37,731)
<b>Net Carrying Amount</b>	<b>819</b>	<b>21,466</b>	<b>22,285</b>

<b>At 30 June 2013</b>			
Cost (gross carrying amount)	819	59,197	60,016
Accumulated amortisation and impairment	-	(37,731)	(37,731)
<b>Net Carrying Amount</b>	<b>819</b>	<b>21,466</b>	<b>22,285</b>



# Physiotherapy Council of New South Wales

## Notes to the Financial Statements

### 10. INTANGIBLE ASSETS (continued)

	Software Work in Progress \$	Software \$	Total \$
<b>Year Ended 30 June 2013</b>			
Net carrying amount at start of year	819	21,466	22,285
Additions	1,540	113	1,653
Transfers	-	-	-
Disposals	-	-	-
Other <sup>1</sup>		(7,565)	(7,565)
Amortisation	-	(5,190)	(5,190)
<b>Net Carrying Amount at End of Year</b>	<b>2,359</b>	<b>8,824</b>	<b>11,183</b>

**1. Other includes:**

a. Adjustments required to opening balances due to the agreed Cost Allocation Methodology as at 1 July 2013 & 1 July 2012.

### 11. PAYABLES

	2014 \$	2013 \$
Personnel services - Ministry of Health	26,552	20,616
Trade and other payables	47,187	40,968
	<b>73,739</b>	<b>61,584</b>

# Physiotherapy Council of New South Wales

## Notes to the Financial Statements

### 12. FEES IN ADVANCE

	2014 \$	2013 \$
<b>Current</b>		
Registration fees in advance	196,529	190,101
	<u>196,529</u>	<u>190,101</u>
<b>Non-Current</b>	1,801	2,548
Registration fees in advance	<u>1,801</u>	<u>2,548</u>

Registration fees in advance is the unearned revenue from NSW Regulatory Fees received on behalf of the Council by the HPCA from the AHPRA.

### 13. PROVISIONS

	2014 \$	2013 \$
<b>Non-Current</b>		
Make good	6,325	7,818
	<u>6,325</u>	<u>7,818</u>

#### Movement in Provisions (other than personnel services)

Movements in each class of provision during the financial year, other than personnel services, are set out below:

	2014 \$	2013 \$
Make good		
Carrying amount at the beginning of year	7,818	18,754
Increase/(Decrease) in provisions recognised due to re-allocation of opening balances at beginning of year	(579)	-
Decrease in provisions recognised	(1,182)	(11,273)
Unwinding/change in discount rate	268	337
<b>Carrying Amount at the End of Financial Year</b>	<u>6,325</u>	<u>7,818</u>

# Physiotherapy Council of New South Wales

## Notes to the Financial Statements

The HPCA recognised a lease make good provision on entering into lease arrangements for Level 6, 477 Pitt Street. The provision was first included in the financial statements for 30 June 2011 and was based on a market-based estimate of the cost per square metre to make good the areas of the Pitt Street building that the HPCA occupies at the end of the lease.

As required under paragraph 59 of AASB 137, provisions are required to be reviewed at the end of each reporting period and adjusted to reflect the current best estimate of the provision. The HPCA has recalculated the estimated lease make good provision as at 30 June 2014, taking into account the updated discount rate and inflation rates that are required under TC 11/17 and an updated estimate of the cost per square metre to make good the leased areas.

The impact of the changes to the three inputs to the overall lease make good provision has been to reduce the required provision as at 30 June 2014.

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

## 14. COMMITMENTS FOR EXPENDITURE

### a. Capital Commitments

Aggregate capital expenditure contracted (2014) for the acquisition of duress alarm upgrade equipment at Level 6, 477 Pitt Street office for at balance date and not provided for.

	2014 \$	2013 \$
Not later than one year	253	-
Later than one year and not later than five years	-	-
<b>Total (including GST)</b>	<b>253</b>	<b>-</b>

### b. Operating Lease Commitments

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

	2014 \$	2013 \$
Not later than one year	37,984	47,181
Later than one year and not later than five years	57,200	122,438
<b>Total (including GST)</b>	<b>95,184</b>	<b>169,619</b>

## 15. RELATED PARTY TRANSACTIONS

The Council has only one related party, being the HPCA, an executive agency of the MOH.

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



# Physiotherapy Council of New South Wales

## Notes to the Financial Statements

### 16. CONTINGENT LIABILITIES AND CONTINGENT ASSETS

The Health Professional Councils Authority received advice from the Ministry of Health and the Ministry's independent tax advisors to the effect that payments made to Council and Hearing members attract a pay as you go (PAYG) withholding tax obligation and superannuation guarantee levy payments. As a result of that advice, the Health Professional Councils Authority had undertaken an audit of the financial records.

The impact of the superannuation back pay adjustments and administration fees has been included in the annual accounts as well as an estimate of the nominal interest as at 30 June 2014. However, the nominal interest component cannot be finally determined until the voluntary disclosure of the superannuation guarantee charge statements by the Health Professional Councils Authority on behalf of the Council are submitted and agreed to by the Australian Taxation Office for all the affected Council and Hearing members.

The variation between the accrued estimated nominal interest and the final agreed amount are considered to be immaterial.

There are no material contingent assets as at 30 June 2014.

### 17. RECONCILIATION OF NET RESULT TO CASH FLOWS FROM OPERATING ACTIVITIES

	2014 \$	2013 \$
Net result	123,466	85,711
Depreciation and amortisation	19,842	12,700
(Increase)/Decrease in receivables	3,727	7,909
Increase/(Decrease) in fees in advance	5,683	15,505
Increase/(Decrease) in payables	12,156	(39,595)
Increase/(Decrease) in provisions	(1,495)	(2,045)
Net gain/(loss) on sale of plant and equipment	10,651	(3,624)
<b>Net Cash used on Operating Activities</b>	<b>174,030</b>	<b>76,561</b>

# Physiotherapy Council of New South Wales

## Notes to the Financial Statements

### 18. FINANCIAL INSTRUMENTS

The Council's principal financial instruments are outlined below. These financial instruments arise directly from the entity's operations or are required to finance the Council's operations. The Council's main risks arising from financial instruments are outlined below, together with the Council's objectives, policies and processes for measuring and managing risk. Further quantitative and qualitative disclosures are included throughout the financial statements.

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

#### a. Financial Instrument Categories

Financial Assets	Notes	Category	Carrying Amount 2014	Carrying Amount 2013
Class			\$	\$
Cash and Cash Equivalents	7	N/A	1,053,408	886,791
Receivables <sup>1</sup>	8	Loans and receivables (measured at amortised cost)	1,244	12,217
Financial Liabilities	Notes	Category	Carrying Amount 2014	Carrying Amount 2013
Class			\$	\$
Payables <sup>2</sup>	11	Financial liabilities (measured at amortised cost)	73,739	61,584

Notes:

1. Excludes statutory receivables and prepayments (i.e. not within scope of AASB 7).
2. Excludes statutory payables and unearned revenue (i.e. not within scope of AASB 7).
3. There are no financial instruments accounted for at fair value.

# Physiotherapy Council of New South Wales

## Notes to the Financial Statements

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### b. Credit Risk

Credit risk arises when there is the possibility of the Council's debtors defaulting on their contractual obligations, resulting in a financial loss to the Council. The maximum exposure to credit risk is generally represented by the carrying amount of the financial assets (net of any allowance for impairment).

Credit risk arises from the financial assets of the Council, including cash, receivables, and authority deposits. No collateral is held by the Council. The Council has not granted any financial guarantees.

#### Cash

Cash comprises cash on hand and bank balances held by the Council and the HPCA on behalf of the Council. Interest is earned on the daily bank balances.

#### Receivables - Trade Debtors

All trade debtors are recognised as amounts receivable at balance date. Collectability of trade debtors is reviewed on an ongoing basis. Debts which are known to be uncollectible are written off. An allowance for impairment is raised when there is objective evidence that the entity will not be able to collect all amounts due. This evidence includes past experience, and current and expected changes in economic conditions and debtor credit ratings. No interest is earned on trade debtors. The Council is not materially exposed to concentrations of credit risk to a single trade debtor or group of debtors.

### c. Liquidity Risk

Liquidity risk is the risk that the Council will be unable to meet its payment obligations when they fall due. The HPCA on behalf of the Council continuously manages risk through monitoring future cash flows and maturities planning to ensure adequate holding of high quality liquid assets.

The liabilities are recognised for amounts due to be paid in the future for goods or services received, whether or not invoiced. Amounts owing to suppliers (which are unsecured) are settled in accordance with the policy set out in Treasurer's Direction 219.01. If trade terms are not specified, payment is made no later than the end of the month following the month in which an invoice or a statement is received. Treasurer's Direction 219.01 allows the Minister to award interest for late payment.

All payables are current and will not attract interest payments.

### d. Market Risk

The Council does not have exposure to market risk on financial instruments.

### e. Interest Rate Risk

The Council has minimal exposure to interest rate risk from its holdings in interest bearing financial assets. The Council does not account for any fixed rate financial instruments at fair value through profit or loss or as available-for-sale. A reasonably possible change of +/- 1% is used, consistent with current trends in interest rates. The basis will be reviewed annually and amended where there is a structural change in the level of interest rate volatility.

## 19. EVENTS AFTER THE REPORTING PERIOD

There are no events after the reporting period to be included in the financial statements as of 30 June 2014.

End of Audited Financial Statements

# Appendix

## Members of Tribunals, Committees and Panels 2013/2014

### Tribunal members

Deputy Chairperson	Mr Mark Lynch
Professional members	Ms Ruth Perrott Ms Brenda Elliot
Lay member	Ms Babette Smith

### Assessment Committee

Term of appointment: 16 November 2012 to 30 June 2016

Role	Name
Chair (Practitioner)	Associate Professor Catherine Dean
Member (Practitioner)	Mr Michael Ward
Member (Practitioner)	Ms Libby (Nicki) Loneragan
Member (Not registered health practitioner)	Mr John Davies

### Impaired Registrants Panel

Chair (Medical practitioners)	Dr Ian Cameron Dr Susan Messner
Professional members	Ms Maria Quinlivan Ms Vicki Williams

## Legislative Changes

### Health Practitioner Regulation National Law

The NSW Parliament passed the *Civil and Administrative Legislation (Repeal and Amendment) Act 2013*. The *Civil and Administrative Legislation (Repeal and Amendment) Act* commenced on 1 January 2014 and is one part of the suite of legislation that established the Civil and Administrative Tribunal of New South Wales (NCAT).

The *Civil and Administrative Legislation (Repeal and Amendment) Act* amended the *Health Practitioner Regulation National Law (NSW)* (the Law) to abolish each of the 14 separate health practitioner Tribunals and to incorporate their functions within the Health Practitioner Division List of the Occupational Division of NCAT. NCAT is now the responsible Tribunal as defined in section 5 of the Law.

Extensive consequential amendments were required to Part 8 of the Law along with minor consequential amendments to Part 5A of the Law and to the *Health Practitioner Regulation (New South Wales) Regulation 2010*.

## Digital Information Security Annual Attestation Statement for the 2013/2014 financial year

I, Ms Anne Deans, President of the Physiotherapy Council of New South Wales, am of the opinion that the Council had an Information Security Management System in place during the financial year being reported on which is materially consistent with the Core Requirements set out in the *Digital Information Security Policy for the NSW Public Sector* with the following exceptions:

### Core Requirement 1 - Information Security Management System

Policy PD2013\_033, *Electronic Information Security Policy - NSW Health* applies to the Physiotherapy Council. Agreement has been received that at its next update the Policy will be amended in view of the changes in NSW since 1 July 2010 following the enactment of the Health Practitioner Regulation National Law (NSW) and the commencement of the National Registration and Accreditation Scheme.

The Health Professional Councils Authority's *ICT Strategic Plan*, to be finalised in 2014/2015, will implement the Ministry of Health Policy Directive PD2013\_033 for the Physiotherapy Council.

#### Core Requirement 2 - Compliance with Minimum Controls

Full adoption of DFS C2013-5 *Information Classification and Labelling Guidelines* will be completed in 2014/2015.

An information security review is planned for 2015/2016 as a prelude to seeking ISO 27001 Certification.

#### Core Requirement 3 - Compliance by Shared Service Provider

The Health Professional Councils Authority provided its Digital Information Security Annual Attestation for the 2013/2014 Financial Year to the ICT Board on 30 June 2014.

#### Core Requirement 4 - Certified Compliance with AS/NZS ISO/IEC 27001

Compliance for ISO 27001 Certification is to be sought in 2015/2016.

## Government Information (Public Access) Act 2009 (GIPA) Statistics 2013/2014

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

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

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

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

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

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

**Table C: Invalid applications**

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

**Table D: Conclusive presumption of overriding public interest against disclosure: matters listed in Schedule 1 to 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	0
Documents affecting law enforcement and public safety	0
Transport safety	0
Adoption	0
Care and protection of children	0
Ministerial code of conduct	0
Aboriginal and environmental heritage	0

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

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

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



Table F: Timeliness

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

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

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

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

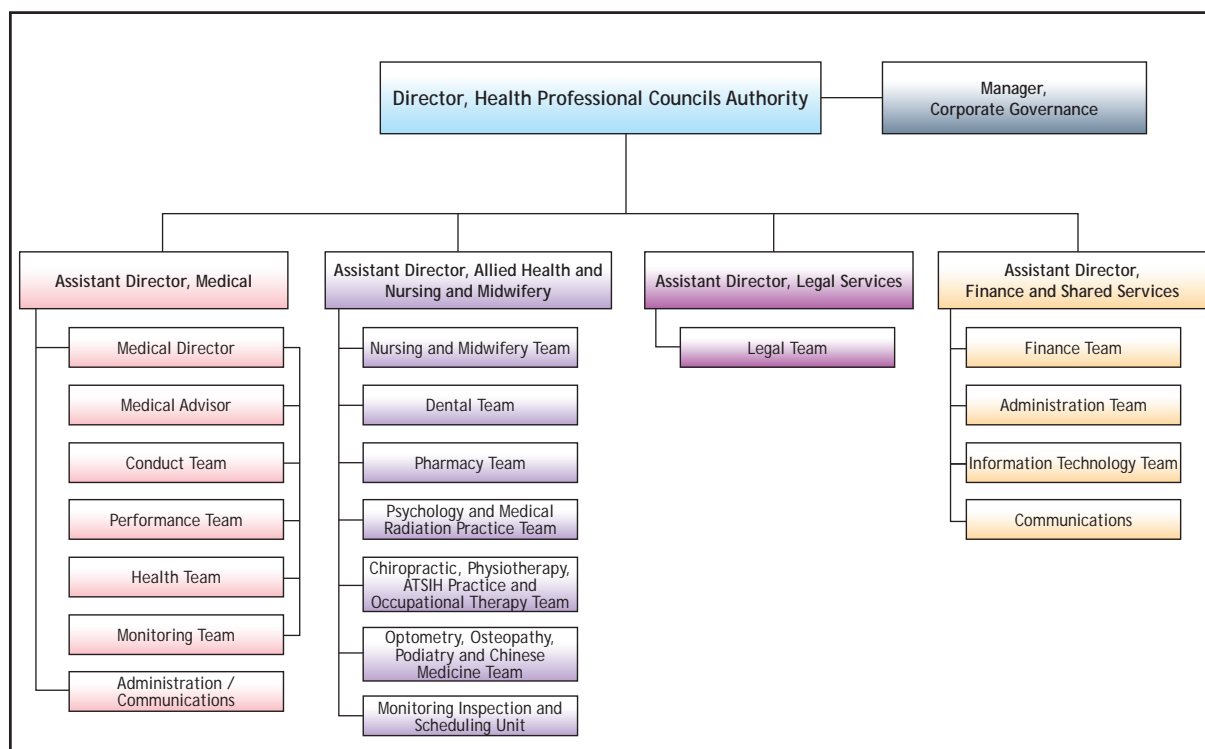
Table H: Applications for review under Part 5 of the Act (by type of applicant)

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

### Public Interest Disclosure Statistics July 2013 - June 2014

	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:			
Corrupt conduct	0	0	0
Maladministration	0	0	0
Serious and substantial waste	0	0	0
Government information contravention	0	0	0
Number of PIDs finalised	0	0	0

## HPCA Organisation Chart as at 30 June 2014



## Workforce diversity statistics

### Trends in the Representation of Workforce Diversity Groups

Workforce Diversity Group	Benchmark/Target	2012	2013	2014
Women	50%	N/A	N/A	85.1%
Aboriginal People and Torres Strait Islanders	2.60%	N/A	N/A	0.0%
People whose First Language Spoken as a Child was not English	19.00%	N/A	N/A	2.3%
People with a Disability	N/A	N/A	N/A	0.0%
People with a Disability Requiring Work-Related Adjustment	1.50%	N/A	N/A	0.0%

### Trends in the Distribution of Workforce Diversity Groups

Workforce Diversity Group	Benchmark/Target	2012	2013	2014
Women	100	N/A	N/A	N/A
Aboriginal People and Torres Strait Islanders	100	N/A	N/A	N/A
People whose First Language Spoken as a Child was not English	100	N/A	N/A	N/A
People with a Disability	100	N/A	N/A	N/A
People with a Disability Requiring Work-Related Adjustment	100	N/A	N/A	N/A

Note 1: A Distribution Index of 100 indicates that the centre of the distribution of the Workforce Diversity group across salary levels is equivalent to that of other staff. Values less than 100 mean that the Workforce Diversity group tends to be more concentrated at lower salary levels than is the case for other staff. The more pronounced this tendency is, the lower the index will be. In some cases the index may be more than 100, indicating that the Workforce Diversity group is less concentrated at lower salary levels.

Note 2: The Distribution Index is not calculated where Workforce Diversity group or non-Workforce Diversity group numbers are less than 20.

## Payments Performance

Quarter	Current (within due date) \$	Less than 30 days overdue \$	Between 30 to 60 days overdue \$	Between 60 to 90 days overdue \$	More than 90 days overdue \$
<b>All suppliers</b>					
September	1,832,116	6,704	-	-	-
December	1,137,594	2,880	-	-	-
March	1,327,468	4,705	2,316	2,494	-
June	1,585,322	11,586	68	2,658	-
<b>Small business suppliers</b>					
September	636,714	5,204	-	-	-
December	178,388	2,400	-	-	-
March	399,398	2,720	2,316	2,494	-
June	291,675	9,455	68	2,376	-

Measure	Sept	Dec	Mar	June
<b>All suppliers</b>				
Number of accounts due for payment	203	121	210	133
Number of accounts paid on time	195	117	205	121
% of accounts paid on time (based on number of accounts)	96.1	96.7	97.6	91
\$ amount of accounts due for payment	1,838,819	1,140,474	1,336,982	1,599,633
\$ amount of accounts paid on time	1,832,116	1,137,594	1,327,468	1,585,322
% of accounts paid on time (based on \$)	99.6	99.7	99.3	99.1
Number of payments for interest on overdue accounts	0	0	0	0
Interest paid on overdue accounts	0	0	0	0

Measure	Sept	Dec	Mar	June
<b>Small business suppliers</b>				
Number of accounts due for payment	173	101	181	101
Number of accounts paid on time	167	97	177	92
% of accounts paid on time (based on number of accounts)	97	96	98	91
\$ amount of accounts due for payment	641,918	180,788	406,927	303,574
\$ amount of accounts paid on time	636,714	178,388	399,398	291,675
% of accounts paid on time (based on \$)	99	99	98	96
Number of payments for interest on overdue accounts	0	0	0	0
Interest paid on overdue accounts	0	0	0	0

# Glossary

## Adjudication Body

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

## Cancellation

- A Council may recommend the cancellation of a practitioner's registration to the Tribunal Chair if the practitioner does not have sufficient physical and mental capacity to 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

## Closed Complaint

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

## Complainant

A person who makes a complaint to a health complaint entity:

- 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

## Caution

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

## Condition

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

## Notification

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

## Notifiable Conduct/Mandatory Reporting

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

## Open Matter

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

## Order

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

Professional Misconduct

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

## Reprimand

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

## Stage

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

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

## Stream

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

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

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

## Supervision

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

## Suspension

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

## Unsatisfactory Professional Conduct

Conduct which is:

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

Additional matters apply to medical practitioners and pharmacists.

## Abbreviations

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



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