



Council of New South Wales
Annual Report 2013

Dental Council of New South Wales

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Dear Minister

We are pleased to present the Annual Report of the Dental Council of New South Wales for the period 1 July 2012 to 30 June 2013, for presentation to Parliament pursuant to the requirements of the *Annual Reports (Statutory Bodies) Act 1984*.

The Dental Council received 466 complaints against dental practitioners during the reporting period. While this represents a pleasing decrease in the annual number of complaints received since the establishment of the Council on 1 July 2010, the Council remains concerned about the high numbers of complaints received against dental practitioners. In response the Council has commenced engaging with key stakeholders in the profession, such as professional associations for all divisions and the Health Care Complaints Commission, to identify complaint trends and cooperatively educate the profession and the public in the provision of high standards of patient care. The Council has also developed a newsletter to promote its activities, which was first published in July 2013 and will be published on a quarterly basis.

During the reporting period the Council finalised 36 inquiries into complaints of unsatisfactory professional conduct pursuant to Part 8, Division 3, Subdivision 5 of the Law. Of those, the Council imposed conditions on nine dental practitioners, issued five reprimands and two cautions and made other orders on seven occasions. The Council also exercised its powers pursuant to s 150 of the Law for the protection of the public in relation to eight dental practitioners. Three practitioners were suspended and five practitioners had conditions imposed on their registration.

Five dentists appeared before the Dental Tribunal of New South Wales during the reporting period. Of these, two dentists had their registration cancelled, one dentist was disqualified from being registered, one dentist had their registration suspended and one dentist is subject to orders that include mentoring and counselling.

The year was a busy and active year for the Dental Council, during which the Council welcomed six new members. The Council also farewelled Mr Joseph Catanzariti, legal practitioner member of the Council, who resigned from his position with Council as of 4 April 2013. The Council thanks Mr Catanzariti for his contribution.

The Dental Council members also wish to acknowledge the contribution made by the Executive Officer, Ms Sue Hardman, and her staff. Ms Hardman commenced extended leave on 1 May 2013 and Ms Farina Bains is now acting in her position. The Council thanks Ms Hardman and Ms Bains for their support.

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 14 Councils in NSW. The Health Professional Councils Authority (HPCA) provides secretariat and corporate support to assist the Council to carry out its 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

Section 41E of the Law provides for membership of the Council. The Council consists of 12 members appointed by the Governor:

- (a) six dentists nominated by the Minister:
 Conjoint Associate Professor William O'Reilly BDS(Syd) DipLaws BAB FACLM CHE
(President)

Dr Penny Burns BDS

Dr Anthony Burges BDS FRACDS

Adj Associate Professor John Dale AO BDS
 MDS DDS LLB FRACDS FICD FADI PFPA

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

Adj Associate Professor John Highfield
 BDS DDS MSc MRACDS(Perio) FICD FADI PFPA

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

Adj Associate Professor Deborah Cockrell
 PhD MBA BDS FDS RCPS FICD PFPA FADI *(Deputy President)*

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

Mr Stephen McGlynn AdvDipDP(Syd) DipDT(Syd)

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

Ms Janet Wallace DipBusMgmt BOH
 DipDentalTherapy

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

Mr Michael Miceli DipLaw LLM

Mr David Owen MBA BSc

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

Mr Joseph Catanzariti BA LLB *(from 1/7/2012 to 4/4/2013)*

Vacant from April to 30 June.

As at 30 June 2013, the Council had 11 members, including three female members and one member of a non English speaking background.

Remuneration

Remuneration for members of the Council is as follows:

President	\$6,119 per annum
Deputy President	\$3,739 per annum
Members	\$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 for April 2013 where the Council met on the second Friday. The Council did not meet in January 2013.

Attendance at meetings is as follows:

Name	Meetings attended
Dr William O'Reilly	10
Dr Deborah Cockrell	11
Dr Anthony Burges	11
Dr Penny Burns	9
Mr Joseph Catanzariti (to 4.4.13)	5
Dr John Dale AO	9
Dr Christopher Griffiths AM	9
Dr John Highfield	11
Mr Stephen McGlynn	10
Mr Michael Miceli	8
Mr David Owen	8
Ms Janet Wallace	8

Committees of the Council

Section 41(f) 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.

Complaints and Notifications Committee

The Complaints and Notifications Committee reviews notifications (complaints) referred to the Council for management following consultation with the Health Care Complaints Commission and make recommendations to the Council on the course of action to be taken on

each matter. The members of the Complaints and Notifications Committee are:

Dr Anthony Burges (*Chair*)

Dr Penny Burns

Adj Associate Professor Christopher Griffiths AM

Mr Stephen McGlynn

Mr David Owen

The Committee met 11 times during the reporting period.

Health Committee

The Health Committee acts under Council delegation to make decisions on the management of dental practitioners who are considered to be impaired and have been referred to the Council's health pathway. The Committee does not meet face-to-face but instead consults outside scheduled Council meeting days.

The members of the Health Committee are:

Conjoint Assoc Professor William O'Reilly

Adj Assoc Professor Deborah Cockrell

Dr Penny Burns

Adj Assoc Professor John Dale AO

Budget Committee

The Budget Committee was established on 1 March 2013 to liaise with HPCA Finance on the preparation of the 2013/2014 budget. The Committee reviewed revenue and direct and indirect expenses that are allocated to the Dental Council.

The members of the Budget Committee are:

Adj Assoc Prof Deborah Cockrell

Mr Stephen McGlynn

Mr David Owen

Education and Research Committee

The Education and Research Committee was established to consider projects suitable for funding from the Council's Education and Research Account.

The members of the Education and Research Committee are:

Adj Assoc Professor Deborah Cockrell

Dr Anthony Burges

Adj Assoc Professor Christopher Griffiths AM

Mr Stephen McGlynn

Ms Janet Wallace

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 of the money in this account must be expended within three years of being established, being July 2015.

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 (*Chair*)

Mr Brett Davis

Dr Anna Enno

Ms Julie Robb

Mr Marc Rondeau

The Committee considered submissions from organisations for funding relating to the education of dental technicians.

Following receipt of recommendations from the Committee, the Council approved funds of \$12,320 to be provided to the TAFE Sydney Institute, Randwick College for the purchase of 16 microscopes for students studying dental technology. The microscopes will be used to provide hands-on training for students to assist them in acquiring knowledge and skills in the production of precision dental appliances, particularly relating to ceramics, crown and bridge, and implant cases.

Regulatory Committees and Panels

Part 8 of the Law prescribes the committees and panels that support the Council in undertaking its regulatory activities. No Performance Review Panels were established this year. The activities and decisions of the Assessment Committees and Impaired Registrants Panels are reported in the *Regulatory Activities* section below.

Assessment Committees

An Assessment Committee is established under s 172A and comprises of four members appointed

by the Minister. Three members are registered dental practitioners, and one member is not a registered health practitioner. An additional Assessment Committee was established in September 2012. There are now two Assessment Committees, the members of which are listed in Appendix 3.

During the reporting period, Assessment Committee 1 met 10 times and Assessment Committee 2 met 12 times.

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. Refer to Appendix 3 for members in 2012/2013.

Seven matters were considered by IRPs during the year.

Dental Tribunal

The Dental Tribunal of New South Wales is established under s 165 of the Law and has 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 complaints that may lead to suspension or deregistration, appeals against Council decisions regarding regulatory matters and appeals against decisions of the National Board in relation to registration matters.

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 five matters during the year, which are reported in the *Regulatory Activities* section below.

Executive Officer

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

Ms Sue Hardman is the Executive Officer of the Council. Ms Hardman went on extended leave from 1 May 2013 and Ms Farina Bains is the Acting Executive Officer.

Meetings and Conferences

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

- Australian Dental Association NSW Branch Dental Defence Advisory Service Education Day, 23 Nov 2012
- Dental Board of Australia National Dental Conference, 9-11 May 2013
- AHPRA Combined National Chairs Forum
- Council Presidents' Forum.

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.

In December 2012 the Council provided \$303,073 to the University of Sydney's Faculty of Dentistry for the purposes of education and research about the health, performance and conduct of registered dental practitioners or students registered in the dental profession.

The Council also provided \$4,000 in funding to the Doctors Health Advisory Service (DHAS) in December 2012. DHAS NSW provides a confidential telephone service for health practitioners, including dentists, who are seeking advice about health and personal problems.

The Council also paid for the publication of its Dental Board and Dental Council of New South Wales Record of Decisions IV 2008-2012 in the amount of \$7,170 from its Education and Research Account during the reporting period.

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 in NSW compared with other States.

Overseas Travel

There was no overseas travel during the reporting period.

Other Council Activities

In August 2012 the Council published its Dental Board and Dental Council of New South Wales Record of Decisions IV 2008-2012, edited by John W. Dale AO. The book includes the de-identified decisions for the disciplinary matters of the former Board and the current Council for that period, as well as the decisions of the Dental Tribunal of New South Wales.

The Council has commenced consultation with key stakeholders to determine causes for the high numbers of complaints received against dental practitioners. This process will be ongoing into the next reporting year with the aim of developing strategies that encourage members of the profession to maintain the highest standards of clinical practice and patient care.

The Council commissioned a project to develop its performance program to support practitioners referred to that pathway by the Council. The project has entered the pilot phase which will test the operational processes for the pathway from point of referral through to discharge.

Following a review of Council processes and systems to improve its operations, the Council engaged a senior lawyer to assist with the implementation of the recommendations. This process is ongoing.

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 Reports and Annual Reports of the former Dental Board are accessible on the website.

A Council newsletter was in development during the reporting period. The purpose of the newsletter is to provide a regular

source of important information for all dental professionals regarding issues affecting standards of conduct and ethics in the profession.

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 or service delivery.

One complaint was received from a member of the public regarding the Council's management of a complaint against a registered dentist. The Council dealt with the complaint by providing detailed information to the complainant about the legislative framework that the Council operates within and its administrative processes.

Legislative Changes

Details of the legislative changes in 2012/2013 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 students training in NSW.

This section details the Council's regulatory 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 from its website (www.dentalboard.gov.au).

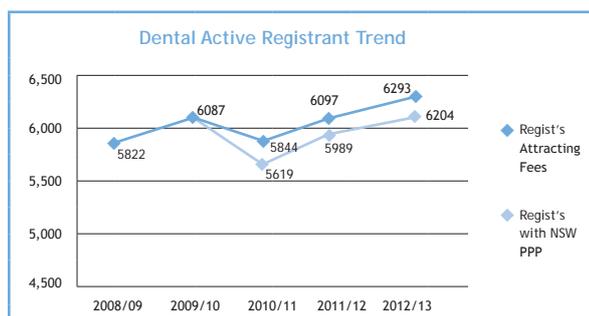
Registrations in NSW

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 the Australian Health Practitioner Regulation Agency (AHPRA).

At 30 June 2013, there were 6,204 registered dental practitioners whose principal place of practice was in NSW. This represents 31.2% of the total number of dental practitioners registered under the Scheme across Australia.

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

The graph below provides information about the number of dental practitioners registered in NSW from 2008/2009 to 2012/2013. There was a 3.21% increase in 2012/2013 (6,293 practitioners) compared with 2011/2012 (6,097 practitioners).



Students are also registered. AHPRA advised that the number of NSW students registered as at 30 June 2013 was 1,028. Figures are based on the student's residential address, not the location of the education provider.

Registrations by registration type as at 30 June 2013 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	5,534	74	5,608
Specialist	8	0	8
General and Specialist	456	9	465
Limited	102	0	102
Non-practising	104	6	110
Total	6,204	89	6,293

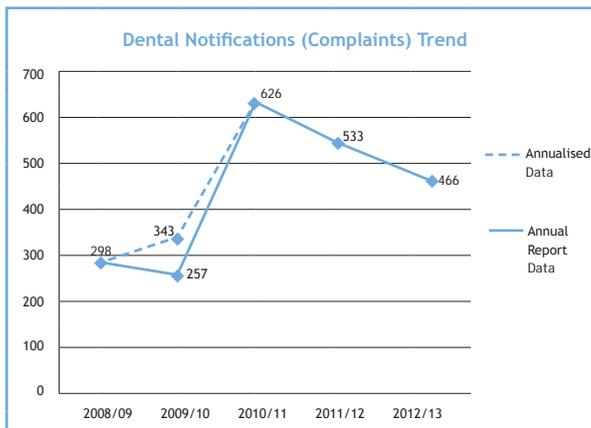
Notifications (Complaints) Received

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

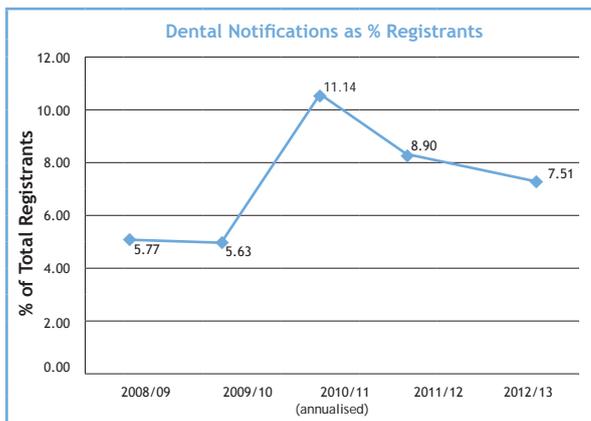
The *Health Care Complaints Act 1993* requires the Council and the HCCC to advise each other about notifications received and consult on the course of action to be taken. A notification made to the Council is deemed to be also made to the HCCC, and vice versa.

The Council received 466 new notifications (complaints) during the reporting period.

The following graph indicates the trend in notifications received since 2008/2009 and shows a decrease in the past year.



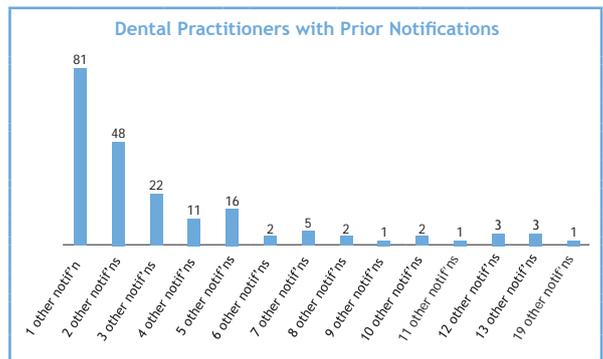
The graph below shows the level of notifications as a percentage of the number of registered dental practitioners in NSW, being 7.5%.



A more accurate measure is the percentage of dental practitioners about whom a notification was received i.e. a dental practitioner with more than one notification is only counted once in the calculation. This data has only been collected since 1 July 2010. On this basis, the percentage of notifications received on dental practitioners practising in NSW was 6.33% (393) for the year.

	2012/2013	2011/2012	Variance
% of dental practitioners with notifications received	6.33	7.96	- 1.63

Of the dental practitioners with a new notification in 2012/2013, 195 have had a single notification, while 198 dental practitioners have had more than one prior notification, as demonstrated in the next table:



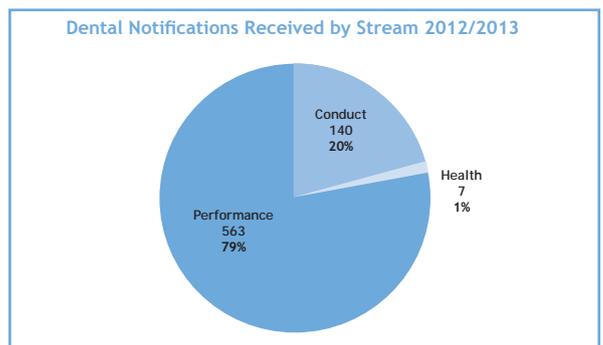
The notifications managed by the Council were as follows:

Notifications (Complaints)	2012/2013	2011/2012
Case volume open* at year beginning	244	202 [^]
New notifications received	466	532 [^]
Notifications closed	557	490 [^]
Case volume open* at year end	153	244 [^]
Total case volume managed	710	734

* See Glossary for definition of open matters

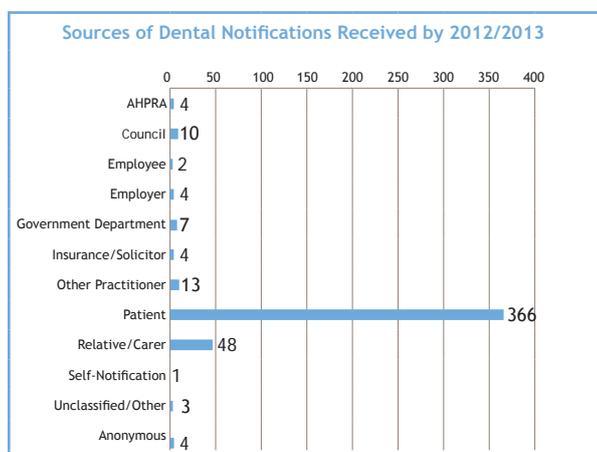
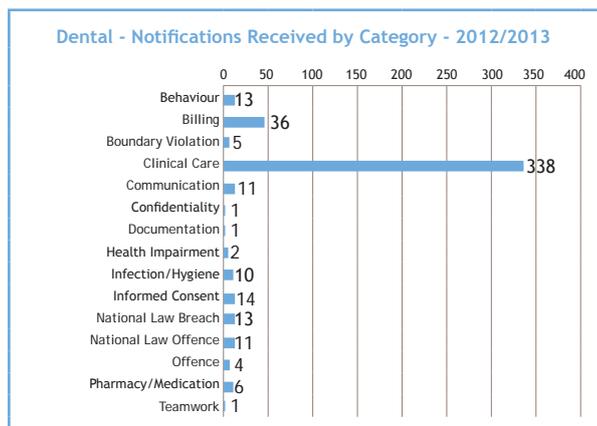
[^] Differs to 2011/2012 Annual Report due to data cleansing

When they are received, notifications 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 managed in 2012/2013 classified 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 follows:



Mandatory Notifications

The Law requires health practitioners, employers and education providers to make mandatory notifications to AHPRA if they believe a 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 practice, 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 were three mandatory notifications about dental practitioners and no mandatory notifications about students received during the reporting period. The mandatory notifications were classified as follows:

Category	Number
Impairment	1
Departure from standards	2

Mandatory notifications represent less than 1% of notifications received in the reporting period. Of those notifications, one was made by another health practitioner, one was made by a treating health practitioner and one was made by an employer.

One mandatory notification resulted in the Council taking immediate action under s150 of the Law.

The status of mandatory notifications over the reporting period was:

Status of Mandatory Notifications	Number
Mandatory notifications received in prior period but not completed at 1/7/2012	3
Mandatory notifications received in 2012/2013	3
Mandatory notifications closed in 2012/2013	3
Mandatory notifications open at 30/6/2013	3
Total case volume managed in 2012/2013	6

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's website.

Following an assessment, the HCCC and the Council determine if the matter should be dismissed or whether the matter requires some form of action. A notification may be dismissed if the matter falls outside the jurisdiction of the Council or the HCCC; if it does not raise issues of sufficient seriousness to warrant further action, or if the parties have resolved the matter and there are no other issues of concern.

When action is required, further assessment or investigation occurs. Some matters may also be

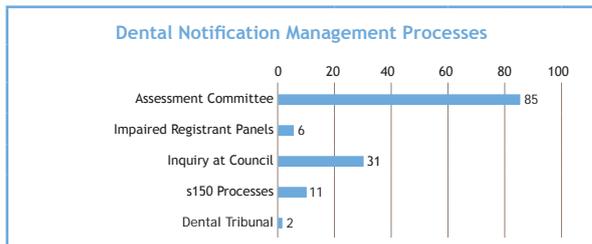
referred to a Tribunal, Panel or Committee to conduct proceedings.

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

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

Of notifications managed in 2012/2013, 19.01% (135) were referred for management to other legislated committees or adjudication bodies other than regular Council meetings. Of those matters referred to an adjudication body in this or prior periods, 28.17% (200) were completed in 2012/2013.

The volumes of notifications (complaints) by management process were as follows:



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 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 considered taking immediate action on 12 occasions (including one matter carried over from the previous year) and exercised its powers on eight occasions. On the occasions that action was taken, the issues considered and the outcomes of immediate actions were as follows:

Order Type	Issue	Number
Interim conditions imposed	Drug abuse	1
	Prescribing	2
	Criminal offence	1
Interim suspension of registration	Breach of conditions	1
	Impairment	2
	Review of conditions	1

Two matters remained to be concluded at the end of the year.

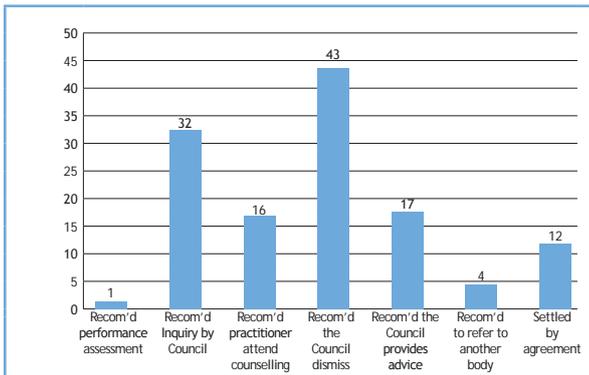
Assessment Committees

The Council had two assessment Committees in the reporting period. The Council may refer a notification (complaint) to an 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 Committees 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.

There were 77 matters carried over from the previous year and 85 new matters received in the period. Of those, the two Committees considered 125 matters with the following outcomes:



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 managed seven matters in the health stream of which two were new health matters and five matters were carried over from the prior period.

Of the new matters received, one involved an alcohol dependency and one concerned mental health issues.

Council Appointed Practitioner Assessments

The Council may refer a dental practitioner or student, who is the subject of a notification (complaint), for a health assessment by a Council Appointed Practitioner 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 five assessments of dental practitioners by a Council Appointed Practitioner. Following receipt of assessment reports, all five were referred to an Impaired Registrants Panel.

Impaired Registrants Panels

Impaired Registrants Panels (IRPs) 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, obtain reports and other information from any source it considers appropriate, and to make recommendations to the Council.

The Panel may counsel the dental practitioners or, on the recommendation of the Panel, the Council may counsel the dental practitioner, impose conditions on the registration, or suspend the registration for a period if the Council is satisfied the dental practitioner or student has voluntarily agreed to the conditions or suspension.

Status of IRP Inquiries	Number
Referred to an IRP open at beginning of year	2
Referred to an IRP in 2012/2013	6
IRPs finalised in 2012/2013	7
Referred to an IRP open at year end	1
Total case volume managed in 2012/2013	8

The matters referred to an IRP in 2012/2013 related to the following issues:

Issue	Number
Alcohol abuse	2
Drug abuse	6

The outcomes of matters recommended to the Council following an IRP were:

Outcomes	Number
Conditions imposed on registration by agreement	1
Conditions altered on registration by agreement	4
Suspension	2

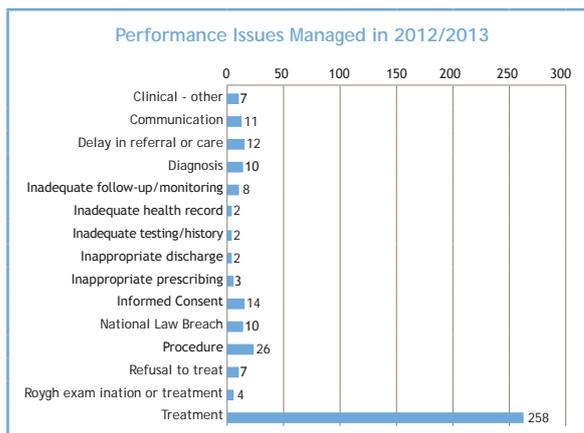
Performance

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

The Council's performance program will provide 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. Further information about the status of the Council's

project to establish the performance program is contained in the *About the Council* section above.

The total number of dental practitioners managed in the performance stream in 2012/2013 was 563: 187 matters carried over from the previous period and 376 new matters. The performance issues received in the period were:



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

The majority of performance notifications were managed through the Council's Assessment Committees (see earlier section).

Performance Assessments

The Council may require a dental practitioner to participate in a performance assessment to assist it in determining 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 the Council who are familiar with the area of practice of the dental practitioner concerned.

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

Performance Review Panel

If a performance assessment finds that the professional performance of a dental 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 their practice 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 practice may also be required to ensure the public is protected while the dental practitioner is undertaking remediation.

There were no PRPs held 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 2012/2013 was 140: 52 matters carried over from the previous period and 88 new matters. The conduct issues related for notifications received in the period were:



Investigations by the Health Care Complaints Commission (HCCC)

During 2012/2013 a number of matters were investigated by the HCCC, resulting in:

- referred to the Director of Proceedings for consideration of prosecution before the Dental Tribunal of New South Wales
- referral to the Council for further management
- no further action.

Council Inquiry

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

The status of matters referred to a Council Inquiry was as follows:

Status of Council Inquiries	2012/2013	2011/2012
Matters open at beginning of year	8	2
Matters referred to an Inquiry	31	40
Matters where an Inquiry was completed	36	31
Matters open at year end	3	9
Matters referred to an Inquiry which did not proceed	0	2
Total case volume managed	39	42

All 39 matters managed by the Council were related to clinical care. The outcomes of the 36 inquiries that were finalised in the reporting period are as follows:

Outcomes from Council Inquiries	Number
Conditions imposed on registration	4
Conditions/Caution	1
Conditions/Reprimand	4
Dental practitioner cautioned	1
Dental practitioner reprimanded	1
No further action	18
Orders imposed	7

Reviews by the Council

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

There was one such review conducted by the Council, which resulted in the Council suspending the practitioner.

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.

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

Tribunal Matters	2012/2013	2011/2012
Matters referred to a Tribunal but not completed at beginning of year	4	4
Matters referred to a Tribunal	2	1
Matters completed by a Tribunal	5	1
Matters referred to a Tribunal but not completed at year end	1	4
Total case volume managed	6	5

During the reporting period, the Tribunal finalised the following matters:

Name	Date of Decision	Outcome Summary
Arthur Bosanquet	9 August 2012	Disqualified from being registered
Mark Phung	20 November 2012	Orders including mentoring and counselling
Ray Sunda	18 February 2013	Registration suspended
Adel Abraham	14 June 2013	Registration cancelled
Chaitan Roopra	21 June 2013	Registration cancelled

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 accessed via the Council's website.

Tribunal Reviews

Dental practitioners who have had restrictions placed on their practice or registration by a Tribunal may request a review of conditions and suspension or can request to be reinstated following cancellation of registration by the Tribunal. There were no matters referred to or heard by the Tribunal for a review during the period.

Appeals to the Tribunal

Dental practitioners who have had conditions imposed on their registration by the Council or a Performance Review Panel, had their

registration suspended by the Council, or who have had a request for review of conditions or suspension refused by the Council, may appeal to the Tribunal. Practitioners may also lodge an appeal against a decision of the Dental Board of Australia regarding registration status.

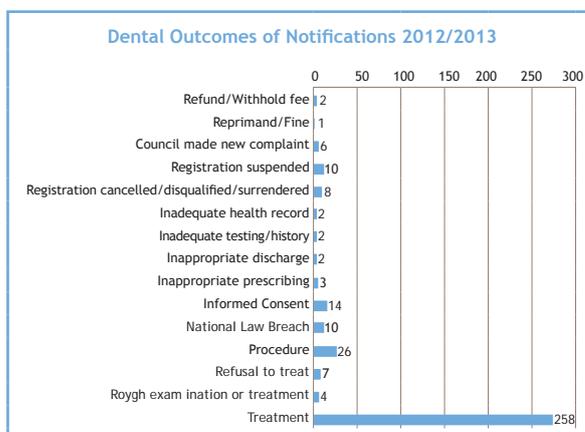
There were no appeals referred or heard by the Tribunal during the reporting period.

Appeals to the Supreme Court

Dental practitioners may appeal a decision made by the Tribunal to the Supreme Court. There were no appeals in 2012/2013.

Notifications (Complaints) Outcomes

The outcomes of the 557 complaints closed are summarised below. The majority of matters (51%) were resolved before assessment or discontinued following assessment by the HCCC. A further 16% did not need further action by the Council. The next most prevalent outcome was the resolution/conciliation of the complaint by the HCCC (7%) and 5% resulted in the practitioner receiving advice on specific areas of their practice.



*There may be more than one outcome for a matter

Of the notifications closed in 2012/2013, 16.19% (90) were considered to require no action by the Council. The reasons for closing the matters were as follows:

- 31 matters were dismissed following consideration by the Complaints and Notifications Committee
- 41 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
- 18 matters were dismissed following an Inquiry by Council.

The stage at which matters were closed is as follows:

Stage* at closure of notification	2012/2013	2011/2012
Assessment	501	384
Health	4	1
Performance	0	66
Investigation	4	2
Panel (IRP, PRP)	42	36
Tribunal	5	1

*See Glossary for description of each stage

Notifications Received Under Former Dental Practice Act 2001

The Council finalised the remaining three matters that were lodged with the former Dental Board of NSW.

Matters under the former Act	2012/2013	2011/2012
Open matters under former Act at beginning of year	3	3
Matters under former Act closed	3	3
Matters under former Act open at year end	0	3

Of these matters one practitioner was disqualified from applying for registration following a decision of the Tribunal, one had Orders imposed on registration by the Tribunal and no further action was taken against a practitioner following a Council inquiry.

Counselling

The Council may direct a dental practitioner or student to attend for counselling. This is a non-disciplinary process that enables the Council to address performance or conduct concerns in an informal but sound and influential manner. Counselling is conducted by the Council's professional officers, who are registered dentists.

During the reporting period, the Council managed 18 notifications by directing the practitioner to attend for counselling. Of these 11 were new matters which were referred in the reporting period. There were no students referred to counselling.

The types of issues managed by counselling include the practitioner's record keeping practices, treatment planning and interaction with patients. Of those matters, 14 were finalised following counselling, and counselling for one matter will be conducted in the next reporting period.

The professional officers who conducted counselling were:

Dr Stephen Harlamb
Dr John Pearman
Dr Denise Salvestro

Matters Referred to Another Entity

The Council directed 20 matters to another entity as follows:

Entity	Reasons(s) for Referral	Number
AHPRA	<ul style="list-style-type: none"> National Law Breach or Offence Complaint outside NSW jurisdiction Registration issue 	14
NSW Health	<ul style="list-style-type: none"> Complaint raised by NSW Health Policy issue 	1
Medicare	<ul style="list-style-type: none"> Irregularity in billing under the Medicare Chronic Disease Dental Scheme 	5

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 2012/2013, there were 37 matters referred to the HCCC for either of these actions.

Outcomes of Mandatory Notifications

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

Outcome	Number
Practitioner registration suspended	1
Matter referred to another entity (AHPRA)	1
No further action by Council	1

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, a PRP, an immediate action (s 150) decision, or conditions following an IRP. The Council also monitors practitioners with performance, health or conduct related conditions imposed in another state or territory who have changed their principal place of practice to NSW.

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 the year, 48 cases were monitored, and 35 remain active as at 30 June 2013.

Status of Monitoring Cases	2012/2013	2011/2012
Practitioners monitored at year beginning	27	25 [^]
Practitioners commencing monitoring	21	18
Practitioners for which monitoring was completed	13	16 [^]
Practitioners under monitoring at year end	35	27 [^]
Total practitioners managed	48	43[^]

[^] Differs to 2011/2012 Annual Report due to data cleansing

Of the 48 cases managed in the period 38 related to conduct, 8 to health and two related to performance.

The monitoring matters managed in 2012/2013 related to the following orders or conditions:

Matters Monitored	Number
Mentoring or supervision of practice	7
Education or training required	27
Assessment of records	24
Refunds to patients or Medicare	13
Skills evaluation or assessment	6
Practice restrictions	19
Prescribing restrictions	3
Chaperone required	1
Counsellor required	1
Fine	1
Drug or alcohol testing	2
Review by treating health practitioner	4

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

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

Management and Administration



Shared Services

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

On behalf of the Councils, the HPCA liaises with:

- AHPRA regarding financial, registration and reporting matters
- the HCCC on notifications (complaints) management issues, and
- 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.

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

Access to Information - Government Information Public Access (GIPA)

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

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

Review of Proactive Release Program

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

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

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

- Information about the Dental Council's Health Program for Practitioners and Students
- Dental Council Annual Report 2012
- Conflict of Interest Policy
- Gifts and Benefits Policy
- Reporting Corrupt Conduct
- Member Remuneration and Payment Policy
- Official Travel Policy
- Audit and Risk Committee Charter.

The Council also complies with NSW Government policies and procedures which are available on the Department of Premier and Cabinet, Public Service Commission and the NSW Ministry of Health websites.

Number of Access Applications Received

The Council received three formal access applications (including withdrawn applications excluding invalid applications).

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

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

The Council's GIPA statistics are reported in 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*.

The Council received no complaints regarding privacy matters.

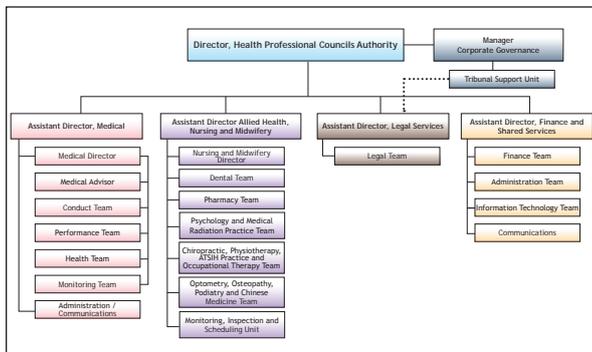
The Council has adopted the NSW Health Privacy Management policy pending development of a specific privacy management plan. A number of staff attended privacy awareness training conducted by the Office of the Information and Privacy Commissioner.

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 2013 the HPCA employed 97 permanent full-time equivalent (FTE) staff and two temporary FTE staff, of whom nine FTE

staff provided secretariat support directly to the Council.



Learning and Development

Learning and development opportunities are available to staff to ensure that they have the skills and knowledge to support the Council's core business and the HPCA's organisational priorities. Individual staff training needs are identified through the Coaching and Performance System (CAPS).

Staff attended training sessions on:

- GIPA, privacy management and public interest disclosure provisions
- Writing procedures and policy documents, and minute taking
- Dealing with difficult complainants
- TRIM records management system and Monitoring and Complaints System (MaCS) for case management
- Understanding of the *Health Practitioner Regulation National Law (NSW)* - regulatory responsibilities and Council processes to protect the public.

One staff member completed a Diploma of Government.

Public Interest Disclosures

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

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

July 2012 - June 2013

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
Number of PIDs finalised	0

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 2012/2013 the HPCA Audit and Risk Committee continued to review and monitor the Risk Register, discussed and monitored internal audits and reviews, and received high level summaries on the Council's financial reports. On the Committee's advice the HPCA established the role of Chief Audit Executive, which is fulfilled by the HPCA Assistant Director, Legal.

During the year the HPCA implemented the recommendations of the Audit Office of NSW 2011/2012 Management Letter, developed a business continuity management framework and commissioned a review of the 2012/2013 budget process following the identification of certain errors and omissions in some budget line items. These matters have been addressed and monitored through the 2013/2014 budget development process.

The business continuity management framework comprises a policy, Business Continuity Plan and procedures. Members of the Recovery Team have received training and been issued with documents and resources in case of an emergency. Documentation of an IT disaster recovery plan has been initiated and will be completed during 2013/2014.

IAB is commissioned to undertake the internal audits nominated in the internal audit plan. IAB conducted an internal audit of the HPCA's Workforce Management Framework, which identified the need for a more consistent

approach to performance monitoring, and improving turnaround times on recruitment activity. All of the review's recommendations were accepted and are being addressed.

A review of monitoring of practitioners with orders and/or conditions on their registration commenced in June 2013.

Information Management and Systems

Further improvements have been achieved in information management, control and reporting. System modifications have been made to the case management system (MaCS), to improve usability and reporting. The MaCS user group guides priorities and contributes to user testing. Staff received ongoing training and support as changes are implemented and the accuracy and reliability of reporting is improving.

The TRIM records management system has been further embedded in practice. The business classification scheme was reviewed and is being modified to address the specific needs of Councils. Training has been a focus and priorities developed to promote the use of TRIM to meet State Records compliance requirements.

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:

- multicultural policies and services programs
- 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 continued to meet its compliance obligations with regard to each of these matters and remains committed to implementing the relevant policy requirements.

Consultants

The health professional Councils together commissioned six consultancies related to Council business process improvement, 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 \$
Administration	2	1,325.89
Council business processes	1	2,503.05
Financial management	1	963.30
Information management and systems	2	286.10
Total	6	5,078.34

Business Process Improvement

Through the course of several reviews (including of Council business planning processes), risk assessment and the 2011/2012 Council Satisfaction Survey a number of Councils and the HPCA identified the need to embark on a project to analyse selected core processes and to develop maps and procedure documents to guide work processes and decision-making. A consultant was engaged to undertake the project.

The purpose of process mapping is to optimise efficiency and provide support tools to staff and Councils, to help manage workflow and assist with sound decision-making.

The consultants are working with staff on process maps for the management of correspondence, handling notifications and immediate action, and refinement of the business classification scheme for records management.

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, and
- workers' compensation.

Annual Report Costs

The Council did not produce printed copies of this Annual Report in accordance with the Premier's Memorandum *Production Costs of Annual Reports (M2013-09)*. The total cost of layout and design was \$672.83 (GST inc.), which is significantly lower than in previous years.

The report is published on the Council's website.

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.

In signing the SLA, the Council endorsed a revised cost allocation methodology for the distribution of shared costs across all Councils. The methodology is largely based on Council activity and provides a formula to apportion shared services staff, facilities and other resources. The methodology will be reviewed in 2013/2014 to ensure that it is equitable and is the best means of cost allocation.

Format

The accounts of the Council's administrative operations, including the Education and Research activities, together with the Independent Auditor's Report are set out in the Financial Statements starting on page 23.

Performance

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

	\$
Operating expenditure	2,384,043
Revenue	1,302,834
Net profit/(loss)	(928,347)
Net cash reserves (cash and cash equivalents minus current liabilities)*	519,442
* Included in the net cash reserves is Education and Research bank account balance of:	580,620

Investment Performance

The Council, through a Special Interest Arrangement with the Commonwealth Bank of Australia earned an average of 2.76% p.a. on all bank account balances.

Payments Performance

The Council's accounts are managed by the Health Administration Corporation. The consolidated accounts payable performance report for all 14 Councils is 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	1,201,178	620	0	218	0
December	1,106,321	26,167	0	165	0
March	1,310,988	1,225	0	657	0
June	1,758,606	4,583	141	1,758	0
Small business suppliers					
September	426,997	620	0	218	0
December	255,185	11,203	0	165	0
March	501,058	1,225	0	657	0
June	678,088	3,106	0	706	0

Measure	Sept	Dec	Mar	June
All suppliers				
Number of accounts due for payment	158	130	130	198
Number of accounts paid on time	156	105	128	177
% of accounts paid on time (based on number of accounts)	98.7	80.8	98.5	89.4
\$ amount of accounts due for payment	1,202,016	1,132,653	1,312,870	1,765,088
\$ amount of accounts paid on time	1,201,178	1,106,321	1,310,988	1,758,606
% of accounts paid on time (based on \$)	99.9	97.7	99.9	99.6
Number of payments for interest on overdue accounts	0	0	0	0
Interest paid on overdue accounts	0	0	0	0

Measure	Sept	Dec	Mar	June
Small business suppliers				
Number of accounts due for payment	141	112	120	170
Number of accounts paid on time	139	96	118	156
% of accounts paid on time (based on number of accounts)	98.6	85.7	98.3	91.8
\$ amount of accounts due for payment	427,835	266,553	502,940	681,900
\$ amount of accounts paid on time	426,997	255,185	501,058	678,088
% of accounts paid on time (based on \$)	99.8	95.7	99.6	99.4
Number of payments for interest on overdue accounts	0	0	0	0
Interest paid on overdue accounts	0	0	0	0

The HPCA is confirming relevant details with small business suppliers in accordance with Treasury Circular TC11/21.

Budget 2013/2014

The budget for the period 1 July 2013 to 30 June 2014 is as follows:

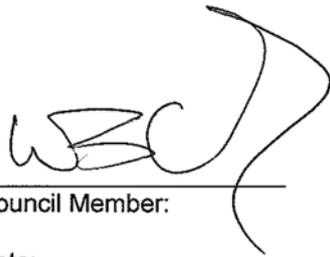
	\$
Revenue	1,837,271
Operating expenses	1,723,583
Education and research	120,000
Net profit/(loss)	(6,312)

DENTAL COUNCIL OF NEW SOUTH WALES**YEAR ENDED 30 JUNE 2013****STATEMENT BY MEMBERS OF THE COUNCIL**

Pursuant to s 41C(1B) *Public Finance and Audit Act 1983*, and in accordance with the resolution of the members of the 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 2013 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:

21 October 2013,



Council Member:

Date: 22.10.13



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 2013, 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 2013, and of its financial performance and its cash flows for the year then ended in accordance with Australian Accounting Standards
- are in accordance with section 41B of the *Public Finance and Audit Act 1983* (the PF&A Act) and the Public Finance and Audit Regulation 2010.

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

The Council's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

My opinion does *not* provide assurance:

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

Independence

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

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



C J Giumelli
Director, Financial Audit Services

24 October 2013
SYDNEY



Dental Council of New South Wales

Statement of Comprehensive Income for the Year Ended 30 June 2013

	Notes	2013 \$	2012 \$
EXPENSES EXCLUDING LOSSES			
Operating expenses			
Personnel services	2(a)	(741,617)	(500,746)
Other operating expenses	2(b)	(957,905)	(722,394)
Depreciation and amortisation	2(c)	(62,743)	(17,375)
Finance costs	2(d)	(1,728)	(519)
Other expenses	2(e)	(159,590)	(102,653)
Education and research expenses	3	(460,460)	(35)
Total Expenses Excluding Losses		(2,384,043)	(1,343,722)
REVENUE			
Registration fees		1,236,623	1,216,357
Interest revenue	5(a)	50,781	81,599
Other revenue	5(b)	15,430	331
Total Revenue		1,302,834	1,298,287
Gain/(Loss) on disposal/addition	6	152,862	23
Net Result		(928,347)	(45,412)
Other comprehensive income		-	-
Total Comprehensive Income		(928,347)	(45,412)

The accompanying notes form part of these financial statements.



Dental Council of New South Wales

Statement of Financial Position
as at 30 June 2013

	Notes	2013 \$	2012 \$
ASSETS			
Current Assets			
Cash and cash equivalents	7	1,371,405	2,324,235
Receivables	8	16,732	21,442
Total Current Assets		1,388,137	2,345,677
Non-Current Assets			
Plant and equipment			
Leasehold improvements		142,788	76,068
Motor vehicles		1,803	965
Furniture and fittings		30,469	19,066
Other		25,558	4,151
Total plant and equipment		200,618	100,250
Intangible assets	10	45,811	6,166
Total Non-Current Assets		246,428	106,416
Total Assets		1,634,565	2,452,093
LIABILITIES			
Current Liabilities			
Payables	11	320,931	293,414
Fees in advance	12	531,031	488,647
Total Current Liabilities		851,963	782,061
Non-Current Liabilities			
Fees in advance	12	9,225	
Provisions	13	40,124	8,432
Total Non-Current Liabilities		49,349	8,432
Total Liabilities		901,312	790,493
Net Assets		733,253	1,661,600
EQUITY			
Accumulated funds		733,253	1,661,600
Total Equity		733,253	1,661,600

The accompanying notes form part of these financial statements.



Dental Council of New South Wales

Statement of Changes In Equity for the Year Ended 30 June 2013

	Notes	Accumulated Funds
		\$
Balance at 1 July 2012		1,661,600
Changes in accounting policy		-
Correction of errors		-
Restated Total Equity at 1 July 2012		1,661,600
Net Result for the Year		(928,347)
Other comprehensive income		-
Balance at 30 June 2013		733,253
Balance at 1 July 2011		1,707,012
Changes in accounting policy		-
Correction of errors		-
Restated Total Equity at 1 July 2011		1,707,012
Net Result for the Year		(45,412)
Other comprehensive income		-
Balance at 30 June 2012		1,661,600

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 2013

	Notes	2013 \$	2012 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Payments			
Personnel services		(757,162)	(455,247)
Other		(1,547,204)	(880,982)
Total Payments		(2,304,366)	(1,336,229)
Receipts			
Receipts from registration fees		1,307,725	1,268,071
Interest received		48,332	98,335
Other		3,208	331
Total Receipts		1,359,265	1,366,737
Net Cash Flows from Operating Activities	17	(945,101)	30,509
CASH FLOWS FROM INVESTING ACTIVITIES			
Proceeds from sale of plant and equipment		-	1,548
Purchases of plant and equipment and intangible assets		(7,730)	(108,301)
Net Cash Flows from Investing Activities		(7,730)	(106,753)
CASH FLOWS FROM FINANCING ACTIVITIES			
Net Cash Flows from Financing Activities		-	-
Net Increase/(Decrease) in Cash		(952,830)	(76,244)
Opening cash and cash equivalents		2,324,235	2,400,479
Closing Cash and Cash Equivalents	7	1,371,405	2,324,235

The accompanying notes form part of these financial statements.



Dental Council of New South Wales

Notes to the 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 2013 have been authorised for issue by the Council on 22 October 2013.

b. Basis of Preparation

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

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

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

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

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

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

c. Statement of Compliance

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

d. Significant Accounting Judgments, Estimates and Assumptions

Effective from 1 July 2012, the Health Professional Councils Authority (HPCA) introduced an agreed cost sharing arrangement for the distribution of pooled costs between health professional Councils. This was a change from the cost sharing arrangements from prior years.

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

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

e. Insurance

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

Dental Council of New South Wales

Notes to the Financial Statements

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

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

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

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

g. Income Recognition

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

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

Under s 26A of the Law, the complaints element of the registration fees payable during 2013 by NSW health practitioners was decided by the Council established for that profession subject to approval by the Minister for Health.

The Council, under the Law, receives fees on a monthly basis from the Australian Health Practitioner Regulation Agency (AHPRA) being the agreed NSW complaints element for the 2013 registration fee.

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

h. Personnel Services

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

i. Interest Revenue

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

j. Education and Research

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

k. Assets

i. Acquisition of Assets

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

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



Dental Council of New South Wales

Notes to the Financial Statements

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

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

ii. Capitalisation Thresholds

The Health Professional Councils Authority (HPCA) acquires all assets on behalf of the Council. Shared use assets that cost over \$5,000 at the time of purchase by the HPCA are capitalised. These capitalised shared use assets are then allocated to the Council using an appropriate allocation method. The minimum capitalisation threshold limits applied to the Council for the asset are \$572 (2011/2012 - \$177) (all Council shared use asset), or \$873 (2011/2012 - \$220) (Pitt Street shared use asset), whichever is applicable.

iii. Impairment of Plant and Equipment

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

iv. Depreciation of Plant, Equipment and Leasehold Improvements

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

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

Depreciation rates used are as follows:

Plant and equipment 20% - 25%

Furniture and fittings 16% - 20%

Motor vehicles 25% - 29%

Leasehold improvements 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.

Dental Council of New South Wales

Notes to the Financial Statements

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

viii. Loans and Receivables

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

I. Liabilities

i. Trade and Other Payables

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

ii. Personnel Services - Ministry of Health

Personnel services are acquired from the 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.

iii. Provision for Make Good

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

m. Equity/Accumulated Funds

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

n. Comparative information

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



Dental Council of New South Wales

Notes to the Financial Statements

o. Cash and cash equivalents

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

Bank overdrafts are included within liabilities.

p. Adoption of New and Revised Accounting Standards

A number of new standards, amendments to standards and interpretations are effective for annual periods beginning after 1 July 2013, and have not been applied in preparing these financial statements. None of these are expected to have a significant effect on the financial statements of the Council.

NSW Treasury issued NSWTC13/02 circular which states none of the new or revised Standards of Interpretations are to be adopted early.

List of new standards that are relevant to the Council are as follows:

- a) AASB 9 Financial Instruments (2010), AASB 9 Financial Instruments (2009)
- b) AASB 13 Fair Value Measurement (2011)

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:

	2013	2012
	\$	\$
Salaries and wages (including recreation leave)	610,597	400,819
Superannuation	91,374	71,758
Payroll taxes	37,602	25,952
Workers compensation insurance	2,044	2,217
	<u>741,617</u>	<u>500,746</u>

b. Other Operating Expenses

	2013	2012
	\$	\$
Auditor's remuneration	14,350	15,500
Rent and building expenses	185,572	43,239
Dental Tribunal expenses	132,633	138,828
Council fees	47,557	48,804
Sitting fees	235,170	165,002
Contracted labour	342,623	311,021
	<u>957,905</u>	<u>722,394</u>

c. Depreciation and Amortisation Expense

	2013	2012
	\$	\$
Depreciation		
Motor vehicles	834	434
Furniture and fittings	7,617	-
Other	18,212	4,079
	<u>26,663</u>	<u>4,513</u>
Amortisation		
Leasehold improvement	9,444	950
Intangible assets	26,636	11,912
	<u>36,080</u>	<u>12,861</u>
Total Depreciation and Amortisation	<u>62,743</u>	<u>17,375</u>



Dental Council of New South Wales

Notes to the Financial Statements

2. EXPENSES EXCLUDING LOSSES (continued)

d. Finance Costs

	2013 \$	2012 \$
Unwinding of discount rate on make good provision	1,728	519
	<u>1,728</u>	<u>519</u>

e. Other Expenses

	2013 \$	2012 \$
Subsistence and transport	17,933	14,927
Fees for service	91,424	60,521
Postage and communication	14,360	4,213
Printing and stationery	20,580	12,964
Equipment and furniture	470	1,438
General administration expenses	14,823	8,590
	<u>159,590</u>	<u>102,653</u>

3. EDUCATION AND RESEARCH

a. Education and Research Expenses

	2013 \$	2012 \$
Grants	363,073	-
Other expenses	97,387	35
Total (excluding GST)	<u>460,460</u>	<u>35</u>

b. Education and Research Account Receipts and Payments Reconciliation

	Notes	2013 \$	2012 \$
Opening balance 1 July 2012		875,510	942,996
Deposits		-	-
Interest		20,070	32,549
		<u>895,580</u>	<u>975,545</u>
Outgoings		(314,960)	(100,035)
Closing Balance 30 June 2013	7	<u>580,620</u>	<u>875,510</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 (HAC). Executive and administrative support functions are provided by the HPCA, which is an administrative unit of the HAC. The HAC 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 HAC are detailed above in Notes 2 to 11.

5. (a) INTEREST REVENUE

	2013	2012
	\$	\$
Interest revenue from financial assets not at fair value through profit or loss	50,781	81,599
	<u>50,781</u>	<u>81,599</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 HAC. 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 cheque fees and overseas draft fees.

	2013	2012
	%	%
Weighted Average Interest Rate	2.76	3.65

(b) Other Revenue

	2013	2012
	\$	\$
Make good revenue resulting from decrease in make good provision	12,219	-
Other revenue	3,211	331
	<u>15,430</u>	<u>331</u>

6. GAIN/(LOSS) ON DISPOSAL/ADDITION

	2013	2012
	\$	\$
Plant and equipment		
Net book value disposed/acquired during the year	86,849	
Proceeds from sale/acquisition costs	21	23
	<u>86,870</u>	<u>23</u>
Intangible assets		
Net book value disposed/acquired during the year	65,992	-
Proceeds from sale/acquisition costs	-	-
	65,992	-
	<u>152,862</u>	<u>23</u>
Total Gain/(Loss) on Disposal/Additions		

Included in the above Gain/(Loss) on disposal for 2013 is an adjustment arising from the Council's decision to acquire an increased portion of its share of the opening carrying values of the pooled assets located at Level 6, 477 Pitt Street, Sydney for no charge.

This adjustment was necessary as the HPCA introduced a revised cost sharing arrangement with the agreement of all the health professional Councils for the distribution of costs of depreciation of the pooled assets between all the health professional Councils effective from 1 July 2012 - refer Note 1.d.

This adjustment has the effect of deferring the depreciation on the portion of the fixed assets that were acquired as future depreciation will be higher under the revised distribution of depreciation costs.



Dental Council of New South Wales

Notes to the Financial Statements

7. CASH AND CASH EQUIVALENTS

	2013 \$	2012 \$
Cash at bank and on hand	988,497	1,914,287
Short-term bank deposits	-	-
Cash at bank - held by HPCA*	382,908	409,948
	<u>1,371,405</u>	<u>2,324,235</u>

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

The Council operates the bank accounts shown below:

	Notes	2013 \$	2012 \$
Operating account**		407,877	1,038,777
Education and research account**	3	580,620	875,510
		<u>988,497</u>	<u>1,914,287</u>

** managed by the HPCA, an administrative unit of the HAC.

8. RECEIVABLES

	2013 \$	2012 \$
Prepayments	3,050	1,237
Other receivables	(111)	11,097
Interest receivable	3,368	5,817
Trade receivables	10,425	3,291
Less: allowance for impairment	-	-
	<u>16,732</u>	<u>21,442</u>

Movement in the Allowance for Impairment

Balance at 1 July	-	-
Amounts written off during the year	-	-
Amounts recovered during the year	-	-
Increase/(decrease) in allowance recognised in profit or loss	-	-
Balance at 30 June	<u>-</u>	<u>-</u>

No receivables are considered impaired.

The trade receivables include monies that AHPRA has collected from registrants as at 30 June 2013 and has remitted the monies to HPCA in July 2013.

Dental Council of New South Wales

Notes to the Financial Statements

Analysis of Trade Debtors Overdue

2013	Total	Past due but not impaired	Considered impaired
	\$	\$	\$
< 3 months overdue	-	-	-
3-6 months overdue	-	-	-
> 6 months overdue	-	-	-
2012			
< 3 months overdue	-	-	-
3-6 months overdue	-	-	-
> 6 months overdue	-	-	-

Notes

1. Each column in the table represents the 'gross receivables'.
2. The ageing analysis excludes statutory receivables that are not past due and not impaired.

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 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
At 30 June 2013					
Gross carrying amount	149,627	3,331	38,086	109,904	300,948
Accumulated depreciation and impairment	(6,839)	(1,528)	(7,617)	(84,346)	(100,330)
Net Carrying Amount	142,788	1,803	30,469	25,558	200,618

Dental Council of New South Wales

Notes to the Financial Statements

Reconciliation

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

	Leasehold Improvements	Motor Vehicles	Furniture & Fittings	Other	Total
	\$	\$	\$	\$	\$
Year ended 30 June 2013					
Net carrying amount at start of year	76,068	965	19,066	4,151	100,250
Additions	3,946	-	-	3,495	7,441
Disposals	-	-	-	-	-
Other ¹	72,218	1,672	19,020	36,124	129,033
Depreciation	(9,444)	(834)	(7,617)	(18,212)	(36,106)
Net Carrying Amount at End of Year	142,788	1,803	30,469	25,558	200,618

	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

1. Other includes:

- Adjustments required to opening balances due to the implementation of agreed Cost Allocation Methodology as at 1 July 2012.
- Adjustments required to make good asset/liability in accordance with AASB 137.

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 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

At 30 June 2013			
Cost (gross carrying amount)	887	199,840	200,727
Accumulated amortisation and impairment	-	(154,916)	(154,916)
Net Carrying Amount	887	44,924	45,811

	Software Work in Progress	Software	Total
	\$	\$	\$
Year Ended 30 June 2013			
Net carrying amount at start of year	694	5,472	6,166
Additions	193	95	288
Disposals	-	-	-
Other ¹	-	65,993	65,993
Amortisation	-	(26,636)	(26,636)
Net Carrying Amount at End of Year	887	44,924	45,811

	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
Transfers	(2,849)	2,849	-
Disposals	-	-	-
Amortisation	-	(11,912)	(11,912)
Net Carrying Amount at End of Year	694	5,472	6,166

1. Other includes:

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



Dental Council of New South Wales

Notes to the Financial Statements

11. PAYABLES

	2013	2012
	\$	\$
Personnel services - Ministry of Health	86,842	102,387
Trade and other payables	234,089	191,027
	<u>320,931</u>	<u>293,414</u>

12. FEES IN ADVANCE

	2013	2012
	\$	\$
Current		
Registration fees in advance	531,031	488,647
	<u>531,031</u>	<u>488,647</u>
Non-Current		
Registration fees in advance	9,225	-
	<u>9,225</u>	<u>-</u>

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

13. PROVISIONS

	2013	2012
	\$	\$
Non-Current		
Make good	40,124	8,432
	<u>40,124</u>	<u>8,432</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 2013 \$
Carrying amount at the beginning of financial year	8,432
Increase in provisions recognised due to re-allocation of opening balances as at 1 July 2012	53,598
Decrease in provisions recognised due to the decrease in the provision for make good due to changes in restoration costs and interest rates	(23,634)
Amount used	-
Unused amounts reversed	-
Unwinding/change in discount rate	1,728
Carrying Amount at the End of Financial Year	<u>40,124</u>

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

As required under paragraph 59 of AASB 137, provisions are required to be reviewed at the end of each reporting period and adjusted to reflect the current best estimate of the provision. The HPCA has recalculated the estimated lease make good provision as at 30 June 2013, taking into account the updated discount rate and inflation rates that are required under TC 11/17 and an updated estimate of the cost per square metre to make good the leased areas.



Dental Council of New South Wales

Notes to the Financial Statements

The impact of the changes to the three inputs to the overall lease make good provision has been to reduce the required provision as at 30 June 2013.

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

14. COMMITMENTS FOR EXPENDITURE

a. Capital Commitments

There is no aggregate capital expenditure contracted (2012 acquisition of audio-visual equipment and furniture at Level 6, 477 Pitt Street office) for at balance date and not provided for.

	2013	2012
	\$	\$
Not later than one year	-	1,243
Later than one year and not later than five years	-	-
Total (including GST)	-	1,243

b. Operating Lease Commitments

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

	2013	2012
	\$	\$
Not later than one year	223,017	47,212
Later than one year and not later than five years	578,610	174,377
Total (including GST)	801,627	221,589

15. RELATED PARTY TRANSACTIONS

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

The Council's accounts are managed by the HAC. 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 are no material unrecorded contingent assets and liabilities as at 30 June 2013.

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

	2013	2012
	\$	\$
Net result	(928,347)	(45,412)
Depreciation and amortisation	62,742	17,375
Allowance for impairment	-	-
Increase/(Decrease) in receivables	4,710	52,508
Increase/(Decrease) in fees in advance	51,609	13,141
Increase/(Decrease) in payables	27,523	(9,741)
Increase/(Decrease) in provisions	(10,475)	2,661
Net gain/(loss) on sale of plant and equipment	(152,862)	(23)
Net Cash used on Operating Activities	(945,101)	30,509



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.

a. Financial Instrument Categories

Financial Assets Class	Notes	Category	Carrying Amount 2013 \$	Carrying Amount 2012 \$
Cash and cash equivalents	7	N/A	1,371,405	2,324,235
Receivables ¹	8	Loans and receivables (measured at amortised cost)	13,793	9,108
Financial Liabilities Class	Notes	Category	Carrying Amount 2013 \$	Carrying Amount 2012 \$
Payables ²	11	Financial liabilities (measured at amortised cost)	320,931	293,414

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).

Dental Council of New South Wales

Notes to the Financial Statements

b. Credit Risk

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

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

Cash

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

Receivables - Trade Debtors

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

c. Liquidity Risk

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

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

All payables are current and will not attract interest payments.

d. Market Risk

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

19. EVENTS AFTER THE REPORTING PERIOD

There are no events after the reporting period to be included in the financial statements as of 30 June 2013.

End of Audited Financial Statements

Appendix 1 - Legislative Changes

Health Practitioner Regulation National Law

During 2012/2013 the NSW Parliament passed two minor amendments to the *Health Practitioner Regulation National Law (NSW)* (the Law).

Amendments were made by the *Health Legislation Amendment Act 2013* and are:

1. The inclusion of s 150D(4A) to provide that notwithstanding ss 150D(3) and (4), the Health Care Complaints Commission is not required to investigate a complaint that is referred to it following the taking of immediate action under s 150 if the matter that is the subject of the complaint is being, or has been, investigated as, or as part of, another complaint to the Commission.
2. Amendment of s 152J(b) to provide that a practitioner's consent is required before the Council suspends his or her registration following the recommendation of an Impaired Registrants Panel (IRP). The amendment clarifies that, in keeping with the cooperative and remedial nature of the impaired practitioner process, both suspension and conditions on registration following an IRP require the practitioner's consent.
3. Amendment of clause 11 of Schedule 5C to provide that the appointment of a person as an acting member of a Council or of a member as the acting President of a Council is by the Minister for Health rather than by the Governor.

Health Practitioner Regulation (New South Wales) Regulation 2010

The Governor approved amendments to the *Health Practitioner Regulation (New South Wales) Regulation 2010* concerning the composition of certain Councils.

Amendments were made by the *Health Practitioner Regulation (New South Wales) Amendment (Health Professional Councils) Regulation 2012*. They comprised minor amendments to the membership composition of the Dental Council, Medical Council, Nursing and Midwifery Council, Pharmacy Council, Physiotherapy Council and Psychology Council.

Appendix 2 - GIPA Statistics 2012/2013

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)	3	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*	3	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 2012/2013 (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 2012/2013 (con'td)

Table F: Timeliness

	Number of applications
Decided within the statutory timeframe (20 days plus any extensions)	2
Decided after 35 days (by agreement with applicant)	1
Not decided within time (deemed refusal)	0
Total	0

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

	Decision varied	Decision upheld	Total
Internal review	0	0	0
Review by Information Commissioner*	0	0	0
Internal review following recommendation under 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	0
Applications by persons to whom information the subject of access application relates (see s 54 of the Act)	0

Appendix 3 - Members of Committees, Panels and Tribunals 2012/2013

Dental Tribunal

Chairperson

Mr Oscar Shub

Deputy Chairpersons

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

Dr Anthony Blinkhorn

Dr Tom Boland

Dr Peter Crozier

Dr Robert Hochstadt

Mr Tom Kelly

Dr Andrea Lakatos

Dr Angie Lan

Dr Keith Lester

Dr Kavita Lobo

Dr Peter Sheridan

Dr Bruce Stewart

Dr Melita Stimpson

Dr David Sykes

Ms Hilary Watt

Dr George Wing

Dr Fredrick (Clive) Wright

Lay members

Emeritus Professor Derek

Anderson, AM

Mr Michael Barnett

Dr Catherine Berglund

Ms Carolyn Burlew

Mr John Davies AM

Ms Sandra Everett

Mr Phillip French

Mr Christopher Gardiner

Ms Margo Gill

Dr Noel Greenaway

Mr Boyd Higgins

Mr Peter Hooker

Mr Adam Johnson

Ms Jenny Klause

Ms Margaret Knibb

Ms Rosemary Kusuma

Dr Siew-Foong Liew

Ms Susan Lovrovich

Mr James Lyon

Mr Leonard Mahemoff

Ms Jacqueline Milne

Mr Wayne Morrison

Mr Graeme Postlethwaite

Mr Samuel Reuben

Mr David Rosen

Mr Peter Shearing

Ms Babette Smith

Ms Frances Taylor

Ms Maree Turner

Ms Leanne Wrightson

Dental Assessment Committees

Assessment Committee 1

Term of Appointment: 9 July 2012 to 30 June 2016

Role

Chair (Practitioner)

Member (Practitioner)

Member (Practitioner)

Member (Not registered health practitioner)

Name

Dr Annabel Enno (Dentist)

Dr Robert Smith (Dentist)

Dr Hugh Fleming (Dentist)

Ms Maria Kelly

Assessment Committee 2

Term of Appointment: 23 February 2011 to 22 February 2015

Role

Chair (Practitioner)

Member (Practitioner)

Member (Practitioner)

Member (Not registered health practitioner)

Name

Dr Sabrina Manickam (Dentist)

Dr Christine Biscoe (Dentist)

Mr Martin Dunn (Dental Prosthetist)

Mrs Francis Taylor

Impaired Registrants Panel

Registered Medical Practitioners

Dr John Adams

Dr Mary-Anne Friend

Dr Beth Kotze

Dr Saw-Hooi Toh

Professional members

Prof James Hawkins

Dr Peter Skor

Dr Kim Warby

Appendix 4 - Outcomes of Council Inquiries 2012/2013

There were 17 findings of unsatisfactory professional conduct made by Council Inquiries. The outcomes of these matters were:

Complaint Particulars	Outcome
Inadequate treatment planning, diagnostic testing, radiographic aids and analysis. Poor record keeping and lack of evidence. Apparent unsatisfactory crown and root canal treatment.	Orders imposed
Provision of treatment without appropriate consent, treatment plan and quotes. Poor record keeping. Treatment provided under the Medicare Chronic Disease Dental Scheme had been described incorrectly.	Reprimanded Orders imposed
Failure to record, diagnose and treat the patient's periodontal disease. Inadequate treatment planning and subsequent provision of an unsatisfactory bridge in the upper right quadrant. Provision of unsatisfactory and inadequate resin veneers.	Conditions on registration Fined
Failure to obtain a medical history and conduct an evaluation of the patient's medical conditions prior to placing implants. Failure to adequately treatment plan with reference to the patient's occlusion, age and medical history. Incorrect selection and replacement of implants.	Orders imposed
Failure to provide a comprehensive initial examination, including medical history, periodontal charting and radiographic record. Failure to keep accurate records. Failure to treat advanced periodontal disease before commencing complex restorative treatment. Inadequate treatment planning, medical history, dental charting and records. Billing provisional crowns which are part of bridgework. Defect on distal margin of tooth 26, part of 8 unit bridge. Failure to record details of extractions and consent to treatment, including extractions.	Orders imposed
Financial records do not correlate to treatment records. Failure to accurately record treatment dates. Failure to issue Invisalign appliance for which an account was issued.	Orders imposed
Failure to respond to requests for information to the Assessment Committee. Failure to maintain accurate records. Three crowns charged but not detailed in records.	Reprimand
Inadequate diagnosis, records and treatment planning for a specialist practitioner. Failure to recognise and manage centre line discrepancy. Incorrect classification of malocclusion.	Cautioned Orders imposed

Complaint Particulars	Outcome
<p>Incorrect diagnosis and treatment plan for orthodontic purposes. Failure to provide adequate orthodontic treatment. Incorrect treatment of four first molars. Incorrect orthodontic analysis and treatment planning. Incorrect treatment modalities and bracket and composite placement Incorrect movement of teeth and failure of treatment.</p>	<p>Conditions on registration Orders imposed</p>
<p>Failure to diagnose and treat periodontal disease. Inadequate treatment planning. Poorly constructed dentures. Inadequate endodontic treatment with incorrect use of irrigant. Failure to recognise incorrect use of irrigant and management of complications.</p>	<p>Reprimanded Orders imposed Conditions on registration</p>
<p>Unsatisfactory provision of upper and lower dentures. Inadequate treatment plan.</p>	<p>Cautioned Orders imposed</p>
<p>Failure to adequately assess patient and design treatment plan. Failure to provide scaling and oral hygiene instruction following fabrication of bridges. Failure to adequately design bridgework; poor preparations; unrealistic increase of vertical dimension. Use of transcutaneous electrical nerve stimulation with no clinical benefit and which is not supported by current opinion.</p>	<p>Cautioned</p>
<p>Incorrect record keeping and itemisation of treatment provided. Inappropriate prescription of antibiotics and medications without supporting medical history or assessment. Failure to record and report to patient the retained roots following extraction.</p>	<p>Cautioned Orders imposed</p>
<p>Inadequate and poor treatment planning. Failure to record dental condition and periodontal condition of teeth. Preparation and placement of a bridge without treating obvious pulpal pathology. Failure of bridge provided.</p>	<p>Reprimanded Orders imposed Conditions on registration</p>
<p>Inaccurate recording of treatment, x-rays and treatment planning. Insufficient preoperative occlusal analysis. Failure to provide clinically acceptable porcelain veneers.</p>	<p>Cautioned Orders imposed</p>
<p>Failure to adequately record, treatment planning, history, study models and treatment. Inadequate radiographic and clinical evaluation of teeth prior to preparation and placement of crowns. Practising as a dentist while unregistered from 1 January 2011 to 15 March 2012.</p>	<p>Reprimanded Conditions on registration Orders imposed</p>
<p>Failure to formulate an adequate treatment plan for a bridge, resulting in the placement of the bridge on severely compromised abutment teeth. Failure to adequately manage the patient's dental caries and periodontal disease. Poor records and inadequate documentation and clinical notes.</p>	<p>Cautioned Conditions on registration Orders imposed</p>

Glossary

Adjudication Body

The Council, a Panel, Tribunal or Court can be declared an adjudication body for the purposes of the Law

Cancellation

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

Closed Notification

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

Complainant

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

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

Conciliation

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

Caution

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

Condition

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

Notification (Complaint)

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

Reprimand

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

Stage

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

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

Stream

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

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

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

Supervision

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

Suspension

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

Unsatisfactory Professional Conduct

Conduct which is:

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

Additional matters apply to medical practitioners and pharmacists.

Abbreviations

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

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