



Dental Council of New South Wales
Annual Report 2012

Dental Council of New South Wales

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The Hon. Jillian Skinner MP
Minister for Health
Minister for Medical Research
Level 31, Governor Macquarie Tower
1 Farrer Place
Sydney NSW 2000

Dear Minister

We are pleased to present the Annual Report on behalf of the Dental Council of New South Wales for the period 1 July 2011 to 30 June 2012, for presentation to the Parliament pursuant to the requirements of the *Annual Reports (Statutory Bodies) Act 1984*.

During the period from 1 July 2011 to 30 June 2012, the Dental Council of New South Wales continued its role under the *Health Practitioner Regulation National Law (NSW)* (the Law). The Dental Council manages complaints and notifications about the conduct, performance or health of dental practitioners and students. This includes dentists, dental specialists, dental hygienists, dental prosthetists, oral health therapists and dental therapists. The Dental Council also provides advice to your Department on matters related to the role of the Dental Council.

The Dental Council's inspectors have visited 26 dental practices during the reporting period. When the Dental Council receives a complaint concerning infection control, the inspector visits and provides a report to the Executive Officer.

The Dental Council received 533 complaints against dental practitioners during the reporting period. The Dental Council has held 31 Inquiries following complaints made by patients concerning dental treatment, two pursuant to s 53 *Dental Practice Act 2001*, and 29 inquiries pursuant to Subdivision 5 of the Law (NSW). Of these, unsatisfactory professional conduct was established in 13 matters. Eleven of the dental practitioners had conditions placed on their registration, one had orders made against him and one practitioner had conditions placed on their registration but was subsequently suspended and referred to the Australian Health Practitioner Regulation Agency (AHPRA). Two of the matters were referred to the Health Care Complaints Commission (HCCC) for further investigation.

The Council exercised its powers pursuant to s 150 of the Law for the protection of the public in relation to three dental practitioners. Two practitioners had conditions imposed on their registration and one practitioner agreed to a voluntary suspension of registration. One dentist appeared before the Dental Tribunal and was de-registered.

Changes to Council membership were required, effective from 30 June 2012. This saw the retirement of a number of Council members. On behalf of the Dental Council, appreciation and admiration was conveyed to those individuals for the valuable time and effort and also to wish all those completing this term of appointment well for the future. Similarly, with the new appointments, the new President, Vice-President and members are to be congratulated. The Dental Council is ably supported by the committed staff of the Health Professional Councils Authority.

The year was a busy and active year for the Dental Council and the Dental Council members acknowledge and support the contribution made by the Executive Officer and her staff. In addition to regular services, and an increased work load, the staff have continued to deal with the issues associated with the transition to the National Registration Scheme, which commenced on 1 July 2010 in accordance with the provisions of the Law (NSW). This activity has been ably supported by the Health Professional Councils Authority and the Council is indebted to the service and support provided by the Director Ms Jeanette Evans and all her senior management.

The implementation of the National Registration Scheme has been ambitious. Interaction with practitioners and consumers has sometimes been a challenge mindful of the complex relationships between AHPRA, the HPCA, the HCCC and the Councils. However, based on the Office of Best Practice Regulation principles and the National Law, there is now opportunity for the community and the professions in New South Wales and nationally to work as an accessible, flexible and safe health workforce working in the interests of the public.

Yours sincerely

Conjoint Associate Professor
William O'Reilly
President

Adj Assoc Professor Deborah Cockrell
Deputy President

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About the Council



The Dental Council of New South Wales (the Council) is a statutory body established to manage notifications (complaints) about conduct, performance and health matters concerning registered dental practitioners, and health and conduct matters related to students in New South Wales (NSW). This includes:

- dentists
- dental specialists
- dental hygienists
- dental prosthetists
- oral health therapists
- dental therapists.

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 Dental Council is one of 10 Councils operating in NSW. The Health Professional Councils Authority (HPCA) provides secretariat and corporate support to the NSW health professional Councils to assist them in carrying out their regulatory responsibilities.

Charter

The Council is constituted pursuant to the *Health Practitioner Regulation National Law (NSW) No 86a* (the Law) to exercise the powers, authorities, duties and functions imposed by the Law.

Aims and Objectives

The purpose of the Dental Council is to act in the interests of the public by ensuring that registered dental practitioners are fit to practise and 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 assured that registered dental practitioners are required to maintain proper and appropriate standards of conduct and professional performance.

Council Membership

Membership of the Council is prescribed pursuant to Schedule 5C, Part 1, Division 1, clause 2 of the Law. The Council consisted of 13 members appointed by the Governor:

- (a) five are to be local dentists elected, in accordance with the NSW regulations, by local dentists:

Dr John Lockwood AM BDS FICD

Adj Assoc Professor John Dale AO BDS
MDS DDS LLB FRACDS FICD FADI FPFA

Adj Assoc Professor Christopher Griffiths
AM RFD BDS DPH(Dent) FICD

Adj Assoc Professor John Highfield
BDS DDS, MScPeriodontology

Dr Penny Burns BDS

- (b) one dentist nominated by the Minister:

Dr Anna Enno BDS

- (c) one dentist nominated by the Minister, being a registered dentist involved in conducting approved programs of study for the dental profession:

Professor Iven Klineberg AM RFD BSc MDS
PhD(Lond) FRACDS FICD FDSRCS(Lond, Edin)

- (d) one dental prosthetist nominated by the Minister:

Mr Stephen McGlynn AdvDipDP(Syd) DipDT(Syd)

- (e) one dental auxiliary nominated by the Minister:

Ms Virginia Faber-Castell Assoc Deg in Dental Hygiene

- (f) one person nominated by the Minister, being an officer of the Department of Health or an employee of a public health organisation:

Ms Leanne O'Shannessy BA, LLB

- (g) two persons, who are not registered under this Law in the dental profession, nominated by the Minister to represent the community:

Ms Norah McGuire

Mr Michael Miceli DipLaw, LLM

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

Mr Charles Vandervord LLB

As at 30 June 2012, the Council had 13 members, including five female members, one member with a disability and one member of a non-English speaking background.

The term of office of all Council members expired on 30 June 2012.

Remuneration

Remuneration for members of the Council is as follows:

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

Additionally, Council members receive sitting fees of \$500 per half day for the conduct of Inquiries at a meeting of the Council.

Council members are reimbursed for expenses incurred only 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 11 occasions on the first Friday of each month except April when Council met on the second Friday. The Council did not meet in January 2012.

Attendance at meetings is as follows:

Name	Meetings Attended
Dr John Lockwood AM	11
Dr Penny Burns	11
Adj Assoc Professor John W Dale AO	10
Dr Anna Enno	11
Mrs Virginia Faber-Castell	7
Adj Assoc Professor Christopher Griffiths AM RFD	8
Adj Assoc Professor John E Highfield	9
Professor Iven Klineberg AM RFD	11
Ms Norah McGuire	10
Mr Stephen McGlynn	10
Mr Michael Miceli	10
Ms Leanne O'Shannessy	9
Mr Charles Vandervord	9

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.

The following committees operated throughout the reporting period to support the Council:

Finance and Audit Committee

Dr John Lockwood (*Convenor*)

Ms Leanne O'Shannessy

Mr Charles Vandervord

Education and Research Committee

Professor Iven Klineberg

Adj Assoc Professor John Highfield

Dr Penny Burns

Dental Technicians Education Account Committee

The Dental Technicians Education Account has been established in accordance with Schedule 5A Clause 21 of the Law for purposes relating to the education of dental technicians. All the money in the Education account must be expended within three years after the account is established.

The Committee must consist of at least two members who are dental technicians and no more than two members who are dentists. The five members are:

Mr Stephen McGlynn (*Chairperson*)

Dr Anna Enno

Mr Brett Davis

Ms Julie Robb

Mr Marc Rondeau

The Committee held one meeting during the reporting year and is currently considering submissions from organisations for funding relating to the education of dental technicians.

Following receipt of recommendations from the Committee the Council approved funds of \$120,000 to be provided to the Oral Health Professionals Association to assist with the continuing development of an interactive educational delivery model website for dental technicians of NSW.

The Council also approved funds of \$85,500 to TAFE NSW to purchase an impression scanner, dental scanner and milling machine.

Regulatory Committees, Panels and Disciplinary Bodies

Part 8 of the Law prescribes the committees, panels and disciplinary bodies that support the Council in undertaking its regulatory activities. The activities and decisions of these bodies are reported in the section *Regulatory Activities* below.

Dental Tribunal

The Dental Tribunal of New South Wales is established under s 165 and comprises four members. The Chairperson or Deputy Chairperson is an Australian lawyer appointed by the Governor. For each Tribunal hearing the three other members are appointed by the Council.

The Tribunal deals with serious notifications (complaints) that may lead to suspension or deregistration, 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.

Tribunal members are listed in Appendix 3.

The current Tribunal appointments are for a period of three years from 1 March 2012 until 28 February 2015.

The Tribunal concluded one matter during the year. Refer to the *Regulatory Activities* section for details.

Assessment Committees

An Assessment Committee is established under s 172A and comprises four members appointed by the Minister. Three members are registered dental practitioners, and one member is not a registered health practitioner. There were two Assessment Committees. The first Committee was appointed for the period 1 August 2007 to 30 June 2012, with the following members:

Adj Assoc Professor William Dawes (*Chairperson*)

Dr Leone Hutchinson

Dr Philip Kinsella (*until 18 October 2011*)

Vacant position

Mrs Frances Taylor, currently appointed to Assessment Committee two, occupied a vacant position for the period 20 September 2011 until 30 June 2012.

This Committee met 11 times during the year.

The second Committee was appointed on 23 February 2011 for a four year term. Its members are:

Dr Sabrina Manickam (*Chairperson*)

Dr Christine Biscoe

Mr Martin Dunn OAM

Mrs Frances Taylor

This Committee met 12 times during the reporting period.

Impaired Registrants Panel

Impaired Registrants Panels are established under s 173 to deal with matters concerning practitioners who suffer from 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 dental practitioner. Panelists are drawn from a pool of members who are usually experienced in working with practitioners demonstrating problems with their health.

Four matters were considered by IRPs during the year; two new matters and two monitoring matters. Refer to Appendix 3 for members in 2011/2012.

Performance Review Panel

A Performance Review Panel (PRP) is established under s 174 to review the professional performance of a registered health practitioner. Three members are appointed to each Panel: two must be dental practitioners; and one is a lay person representing the community.

No matters were considered by a PRP during the year.

Executive Officer

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

Ms Sue Hardman is the Executive Officer of the Council.

Meetings and Conferences

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

- AHPRA NRAS Conference 15-17 September 2011
- Meeting with Minister for Health, The Hon. Jillian Skinner, MP on 28 September 2011
- Australian Dental Prosthetists Association (NSW) State Conference 27-28 April 2012.

Education and Research

Section 41S of the Law allows the Council to establish an Education and Research Account. The Council may expend these funds for

education and research purposes relevant to its regulatory functions, and for meeting any associated administrative costs incurred.

The Council has agreed to participate in and contribute to an Australian Research Council (ARC) funded research project in partnership with the University of Sydney, the Medical, Psychology, Pharmacy and Nursing and Midwifery Councils, HCCC and AHPRA NSW. The project is a comparative study of the notifications (complaints) systems of NSW compared with other States, and is being undertaken over the next three years.

Overseas Travel

There was no overseas travel during the reporting period.

Other Council Activities

The Council conducted an education day on 19 August 2011 which covered topics relating to conduct, history of professional misconduct, Dental Board of Australia's Code of Conduct and advertising for dental practitioners, panels and performance, Assessment Committees, health and Impaired Registrants Panel processes, governance, finance and delegations.

The Council established a working party to develop the framework for skills testing of registered dental practitioners. Section 147C of the Law provides that the Council may direct an Assessment Committee to require a health practitioner, that is the subject of a complaint referred to the Committee, to undergo skills testing. The working party met twice during the reporting period, 1 November 2011 and 25 May 2012.

The Council is also planning a project which will develop, document and commence the implementation of a performance program to support practitioners referred to the pathway by a Council. The project will develop and test the operational processes for the pathway from point of referral through to discharge.

The volume of complaints received by the Council has dramatically increased over recent years.

The Council commissioned an independent review of its systems and processes to identify any improvements that could assist with managing the volume.

The scope of the project was to review internal processes and systems to improve the operation of the Council.

Promotion of Council Activities

The Council's website (www.dentalcouncil.nsw.gov.au) is updated on a regular basis and is the principal medium for disseminating information to dental practitioners, students and the public.

The Council's Annual Report for 2010/2011 and Annual Reports of the former Board are accessible on the website.

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. The Council has established a complaint handling policy and procedures for addressing complaints regarding its administrative processes or about its activities, staff, service delivery and processes. No such complaints were received from members of the public or external organisations.

Legislative Changes

During the reporting period the NSW Parliament passed a number of minor amendments to the *Health Practitioner Regulation National Law (NSW)*, and the Governor made an order which amended ss 41B and 165. The Governor also approved a number of amendments to the *Health Practitioner Regulation (New South Wales) Regulation 2010*. Details of the legislative changes are at Appendix 1.

Regulatory Activities



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

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

National Registration

NSW health professionals are registered under the National Registration and Accreditation Scheme. Through the Scheme, the Dental Board of Australia (National Board) is responsible for registering health 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).

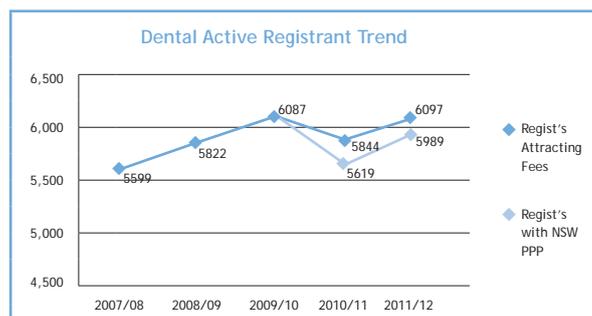
Registrations in NSW

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 2012, there were 5,989 registered dental practitioners whose principal place of practice was in NSW. This represents 31.4% of the total number of dental practitioners registered under the Scheme across Australia.

Dental practitioners include dentists, dental hygienists, dental prosthetists, dental specialists, dental therapists and oral health therapists.

The graph below provides information about the number of dental practitioners registered in NSW from 2007/2008 to 2011/2012. There was a 6.6% increase in 2011/2012 (370 practitioners) compared with 2010/2011.



Students are also registered. AHPRA advised that the number of NSW students registered as at 30 June 2012 was 1,222. Figures are based on the student's residential address, not the location of the education provider.

Registrations by type as at 30 June 2012 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	5,297	88	5,385
Specialist	7	1	8
General and Specialist	447	10	457
Limited	139	0	139
Non-Practising	99	9	108
Total	5,989	108	6,097

Notifications (Complaints) Received

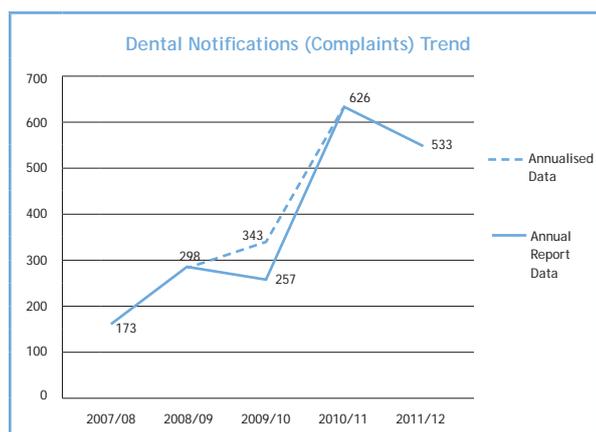
Any person may make a notification (complaint) against a registered dental practitioner or student. Notifications (complaints) may relate to the conduct, health or performance of a registered dental practitioner or the health or conduct of a registered student. A notification (complaint) may be made to the HCCC, the Council, or AHPRA.

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

All notifications (complaints) were referred to the Council's Consultation Committee for consideration.

There were 533 new notifications (complaints) during the reporting period.

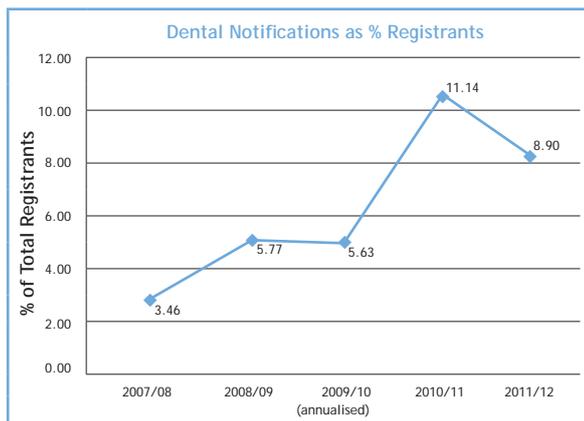
The following graph indicates the trend in new notifications received since 2007/2008 and shows a decrease in the past year. The notifications received in 2010/2011 included a large number of notifications related to advertising. Enquiries and notifications on advertising were directed to AHPRA in 2011/2012.



Notes:

- Data for 2010/2011 and 2011/2012 vary from that published in the AHPRA Annual Report. An error was identified subsequent to the submission of data to AHPRA.
- Data for 2010/2011 vary to that published in the Council's 2011 Annual Report (669 notifications reported) following a data cleansing project with the implementation of a new case management system (MaCS) in December 2011.
- Notifications received up to 1 July 2010 include notifications about some matters not covered by the Law such as advertising, registration issues.
- The 2009/2010 Dental Board of NSW Annual Report covered the nine month period 1 October 2009 to 30 June 2010.

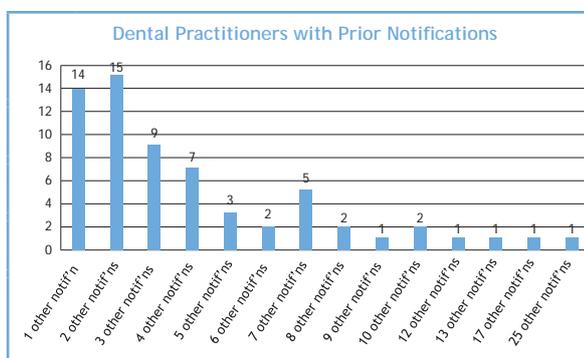
The following graph shows the level of notifications (complaints) as a percentage of the number of registered dental practitioners in NSW, which in 2011/2012 is less than 9%.



A more accurate measure is the percentage of dental practitioners about whom a notification (complaint) was received i.e. a dental practitioner with more than one notification is only counted once in the calculation. These data are only available since 1 July 2010. On this basis, the percentage of notifications (complaints) received on dental practitioners with a principal place of practice in NSW was 7.96% for the year.

	2010/2011	2011/2012	Variance
% of dental practitioners with notifications received	8.63	7.96	- 0.67

The numbers of registrants with a notification in 2011/2012 against whom more than one notification has been received in the past was as follows:

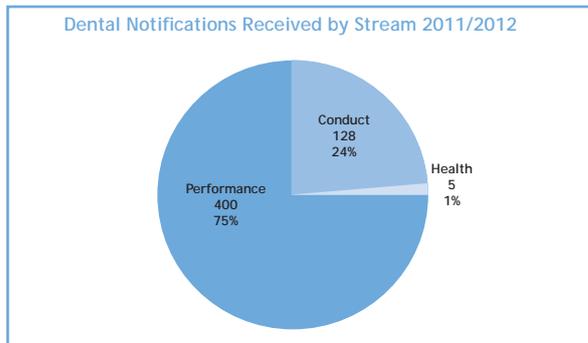


The notifications (complaints) managed by the Council in 2011/2012 were as follows:

Case volume open* at 1/7/2011	201
New notifications received in 2011/2012	533
Notifications closed in 2011/2012	489
Case volume open* at 30/6/2012	245
Total case volume managed in 2011/2012	734

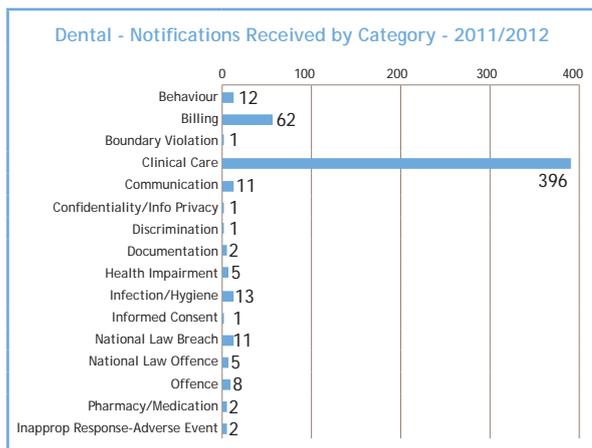
* See Glossary for definition of open matters.

Notifications (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 stream is identified as the primary stream based on the seriousness of the matter. The notifications received in 2011/2012 by the primary stream were as follows:



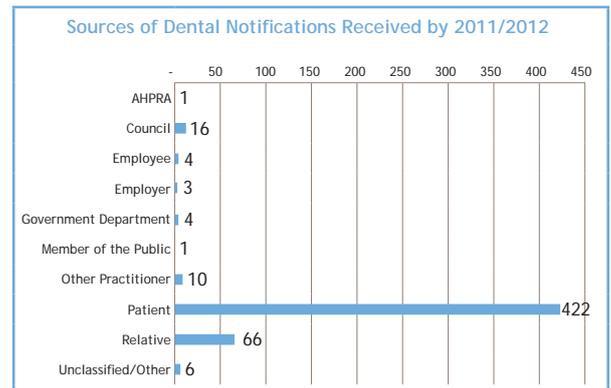
Notifications are also allocated to an issue category. The Council has adopted the issue categories that have been developed by the AHPRA, which facilitates reporting across jurisdictions.

The number of notifications received by the issue category was as below.



The majority of matters in clinical care related to treatment (316) followed by unnecessary treatment / over-servicing (29), inappropriate or inadequate procedures (28) and small volumes related to diagnosis, inadequate monitoring, refusal to assist or attend, inadequate history / examination, delay in care and inadequate follow-up.

The sources of notifications received in 2011/2012 were:



Of the 734 notifications managed by the Council in 2011/2012, 76.3% (560) were primarily related to the performance of dental practitioners, 1.0% (7) to health matters and 22.7% (167) to conduct issues.

Mandatory Notifications

The Law requires health practitioners, employers and education providers to make mandatory notifications to AHPRA if they believe the registered dental practitioner or student has behaved in a way that constitutes notifiable conduct i.e.

For a health practitioner:

- the practice of the profession while intoxicated by alcohol or other drugs, engaging in sexual misconduct in connection with practise, placing the public at substantial harm because the practitioner has an impairment or placing the public at risk because the practitioner has practised in a way that constitutes a significant departure from accepted professional standards.

For a student:

- has an impairment that, in the course of the student undertaking clinical training, may place the public at substantial risk of harm.

AHPRA then refers the matter to the Council.

There was one mandatory notification about a practitioner with an impairment and no mandatory notifications about students during the reporting period.

Mandatory notifications represent 0.2% of all notifications received in the reporting period.

The notification was made by another health practitioner and resulted in the Council taking immediate action under s 150 of the Law.

The Council also dealt with two mandatory notifications carried over from the previous period. All mandatory notifications were closed during the year.

Notifications (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 or investigation is carried out. Information on the processes for making and managing notifications (complaints) is available on the Council website. (www.dentalcouncil.nsw.gov.au).

Following an assessment of each notification (complaint), the HCCC and the Council determine if the matter should be dismissed or whether the matter requires some form of action. A notification (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 the parties have resolved the matter.

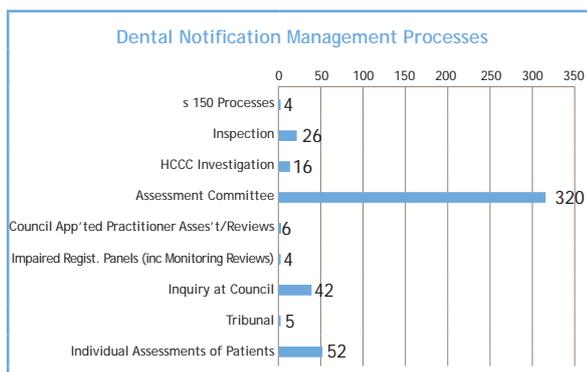
When action is required, further assessment or investigation occurs. Some matters may also be referred for further inquiry by a Tribunal, Panel or Committee.

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 the HCCC Resolution Service
- 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.

A small number of notifications were still being assessed at 30 June 2012.

Of notifications managed in 2011/2012, 64% (472) were referred for management to other legislated committees or adjudication bodies other than regular Council meetings. The volumes of notifications (complaints) by management process were as follows:



Assessment Committees

The Council may refer a notification (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 activities of the two Assessment Committees in the period were as follows:

Status of Assessment Committee Matters	Number
Case volume at 1/7/2011	84
New notifications referred in 2011/2012	236
Notifications finalised by Committee in 2011/2012	240
Case volume at 30/6/2012	80
Total case volume managed in 2011/2012	320

The outcomes of matters finalised by the Assessment Committees were that the Committees recommended that 54 matters be dealt with by an Inquiry at a Council meeting, 60 recommended a refund by the practitioner, 18 were settled by agreement re a payment by practitioner / withhold seeking of payment by practitioner, two recommended counselling, two recommended retreatment, 104 recommended

the Council dismiss the matter.

Protective Orders - Immediate Action under s 150 of the Law

The Council must exercise its powers to either suspend a dental practitioner’s registration, or to impose conditions on the dental practitioner’s practice 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.

During the reporting period, the Council exercised its protective powers on three occasions. The outcomes of immediate actions and the issues considered for immediate action in 2011/2012 were:

Order Type	Issue Category	Number
Interim conditions imposed on practice	Assault	1
	Criminal Offence	1
Interim suspension of registration	Drug Abuse	1

Two immediate actions resulted in interim conditions imposed on the registration of the practitioner and one resulted in the interim suspension of the practitioner’s registration. Interim outcomes remain in place until the matter is disposed of through investigation or other processes outlined elsewhere in this Report.

One further matter was referred for s 150 but was not finalised during the reporting period.

Of the above immediate action matters, one arose from a mandatory notification. The immediate action taken was the interim suspension.

Health

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 dental practitioners with an impairment to remain in practice when it is safe to do so.

During the reporting period, the Council dealt with five new health matters and two health matters were carried over from the last reporting period.

Five registrants in the health stream were experiencing issues arising from a cognitive impairment and two related to a drug addiction or abuse.

Council Approved Practitioner Assessments

The Council may refer a dental practitioner or student, who is the subject of a notification (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.

During the reporting period, the Council arranged for six assessments of practitioners by either a neuropsychologist or a medical practitioner.

The outcomes for completed assessments were that two practitioners were referred to an Impaired Registrants Panel. There were four reassessments conducted during the year.

Impaired Registrants Panels

The Law provides for the convening of Impaired Registrants Panels (IRPs) to deal with matters concerning dental practitioners who suffer from a physical or mental impairment which affects or is likely to affect their capacity to practise.

An IRP is non-disciplinary and aims to assist dental practitioners 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 dental practitioner or recommend that the Council counsel the dental practitioner, impose conditions on the registration, or suspend registration for a period if the Council is satisfied the dental practitioner or student has voluntarily agreed to the conditions or suspension.

No notifications referred to an IRP were carried over from the past period and two new notifications were referred to an IRP in 2011/2012.

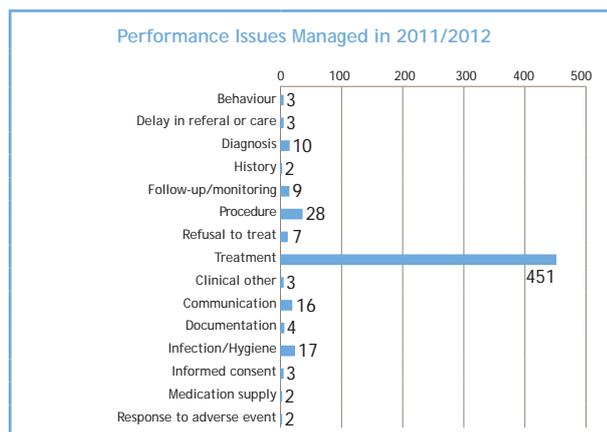
Information on IRP Reviews is reported in the *Monitoring and Compliance of Orders and Conditions* section.

Performance

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

The Council's performance program provides an avenue for education and retraining where inadequacies in competency 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 demonstrative of a broader problem.

The total number of dental practitioners managed in the performance stream in 2011/2012 was 560; 160 carried over from the previous reporting period and 400 new matters. The majority were identified with primary performance issues related to clinical care treatment, as shown below. Some dental practitioners had more than one issue of concern about their performance.



Performance Assessments

The Council may require a dental practitioner to participate in a performance assessment to assist the Council determine a course of action. The aim of such an assessment is to establish whether the dental practitioner's performance is at a standard expected of a similarly trained or experienced dental practitioner. Consequently, assessments are intended to be broad-based and not limited to the substance of the matter that triggered it.

The assessment is generally conducted in the dental practitioner's own practice environment by assessors appointed by Council who are familiar with the area of relevant practice of the dental practitioner.

The Council did not refer any matters for performance assessment during the reporting period.

Performance Review Panel

If a performance assessment finds that the professional performance of a practitioner is unsatisfactory, the Council may decide to refer the matter to a Performance Review Panel (PRP). The role of the Panel is to review the professional performance of the dental practitioner by examining the evidence placed before it to establish whether the dental practitioner's practice of dentistry meets the standard reasonably expected of a dental practitioner of 'an equivalent level of training or experience' at the time of the review.

Where deficiencies are identified, the dental practitioner is required to undertake remediation tailored to their individual needs. This may entail attending courses, undertaking supervision or engaging in additional continuing professional development. Conditions on registration may also be required to ensure the public is protected while the practitioner is undertaking remediation.

There were no PRPs convened during the reporting period.

Conduct

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.

The total number of dental practitioners managed in the conduct stream in 2011/2012 was 167; 39 matters carried over from the previous period and 128 new matters. The conduct issues were:



Investigations by the Health Care Complaints Commission (HCCC)

During 2011/2012, a number of matters were investigated by the HCCC resulting in the following outcomes:

- referred to the Director of Proceedings for consideration of prosecution before an adjudicating body
- referral to the Council for further management
- referral to another body
- no further action required.

Council Inquiry

Notifications (complaints) may be dealt with by way of disciplinary proceedings held at a meeting of the Council conducted under Part 8 Division 3 Subdivision 5 of the Law. The resulting action taken may include a caution or reprimand, imposition of conditions on registration, referral for assessments or some other action.

During the reporting period, notifications (complaints) of unsatisfactory professional conduct against 31 practitioners were heard by way of Council Inquiry as follows:

Status of Inquiry Matters	Number
Matters referred to an Inquiry but not completed at 1/7/2011	2
Matters referred to an Inquiry in 2011/2012	40
Matters where an Inquiry was completed in 2011/2012	31
Matters referred to an Inquiry but not completed by 30/6/2012	9
Matters referred to an Inquiry which did not proceed	2
Total case volume managed in 2011/2012	42

Findings from Inquiries completed in the reporting period were 13 found proved. The outcomes of these matters are listed in Appendix 4.

Two matters were finalised which had been carried over into this reporting period under the transitional provisions of the Law following Inquiries conducted by the former Dental Board of New South Wales under Part 5 Division 2 section 53 of the *Dental Practice Act 2001*.

Outcomes from Council Inquiries*	Number
Dental practitioner cautioned	3
Dental practitioner reprimanded	7
Orders imposed	7
Conditions imposed on registration	12
Complete education course	1
Refund payment or withhold seeking payment	2
Submit to an audit of records	1
No further action	15
Referred to other body	1

*Note: There may be more than one outcome for each matter.

Dental Tribunal

The Dental Tribunal deals with serious notifications (complaints) that may lead to suspension or deregistration, appeals against Council decisions regarding disciplinary matters and appeals against decisions of the National Board in relation to registration matters.

Status of Tribunal Matters	Number
Matters referred to a Tribunal but not completed at 1/7/2011	4
Matters referred to a Tribunal in 2011/2012	1
Matters the Tribunal completed in 2011/2012	1
Matters referred to a Tribunal but not completed at 30/6/2012	4
Total case volume managed in 2011/2012	5

The matter referred to the Tribunal in 2011/2012 related to a complaint in regard to an alleged sexual assault.

During the reporting period, the Tribunal finalised one matter that was prosecuted by the HCCC:

- On 2 November 2011, the Tribunal found the complaint proven and ordered that Ashleigh Jarrold not be re-registered.

The Reasons for Decision of the Tribunal are published in full on the Australasian Legal Information Institute website (www.austlii.edu.au) or may be access via the Council's website.

Reviews

Dental practitioners who have had conditions placed on their practice or registration by a Tribunal may request a review of those conditions.

No applications for review were carried over from the previous period. No application was received for review in 2011/2012.

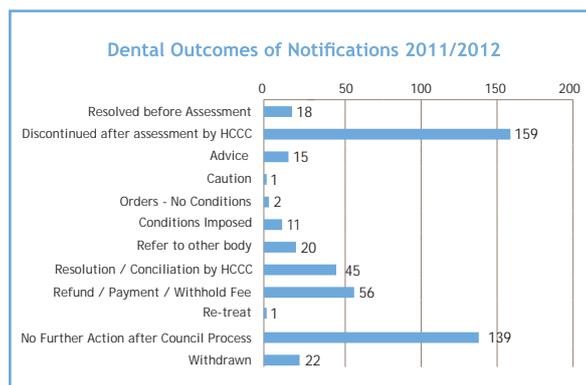
Appeals to the Supreme Court

Dental practitioners may appeal a decision made by the Tribunal to the Supreme Court. There were no appeals in 2011/2012.

Notifications (Complaints) Outcomes

The outcomes of the 489 notifications (complaints) closed in 2011/2012 are summarised below. The majority of matters (36%) were resolved before assessment or discontinued following assessment by the HCCC. A further 28% did not require further action by the Council. The next most prevalent outcomes were the refund/repayment or withholding of seeking payment by the practitioner (12%) and the referral of the matter to the HCCC resolution/conciliation process (9%).

The outcomes of matters closed were as follows:



*Note: There may be more than one outcome for each matter.

Of the notifications closed in 2011/2012, 28% (139) were considered to require no action by the Council.

- two matters were discontinued at HCCC consultation however, following a review of the assessment decision by the HCCC, Council referred the matters to an Assessment Committee which considered the complaints but recommended no further action be taken
- two matters were dismissed following an assessment by a Council appointed practitioner (CAP) for the Council

- 36 matters were dismissed following consideration by the Complaints and Notifications Committee
- 84 matters were investigated by the Assessment Committees and it was considered that the complaint did not constitute unsatisfactory professional conduct, as defined by the Law and Council resolved that no further action be taken
- 15 matters were dismissed following an inquiry by Council.

The stage at which the matter was closed is as follows:

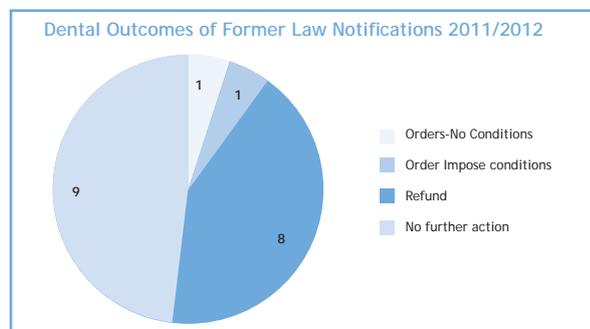
Stage* at Closure of Notification	Number
Assessment	383
Health	1
Performance	66
Investigation	2
Panel (IRP, PRP)	36
Tribunal	1
Appeal / Court	0

*See Glossary for description of each stage.

Analysis of Notifications Received Under Former Dental Practice Act 2001

Matters under the Former Act	Number
No. of open matters not completed at 1/7/2011	22
No. of matters closed in 2011/2012	19
No. of matters open at 30/6/2012	3

The outcomes of these matters were as follows:



The stage of management of the matter at closure was as follows:

Stage* at Closure of Notification	Number
Assessment	14
Performance	1
Panel (IRP, PRP)	4

*See Glossary for description of each stage.

Three matters remained open under the former law, of these, one was referred to an Inquiry at Council meeting but not yet finalised and two were the subject of Tribunals carried over to the next reporting period.

Matters Referred to the HCCC for Assisted Resolution and Conciliation

The Council may refer a notification to the HCCC for assisted resolution or conciliation to be dealt with under the *Health Care Complaints Act 1993*. In 2011/2012 there were 45 matters referred to the HCCC for either of these actions.

Matters Referred to Another Entity

During the reporting period, the Council referred 20 matters to another entity including six notifications to AHPRA, as they were matters related to registration and one matter to Medicare for its consideration.

Counselling

Under the Law, the Council may direct a practitioner or student to attend for counselling. This is a non-disciplinary process that enables a 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.

During the reporting period, there were no practitioners or students referred to counselling.

Outcomes of Mandatory Notifications

There was one mandatory notification during 2011/2012 which was referred to an Impaired Registrants Panel. The matter was carried over to the next reporting period.

Monitoring and Compliance of Orders and Conditions

The Council is responsible for monitoring compliance with orders made and conditions imposed by the Dental Tribunal, a Council Inquiry, an immediate action (s 150) decision, or conditions following an IRP.

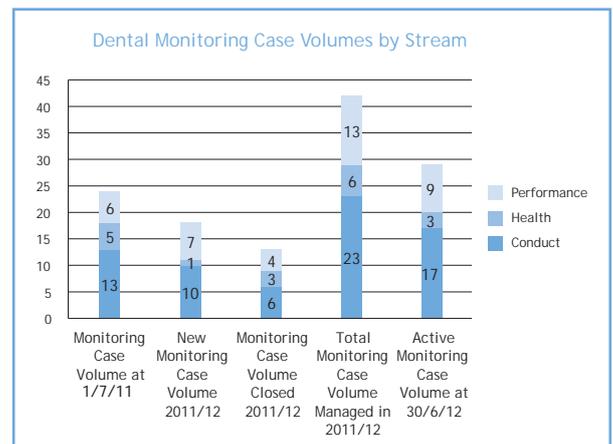
Conditions fall into two categories:

- a) practice conditions, which are published on the AHPRA website (www.ahpra.gov.au) or
- b) health conditions, which are not published.

During 2011/2012, effective working relationships with AHPRA facilitated compliance monitoring across both organisations.

During the year, 42 cases were monitored and 29 remain active as at 30 June 2012.

Status of Monitoring Matters	Number
Matters monitored as at 1/7/2011	24
Matters commencing monitoring in 2011/2012	18
Matters for which monitoring was completed in 2011/2012	13
Matters under monitoring as at 30/6/2012	29
Total case volume managed in 2011/2012	42



Twenty-three practitioners were monitored for conduct matters which included conditions such as an order to attend courses and to provide patient treatment records to show the practitioner conforms with the Guidelines of the Dental Board of Australia with regard to record keeping. Six practitioners had all conditions removed in the year; 17 practitioners continue to be monitored for conduct matters into the next period.

Thirteen practitioners were monitored for performance. Four practitioners had all conditions removed in the year, and nine practitioners continued to be monitored for performance matters into the next period.

Six practitioners were monitored for health matters in 2011/2012, of whom four entailed IRP reviews related to cognitive impairment or drug and alcohol issues. Following review, two practitioners were released from the health program and one practitioner voluntarily surrendered registration. At the end of the period three practitioners continued to be monitored.

Management and Administration



Shared Services

The Health Professional Councils Authority (HPCA) is an administrative unit of the Health Administration Corporation (HAC) which provides shared executive and corporate services to the NSW health professional Councils to support their regulatory responsibilities.

The HPCA currently supports 10 Councils:

- Chiropractic Council of New South Wales
- Dental Council of New South Wales
- Medical Council of New South Wales
- Nursing and Midwifery Council of New South Wales
- Optometry Council of New South Wales
- Osteopathy Council of New South Wales
- Pharmacy Council of New South Wales
- Physiotherapy Council of New South Wales
- Podiatry Council of New South Wales
- Psychology Council of New South Wales

The Council's Executive Officer and support staff provide secretariat services to enable it to fulfil its statutory role in regulating NSW health practitioners. In addition the HPCA coordinates shared administrative, financial, legal and policy services across all of the Councils to assist them to meet their legislative and policy obligations as statutory bodies.

On behalf of the Councils, the HPCA liaises with AHPRA regarding financial, registration and reporting matters; with the HCCC on notifications (complaints) management issues; and with the Ministry of Health on human resources and providing advice and responses to the Minister for Health and the Director-General on regulatory matters and appointments.

This coordinated approach provides efficiencies through shared services that would be costly for small bodies like the Councils, to implement on their own. It also allows Councils to direct their attention to protection of the public by concentrating on their core regulatory functions.

A service level agreement (SLA) between the Council and the HPCA has been developed for implementation from 1 July 2012. The SLA articulates the services the HPCA provides and key performance indicators against which to assess performance. It provides certainty and a shared understanding for the Council and

the HPCA on the range and quality of services provided. This addresses one of the significant matters raised by the Audit Office of NSW in the audit of the 2010/2011 financial statements.

Access to Information - 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 website that comprises open access and proactively released information. The Publication Guide (now called Agency Information Guide) was updated and has been revised as required under amendments to the GIPA Act. Staff participated in training provided by the Office of the Information Commissioner.

Review of proactive release program - Clause 7(a)

In accordance with s 7(3) of the GIPA Act, the Council reviewed its program for the release of government information to identify the kinds of information that can be made publicly available.

The Council's program for the proactive release of information involves ensuring that new and revised policies and other information are progressively released to provide health practitioners, complainants and the public with access to information relevant to regulation and the notification (complaint) management process.

During the reporting period, this program was reviewed by maintaining a policy register and monitoring the completion and approval of relevant information. As a result of this review, the Council released the following information proactively: policy documents related to subpoenas, policy management, dealing with administrative complaints and gifts and benefits. These have been made available on the website, as well as links to relevant NSW Health policies and National Board policies.

Additions to the website include a section for the public to lodge a notification (complaint) about a dental practitioner or student, and access to information on scheduled hearings and the decisions made by Tribunals and Committees.

Number of access applications received - Clause 7(b)

During the reporting period, the Council received one formal access application.

The application was made by the legal representative of a complainant to access their complaint file including their personal health records. The outcome had not been decided at the end of the reporting period. One application for review of a decision made in the previous reporting period was made with the Office of the Information Commissioner (OIC). Following the review, Council provided the applicant with additional documents.

Number of refused applications for Schedule 1 information - Clause 7(c)

No applications for Schedule 1 information were refused during the reporting period.

The Council's GIPA statistics are reported in Appendix 2.

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*.

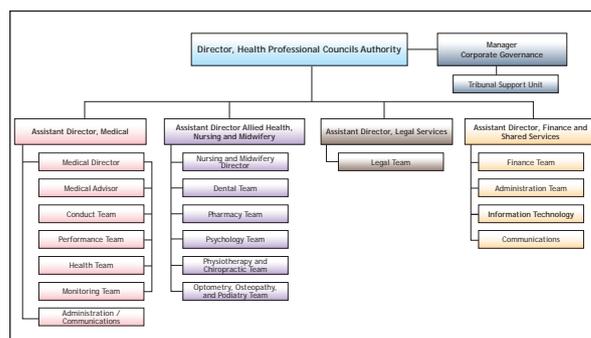
No complaints regarding privacy matters were received during the reporting period. A privacy management plan will be developed in 2012/2013.

Human Resources

The HPCA staff who support the Council are employed under Chapter 1A of the *Public Sector Employment and Management Act 2002*.

As at 30 June 2012 there were 89 permanent full-time and nine temporary full-time positions, of whom 10 FTE provided secretariat support directly to the Dental Council.

HPCA Organisation Chart as at 30 June 2012



The HPCA adopted NSW Ministry of Health personnel policies and practices and ensured that staff had access to these policies through the Ministry intranet. All staff signed the new NSW Health Code of Conduct and had the opportunity to discuss it at staff meetings.

During the year the HPCA commissioned a review of the organisational structure to determine the best allocation of staffing resources and opportunities to streamline some services that are shared across all of the Councils.

Learning and Development

The HPCA provided learning and development opportunities for staff that were aligned with Council and corporate priorities, and that met staff individual training needs identified through the Coaching and Performance System (CAPS).

Members of the Occupational Health and Safety Committee received training in the requirements of the *Work Health and Safety Act (NSW) 2011* and the *Work Health and Safety Regulation (NSW) 2011* which came into effect on 1 January 2012. From this date the Committee became the Work Health and Safety Committee.

Selected staff attended courses on Government Information (Public Access) (GIPA), MaCS, TRIM and writing procedures and policy documents.

The introduction of the TRIM records management system and Monitoring and Complaints System (MaCS) for case management included intensive training, development of procedure manuals and ongoing support following implementation.

The Council aims to ensure that all staff and members understand the provisions of the Law and its administration.

Priorities for 2012/2013 include induction of members joining the Council from 1 July 2012 and a focus on developing knowledge of the Law, Council's regulatory responsibilities and processes to protect the public. Legal information sessions for staff are being developed as part of an ongoing program of continuous learning and education.

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*. The Council has endorsed an internal reporting policy and has provided a report to the NSW Ombudsman's online reporting tool.

Staff and Council members are aware of the policy and information is available on the requirements and processes for making and managing disclosures.

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

	January 2012 - June 2012
Number of public officials who made PIDs	0
Number of PIDs received	0
Of PIDs received, number primarily about:	
Corrupt conduct	0
Maladministration	0
Serious and substantial waste	0
Government information contravention	0
Local government pecuniary interest contravention	0
Number of PIDs finalised	0

Note: The number of PIDs finalised only refers to PIDs that have been received since 1 January 2012.

Industrial Relations Policies and Practices

The HPCA implements the Ministry of Health industrial relations policies and practices, and maintained a harmonious industrial environment throughout the year.

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. However the Council has appropriate internal audit and risk management practices in place in line with the core requirements of TPP09-05, in particular:

- the HPCA has established a Health Professional Councils Audit and Risk Committee comprising three members, with a majority of independent members and an independent chair
- developed an Audit and Risk Committee charter consistent with the content of the 'model charter'
- established and maintained an enterprise risk management process including a Risk Register and three year rolling internal audit plan, which covers the operation of all of the Councils.

Due to the Councils' small budgets the HPCA has not established a specific Chief Audit Executive role. To meet this requirement, IAB is

commissioned to undertake the internal audits nominated in the internal audit plan and the HPCA Manager, Corporate Governance provides the secretariat to the Audit and Risk Committee and ensures that audit outcomes and risk management activities are regularly reported to and monitored by the Committee.

Since its inception in January 2012 the Audit and Risk Committee reviewed the 2011/2012 Risk Register, monitored internal audits and reviews and the Council's financial and management reports.

During the year the HPCA paid particular attention to implementing the recommendations arising from the Audit Office of NSW audit of the 2010/2011 financial statements. In addition, the HPCA updated the Risk Register, developed a fraud risk assessment tool and initiated work on a business continuity plan.

The IAB conducted an internal audit of the financial controls over payments to Council, committee and panel members. The audit found no evidence of fraud but recommended a number of policy and control measures to improve internal processes and the development of a policy and procedures. All of the review's recommendations were accepted and are being addressed.

A proposed audit of information and records management was postponed to enable the scope to be revised to focus on the content and accessibility of records. This review will be rescheduled during 2013 and development of a business continuity plan has been initiated.

Information Management Systems

A priority this year was to improve information systems and the management of information, which is one of the Council's key assets. This has enabled information to be more readily shared and has improved the accuracy, reliability and security of corporate and regulatory information.

The TRIM records management system was implemented for corporate and Council records, with particular focus on electronic document management to improve version control and document tracking. A business classification scheme was developed and TRIM was linked to the case management system to reduce double handling and recording of practitioner related information.

A new case management system, called Monitoring and Complaints System (MaCS) was

also launched. It includes practitioner records related to Council decisions and conditions imposed on practice by the Dental Tribunal. MaCS enables standardised information about practitioners and the progress and outcomes of matters to be recorded and monitored. It also improved the accuracy and timeliness of statistical reporting.

Documentation of an IT disaster recovery plan began and will be completed as part of the business continuity plan.

Exemptions from the Reporting Provisions

As a small statutory body, the Council is exempt from certain reporting provisions and provides a triennial report in relation to disability services; equal employment opportunity; occupational health and safety and waste management (WRAPP). The Council last reported on these provisions in the 2010/2011 Annual Report and will next report in 2013/2014.

The Council continues to meet its compliance obligations with regard to each of these matters and remains committed to implementing the relevant policy requirements.

Consultants

The 10 health professional Councils together commissioned consultancies related to system improvements and the ongoing development of the HPCA's shared services to Councils.

The Council made the following contribution to these consultancies:

Engagements costing less than \$50,000

Service Provided	No.	Cost inc. GST \$
Financial management	3	2,813
Governance	4	23,565
Administration	2	1,486
Information management and systems	1	1,405
Total	10	29,269

Insurance

The Council's insurance activities are conducted by the HPCA through the NSW 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
- workers compensation.

Annual Report Costs

The Council printed 60 copies of the 2011/2012 Annual Report at an approximate cost of \$26.60 per copy (GST inc.).

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. HPCA staff worked with the AHPRA on behalf of the Council to determine practitioner fees and the regulatory component of those fees paid to the Council to enable it to undertake its regulatory functions.

A new model for the allocation of costs across the Councils is being developed to ensure the equitable distribution of shared costs and staffing resources across all Councils. It will be implemented from 2012/2013 once the impact of the methodology across 13 Councils has been tested.

Format

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

Performance

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

	\$
Revenue	1,298,287
Operating expenditure	1,343,687
Education and research expenditure	35
Net Profit/(Loss)	(45,412)
Net cash reserves (cash and cash equivalents minus current liabilities)*	1,542,174
* Included in the net cash reserves is Education and Research bank account balance of:	875,510

Investment Performance

The Council, through a Special Interest Arrangement with the Commonwealth Bank of Australia earned an average of 3.65% p.a. on its daily bank balances.

Payments Performance

The Council's accounts are managed by the Health Administration Corporation. The HPCA is in the process of identifying small business suppliers as required by NSW Treasury Circular TC11/21. The consolidated accounts payable performance report for the HPCA is as shown below:

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 \$
All suppliers					
September	1,932,856	1,094	0	74	0
December	2,007,267	23,963	0	0	0
March	1,152,270	89	0	0	0
June	1,437,800	31,854	0	0	0
Small business suppliers					
September					
December					
March					
June					

Measure	Sept	Dec	Mar	Jun
All suppliers				
Number of accounts due for payment	116	122	132	108
Number of accounts paid on time	113	92	131	107
Actual percentage of accounts paid on time (based on number of accounts)	97.4	75.4	99.2	99.1
Dollar amount of accounts due for payment	1,934,024	2,031,230	1,152,359	1,469,654
Dollar amount of accounts paid on time	1,932,856	2,007,267	1,152,270	1,437,800
Actual percentage of accounts paid on time (based on \$)	99.9	98.8	100	97.8
Number of payments for interest on overdue accounts				
Interest paid on overdue accounts				

Measure	Sept	Dec	Mar	Jun
Small business suppliers				
Number of accounts due for payment				
Number of accounts paid on time				
Actual percentage of accounts paid on time (based on number of accounts)				
Dollar amount of accounts due for payment				
Dollar amount of accounts paid on time				
Actual percentage of accounts paid on time (based on \$)				
Number of payments for interest on overdue accounts				
Interest paid on overdue accounts				

Budget 2012/2013

The budget for the period 1 July 2012 to 30 June 2013 is as follows:

Revenue	1,390,648
Operating expenditure	(1,949,018)
Net Profit/(Loss)	(558,370)

The 2012/2013 budget is subject to revision.



INDEPENDENT AUDITOR'S REPORT

Dental Council of New South Wales

To Members of the New South Wales Parliament

I have audited the accompanying financial statements of the Dental Council of New South Wales (the Council), which comprise the statement of financial position as at 30 June 2012, 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 2012, 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 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.

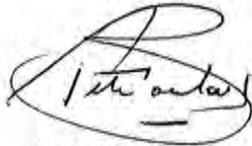
My opinion does *not* provide assurance:

- 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.



Peter Boulous CA
Director Financial Audit Services

18 October 2012
SYDNEY

DENTAL COUNCIL OF NEW SOUTH WALES

YEAR ENDED 30 JUNE 2012

STATEMENT BY MEMBERS OF THE COUNCIL

Pursuant to section 41C(1B) *Public Finance and Audit Act 1983*, and in accordance with the resolution of the members of the Dental 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 Dental Council of New South Wales as at 30 June 2012 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.



Council Member

Date: 12/10/2012



Council Member

Date: 12/10/2012



Dental Council of New South Wales

Statement of Comprehensive Income
for the Year Ended 30 June 2012

	Notes	2012 \$	2011 \$
EXPENSES EXCLUDING LOSSES			
Operating expenses			
Personnel services	2(a)	(500,746)	(392,459)
Other operating expenses	2(b)	(722,394)	(543,274)
Depreciation and amortisation	2(c)	(17,375)	(22,783)
Finance costs	2(d)	(519)	(651)
Other expenses	2(e)	(102,653)	(73,514)
Education and research expenses	3	(35)	(147,860)
Total Expenses Excluding Losses		(1,343,722)	(1,180,541)
REVENUE			
Registration fees		1,216,357	1,080,279
Other revenue		331	4,217
Interest revenue	5	81,599	94,775
Total Revenue		1,298,287	1,179,271
Gain/(Loss) on disposal	6	23	961
Net Result		(45,412)	(309)
Other Comprehensive Income		-	-
Total Comprehensive Income		(45,412)	(309)

The accompanying notes form part of these financial statements.



Dental Council of New South Wales

Statement of Financial Position
as at 30 June 2012

	Notes	2012 \$	2011 \$
ASSETS			
Current Assets			
Cash and cash equivalents	7	2,324,235	2,400,479
Receivables	8	21,442	73,950
Total Current Assets		2,345,677	2,474,429
Non-Current Assets			
Plant and equipment	9		
Leasehold improvements		76,068	7,557
Motor vehicles		965	1,872
Furniture and fittings		19,066	-
Other		4,151	2,958
Total Plant and equipment		100,250	12,387
Intangibles assets	10	6,166	4,628
Total Non-Current Assets		106,416	17,015
Total Assets		2,452,093	2,491,444
LIABILITIES			
Current Liabilities			
Payables	11	293,414	303,155
Fees in advance	12	488,647	475,506
Total Current Liabilities		782,061	778,661
Non-Current Liabilities			
Provisions	13	8,432	5,771
Total Non-Current Liabilities		8,432	5,771
Total Liabilities		790,493	784,432
Net Assets		1,661,600	1,707,012
EQUITY			
Accumulated funds		1,661,600	1,707,012
Total Equity		1,661,600	1,707,012



Dental Council of New South Wales

Statement of Changes In Equity for the Year Ended 30 June 2012

The accompanying notes form part of these financial statements.

	Notes	Accumulated Funds \$
Balance at 1 July 2011		1,707,012
Changes in accounting policy		-
Correction of errors		-
Restated Total Equity		1,707,012
Net Result for the Year		(45,412)
Other comprehensive income		-
Balance at 30 June 2012		1,661,600
Balance at 1 July 2010		-
Transfer in of net assets due to restructure	19	1,719,051
Transfer in of net assets from Dental Technicians Registration Board		482,611
Payment to Ministry of Health	19	(494,341)
Restated transfer balance as at 1 July 2010		1,707,321
Net Result for the Year		(309)
Other comprehensive income		-
Balance at 30 June 2011		1,707,012

The accompanying notes form part of these financial statements.



Dental Council of New South Wales

Statement of Cash Flows
for the Year Ended 30 June 2012

	Notes	2012 \$	2011 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Payments			
Personnel services		(455,247)	(379,495)
Finance costs		-	-
Other		(880,982)	(869,091)
Total Payments		(1,336,229)	(1,248,586)
Receipts			
Receipts from registration fees		1,268,071	1,308,161
Interest received		98,335	87,385
Other		331	4,217
Total Receipts		1,366,737	1,399,763
Net Cash Flows from Operating Activities	17	30,509	151,177
CASH FLOWS FROM INVESTING ACTIVITIES			
Proceeds from sale of plant and equipment		1,548	2,180
Purchases of plant and equipment		(108,301)	(34,836)
Net Cash Flows from Investing Activities		(106,753)	(32,656)
CASH FLOWS FROM FINANCING ACTIVITIES			
Transfer of net assets from Dental Technicians Registration Board		-	482,611
Proceeds from restructure of previously abolished Board	19	-	2,417,979
Australian Health Practitioner Regulation Agency as per Government Gazette No 90	19	-	(124,291)
Payment to NSW Department of Health (owner) as per Government Gazette No 90	19	-	(494,341)
Net Cash Flows from Financing Activities		-	2,281,958
Net Increase/(Decrease) in Cash		(76,244)	2,400,479
Opening cash and cash equivalents		2,400,479	-
Closing Cash and Cash Equivalents	7	2,324,235	2,400,479



Dental Council of New South Wales

Notes to the Financial Statements

The accompanying notes form part of these financial statements.

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

a. Reporting Entity

The Dental 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 2012 have been authorised for issue by the Council on 12 October 2012.

b. Basis of Preparation

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

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

- applicable Australian Accounting Standards (which include Australian Accounting Interpretations)
- the requirements of the *Public Finance and Audit Act 1983* and Regulation and
- the Financial Reporting Directions published in the Financial Reporting Code for NSW General Government Sector Entities or issued by the Treasurer.

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. Insurance

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

d. 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.

e. 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.

Under Section 26A of the Law, the complaints element of the registration fees payable during 2012 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, shall receive fees on a monthly basis from the Australian Health Practitioner



Dental Council of New South Wales

Notes to the Financial Statements

Regulation Agency (AHPRA) being the agreed NSW complaints element for the 2012 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.

f. Personnel Services

All employees of the Council reside with the Ministry of Health (MOH). Staff costs are shown in the Statement of Comprehensive Income as personnel services in the financial statements of the Council. Provisions in the Statement of Financial Position represent amounts payable to the MOH in respect of personnel services.

g. Interest Revenue

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

h. 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.

i. Assets

i. Acquisitions 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.

The cost of assets recognised in the financial statements has been calculated based on the benefits expected to be derived by the Council.

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

Fair value is the amount for which an asset could be exchanged between knowledgeable, willing parties in an arm's length transaction.

Where payment for an item is deferred beyond normal credit terms, its costs are 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 \$180.50 (all Council shared use asset), or \$219.50 (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

Dental Council of New South Wales

Notes to the Financial Statements

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 1.7% - 4%

v. Revaluation 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.

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 as incurred.

j. 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.



Dental Council of New South Wales

Notes to the Financial Statements

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

Personnel services are acquired from MOH. As such the MOH accounting policy is below.

Liabilities for salaries and wages (including non-monetary benefits), annual 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.

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.

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.

k. Equity

Accumulated Funds

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

l. 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.

Comparative amounts, where applicable (in Notes 2b and 2e), are reclassified for the purpose of comparability with the current year figures.

m. Early Adoption of New and Revised Accounting Standards

There are no new Accounting Standards applicable this financial year.



Dental 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:

	2012	2011
	\$	\$
Salaries and wages (including recreation leave)	400,819	313,173
Superannuation	71,758	61,612
Payroll taxes	25,952	17,595
Workers compensation insurance	2,217	79
	<u>500,746</u>	<u>392,459</u>

b. Other operating expenses include the following:

	2012	2011
	\$	\$
Auditor's remuneration	15,500	15,500
Rent and building expenses	43,239	51,414
Dental tribunal expenses	138,828	161,487
Council fees	48,804	50,281
Sitting fees	165,002	57,387
Contracted labour	311,021	207,205
	<u>722,394</u>	<u>543,274</u>



Dental Council of New South Wales

Notes to the Financial Statements

c. Depreciation and amortisation expense

	2012	2011
	\$	\$
Depreciation		
Motor vehicles	434	266
Furniture and fittings	-	519
Other	4,079	2,906
	<u>4,513</u>	<u>3,691</u>
Amortisation		
Leasehold improvements	950	663
Intangible assets	11,912	18,429
	<u>12,861</u>	<u>19,092</u>
Total Depreciation and Amortisation	<u><u>17,375</u></u>	<u><u>22,783</u></u>

d. Finance costs

	2012	2011
	\$	\$
Unwinding of discount rate on make good provision	519	651
	<u>519</u>	<u>651</u>



Dental Council of New South Wales

Notes to the Financial Statements

e. Other expenses

	2012	2011
	\$	\$
Subsistence and transport	14,927	9,212
Funding contributions	-	4,000
Fees for service	60,521	35,921
Postage and communication	4,213	8,076
Printing and stationery	12,964	7,876
Equipment and furniture	1,438	2,902
General administration expenses	8,590	5,527
	<u>102,653</u>	<u>73,514</u>

3. EDUCATION AND RESEARCH

i. Education and Research Expenses

	2012	2011
	\$	\$
Grants	-	100,000
Other expenses	35	47,860
Total (excluding GST)	<u>35</u>	<u>147,860</u>

ii. Education and Research Account Reconciliation

	Notes	2012	2011
		\$	\$
Opening balance 1 July 2011		942,996	-
Transfer of assets due to restructure		-	964,869
Interest		32,549	25,987
		<u>975,545</u>	<u>990,856</u>
Outgoings		(100,035)	(47,860)
Closing Balance 30 June 2012	7	<u>875,510</u>	<u>942,996</u>



Dental Council of New South Wales

Notes to the Financial Statements

4. EXPENDITURE MANAGED ON BEHALF OF THE COUNCIL THROUGH THE HEALTH ADMINISTRATION CORPORATION

The Council's accounts are managed by the Health Administration Corporation. Executive and administrative support functions are provided by the HPCA, which is an administrative unit of the Health Administration Corporation. The Health Administration Corporation has determined the basis of allocation of material costs to the Council.

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.

Details of transactions managed on behalf of the Council through the Health Administration Corporation are detailed above in notes 2 to 11.

5. INTEREST REVENUE

	2012	2011
	\$	\$
Interest revenue from financial assets not at fair value through profit or loss	81,599	94,775
	<u>81,599</u>	<u>94,775</u>

The interest received, was paid under a Special Interest Arrangement with the bank which applied to all daily balances of bank accounts administered on behalf of all health professional Councils by the Health Administration Corporation. In addition to daily balances receiving interest at a rate revised each week, the bank also waived normal bank fees payable such as transaction fees, dishonoured cheques fees, and charges applicable to overseas draft fees.

	2012	2011
	%	%
Weighted Average Interest Rate	3.65	3.15

6. GAIN/(LOSS) ON DISPOSAL

	2012	2011
	\$	\$
Plant and equipment		
Net book value disposed during the year	(1,525)	(1,220)
Proceeds from sale	1,548	2,181
	<u>23</u>	<u>961</u>
Total Gain on Disposal	<u>23</u>	<u>961</u>



Dental Council of New South Wales

Notes to the Financial Statements

7. CASH AND CASH EQUIVALENTS

	2012	2011
	\$	\$
Cash at bank and on hand	1,914,287	1,944,934
Cash at bank - held by HPCA*	409,948	455,545
	<u>2,324,235</u>	<u>2,400,479</u>

* This is cash held by the HPCA, an administrative unit of the Health Administration Corporation, on behalf of the Council for its operating activities.

The Council operates the bank accounts shown below:

	Notes	2012	2011
		\$	\$
Operating account**		1,038,777	1,001,938
Education and research account**	3	875,510	942,996
		<u>1,914,287</u>	<u>1,944,934</u>

** managed by the HPCA, an administrative unit of the Health Administration Corporation.

8. RECEIVABLES

	2012	2011
	\$	\$
Other receivables	12,334	9,532
Interest receivable	5,817	22,553
Trade receivables	3,291	41,865
	<u>21,442</u>	<u>73,950</u>

No receivables are considered impaired.

The trade receivables include monies that AHPRA has collected from registrants as at 30 June 2012 and has remitted the monies to HPCA in July 2012.



Dental Council of New South Wales

Notes to the Financial Statements

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
	\$	\$	\$	\$	\$
At 1 July 2011					
Gross carrying amount	7,602	2,295	-	8,529	18,426
Accumulated depreciation and impairment	(45)	(423)	-	(5,571)	(6,039)
Net Carrying Amount	7,557	1,872	-	2,958	12,387

At 30 June 2012

Gross carrying amount	76,231	1,310	19,066	13,374	109,981
Accumulated depreciation and impairment	(163)	(345)	-	(9,223)	(9,731)
Net Carrying Amount	76,068	965	19,066	4,151	100,250

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
	\$	\$	\$	\$	\$
Year Ended 30 June 2012					
Net carrying amount at start of year	7,557	1,872	-	2,958	12,387
Additions	69,461	1,052	19,066	5,272	94,851
Disposals	-	(1,525)	-	-	(1,525)
Depreciation	(950)	(434)	-	(4,079)	(5,463)
Net Carrying Amount at End of Year	76,068	965	19,066	4,151	100,250

Dental Council of New South Wales

Notes to the Financial Statements

	Leasehold Improvements	Motor Vehicles	Furniture & Fittings	Other	Total
	\$	\$	\$	\$	\$
At 1 July 2010					
Transfer of net assets due to restructure	-	-	-	1,062	1,062
Transfer of net assets of Dental Technicians Registration Board	134	561	519	2,629	3,843
Net Carrying Amount	134	561	519	3,691	4,905

At 30 June 2011					
Gross carrying amount	7,602	2,295	-	8,529	18,426
Accumulated depreciation and impairment	(45)	(423)	-	(5,571)	(6,039)
Net Carrying Amount	7,557	1,872	-	2,958	12,387

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
	\$	\$	\$	\$	\$
Year Ended 30 June 2011					
Net carrying amount at start of year	134	561	519	3,691	4,905
Additions	8,086	1,735	-	3,235	13,056
Disposals	-	(158)	-	(1,062)	(1,220)
Depreciation	(663)	(266)	(519)	(2,906)	(4,354)
Net Carrying Amount at End of Year	7,557	1,872	-	2,958	12,387



Dental 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 asset 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.

	Software Work in Progress	Software	Total
	\$	\$	\$
At 1 July 2011			
Cost (gross carrying amount)	2,849	20,207	23,056
Accumulated amortisation and impairment	-	(18,428)	(18,428)
Net Carrying Amount	2,849	1,779	4,628

At 30 June 2012

Cost (gross carrying amount)	694	36,239	36,933
Accumulated amortisation and impairment	-	(30,767)	(30,767)
Net Carrying Amount	694	5,472	6,166

	Software Work in Progress	Software	Total
	\$	\$	\$
Year Ended 30 June 2012			
Net carrying amount at start of year	2,849	1,779	4,628
Additions	694	12,756	13,450
Transfer	(2,849)	2,849	-
Disposals	-	-	-
Amortisation	-	(11,912)	(11,912)
Net Carrying Amount at End of Year	694	5,472	6,166



Dental Council of New South Wales

Notes to the Financial Statements

	Software Work in Progress	Software	Total
	\$	\$	\$
At 1 July 2010			
Transfer of net assets due to restructure	-	-	-
Transfer of net assets of Dental Technicians Registration Board	-	4,062	4,062
Net Carrying Amount	-	4,062	4,062
At 30 June 2011			
Cost (gross carrying amount)	2,849	20,207	23,056
Accumulated amortisation and impairment	-	(18,428)	(18,428)
Net Carrying Amount	2,849	1,779	4,628
	Software Work in Progress	Software	Total
	\$	\$	\$
Year Ended 30 June 2011			
Net carrying amount at start of year	-	4,062	4,062
Additions	2,849	16,145	18,994
Disposals	-	-	-
Amortisation	-	(18,428)	(18,428)
Net Carrying Amount at End of Year	2,849	1,779	4,628

11. PAYABLES

	2012	2011
	\$	\$
Personnel services - Ministry of Health	102,387	56,888
Trade and other payables	191,027	246,267
	293,414	303,155

12. FEES IN ADVANCE

	2012	2011
	\$	\$
Fees in advance	488,647	475,506
	488,647	475,506

Unearned revenue from NSW Regulatory Fees received on behalf of the Council by the HPCA from the AHPRA.



Dental Council of New South Wales

Notes to the Financial Statements

13. PROVISIONS

	2012	2011
	\$	\$
Non-Current		
Make good	8,432	5,771
	<u>8,432</u>	<u>5,771</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:

	Make good 2012 \$
Carrying amount at the beginning of financial year	5,771
Additional provisions recognised	2,142
Amount used	-
Unused amounts reversed	-
Unwinding/change in discount rate	519
Carrying amount at the end of financial year	<u>8,432</u>

14. COMMITMENTS

i. Capital Commitments

Aggregate capital expenditure for the acquisition of audio-visual equipment and furniture at Level 6 477 Pitt Street office contracted (2011 acquisition of a Monitoring and Complaints System and leasehold improvements) for at balance date and not provided for:

	2012	2011
	\$	\$
Not later than one year	1,243	9,187
Later than one year and not later than five years	-	-
Total (including GST)	<u>1,243</u>	<u>9,187</u>



Dental Council of New South Wales

Notes to the Financial Statements

ii. Operating Lease Commitments

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

	2012	2011
	\$	\$
Not later than one year	47,212	44,957
Later than one year and not later than five years	174,377	215,437
Total (including GST)	221,589	260,394

15. RELATED PARTY TRANSACTIONS

The Council has only one related party, being the HPCA, an administrative unit of the Health Administration Corporation.

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

16. CONTINGENT LIABILITIES AND CONTINGENT ASSETS

There is a contingent liability of \$3,568 for disputed amounts owing to a supplier for the leasehold improvement work carried out at Level 6, 477 Pitt Street, Sydney as at 30 June 2012. The Council has committed to \$303,073 for Education and Research expenses, at its meeting held on the 4 February 2011, payable to University of Sydney, Faculty of Dentistry upon the signing of the agreement.

There are no known contingent assets as at 30 June 2012.

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

	2012	2011
	\$	\$
Net result	(45,412)	(309)
Depreciation and amortisation	17,375	22,783
(Decrease)/Increase in receivables	52,508	246,451
Increase/(Decrease) in fees in advance	13,141	(25,958)
Increase/(Decrease) in payables	(9,741)	(33,729)
Increase/(Decrease) in provisions	2,661	(57,100)
Net gain/(loss) on sale of plant and equipment	(23)	(961)
Net Cash used on Operating Activities	30,509	151,177



Dental Council of New South Wales

Notes to the Financial Statements

18. FINANCIAL INSTRUMENTS

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.

i. Financial Instrument Categories

Financial Assets	Note	Category	Carrying Amount 2012	Carrying Amount 2011
Class			\$	\$
Cash and Cash Equivalents	7	N/A	2,324,235	2,400,479
Receivables ¹	8	Loans and receivables (measured at amortised cost)	9,108	64,418

Financial Liabilities	Note	Category	Carrying Amount 2012	Carrying Amount 2011
Class			\$	\$
Payables ²	11	Financial liabilities (measured at amortised cost)	293,414	303,155

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).

ii. 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.



Dental Council of New South Wales

Notes to the Financial Statements

iii. 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.

iv. Market Risk

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

19. EQUITY TRANSFERS

As a result of the commencement of the Law, assets and liabilities of Dental Board of New South Wales were transferred to the newly establish Dental Council of New South Wales on 1 July 2010, and the former Dental Board of New South Wales was abolished.

The establishment of the Council and the transfer of assets and liabilities referred to above was classified as a restructure of administrative arrangements and accounted for in accordance with NSW Treasury's Accounting Policy: Contribution by owners made to wholly owned Public Sector Entities (TPP09-03) as a contribution by owners. Assets and liabilities were transferred at book values at 30 June 2010 per transferor entities as these book values were considered reasonable approximations of fair value to the Council, with a net credit to Equity of \$1,719,051.

Transactions and adjustments recognised on 1 July 2010 as a result of the restructure were as follows:

- a) The *New South Wales Government Gazette* No 90, dated 2 July 2010 ordered that the Council make the following payments:
 - i. An amount of \$494,341 to the NSW Department of Health in respect of an unrecorded liability for the Council's contribution towards the national registration implementation costs. This was treated as a transaction with owners and debited to Equity, and subsequently paid on 2 September 2010; and
 - ii. An amount of \$124,291 to the AHPRA being the estimated registration fees component of total fees received in advance by the former Board as at 30 June 2010. This amount was reclassified from Fees in Advance to Trade and Other Payables, and subsequently paid on 14 March 2011.
- b) Net adjustments to increase make-good provisioning by \$3,517 in respect of the fair value of leasing arrangements acquired.

20. EVENTS AFTER THE REPORTING PERIOD

The Council has signed a funding agreement of \$120,000 payable to the Oral Health Professional Association to assist with the continuing development of its interactive education delivery model website for Dental Technicians in New South Wales.

End of Audited Financial Statements

Appendix 1 - Legislative Changes

The following amendments were made to the *Health Practitioner Regulation National Law (NSW)* and the *Health Practitioner Regulation (New South Wales) Regulation 2010*.

Health Practitioner Regulation National Law (NSW)

1. Amendments made by the *Health Services Amendment (Local Health Districts and Boards) Act 2011* (commenced 1 July 2011):

Amendments were made to Schedule 5C of the Law to reflect the replacement of Local Health Networks with Local Health Districts.

2. Amendments made by the *Health Legislation Amendment Act 2012* (commenced 21 June 2012):
An amendment was made to s 6A of the *Health Practitioner Regulation (Adoption of National Law) Act 2009* to remove impaired registrants panels from the definition of *adjudication body*.
Amendments to the *Health Practitioner Regulation National Law (NSW)*:

- Inclusion of s 3A which provides that in exercising a function under a NSW provision of the Law public protection is the paramount consideration.
- Inclusion of s 143A which provides that a mandatory notification made to AHPRA is to be taken as a notification (complaint) for the purposes of Part 8 of the Law and for the purposes of the *Health Care Complaints Act 1993*.
- Amendments to a range of sections to clarify that a Council may refer a person for psychological counselling in addition to medical and other types of counselling.
- Amendments to a range of sections to provide that where a committee, panel or Tribunal is required to include a lay person, that person is to be someone who has never been registered as a practitioner or student in the relevant profession.
- Amendment to s 159 to clarify that an appeal to the Tribunal from a decision by the Council is a hearing de novo.
- Amendment to s 163 to provide that the Chairperson of the Tribunal may determine in a particular case that the Council is the "appropriate review body".
- Amendment to s 163A to provide that a disciplinary order of a Council may be reviewed.
- Amendment of s 163B to clarify that a practitioner who receives a "reinstatement order" from the Tribunal must still meet the registration requirements of the National Board.
- A range of minor consequential amendments flowing from the above amendments were also made.
- Section 41B to include the Aboriginal and Torres Strait Islander Health Practice Council, the Chinese Medicine Council, the Medical Radiation Practice Council and the Occupational Therapy Council in the table of Councils established by that section.

3. Amendments made by the *Health Practitioner Regulation National Law (NSW) Amendment (Health Professions) Order 2012* (commenced 1 July 2012):

Amendments were made to s 41B to include the Aboriginal and Torres Strait Islander Health Practice Council of New South Wales, the Chinese Medicine Council of New South Wales, the Medical Radiation Practice Council of New South Wales and the Occupational Therapy Council of New South Wales in the table of Councils established by that section.

Amendments were made to s 165 to include the Aboriginal and Torres Strait Islander Health Practice Tribunal of New South Wales, the Chinese Medicine Tribunal of New South Wales, the Medical Radiation Practice Tribunal of New South Wales and the Occupational Therapy Tribunal of New South Wales in the table of Tribunals established by that section.

Health Practitioner Regulation (New South Wales) Regulation 2010

1. Amendments made by the *Statute Law (Miscellaneous Provisions) Act 2011* (commenced 8 July 2011):
An amendment to Clause 24 of a savings and transitional nature.
2. *Health Practitioner Regulation (New South Wales) Amendment (Savings and Transitional) Regulation 2011* (commenced 22 July 2011):
An amendment of a savings and transitional nature to ensure that a person who became a member of a State Board of the National Board by virtue of the transitional provisions in the Law did not cease to hold that office due to the expiry of their former term of office as a member of the local Registration Board
3. *Health Practitioner Regulation (New South Wales) Amendment Regulation 2012*
An amendment to insert Clause 3A to the Regulation, setting out the membership of the four new Professional Councils established on 1 July 2012 (commenced 3 February 2012).
A consequential amendment to Clause 4 of the Regulation flowing from the insertion of Clause 3A (commenced 1 July 2012).
4. *Health Practitioner Regulation (New South Wales) Amendment (Health Professional Councils) Regulation 2012* (commenced 1 July 2012):
Amendments to include Clause 4A and Schedules 1A and 1B to the Regulation to provide for the membership of the Dental, Medical, Nursing and Midwifery, Pharmacy, Physiotherapy and Psychology Councils.

Appendix 2 - GIPA Statistics 2011/2012

Government Information (Public Access) Act 2009

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).

Appendix 2 - GIPA Statistics 2011/2012 (con'td)

Table C: Invalid applications

Reason for invalidity	No of applications
Application does not comply with formal requirements (s 41 of the Act)	0
Application is for excluded information of the agency (s 43 of the Act)	0
Application contravenes restraint order (s 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 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 s 14 of 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

Appendix 2 - GIPA Statistics 2011/2012 (con'td)

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*	1	0	1
Internal review following recommendation under s 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	1
Applications by persons to whom information the subject of access application relates (see s 54 of the Act)	0

Appendix 3 - Members of Tribunals and Panels 2011/2012

Dental Tribunal

Chairperson

Ms Joanne Muller

To 29 February 2012

Mr Oscar Shub

1 March 2012 - 28 February 2015

Deputy Chairpersons

To 29 February 2012

Mr Thomas Kelly

Mr Cedric Vass

From 1 March 2012 - 28 February 2015

The Hon. Jennifer Boland AM

Ms Mary Brennan

Mr Peter Dwyer

Ms Julie Hughes

Mr Michael Joseph SC

Mr Mark Lynch

The Hon. Grahame Mullane

Ms Joanne Muller

Mr Ian Newbrun

Mr Nick O'Neill

Ms Diane Robinson

Mr Robert Titterton

Professional members

Emeritus Professor Keith Lester

Dr Angie Lang

Professor Anthony Blinkhorn

Dr Kavita Lobo

Dr George Wing

Lay persons

Ms Jacqueline Milne

Dr Catherine Berglund

Ms Sandra Everett

Impaired Registrants Panel

Registered Medical Practitioners

Dr John Adams

Associate Professor Ian Cameron

Dr Saw Hooi Toh

Professional members

Professor James Hawkins

Dr Peter Skor

Dr Kym Warby

Dr Peter Sapir

Dr John Kaufmann

Appendix 4 - Outcomes of Council Inquiries 2011/2012

Findings from Council Inquiries completed were 13 found proved. The outcomes of these matters were:

Complaint	Outcome
Incorrect/inappropriate diagnosis and treatment, the necessity of which was questionable	Conditions on registration Orders imposed Cautioned
Inadequate diagnosis Non-compliance with S10 of Medicare procedures Non-compliance with previous orders	Reprimanded Conditions on registration Orders imposed Existing/previous conditions varied
Failure to comply with the former Board's direction regarding refund to patient and training	Conditions on registration
Substandard treatment, poor recordkeeping	Reprimanded Conditions on registration Orders imposed
Substandard dentures, poor recordkeeping Failure to comply with former Board's direction to refund Medicare	Reprimanded Orders imposed
Substandard treatment and failed bridge work	Reprimanded Conditions on registration
Unwarranted/substandard treatment Failure to respond to complaints Failure (twice) to appear before Council Failure to comply with Council order	Reprimanded Conditions on registration
Extraction without informed consent	Reprimanded Conditions on registration Refund to patient
Inadequate/failed treatment	Conditions on registration Refund to patient
Unsatisfactory treatment and failed prosthodontics	Conditions on registration Orders imposed
Substandard treatment and unsatisfactory bridge work	Reprimanded Conditions on registration Orders imposed
Multiple cases of unsatisfactory treatment Substandard clinical notes	Conditions on registration Orders imposed Cautioned
Substandard dentures/unwarranted treatment, discrepancy between charges and services provided	Conditions on registration

Glossary

Adjudication Body

A panel, Tribunal or Court can be declared an adjudication body for the purposes of the Law

Cancellation

- A Council may recommend the suspension or cancellation of a practitioner's registration if the practitioner does not have sufficient physical and mental capacity to practice the practitioner's profession
- A Council may recommend the suspension or cancellation of a student's registration if the student has an impairment

Complainant

A person who makes a notification (complaint) to a health complaint entity:

- 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, to protect the public

Notification

A notification (complaint) 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 departure from accepted professional standards

Open Matter

A notification (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 practitioners 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 has been closed. These include:

- Assessment
- Conduct
- Health
- Performance
- Investigation
- Panel (IRP, PRP, PSC)
- Tribunal
- Appeal/Court

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

Unsatisfactory Professional Conduct

Conduct which is significantly below reasonable standards, in contravention of the Law or regulations or conditions of registration, failure to comply with order/decision of Committee or Tribunal by:

- accepting benefit for referral or recommendation to health provider or health product,
- engaging in over servicing,
- failure to disclose pecuniary interest or offering a benefit for referral or recommendation
- supervision of assistants, or
- other unethical or improper behaviour

Abbreviations

AABS
Australian Accounting Standards Board

AHPRA
Australian Health Practitioner
Regulation Agency

ARC
Australian Research Council

ATO
Australian Taxation Office

AustLII
Australasian Legal Information Institute

CAP
Council appointed practitioner

CAPS
Coaching and Performance System

CDDS
Chronic Disease Dental Scheme

CPI
Consumer Price Index

DP
Director of Proceedings

DPP
Director of Public Prosecutions

EEO
Equal Employment Opportunity

FTE
Full-time Equivalent

GIPA Act
Government Information (Public Access)
Act 2009

GST
Goods and Services Tax

HAC
Health Administration Corporation

HCCC
Health Care Complaints Commission

HPCA
Health Professional Councils Authority

IAB
Internal Audit Bureau

IRP
Impaired Registrants Panel

MOH
Ministry of Health

NB
National Board

NRAS
National Registration and Accreditation
Scheme

PA
Performance Assessment

PRP
Performance Review Panel

SLA
Service level agreement

The Law
Health Practitioner Regulation National
Law (NSW) No 86a

TRIM
Total Records Information Management

WRAPP
Waste Reduction and Purchasing Policy

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