Nursing and Midwifery Council of New South Wales

Annual Report 2011

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

Dear Minister

On behalf of the Nursing and Midwifery Council of New South Wales, we are pleased to submit the Council's first Annual Report for the year ended 30 June 2011 for presentation to Parliament.

The Council was granted a one month extension of time to 30 November 2011 to submit this Report under section 13 (3) of the *Annual Reports (Statutory Bodies) Act 1984*. The approval was given on the understanding that this is the Council's first report since the establishment of the National Registration and Accreditation Scheme, which has impacted the timely submission of the financial statements and annual report.

The first year has been one of significant transformation and consolidation, with the co-regulatory framework requiring considerable work around developing efficient communication and collaboration between the National bodies and the Health Care Complaints Commission.

The nursing and midwifery professions are the largest group of registered health professionals in both NSW and Australia, with approximately 60% of all registered health professionals in NSW being nurses or midwives. There were 344 complaints made against nurses and midwives practising in NSW in the last year. Although the complaints were proportionally small compared with the number of registrations (approximately 0.3%), there has been a threefold increase in the number of notifications compared with the average number in the previous 10 years. A possible reason for this increase has been the introduction of mandatory notifications.

There are over 1400 nurses and midwives currently registered and working with conditions on their registration. The Council has developed more active, regular and robust monitoring to ensure conditions imposed on registration are being complied with and standards maintained. Initiatives in this area for 2011 include a new IT program to assist with this process and guidelines for employers to better understand the restrictions placed on practice.

The mandate of the Council is to safeguard the community without being unnecessarily restrictive, coercive or protective of the nursing and midwifery professions. With this in mind, the Council will continue its efforts to manage an increasing workload efficiently and effectively in the public interest.

Yours faithfully

Adj Prof John G Kelly AM
President

Charles Linsell
Deputy President

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About the Council

The Nursing and Midwifery Council of New South Wales was established on 1 July 2010 with the commencement of the health professionals' National Registration and Accreditation Scheme. Through the Scheme, responsibility for registering health practitioners and accrediting educational programs transferred to National Boards. Health professionals no longer need to hold multiple registrations in the same profession in different jurisdictions and uniform registration standards apply across all jurisdictions. The National Boards are supported by the Australian Health Practitioner Regulation Agency (AHPRA) which has an office in each State and Territory including New South Wales (NSW).

In NSW, the *Health Care Complaints Act 1993* has been retained, as has the role of the Health Care Complaints Commission (HCCC), which is a separate statutory authority which investigates and prosecutes health complaints in NSW. The Council and the HCCC consult on and respond to complaints received about a health practitioner's performance, conduct or health where that complaint relates to a registered professional's practice in NSW.

This is different to other States and Territories where the National Boards and committees established by these Boards are responsible for regulation.

The Council is one of 10 Councils that manage complaints about the performance, conduct and health of health professionals in NSW. The staff of the Health Professional Councils Authority (HPCA) provides secretariat support to the Councils to administer the Law.

Charter

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

Aims and Objectives

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

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

Council Membership

Establishment and membership of the Council is prescribed pursuant to s 41B, and Schedule 5C, Part 1, Division 3, clause 6 of the Law. The Council consists of 16 members:

Three are registered nurses elected in accordance with the regulations by the registered nurses who are eligible to vote at elections, clause 6(2)(a):

Adj Prof John G Kelly AM RN LLB - *President (appointed 22 September 2010)*

Steven Jeffs RN, BN, GradCert(Onc)

Francis Ross RN, RM, PaedCert, MRCert, BAppSc(Nsg), MPH, FCN,

One is a registered midwife who is elected in accordance with the regulations by registered midwives who are eligible to vote at elections, clause 6(2)(b):

Susan Hendy RRN, RM, AdvDipMid, BHSc(USQ), MMid(USQ)

One is an enrolled nurse or enrolled nurse (mothercraft) elected in the prescribed manner by the enrolled nurses and enrolled nurses (mothercraft) who are eligible to vote at elections, clause 6(2)(c):

Rebecca Roseby EN, AdDipNsg, MCN

Two are nurses or midwives engaged in the tertiary or pre-enrolment education of nurses or midwives in NSW nominated by the Minister, at least one of whom is a registered nurse, clause 6(2)(d):

John Daly RN, BA, GradCertEdMgmt(UNE), MEd(Hons) (W'gong), BHSc(Nsg)(RMIHE), PhD(SCU), MACE, AFACSM *(resigned 2 December 2010)*

Position Vacant

One is a registered nurse or registered midwife nominated by the New South Wales Nurses' Association, clause 6(2)(e):

Kathryn Adams RN, RM, BA

One is a registered nurse or registered midwife nominated by the College of Nursing, clause 6(2)(f):

Marie Clarke RN, RM, DipNEd, DipNAdmin, BBus,GradCertMgmt

One is a registered nurse who is nominated by the Minister who practises nursing in the area of mental health, clause 6(2)(g):

Charles Linsell RN, BA, DipEd, GradDipBus (Industrial Relations) - Deputy President

One is an enrolled nurse nominated by the Minister, clause 6(2)(h):

Stephen Brand EN, Medication Mgmt(CoN), MCN

One is a registered nurse who is an officer of the Department of Health, an Area Health Service, the Ambulance Service of NSW or the Corporation, nominated by the Minister, clause 6(2)(i):

Adj Prof Debra Thoms RM, BA, MNA, GradCertBioethics, AdvDipArts

One is an Australian lawyer nominated by the Minister, clause 6(2)(j):

Ian Linwood BEc(Syd), LLB(UNSW)

Three are persons nominated by the Minister as representatives of consumers, clause 6(2)(k):

Margo Gill DipMedUltrasonography, MAppSc(QUT), MBA(QUT)

Betty Johnson AO, MIndRel(USyd) (Honorary), FCN(Honorary)

Margaret Winn BA(USyd), DipEd(USyd),

Members of the Council are appointed by the Governor and the current term of office for all Council members expires on 30 June 2012.

Schedule 5C, Part 2 clause 10 of the Law provides that a President and Deputy President be appointed from the members of the Council. The President must be registered as a nurse or midwife.

John Kelly - President

Charles Linsell - Deputy President

Attendance at Council Meetings

The Council met on 12 occasions during the reporting period, usually on the first Thursday of each month.

Attendance at meetings is as follows:

Name	Meetings
John Kelly *(appointed 22 September 2010)*	8
Charles Linsell	10
Steven Jeffs	10
Francis Ross	7
Susan Hendy	6
Rebecca Roseby	11
John Daly *(resigned 2 December 2010)*	2
Kathryn Adams	11
Marie Clarke	9
Stephen Brand	10
Debra Thoms	5
Ian Linwood	11
Margo Gill	12
Betty Johnson	11
Margaret Winn	10

Remuneration

The members of the Council were remunerated as follows:

Chairperson	$2336 per annum
Members	$1752 per annum

Committees of the Council

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

The full membership of Council's Committees is listed in Appendix 1.

Counselling Committee

After a complaint is lodged with the Council in accordance with s 144C of the Law, one of the actions that may be taken, as provided in s 145B, is that the 'Council may direct the practitioner or student concerned to attend counselling.' The purpose of the Counselling Committee is to counsel a nurse, midwife or student who is directed to attend for counselling about professional standards, provide an

opportunity for the registrant to reflect on their performance and strategies to improve performance and, if necessary, provide a Council reprimand or caution.

The Counselling Committee met on 15 occasions in the last year.

Council members of the Committee:

Margo Gill

Francis Ross

Rebecca Roseby

Steven Jeffs

Susan Hendy

Betty Johnson

Other adhoc external professional members of the Committee:

Catherine Adams

Margaret Martin

Usually the Committee has a membership of three Council members. On occasion the Council co-opts appropriately qualified and experienced external professional members to the Committee to ensure there is appropriate expertise on the Committee to counsel the registrant in a specific area of practice.

Finance Committee

The purpose of the Finance Committee is to provide advice and recommendations about financial and budget issues relevant to the Council's work. The Committee convened three meetings during the reporting period.

Council Members of the Committee:

John Kelly

Charles Linsell

Ian Linwood

Margo Gill

Notifications Committee

The Notifications Committee is delegated to undertake functions of the Council related to the assessment of notifications and any action required as a result of the assessment. The Committee, in consultation with the HCCC, decides how complaints and notifications are to be dealt with as provided by Part 8, Division 3, Subdivision 2 of the Law. The Committee met monthly from July 2010 to January 2011, then twice a month from February 2011 to June 2011, a total of 17 meetings for the year.

Council members of the Committee:

Name	Meetings
John Kelly *(appointed 22 September 2010)*	8
Charles Linsell	11
Francis Ross	12
Susan Hendy	11
Rebecca Roseby	10
Stephen Brand	11
Margo Gill	15
Betty Johnson	14
Margaret Winn	9

The Notifications Committee receives, on behalf of the Council, all complaints and notifications regarding nurses and midwives. Representatives of the HCCC also attend meetings in order to facilitate consultation. Some notifications are assessed as being primarily issues relating to the health or professional performance of the nurse or midwife. The Notifications Committee coordinates the management of the matters referred for performance and health assessment for the Council. Some matters are assessed as warranting counselling and are referred to the Counselling Committee.

Legal Committee

The Legal Committee meets as required to provide advice and recommendations about legal issues relevant to the Council's work. It reviews legal advice that the Council may receive and assists in developing appropriate policies and responses. The Committee did not convene during the reporting period.

Council members of the Committee:

Kathryn Adams

Charles Linsell

Ian Linwood

Education and Research Committee

Under the Law, the Council may establish an account named the Nursing and Midwifery Education and Research Account. The purpose of the Education and Research Committee is to make recommendations to the Council about the expenditure of this money. The Committee met once in the year 2010/2011, to commence a strategic planning process for the Council's future activities in education and research.

Council members of the Committee:

Kathryn Adams

Marie Clarke

Margo Gill

Charles Linsell

Margaret Winn

Some of the goals for the Committee over the next year are:

- to develop educational web resources which will assist stakeholders to both prevent and manage the issues related to the health, conduct and performance of nurses and midwives
- to assist research projects which may inform the Council's management of health, conduct and performance issues and promote educational and research opportunities for nurses and midwives interested in conducting research in the area.

Section 150 Review Committee

The Council has powers to suspend or impose conditions for reasons of public health or safety and/or public interest described in Part 8 Division 3 Subdivision 7 (ss 150 to 150J) of the Law. The Section 150 Review Committee is delegated by the Council to review submissions made by registrants when they have been advised that the Council intends to impose conditions on their registration under s 150 or the registrant has requested a review of the conditions imposed on their registration under s 150.

The Committee members are Council members, one of whom is a registered nurse or midwife, and one of whom is not a registered health professional (as required under s 150(7) of the Law). On occasion the Council co-opts appropriately qualified and experienced external professional members to the Committee to ensure there is appropriate expertise on the Committee. In rare cases, where urgent action is required to protect public safety, the Committee is also delegated to take immediate action.

The Section 150 Review Committee was established by the Council in January 2011 and has met on five occasions.

Council members of the Committee:

John Kelly *(appointed 22 September 2010)*

Margo Gill

Other adhoc external professional members of the Committee:

Alison Teate RM

The Committee provides advice and recommendations to the Council whether or not to impose or vary the proposed conditions or suspension; or take some other action described under s 145B of the Law.

Statutory Committees

Part 8 of the Law prescribes the statutory committees that support the Council in undertaking its regulatory activities to protect the public. The activities and decisions of these bodies are reported in the section Regulatory Activities below.

Nursing and Midwifery Tribunal

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

Chairperson

Mr Nick O'Neill

Deputy Chairpersons

Mr Thomas Kelly

Ms Joanne Muller

Ms Kim Bolster Ross

Mr Cedric Vass

The Tribunal dealt with 36 matters during the year.

Professional Standards Committee

Professional Standards Committees are established under s 169 and comprise four members appointed by the Minister. Three are health practitioners who are registered in the same profession as the practitioner who is the subject of proceedings, and one person who is not a registered health practitioner.

Chairs of the Professional Standards Committee are:

Brett Clarke

Jill Boehm

Joanne Muller

Judith Mair

Neal Tolley

The Professional Standards Committee considered 14 matters this year.

Impaired Registrants Panel

Impaired Registrants Panels are established under s 173 of the Law to deal with matters concerning nurses and midwives who suffer from a physical or mental impairment which affects or is likely to affect their capacity to practise.

The Law requires that a medical practitioner form part of every Impaired Registrant Panel.

There were 77 Impaired Registrants Panels completed during the reporting period.

Performance Review Panels

Performance Review Panels are established under s 174 to review the professional performance of a registered health practitioner. Three members are appointed to each Panel.

Chairs of Performance Review Panels:

Mr Brett Clarke

Ms Kathleen Dixon

Ms Rosie O'Donnell

Dr Judith Mair

Ms Leigh Schalk

There were five Panels conducted during the year.

Executive Officer

Margaret Cooke was appointed as the Executive Officer to the Council as established under s 41Q of the Law.

Legislative Changes

The *Nurses and Midwives Act 1991* was repealed with effect from 1 July 2010. The *Health Practitioner Regulation National Law (NSW) No 86a* (the Law) commenced on 1 July 2010.

During the reporting period the NSW Parliament passed a number of minor amendments to the Law. In the same reporting period the Governor approved a number of amendments to the *Health Practitioner Regulation (New South Wales) Regulation 2010*.

Health Practitioner Regulation National Law (NSW) No 86a

1. Amendments made by the *Statute Law (Miscellaneous Provisions) Act (No 2) 2010*:

   An amendment to the definition of "protected report" in s 138(1) to address an oversight that inadvertently omitted reports prepared under s 152B from the definition.

   A consequential transitional amendment was also required in Schedule 5A.

2. Amendments made by the *Health Services Amendment (Local Health Networks) Act 2010*:

   Amendments were made to clauses 6(2)(i), 7(2)(a), 8(2)(a) and 9(2)(a) of Schedule 5C to reflect the replacement of Area Health Services with Local Health Networks.

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

   Amendments were made to clauses 6(2)(i), 7(2)(a), 8(2)(a) and 9(2)(a) of Schedule 5C to reflect the replacement of Local Health Networks with Local Health Districts.

Health Practitioner Regulation (New South Wales) Regulation 2010

1. Amendments made by the *Statute Law (Miscellaneous Provisions) Act (No 2) 2010*:

   An amendment was made to clause 17(1)(b) to amend an incorrect cross reference to the *NSW Trustee and Guardian Act 2009*.

2. Amendments made by the *Health Practitioner Regulation (New South Wales) Amendment (Savings and Transitional) Regulation 2010*:

   Amendments of a savings and transitional nature were made as follows:

   (a) amendment of clause 22(2)(b) to ensure that a delegation made by a former Board under a repealed Act continues in force under the Law until 1 January 2013

(b) insertion of clause 23 which provides that a registered health practitioner may apply for a review of conditions imposed on the health practitioner's registration by a former Board under a repealed Act (i.e. a repealed NSW health professional registration Act) or by a Council

(c) insertion of clause 24 which provides that if, immediately before the commencement of the Law, a former Board had started but not completed dealing with a complaint about a registered health practitioner by an inquiry under a repealed Act the inquiry is to continue under the repealed Act but is to be conducted by the relevant Council.

3. Amendments made by the *Statute Law (Miscellaneous Provisions) Act 2011*:

   An amendment was made to clause 21 to correct an incorrect reference to "authorised officer" with the correct term "authorised person".

   Amendments were made to clauses 24(3) and (5) to correct typographical errors by replacing the term "this Law" with "the Law".

4. Amendments made by the *Health Practitioner Regulation (New South Wales) Amendment (Savings and Transitional) Regulation 2011*:

   Clause 25 was inserted in the Regulation in order to address concerns about possible defects in the appointments of some members of any State Boards of the National Boards.

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 registrants practising and students training in NSW.

Statistics

Registrants	2010	2011
Number of registered nurses		79,210
Number of registered midwives		325
Number registered as both nurse and midwife		14,169
Total	103,197	93,704
Complaints/Notifications		
Total complaints/notifications received	129	344*
Complaints/notifications opened in 2009/10 and not yet closed		204
Complaints/notifications opened in 2010/2011		344
Complaints/notifications closed in 2010/2011		330
Complaints/notifications open in 2010/2011 and not yet closed		204
Total complaints/notifications managed in 2010/2011		549

* includes mandatory notifications

National Registration

From 1 July 2010 responsibility for the registration of nurses and midwives passed to the Nursing and Midwifery Board of Australia under the National Registration and Accreditation Scheme. This Board and the nine other National Boards are responsible for registering health practitioners and for deciding the requirements for registration.

The National Boards also develop and approve standards, codes and guidelines for the respective health profession and approve accredited programs of study which provide the necessary qualification for registration.

Further information about the operations of the Nursing and Midwifery Board can be obtained on the Australian Health Practitioner Regulation Agency (AHPRA) website (www.ahpra.gov.au).

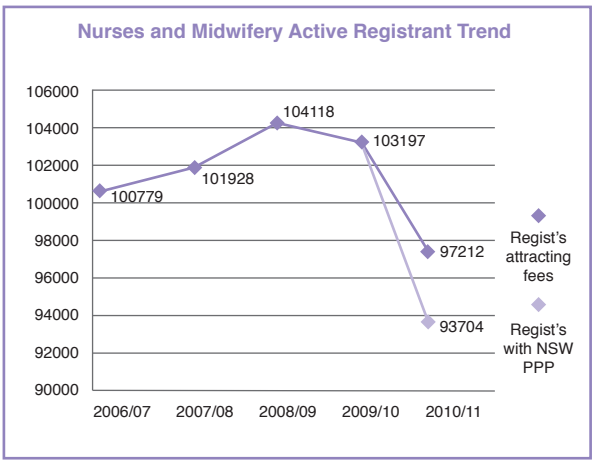
Registrations in NSW

At 30 June 2011, there were 93,704 active registrants whose principal place of practice was NSW. This represents 28.8% of the total number of nurses and midwives registered under the Scheme across Australia. There was a 9.2% decrease in the active registrants in 2010/2011 (9,493 registrants) compared to 2009/2010.

Prior to 1 July 2011, registrants who were registered in a number of States were required to register and pay fees in each State where they wished to remain registered. Some registrants who were registered in NSW prior to National registration may not have been residing or practising as a nurse, or as a midwife in NSW and therefore in 2010/2011 are not counted as registrations in NSW.

Another possible reason for the decrease in the number of registrations in 2010/2011 may be due to the introduction of the recency of practice and continuing professional development standards for registration which was not in place in NSW prior to 2010/2011. Some nurses and midwives who were registered in NSW prior to 2010/2011 may not have met the standards and therefore were not eligible for registration in 2010/2011.

The Council is responsible for the regulation of nurses and midwives who provide services in NSW (93,704). A number of registrants did not identify a principal place of practice (for example, registrants living overseas). Registrants must pay a fee for registration which in NSW is currently $115 for initial registration and $104 for renewal of registration. For the purpose of distributing registration fees to the Council, AHPRA allocates one third of these registrants to NSW. Consequently, the fees received by the Council this year were for 97,212 registrants.



NOTE: The registration numbers for the period 2006 to 2009 are overstated by approximately 400 registrants because of double counting of Enrolled Nurses who were also Registered Nurses (Div 1).

There has been a 5.8% decrease in the number of registrants (approximately 6,000 registrants) from whom fees have been received in the last financial year.

Nurses and midwives may hold general registration, non-practising registration or limited registration. Non-practising registration was not available prior to the commencement of the Law. A person with a non-practising registration is significantly less likely to have a complaint made against them as they are not involved in clinical care or the practise of the profession. Limited registration is provided to individuals who may not be qualified for general registration, but may be eligible for registration with conditions for reasons specified in the Law. These conditions allow individuals with limited registration to: obtain postgraduate training; practise the profession in an area of need, for a limited time and for a limited scope of practice, if this is in the public interest; or to participate in teaching and research. Conditions imposed at the time of registration for individuals with limited registration are monitored by the Nursing and Midwifery Board of Australia. If a complaint is made against a registrant with limited registration which results in conditions being imposed for conduct, health or performance reasons, the Council would be responsible for monitoring any conditions which result from the complaint.

Student registration was also commenced in February 2011. The number of student registrants was not available at the time of writing the report. Under the Law only complaints and notifications about conduct and health may be made against students.

There are two divisions of registration for nurses (i.e. Registered Nurse (Division 1) and Enrolled Nurse (Division 2). A large number of midwives (14,169) hold registration in both the nursing and midwifery professions (Tables 1 and 3); only 532 registrants hold limited and non-practising registration (Table 1), and a small number of nurses (472) hold registration in both Division 1 and Division 2 (Table 2). The numbers reported in these tables have been provided by AHPRA.

While a nurse or a midwife may have a complaint made against them in the practice of one profession or division of nursing, the Council must consider the impact of the conduct or behaviour on their practice across all of their registrations which increases the complexity of decision making in these cases.

Table 1: NSW registrants by profession and type of registration

PROFESSION	Registration Type	Principal Place of Practice (PPP) NSW	NSW share of registrants with no PPP listed	Registrants for whom fees were paid to NSW (PPP + no PPP)
Nurse only	General	78,768	3,338	82,106
	Limited	0	1	1
	Non-practising	442	7	449
	Total Nurses	79,210	3,346	82,556
Midwife only	General	309	35	344
	Non-practising	16	0	16
	Total Midwives	325	35	360
Nurse and Midwife	General	14,029	125	14,154
	General/Non-practising	66	0	66
	Non-practising	74	2	76
	Total Nurse and Midwife	14,169	127	14,296
Total Nurse and Midwife	General	93,106	3,498	96,604
	General/Non-practising	66	0	66
	Limited	0	1	1
	Non-practising	532	9	541
	Total	**93,704**	**3,508**	**97,212**

Table 2: Registered nurses by division in 2011

Division of registration	PPP NSW	No PPP	Total
Registered Nurse (Division 1)	63,959	3,292	67,251
Enrolled Nurse (Division 2)	14,779	52	14,831
Registered in both Division 1 and Division 2	472	2	474
Total Nurses	79,210	3,346	82,556

Table 3: Midwives who have dual registration as a nurse/by division of nurse registration in 2011

Profession/Division of registration	PPP NSW	No PPP	Total
Midwife and Registered Nurse (Division 1)	14,163	127	14,290
Midwife and Enrolled Nurse (Division 2)	5	0	5
Midwife, Registered Nurse (Div 1) and Enrolled Nurse (Div 2)	1	0	1
Total	14,169	127	14,296

Complaints and Notifications

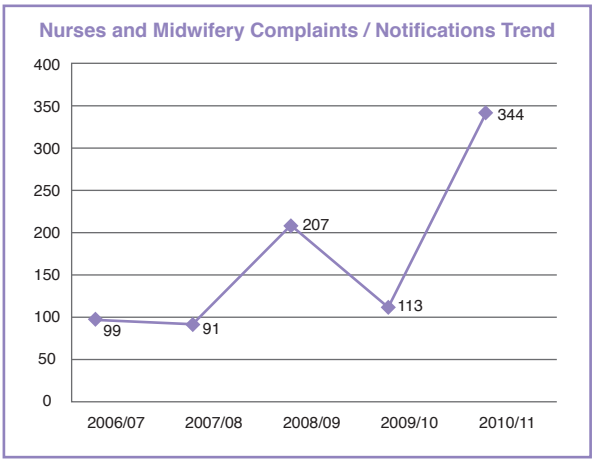
Any person may make a complaint or notification against a registered health professional or student. A complaint may be made to the HCCC, the Council, or AHPRA.

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

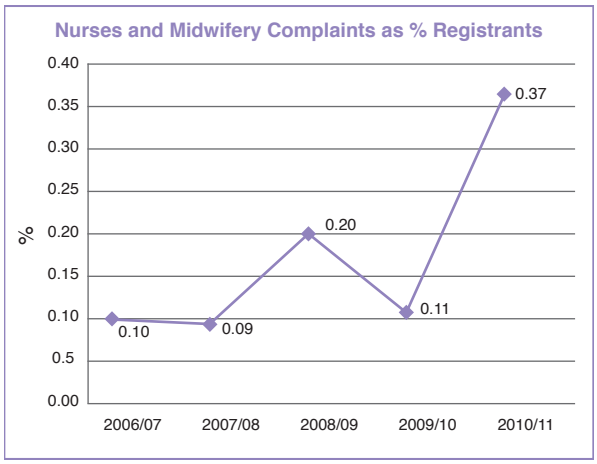
There have been 344 new notifications in NSW during the reporting period. The total number of new notifications appears to have increased 2-3 fold in 2010/2011 compared to the total number of notifications made in the five years prior to the reporting period (see following graph). The cause of this is not known but possible reasons may be:

- more accurate measurement and recording of notifications. The Health Professional Councils Authority introduced an IT complaints management system which commenced in June 2010
- the requirement for mandatory notifications which commenced on 1 July 2010 under the Law.

Frequency of new notifications in NSW 2006/2007 to 2010/2011



Although, the proportion of complaints per registrant appears to be increasing it remains small. The graph below shows that the number of complaints received compared with the number of registrants is only 0.37%. All the complaints received for registered nurses and midwives in 2010/2011 were against individuals who held general registration at the time of the complaint. The Council received no complaints about student nurses or midwives in 2010/2011.



It should be noted that this proportion for 2010/2011 may be to some degree inflated compared to previous years because of differences in the method of calculating 'active registrations' in 2010/2011 compared to the previous four years. That is, the total number of registrations in previous years was larger because it included registrants who were registered in NSW but who lived and practised in other States.

Mandatory Notifications

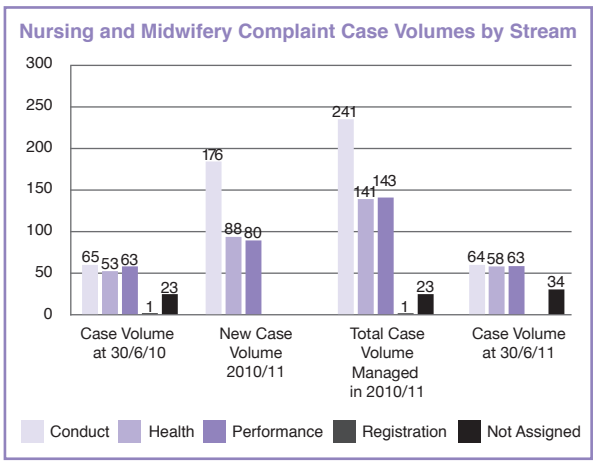
There was no requirement for mandatory notifications under the *Nurses and Midwives Act 1991*.

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

There were no mandatory notifications for students. Mandatory notification figures are included in the total number of new complaints/ notifications received.

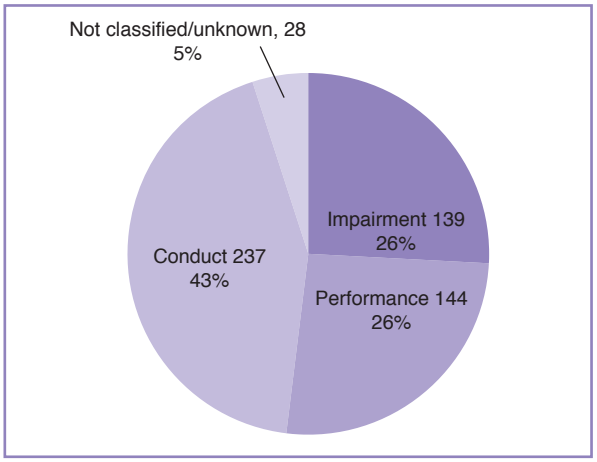
Complaints Management

Complaints and notifications relate to the conduct, health or performance of a practitioner. In some instances, more than one stream may be applicable however one stream was identified as the primary stream based on the seriousness of the matter. The volume of complaints by the primary stream for each complaint were as follows:



Forty-three percent (43%) of notifications managed by the Council in 2010/2011 were primarily related to the conduct of nurses or midwives. About one quarter of notifications were related to impairment issues with a similar proportion related to performance issues. A small proportion of notifications were not easily classified.

Proportion of complaints/notifications managed by category of complaint



A decision is made by the Council (in consultation with the HCCC) about whether the matter is to be managed by the Council or by the HCCC. Sometimes this decision is deferred until further assessment or investigation is carried out. Information on the processes for making and managing complaints is available on the HPCA website (www.hpca.nsw.gov.au).

The HCCC was consulted on all 344 new complaints received during the year. Overall, in 2010/2011, the Council managed 549 complaints made in the current reporting period, or previously and not completed.

The Law also requires mandatory notifications to be made to AHPRA. The Council continues to work effectively with the HCCC and AHPRA in the management of notifications.

Protective Orders (s 150)

Immediate action powers are a very important tool as they can enable Council to take very swift and effective action to restrict a registrant's practice. Given the restrictive nature of these powers, they must be exercised carefully and in accordance with the degree of procedural fairness that the circumstances warrant. In the majority of cases where the Council considers that conditions or suspension is warranted for the safety of the public, the Council provides notice of the proposed restriction to the registrant or student and provides an opportunity for them to make submissions to the Council. Infrequently, it is necessary for the Council to impose conditions or suspension without providing notice to the registrant because of the potential for a significant and immediate risk to the public.

When conditions on registration or suspension have been imposed under s 150 of the Law, the registrant may make submissions and apply for a review of the conditions or suspension at any time. The Council may affirm, vary or set aside its decision, but only when it is satisfied there has been a change in the registrant's or student's circumstances.

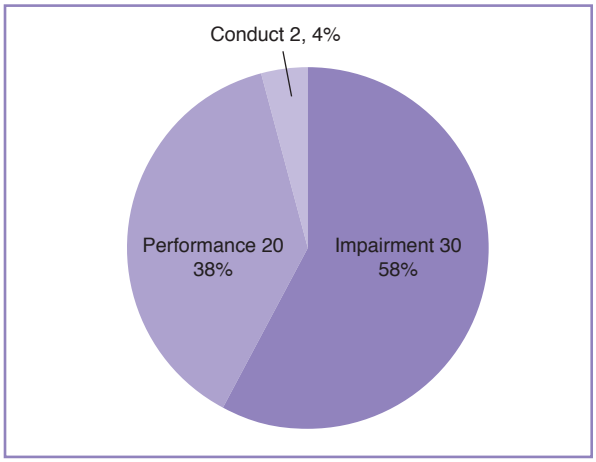
In 2010/2011, 43 registrants had conditions imposed under s 150(1)(b) for the following issues:

- 25 were considered to have an impairment
- 17 were considered to be performing below the expected standard to a degree they were considered unsafe; and
- one had conditions imposed because of boundary violations.

In 2010/2011 there were nine registrants who were suspended under s 150(1)(a) of the Law for the following issues:

- five were considered to have an impairment
- three were considered to be performing below the expected standard to a degree they were considered unsafe, and
- one had conditions imposed because of conduct issues.

Matters for which Council took emergency action by category of complaint



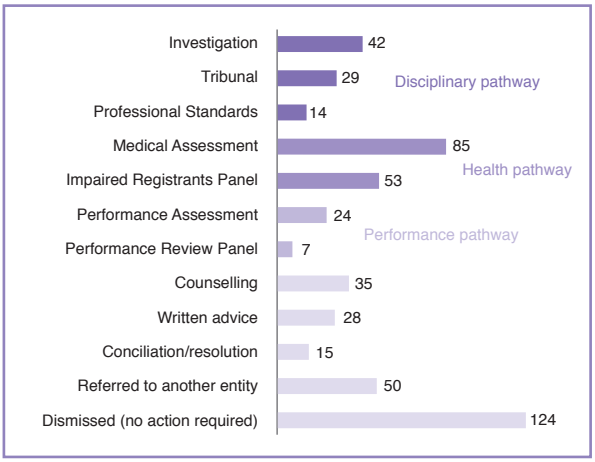
The majority of registrants who had emergency action conditions or suspension imposed by the Council had a health impairment (58%), most commonly related to drug use. The Council rarely (4%) imposed emergency conditions on registrants due to conduct issues and these were usually related to charges of serious crimes of violence or sexual abuse. Performance issues accounted for 38% of the cases where emergency action was required.

Summary of Actions Taken by the Council for Notifications Received in 2010/2011

When action is taken for a notification, some form of assessment or investigation is conducted into the health, performance or conduct of the registrant. Some registrants may also be referred for further inquiry by an adjudication body such as a Tribunal, Panel or Committee as a result of the assessment/investigation.

Of notifications made to the Council in 2010/2011 64% required further action to be taken by the Council or the HCCC. The graph below provides information on the number of matters the Council referred for further action and the various pathways taken. It shows the number of registrants who were referred to a disciplinary pathway (i.e. investigation and Tribunal or Professional Standards Committee); a health pathway (health assessment and Impaired Registrants Panel), or a performance pathway Performance Assessment and Performance Review Panel). Matters which were less serious in their nature or where there was a low risk of future public harm were referred for counselling, written advice or conciliation.

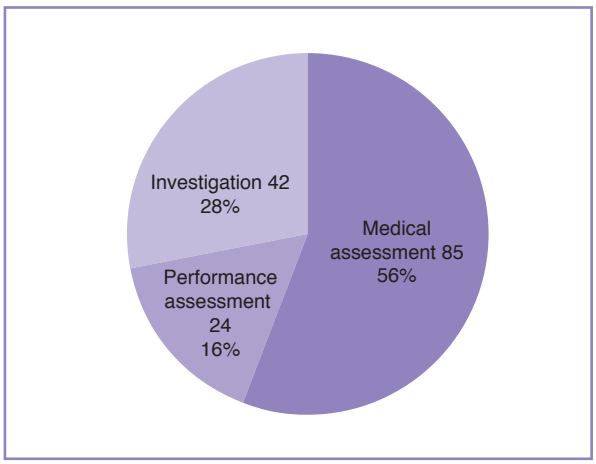
Action taken following Consultation with the HCCC 2010/2011



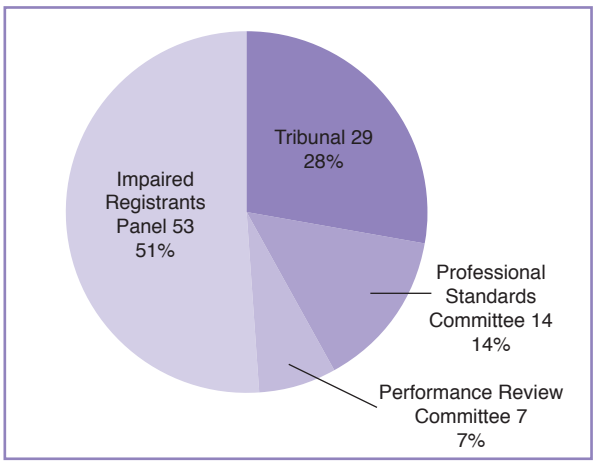
NOTE: A particular matter may be referred to more than one pathway (health, conduct or performance); therefore the number of actions is greater than the number of complaints/notifications received in 2010/2011.

The following graph indicates that of the notifications which required further assessment, 28% were referred to the HCCC for investigation and 72% were referred to the Council for either medical assessment (56%) or performance assessment (16%).

Assessments ordered by the Council and HCCC for notifications made in 2010/2011



Matters referred to inquiries by Panels, Committees and Tribunals during 2010/2011



Matters Referred to the HCCC for Investigation

When a complaint is lodged under s 144E of the Law, one of the actions that may be taken is to 'refer the complaint to the Commission for investigation' (s 145B(1)(b)).

The Council referred 42 matters to the HCCC for investigation during the year.

The HCCC finalised 37 investigations into nurses and midwives (data provided by the HCCC). As a result:

- 25 nurses/midwives were referred to the Director of Proceedings to consider prosecution before a disciplinary body (Tribunal or Professional Standards Committee)
- 11 nurses/midwives were referred to the Council to take further action
- one investigation ended with no further action taken.

At the end of the reporting period there were 44 investigations awaiting finalisation by the HCCC.

Inquiry by Panel, Committee or Tribunal

Of the matters referred for inquiry in 2010/2011, half were inquiries into health conducted by the Impaired Registrants Panel; approximately a quarter were related to matters sufficiently serious to require a Tribunal inquiry, and the remaining quarter were dealt with by the Professional Standards Committee and the Performance Review Panel and were related primarily to performance issues (see next graph).

Matters Referred as Complaints to the Tribunal

The Nursing and Midwifery Tribunal is established under the Law to deal with serious complaints and appeals. Even though the Council is responsible for appointing members to the Tribunal, it acts independently of the Council and the Council is bound by its decision.

The number of matters referred to the Tribunal in 2010/2011 is provided below.

	2010	2011
Number of Tribunals completed	22	36
Number of matters referred to the Tribunal in 2009/2010 not completed		32
Number of new matters referred to the Tribunal in 2010/2011		29
Number of matters referred to the Tribunal in 2010/2011 not completed		25

Note: some matters may have had more than one issue e.g. drug use and conduct issues.

Matters referred to a Tribunal this year related to the following issues:

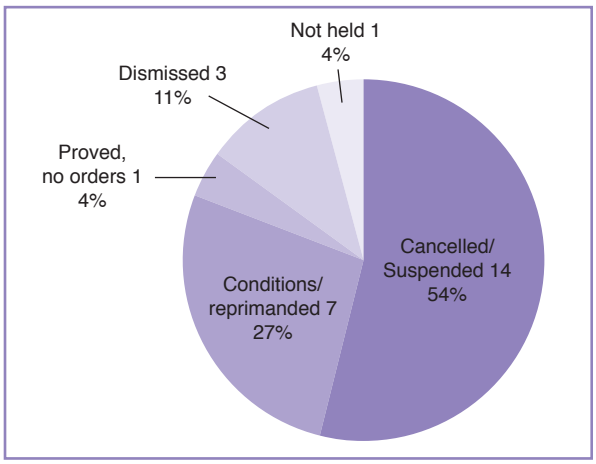
	2010	2011
Performance/competence issues		5
Professional boundary issues		1
Alcohol and other drugs		4
Other impairment issues		3
Character/conduct issues		11
Appeals against decision of the Council / Committee / Panel		2
Appeals against decision of the Nursing and Midwifery Board of Australia		1
Review of conditions suspension, deregistration or other order		7

Inquiries into complaints

There were 26 complaints referred to the Tribunal for prosecution and possible disciplinary action. The outcomes for these Tribunals were:

- one inquiry was not held
- three matters were not proved
- one matter was proved but no orders were made
- one registrant was reprimanded
- one registrant had conditions imposed
- five registrants were reprimanded and had conditions imposed
- one registrant was suspended
- 13 registrants had their registration cancelled (de-registered).

Outcomes of Tribunal matters related to the prosecution of complaints in 2010/2011



Over half of the complaints referred to the Tribunal in 2010/2011 resulted in the practitioner's registration being cancelled or suspended and approximately one quarter resulted in conditions being imposed on a practitioner's registration. A small proportion of complaints referred to the Tribunal (11%) were dismissed.

Review of conditions or deregistration

Registrants may request a review of conditions or deregistration imposed by the Tribunal or other adjudication bodies. There were eight requests for review of a deregistration referred to the Tribunal with the following outcomes:

- four matters were withdrawn
- two matters were dismissed
- two applicants were reregistered with conditions.

Appeals to the Tribunal

The Tribunal also considers appeals against decisions of other adjudication bodies such as the Council, Performance Review Panels, Professional Standards Committee and the Nursing and Midwifery Board of Australia.

There have been four appeals to the Tribunal:

- two against a decision of the former Nurses and Midwives Board
- one against a decision of the Nursing and Midwifery Council
- one against a decision of the Nursing and Midwifery Board of Australia.

The outcomes of the appeals are as follows:

- two matters were dismissed by the Tribunal
- one matter was withdrawn by the registrant
- one matter was not completed by the end of the reporting period.

In relation to students, the Tribunal may do one or more of the following, caution or reprimand; impose conditions; order medical or psychiatric treatment or counselling, or order completion of an education course.

No matters concerning students were referred to the Tribunal.

The Tribunal's decisions are published in full on the Australasian Legal Information Institute (AustLII) website (www.austlii.edu.au).

The outcomes of the 36 matters which the Tribunal completed during the reporting period are listed in Appendix 2.

Appeals to the Supreme Court

Registrants may appeal a decision made by the Tribunal to the Supreme Court. There were no appeals to the Supreme Court in 2010/2011.

Matters referred as a Complaint to the Professional Standards Committee

Complaints which may lead to a finding of unsatisfactory professional conduct are usually referred to a Professional Standards Committee (PSC). A PSC takes an investigative approach rather than a strict adversarial format. Unlike Courts, a PSC is not bound to observe the strict rules governing the admissibility of evidence and can inform itself of any matter in such manner as it deems appropriate within its powers.

The number of registrants who were referred to the PSC is provided below:

	2010	2011
Number of PSCs completed	12	11
Number of registrants referred to a PSC in 2009/2010 not completed		9
Number of registrants referred to a PSC in 2010/2011		14
Number of registrants referred to a PSC in 2010/2011 not completed		12

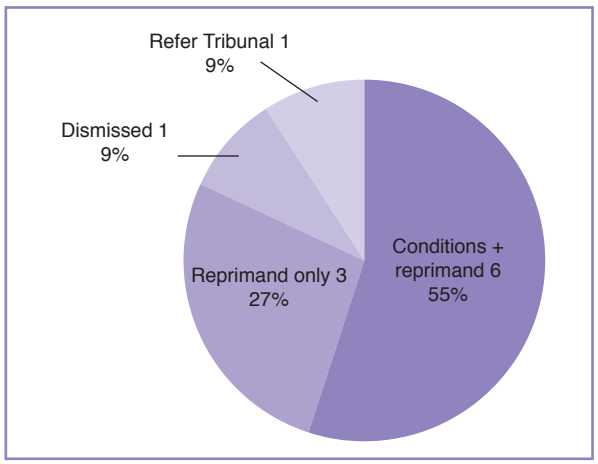
There were a small number of complaints referred to a PSC in 2010/2011. The 14 matters referred to a PSC related to the following issues:

Performance/competence issues	12
Professional boundary issues	0
Alcohol and other drugs	0
Other impairment issues	0
Character/conduct issues	2

Most of the complaints (82%) were found to be proven and the registrants were reprimanded and/or had conditions imposed on their registration. The outcomes of the 11 matters which were completed during the reporting period were as follows:

- one matter was terminated and referred to the Tribunal
- one matter was not proved
- three registrants were reprimanded
- four registrants were reprimanded and had conditions imposed
- one registrant was cautioned and had conditions imposed
- one registrant had conditions only imposed.

Outcomes for PSC cases in 2010/2011



Matters Referred for Medical Assessments

The Council may refer a practitioner or student who is the subject of a complaint for a health assessment (s 145B(1)(f)(i)).

The number of registrants who were referred for medical assessment in 2010/2011 is provided below.

Number of registrants referred for Medical Assessment in 2009/2010 not completed	17
Number of registrants referred for Medical Assessment in 2010/2011	85
The number of Medical Assessments conducted in 2010/2011	62
Number of registrants referred for Medical Assessment in 2010/2011 not completed	21
Number of Medical Assessments not required* in 2010/2011	19

(* registrant no longer registered, or requirement for assessment rescinded)

Of the 62 medical assessments completed in 2010/2011:

- 53 were referred to an Impaired Registrants Panel;
- two were provided to the HCCC as part of an ongoing complaint investigation;
- three matters were referred for further action (e.g. performance assessment or counselling) and
- four matters required no further action.

Matters Referred to an Impaired Registrants Panel

The Council may refer the matter to an Impaired Registrants Panel (s 145B(1)(f)(ii)).

The Impaired Registrants Program (referred to as the Health Program) is established under the Law to enable the Council to assist nurses, midwives and students, who have health issues, which may impact their practice, in a constructive and non-disciplinary manner. The Council aims to ensure a practitioner's fitness to practise, and the Health Program is designed to protect the public while maintaining the impaired nurse or midwife's practice when it is safe to do so. In relation to students, the program is designed to protect the public while maintaining an impaired student in training when it is safe to do so. The program also aims to ensure that an impaired student's transition into the nursing or midwifery workforce is as smooth and supported as possible.

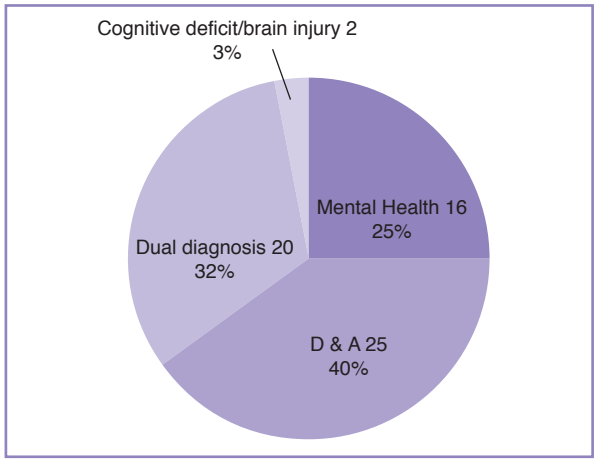
The number of registrants who were referred to an Impaired Registrants Panel (Panel) is provided below.

	2010	2011
Number of Panels completed (initial and review)	76	77
Number of registrants referred to an initial Panel in 2010/2011		53
Number of initial Panels completed in 2010/2011		31
Number of initial Panels not required *(e.g. registrant no longer registered, or requirement for a Panel rescinded)*		6
Number of registrants referred for initial Panel not completed in 2010/2011		16
Number of review Panels completed in 2010/2011		46

Breakdown of identifiable problems of people in the health program include:

- alcohol and other drugs (D&A) 25
- mental health 16
- dual diagnosis (D&A and mental health issue) 20
- cognitive deficit 1
- brain injury 1

Matters considered by the Impaired Registrants Panel in 2010/2011 by type of impairment



This graph shows that a large proportion of the matters considered by the Impaired Registrants Panel were related to the use of drugs and/or alcohol by nurses and midwives (40%). A further 32% of cases were related to drug and alcohol issues which were also complicated with other mental health issues. A quarter of cases had only mental health issues.

Matters Referred for Performance Assessment

The Council may refer a practitioner for an assessment of their professional performance (s 145B(1)(f)(iii)).

The number of registrants who were referred for performance assessment is provided below.

	2010	2011
Number of registrants referred for Performance Assessment	2	24
Number of registrants referred for Performance Assessment in 2009/2010 not completed		4
Number of registrants referred for Performance Assessment 2010/2011		24
The number of Performance Assessments conducted in 2010/2011		11
Number of Performance Assessments not required* in 2010/2011 *(*registrant no longer registered, or requirement for assessment rescinded)*		4
Number of registrants referred for Performance Assessment in 2010/2011 and not completed		13

Registrants who required a performance assessment were frequently identified as having more than one issue of concern about their performance. The issues which were the focus of

assessment have been categorised as follows:

- 44 issues in relation to nursing care provision
- 13 issues in relation to the assessment of patients
- 12 issues in relation to medication administration
- nine issues in relation to communication; and
- one issue where a registrant was suspended in another jurisdiction for performance issues.

The outcomes of the 11 performance assessments that were completed this year are as follows:

- one registrant was directly referred as a complaint to the disciplinary pathway and
- seven registrants were referred to Performance Review Panel
- four registrants either surrendered their registration or allowed their registration to lapse prior to undertaking the performance assessment
- two registrants were found to be performing within acceptable standards and required no further action
- one registrant requires a repeat performance assessment which has not yet been completed.

Matters Referred to a Performance Review Panel

If the performance assessment finds that the professional performance of a practitioner is unsatisfactory, that is, below the standard reasonably expected of a practitioner of an equivalent level of training or experience, the Council may decide to refer the matter to a Performance Review Panel (Panel) for review. The performance assessment report will be the key evidence before the Panel.

The principal question before the Panel is whether or not the professional performance of the practitioner is unsatisfactory at the time of the review.

The number of registrants who were referred for Performance Review Panel (Panel) is provided below.

	2010	2011
Number of registrants referred to a Panel	1	7
Number of registrants referred for a Panel in 2009/2010 not completed		0
Number of Panels conducted in 2010/2011		5
Number of registrants referred to a Panel in 2010/2011 not completed		2

The outcomes for the five Performance Review Panels conducted in 2010/2011 were:

- three registrants had conditions applied to their practice (some of which required the registrant to complete education),
- one registrant had the matter closed and
- one registrant had their matter referred to the disciplinary pathway.

Matters Referred to Counselling

The Council may direct the practitioner or student concerned to attend counselling (s 145B(1)(g)).

The number of registrants who were referred to counselling is provided below.

	2010	2011
Number of registrants referred for counselling	45	35
Number of registrants referred for counselling in 2009/2010 not completed		7
Number of Counselling Interviews completed 2010/2011		29
Number of Counselling Interviews not required 2010/2011 *(e.g. registrant no longer registered, or requirement for Counselling rescinded)*		4
Number of registrants referred to Counselling in 2010/2011 and not completed		9

In 2010/2011, there were two matters related to midwifery practice referred for counselling, with the remainder related to nursing practice. There were no students referred to counselling.

Some of the issues dealt with by the Counselling Committee during the year were:

- competencies; and scope of practice of a registered nurse, enrolled nurse and midwife

- medication administration; correct storage and management of Schedule 4 and 8 medications; misuse of medical supplies
- management of a deteriorating patient
- duty of care; and provision of appropriate care
- appropriate referral for nursing and midwifery including delegation
- coordination of treatment
- adherence to policies, procedures and clinical guidelines
- documentation
- professional standards; professional conduct and Code of Ethics
- mandatory reporting
- professional boundaries
- concerns regarding drug use
- confidentiality and privacy issues
- supervision and mentoring of staff
- infection control
- appropriate access to information
- communication with staff, patients/clients and relatives
- respect, compassion, collegial behaviour and professional duty as a nurse
- respecting dignity and beliefs
- anger management
- management of burnout
- non- disclosure of a criminal conviction – NMBA Criminal History Standard.

Matters Referred to the HCCC for Conciliation

The Council may refer a complaint to the HCCC for conciliation or to be dealt with under Division 9 of Part 2 of the *Health Care Complaints Act 1993* (s 145B(1)(h)).

In 2010/2011, 15 matters were referred to the HCCC for assisted resolution and conciliation.

Matters Referred to Another Entity

The Council may refer a complaint to another entity, including, for example, the Nursing and Midwifery Board of Australia (s 145B(1)(i)).

In 2010/2011, there were 50 individuals referred to AHPRA and the Nursing and Midwifery Board. The main reasons for the referrals were:

- the registrant had a principal place of practice in another State or Territory and required ongoing monitoring
- the person was no longer registered and had an open notification where the assessment had not been completed; or
- the person was no longer registered and had conditions or suspension on their registration which had previously been monitored by the Council for performance, health or conduct matters.

When the person was no longer registered it was requested that the conduct, health or performance matter be considered prior to determination of any application for registration by the National Board.

Matters were also referred to other health professional Councils, the Privacy Commission, the Pharmaceutical Services Unit, Local Health Districts and the NSW Ombudsman.

Matters in Which No Action was Required

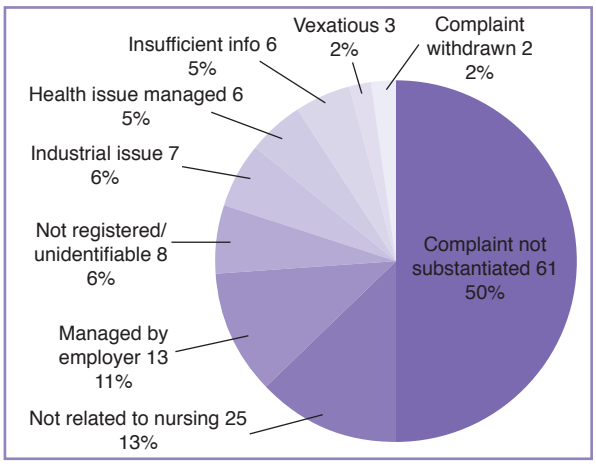
The Council may determine that no further action should be taken in respect of a complaint (s 145B(1)(j)).

Of the notifications received and assessed by the Council in 2010/2011, 36% (n=124) were considered to require no action by the Council or any other entity. The reasons for closing the matters were as follows:

Complaint not substantiated	61
Issue not related to the practise of nursing	16
Issue appropriately managed by employer	13
Person not a registered nurse or midwife	8
Matter relates to an industrial issue	7
Health issue not considered an impairment	6
Insufficient information provided by complainant	6
Vexatious complaint	3
Incorrect registrant identified	2
Complaint withdrawn	2

A further 28 registrants were provided written advice about their performance and the Council's expected professional standards.

Reasons for closing a complaint with no further action by the Council



Of the matters for which no further action was taken by the Council following consultation with the HCCC, half were dismissed because the facts obtained did not substantiate the complaint or, the information available was insufficient to substantiate the complaint. About one quarter of complaints were closed because the matter was either not related to nursing or midwifery practice, was an industrial matter not related to conduct or performance, or the person who had the complaint made against them was not identifiable as a registered practitioner or was not registered. Seventeen percent (17%) were closed because the matters were being appropriately managed by an employer or by a treating health practitioner and there were no continuing public safety concerns.

Monitoring and Compliance of Orders and Conditions

When a complaint about performance, health or conduct against a nurse or midwife is found to be proven, conditions on a registration may sometimes be required to allow registrants to safely remain in practice. In some cases, where there are significant concerns about a person's fitness to practise, registration may be suspended or cancelled.

Conditions on practice are imposed on a practitioner's registration by a range of sources including orders handed down by a Tribunal, Professional Standards Committee or Performance Review Panel. The Council may impose conditions based on the recommendation of an Impaired Registrants Panel and the consent of the registrant. In situations were immediate action is considered necessary for the health and safety of the public, the Council may use its emergency powers under s 150 of the Law to impose conditions or suspend a registrant.

Conditions relating to practice are published on the Register of Practitioners administered by AHPRA. Conditions may relate to a practitioner's practice and/or a practitioner's health.

Practice conditions, may, for example, restrict a registrant's ability to practise in certain settings; require a registrant to work under supervision; require a registrant to complete an education course or educational activities; require a registrant to provide reports to the Council on a regular basis; or restrict a registrant's ability to handle or administer certain classes of drugs.

Conditions which relate to a registrant's health, may require them to: establish a therapeutic relationship with a treating health professional; attend a medical assessment; appear before an Impaired Registrants Panel; or comply with the Council's urine or blood drug testing protocols. Details of health conditions are usually not published on the Public Register.

A key focus of the Council's activity relates to monitoring and compliance of conditions on practice. The Council tracks conditions on a database which also facilitates communication with AHPRA and the Nursing and Midwifery Board of Australia about the conditions. Consequently, during 2010/2011 effective working relationships with both organisations were established to facilitate compliance monitoring across all three organisations.

The Council also strengthened its compliance and monitoring activities with the formal establishment of its Urine Drug Testing Protocol and Carbohydrate-Deficient Transferrin (CDT) Testing Protocol. Through consistent application of these protocols, an effective monitoring and rehabilitation tool has been established to manage nurses and midwives presenting with health problems related to the harmful use of alcohol and/or other drugs.

Size of Monitoring Program

As of 30 June 2011, there were 1545 nurses and midwives registered with a combined total of 4950 conditions on their registrations. Of those registrants, 157, who were identified as having the highest potential risk to public safety, are being actively monitored. These registrants have conditions imposed because of a proven complaint following an inquiry by a Tribunal, Professional Standards Committee, Impaired

Registrants Panel or Performance Review Panel.

The remaining 1388 registered nurses had conditions imposed on their registration by the former Nurses and Midwives Board of NSW when they applied for registration or by a registration authority in another State or Territory. In these cases the Nursing and Midwifery Board of Australia is the appropriate review body for individuals with these conditions. A small proportion of these individuals may have had these conditions imposed because of previous performance, health or conduct issues and the Council is currently auditing these registrants to determine whether or not the Council is the appropriate body for monitoring their conditions. The number of registrants who are actively being monitored by the Council may therefore increase at the end of the auditing process.

Non-compliance with Conditions

When registrants fail to comply with conditions, the Council may request an explanation and provide a warning on the first occasion. If there are concerns about the health and safety of the public due to non-compliance, the Council may consider whether more restrictive conditions, or a suspension, is required and may take such action under its immediate action powers under s 150 of the Law. The Council may also refer the matter to the HCCC as a complaint for investigation, or refer the matter directly to the Tribunal.

Four matters related to non-compliance of conditions have been referred during the reporting period.

Education and Research

Under the Law the Council may establish a Nursing and Midwifery Education and Research Account. The Council must pay into this Account the amounts decided by the Minister following consultation with the Minister. The money in the Education and Research Account may be expended by the Council for or towards the following:

(a) any purpose relating to education and research about the health, performance and conduct of registered health practitioners or students registered in the health profession for which the Council is established

(b) meeting administrative expenditure incurred with respect to the Education and Research Account and the purposes for which it is used.

Expenditure of money from the Education and Research Account can only be made if it is authorised by a resolution of the Council supported by two-thirds of the members. The current amount of funds in the Education and Research Account is $245,867.

The Council has agreed to participate in and contribute to an Australian Research Council (ARC) research proposal in partnership with the University of Sydney, the Medical, Psychology, Dental and Pharmacy Councils and AHPRA NSW. The project is a comparative study of the notifications and complaint systems of NSW compared with other States. The research will comprise five interrelated but stand alone studies:

- study 1: collation and analysis of health care complaints data from 1 July 2011 to 1 July 2013. This study will examine complaints received, complaints assessment process and outcomes of assessment, methods of complaints resolution, prosecutions of complaints frequency and outcomes of complaints overview of panel/PSC and Tribunal decision by matching complaints to determinations
- study 2: case study to examine the life of a complaint for different types of complaints
- study 3: surveys of people handling complaints
- study 4: complainant follow-up questionnaires
- study 5: interviews and focus groups with key stakeholders to examine the barriers and benefits of the two systems.

On 31 May 2011, the Council was advised that the research proposal had been awarded a grant by the ARC. The Council looks forward to contributing to this research over the next three years.

Overseas Travel

ICN Conference, Malta and Professional Visit to NMC, UK May 2011

Council member Ms Rebecca Roseby and Ms Robyn Weller, Professional Officer represented the Council at the International Council of Nurses Conference in May 2011 which was held in Valetta, Malta.

Following the conference Ms Roseby and Ms Weller undertook a professional visit to the Nursing and Midwifery Council, United Kingdom, meeting the Chief Executive and Registrar, Professor Dickon Weir-Hughes; Mr Roger Thompson, Director of Nursing and Midwifery Policy and Standards and Ms Rita Newland, Director of Education. The Nursing and Midwifery Council, UK have in excess of 650,000 registrants, approximately 3,500 of whom are in the Fitness to Practice pathway, (which includes issues relating to conduct, performance and health).

Ms Weller provided a report to the Council of the activities and outcomes from the travel. Ms Weller also presented a seminar to Council staff about the knowledge gained related to the regulation of nurses and midwives.

Other Council Activities

The first year has been one of significant transformation and consolidation which included changes to legislation for the management of health, conduct and performance of health practitioners, changes to staffing, electronic scanning of over 5000 records and development of an IT system to manage these records.

Unlike other States and Territories in Australia, the Council functions within a co-regulatory framework which has required considerable work around the development of systems for efficient communication and collaboration between the Nursing and Midwifery Board of Australia, AHPRA and the HCCC.

During the reporting period the Council conducted a workshop for the Chair and Deputy Chairs of the Tribunal which dealt with the changes in legislation and how they may impact on the Tribunal and the Council.

Work was also commenced on policy and guideline development. New information booklets have been prepared for members of Impaired Registrants Panels and participants of the health program. There have also been new guidelines developed for mentors and for drug and alcohol testing. This work will continue with one area of focus being the development of a conditions data bank to ensure conditions are readily understood, applicable to the circumstance and consistently applied in situations which are similar in nature.

The Council has started a process of capacity building by reviewing and updating the panels used by the Council to select professional and lay members for Tribunals and Committees.

The Council will develop a strategic plan for the next 3-5 years to ensure ongoing development and improvement in its functions.

Promotion of Council Activities

The Council maintains a website (www.nursingandmidwifery.nsw.gov.au) which is in an early stage of development. Another goal for the coming year is the enhancement of web-based resources related to the management of conduct, performance and health issues with an aim to improve the functionality of the website for users. The website will provide information about the Council's responsibilities, its actions in safeguarding the public and enhancing the standards of nursing and midwifery.

The Council also plans to significantly improve the resources available on the website related to the assessment and management of conduct, performance and health matters for nurses and midwives.

A newsletter to registrants and professional groups will also be produced which will provide information about current issues related to the regulation of nurses and midwives and the maintenance of professional standards and public safety.

Management and Administration

Shared Services

The Health Professional Councils Authority (HPCA) is an administrative unit of the Health Administration Corporation (HAC). It was established on 1 July 2010 to provide secretariat and corporate services to the NSW health professional Councils to support their regulatory responsibilities. The HPCA replaces the Health Professionals Registration Boards (HPRB), which was abolished on 30 June 2010.

The HPCA currently supports 10 Councils:

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

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

On behalf of the Councils, the HPCA liaises with AHPRA regarding financial, registration and reporting matters; with the HCCC on complaints management issues; and with the Department 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.

Access to Information - GIPA

On 1 July in 2010, the *Government Information (Public Access) Act 2009* (GIPA Act) commenced, repealing and replacing the *Freedom of Information Act 1989*.

The Council is committed to providing access to information, and has published a Publication Guide and other information in compliance with the GIPA Act, which is accessible on our website.

During the year, there was one request for information under the GIPA Act. The information was such that it would have been provided to the individual in the normal process of assessing the notification, and was provided to the applicant.

Privacy

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

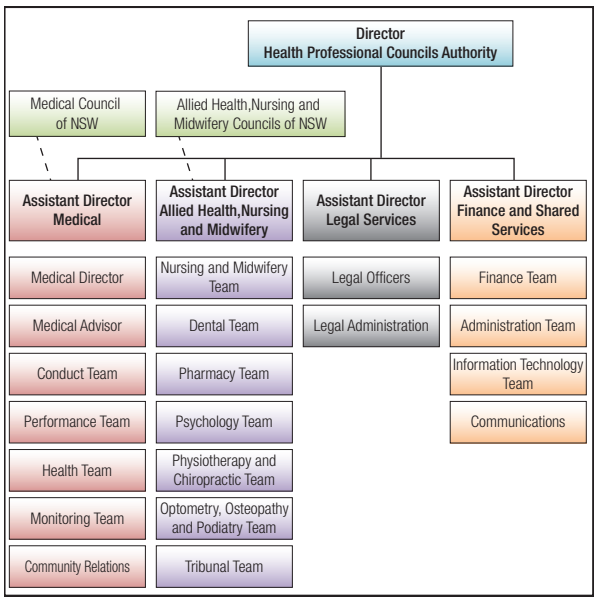
No complaints regarding privacy matters were received during the reporting period.

Human Resources

Section 41C (2) of the Law prescribes that a Council cannot employ staff. 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 2011 there were 89 permanent full-time and 11 temporary full-time positions, of whom 11 FTE provided secretariat support directly to the Council.

HPCA Organisation Chart as at June 2011



The HPCA adopts NSW Department of Health personnel policies and practices and ensures

that staff have access to these policies through the Department of Health intranet.

Learning and Development

A priority for the HPCA in 2010/2011 has been to ensure that all staff receive appropriate induction to the Department of Health and their roles as public sector employees, in particular those staff who transferred from the previously independent Boards.

Staff participated in the Department of Health Orientation Program, which included familiarisation with the structure and functions of the Department; the NSW Health Code of Conduct and discussion of conflict of interest and fraud prevention issues.

The Department's Coaching and Performance System (CAPS) has been introduced to identify skills needs and is assisting staff and managers to align individual staff strengths with organisational goals. All staff have access to the Department's learning and development program to support their training needs and professional development, and during the year staff attended a range of courses, including: GIPA, project management, occupational health and safety, government administration, legal issues, and IT training.

Professional staff of the Council have also established a monthly Journal club where members review and discuss the findings of relevant research literature in the area of regulation and the assessment and management of health, conduct and performance issues.

Priorities for learning and development in 2011/2012 include extensive training in the new case management system being implemented and ongoing records management and TRIM training.

A learning and development program is also being developed to address the information and training needs of secretariat staff and members of Council, Committees, Panels and Tribunals. The program will focus on developing knowledge of the Law, Council's regulatory responsibilities and processes to protect the public. It will comprise in-house training and use of external expertise.

Staff also have access to the Department of Health's Employee Assistance program. Converge International provides confidential, professional counselling services to staff and their immediate families.

Industrial Relations Policies and Practices

The HPCA maintained a harmonious industrial environment throughout the year. There were no industrial disputes and the transition of staff from the HPRB, and secondment of former registration staff to AHPRA was achieved through extensive consultation and open communication. The HPCA implements the NSW Department of Health industrial relations policies and practices.

Equal Employment Opportunity (EEO)

The HPCA has a strong commitment to equal employment opportunity (EEO) and recruits and employs staff on the basis of merit. This provides a diverse workforce and a workplace culture where people are treated with respect.

The Council also implements EEO principles and anti-discrimination practices in its activities and the membership of its committees and adjudicating bodies to ensure access and equity regarding representation and participation in Council activities.

As at 30 June 2011, the Council had 14 members, including eight female members.

Occupational Health and Safety

In accordance with the *Occupational Health and Safety Act (NSW) 2000* and the *Occupational Health and Safety Regulation (NSW) 2001*, the HPCA maintains its commitment to the health, safety and welfare of staff and visitors to the workplace.

An Occupational Health and Safety Committee is in place, and hazard monitoring and mitigation is undertaken continuously. Membership of the Committee is being reviewed and terms of reference are being prepared. Selected staff attended first aid and fire warden training.

Multicultural Policies and Services Programs

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

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

Responsibility for the registration and accreditation of overseas trained health professionals rests with the National Board. The Council supports the National Board's commitment to providing opportunities for overseas trained health practitioners to be registered and practice in Australia. The following strategies are in place to address the Principles of Multiculturalism:

- ensuring the use of ethnic media to disseminate Council information
- promoting a culturally diverse workforce, membership of Committees and participation in the Council's regulatory activities
- maintaining ongoing commitment to the Principles of Multiculturalism and the requirements of relevant legislation and Government policy.

Disability Action Plan

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

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

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

Waste Reduction and Purchasing Policy (WRAPP)

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

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

The following waste avoidance strategies are in place:

- scrap recycled paper diverted for use as message pads and note taking
- increased use of email for internal communication and with Council members
- clients referred to Council websites for access to publications and other information as an alternative to providing hard copy documents
- increased use of double-sided printing where possible
- inclusion of "please consider the environment before printing" note on email communication.

From July 2011, the HPCA will participate in the Sydney Central Recycling Program, being implemented by the owners of the Pitt Street building. The Program aims to improve recycling activity with increased use of centrally located colour-coded bins.

Consultants

The 10 health professional Councils together commissioned three consultancies to assist with the transition to the new regulatory regime and the distribution of financial and shared services being provided through the HPCA.

The Council made the following contribution to these consultancies:

Engagements costing less than $50,000

Service Provided	No	Cost inc.GST $
Financial management	2	48,751
Governance and administration	1	6,479
Total	3	55,230

Insurance

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

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

Risk Management

Identification of risk for the HPCA and the Council has been a priority during the year. A risk register has been prepared and an internal audit plan developed for implementation from 2011/2012, which will focus on the HPCA's shared services.

NSW Treasury has granted the Council an exemption from the Internal Audit and Risk Policy (TPP09-05) on the grounds that it is a small agency for which the administrative and cost burden of full compliance would be prohibitive.

In November 2010, the Internal Audit Bureau (IAB) undertook a high level review of the HPCA's governance and policy processes. A comprehensive policy framework has been developed and ongoing monitoring of compliance and reporting is being implemented. The framework enables compliance risks to be managed and supports the Council in meeting these obligations.

Other risk management activities include:

- regular preventive maintenance programs on plant and equipment
- security entry and alarm system in place for access to HPCA premises
- computer system Disaster Recovery Plan
- back-up and off-site storage of computer data
- implementation of the TRIM records management system and a new case management system to better monitor and manage Council's regulatory responsibilities and hence improve public safety.

During 2011/2012 the HPCA will establish an audit and risk committee with Council participation, with an independent Chair and representative membership.

Annual Report Costs

The Council printed 60 copies of the Annual Report at an approximate cost of $81.50 per copy (GST inc.).

Financial Management

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

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

During 2011/2012 the HPCA will work with Councils to develop an overall funding model to ensure the equitable distribution of shared costs and staffing resources across all Councils.

Format

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

Performance

The accounts in respect of the Council's administrative operating expenditure for the year show expenditure of $5,681,806.

Investment Performance

The Council through a Special Interest Arrangement with the Commonwealth Bank of Australia earned an average of 4.25% p.a. on its daily bank balances. In addition an average rate of interest of 4.43% was earned on investments held in a Cash Deposit Account.

Budget

The budget in respect of the administrative operation for the period 1 July 2011 to 30 June 2012 is as follows:

	$
Revenue	
Fees	5,055,704
Less Operating Costs	
Bank charges	906
Labour costs	2,989,746
VR separation costs	547,795
Occupancy costs	712,680
Subsistence and transport	65,989
Sitting fees	726,541
Council fees	28,616
Council member election costs	230,000
Computer services	177,843
Fees for services	228,768
Legal fees	103,820
Medical consultancy fees	125,017
Postage and communications	72,000
Printing and stationery	72,000
Room hire	97,272
Miscellaneous	73,882
Temporary labour	206,483
Total Operating Costs	**6,459,358**
Gross Profit/(Loss)	**(1,403,654)**
Other Income/Expenses	
Depreciation	(383,536)
Interest received	424,199
Operating Profit/(Deficit)	**(1,362,992)**

Response to Audit Report Findings

The Council provides the following response to significant issues identified by the Audit Office of NSW in the audit of the Council's financial statements, in accordance with s 7(1)(iia) of the *Annual Reports (Statutory Bodies) Act 1984*.

Financial statements submitted late

The financial statements were due for submission to the Audit Office of NSW on 11 August 2011 but were submitted on 16 August 2011, five days after the statutory deadline; however NSW Treasury granted the Council an extension to 18 August 2011.

Recognition and Disclosure inadequacies

Following the abolition of the Nurses and Midwives Board on 30 June 2010, its assets and liabilities were transferred to the Nursing and Midwifery Council. As a restructured entity the Council was required to present comparative accounts. One of the large accounting firms was engaged to assist the Council with preparation of the accompanying disclosure notes and financial statements for this first year. Specifically the firm was engaged to provide accounting advisory services in relation to certain transactions being:

1. Letter of advice regarding the accounting and disclosure implications of the restructuring of the Council on 1 July 2010; and
2. Accounting assistance in relation to various year-end matters including disclosure review of the Council's financial statements as at 30 June 2011; accounting treatment of building leases including related make good provisions; and review of cash flow disclosures in the 2011 financial statements in respect of specific transactions.

The Audit Office of NSW was not satisfied that the disclosure notes prepared by the accounting firm met required accounting standards in respect to the accounting and disclosure implications of the establishment of the Council on 1 July 2010. The accounting firm subsequently amended the equity transfer disclosure note to the Audit Office of NSW' satisfaction.

The auditors also identified eight instances of monetary misstatements which have been corrected in the financial statements as approved by the Council and published in this Annual Report.

The HPCA is currently reviewing processes to improve the quality of the 2012 financial statements.

Use of cash from other Councils to finance operations of other Councils

During its first financial year the HPCA followed the practice put in place by the former Health Professionals Registration Boards, whereby cash received by the HPCA on behalf of the Councils has been held in a common account. A full reconciliation was conducted at the end of the financial year. In future the HPCA will reconcile cash on a quarterly basis and seek formal approval under s 10 of the *Public Authorities (Financial Arrangements) Act 1987* if over the course of a financial year cash is required to finance operations of another Council.

Recognition of Assets

The 10 health professional Councils share and jointly pay for a common secretariat, premises (with the exception of the Medical Council) and a range of assets. The costs are apportioned across the Councils and the Councils with fewer registrants contribute comparatively smaller amounts to the overall costs. Where the total value of an asset is more than $5,000, and where the Councils collectively meet the cost of a single asset, the asset is consistently capitalised although the portion a smaller Council contributes to that asset may be less than $5,000. The Audit Office of NSW has noted that amounts of less than $5,000 are being recognised in financial statements. However it would be incorrect to simultaneously capitalise and expense the same assets across different statutory accounts. The only other alternative available to the Council is to recognise all assets, including items over $5,000 as expenses in the financial statements. This would also be deemed to be a misstatement. The HPCA on behalf of the 10 health professional Councils, including the Nursing and Midwifery Council, will seek approval from the Chief Financial Officer of the Ministry of Health to vary the accounting policy for the treatment of shared assets.

Amortisation of intangible assets

In line with the comments made by the external auditors intangible assets will be amortised over a longer period of time.

The need for a Service Level Agreement

The Council and the HPCA agree with comments by the external auditor about the need to establish relevant service level agreements and will act on this advice.

Accounts Payable Performance Report

The consolidated accounts payable performance report for the HPCA is as shown below:

Aged Analysis at end of Each Quarter

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 $
September	3,156,302	31,173	25,789	16,382	0
December	1,151,215	839,503	-218	248	0
March	1,454,399	7,080	0	1,645	0
June	1,282,574	1,001	0	-34	0

Accounts paid on time within each quarter

Quarter	Accounts paid on time			Total amount paid
	Target %	Actual %	$	
September	100	97.7	3,156,302	3,229,647
December	100	57.8	1,151,215	1,990,748
March	100	99.4	1,454,399	1,463,124
June	100	99.9	1,282,574	1,283,542

Independent Auditor's Report

Nursing and Midwifery Council of New South Wales

To Members of the New South Wales Parliament

I have audited the accompanying financial statements of the Nursing and Midwifery Council of New South Wales (the Council), which comprises the statement of financial position as at 30 June 2011, 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.

Auditor's Opinion

In my opinion, the financial statements:

- give a true and fair view of the financial position of the Council as at 30 June 2011, and of its financial performance 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 and fair presentation of the financial statements 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 the financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal controls relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal controls. 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.

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I believe that 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 any 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 role by the possibility of losing clients or income.

Peter Barnes
Director, Financial Audit Services

21 November 2011
SYDNEY

NURSING AND MIDWIFERY COUNCIL OF NEW SOUTH WALES

YEAR ENDED 30 JUNE 2011

STATEMENT BY MEMBERS OF THE COUNCIL

Pursuant to section 41C(1B) *Public Finance and Audit Act 1983*, and in accordance with the resolution of the members of the Nursing and Midwifery 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 Nursing and Midwifery Council of New South Wales as at 30 June 2011 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: 17/11/11

Council Member

Date: 16/11/11

Nursing and Midwifery Council of New South Wales

Statement of Comprehensive Income for the Year Ended 30 June 2011

	Notes	2011 $
EXPENSES		
Personnel services	3	(2,620,476)
Other operating expenses	4	(3,061,330)
Education and Research expenses	5	(147,536)
Total Expenses		**(5,829,342)**
REVENUE		
Registration fees		5,835,107
Other revenue		2,083
Interest revenue	6	192,919
Total Revenue		**6,030,109**
Gain/(Loss) on disposal of assets		6,304
Surplus/(Deficit) for the year		**207,071**
Other comprehensive income		-
Total comprehensive income for the year		**207,071**

The accompanying notes form part of these financial statements.

Nursing and Midwifery Council of New South Wales

Statement of Financial Position
as at 30 June 2011

	Notes	2011 $
ASSETS		
Current Assets		
Cash and cash equivalents	7	6,721,750
Receivables	8	984,518
Total Current Assets		**7,706,268**
Non-Current Assets		
Leasehold improvements	9	134,271
Motor vehicles	9	37,312
Plant and equipment	9	168,475
Intangibles	10	332,228
Total Non-Current Assets		**672,286**
Total Assets		**8,378,554**
LIABILITIES		
Current Liabilities		
Payables	11	840,929
Fees in advance		4,162,285
Provisions	12	360,638
Total Current Liabilities		**5,363,852**
Non-Current Liabilities		
Provisions	12	270,481
Total Non-Current Liabilities		**270,481**
Total Liabilities		**5,634,333**
Net Assets		**2,744,221**
EQUITY		
Accumulated funds		2,744,221
Total Equity		**2,744,221**

The accompanying notes form part of these financial statements.

Nursing and Midwifery Council of New South Wales

Statement of Changes In Equity for the Year Ended 30 June 2011

	Notes	2011 $
TOTAL ACCUMULATED FUNDS		
Balance at 1 July 2010		-
Transfer in of net assets due to restructure	19	3,477,105
Payment to Department of Health (As part of arrangement of structure)	19 (a)(i)	(939,955)
Restated transfer balance as at 1 July 2010		2,537,150
Surplus/(Deficit) for the year		207,071
Other comprehensive income		-
Balance at 30 June 2011		**2,744,221**

The accompanying notes form part of these financial statements.

Nursing and Midwifery Council of New South Wales

Statement of Cash Flows
for the Year Ended 30 June 2011

	Notes	2011 $
CASH FLOWS FROM OPERATING ACTIVITIES		
Payments		
Suppliers and employees		(4,978,145)
Total Payments		**(4,978,145)**
Receipts		
Receipts from members		5,247,304
Interest received		205,556
Total Receipts		5,452,860
Net Cash Flows from Operating Activities	13	**474,715**
CASH FLOWS FROM INVESTING ACTIVITIES		
Proceeds from sale of plant and equipment		19,119
Purchases of plant and equipment		(441,330)
Net Cash Flows from Investing Activities		**(422,211)**
CASH FLOWS FROM FINANCING ACTIVITIES		
Proceeds from restructure of previously abolished Board	19	9,163,501
Australian Health Practitioner Regulation Agency as per Government Gazette no 90	19	(1,554,300)
Payment to NSW Department of Health (owner) as per Government Gazette no 90	19	(939,955)
Net Cash Flows from Financing Activities		**6,669,246**
Net Increase/(Decrease) in cash		6,721,750
Opening cash and cash equivalents		-
Closing cash and cash equivalents	7	**6,721,750**

The accompanying notes form part of these financial statements.

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

a. Reporting Entity

The Nursing and Midwifery 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 Council was established under Part 5A 41B of the *Health Practitioner Regulation National Law (NSW) No 86a*.

These financial statements have been authorised for issue by the Council on 17 November 2011.

The *Nurses and Midwives Act 1991* was repealed on 1 July 2010. As a result the Nurses and Midwives Board was abolished on the same day. In accordance with the *Health Practitioner Regulation National Law (NSW) No 86a*, the assets and liabilities of the Board were transferred to the newly established Nursing and Midwifery Council of New South Wales as equity.

b. Basis of Preparation

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

The financial statements are general purpose financial statements and have been prepared in accordance with applicable Australian Accounting Standards (which include Australian Accounting Interpretations), and the requirements of the Public Finance and Audit Act and Regulation and the Treasurer's Directions. 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 Council's financial statements and notes comply with Australian Accounting standards, which include Australian Accounting Interpretations.

d. 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. The former registration Boards in NSW were all abolished and registration and accreditation functions became the responsibility of the new National Boards established under the National scheme. NSW opted out of the complaint handling component of the National scheme and the health professional Councils were established in NSW effective from 1 July 2010 to manage the complaints function in a co-regulatory arrangement with the NSW Health Care Complaints Commission.

Under Section 26A of the *Health Practitioner Regulation National Law (NSW)* the complaints element of the registration fees payable during 2011 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 *Health Practitioner Regulation National Law (NSW)*, shall receive fees on a monthly basis from the Australian Health Practitioner Regulation Agency (AHPRA) being the agreed NSW complaints element for the 2011 registration fee.

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

Interest income is recognised as it is accrued, taking into account the effective yield on the financial asset as set out in AASB 139 *Financial Instruments: Recognition and Measurement*.

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

Income, expenses and assets are recognised net of the amount of GST, except where that amount of GST incurred is not recoverable from the Australian Taxation Office (ATO). In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense.

Receivables and payables are stated with the amount of GST included.

Cash flows are included in the statement of cash flow on a gross basis. The GST components of cash flows arising from investing and financing activities, which is recoverable from, or payable to, the ATO are classified as operating cash flows.

f. Insurance

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

g. Assets

i. Acquisitions of Assets

All acquisitions of assets controlled by the Council are initially recorded at cost. Cost is the amount of cash or cash equivalents paid or the fair value of the 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 specific requirements of other Australian Accounting Standards.

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

Assets acquired at no cost, or for nominal consideration, are initially recognised as assets and revenues at their fair value at the date of acquisition.

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. Assets that cost over $5,000 at the time of purchase by the HPCA are to be capitalised. These capitalised assets costs are then allocated to the Council using an appropriate allocation method.

iii. Impairment of Property, Plant and Equipment

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

iv. 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.

h. Intangibles

Intangible assets that are acquired have finite useful lives and are measured at cost less accumulated amortisation and accumulated impairment losses.

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

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

The Council recognises intangible assets only if it is probable that future economic benefits (synonymous with the notion of service potential) will flow to the Council 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 Council's intangible assets, the assets are carried at cost less any accumulated amortisation.

The Council's intangible assets are amortised using the straight line method over a period of two to 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.

i. Depreciation and Amortisation

Depreciation and amortisation is provided for on a straight-line basis for all depreciable assets and amortisable intangible 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 25%
Furniture and Fittings 16%
Motor Vehicles range between 25% - 29%
Leasehold Improvements 4%

Amortisation rates used are as follows:

Software 50%

j. 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.

k. Payables

These amounts represent liabilities for goods and services provided to the Council and other amounts, including interest. 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.

l. Provision for Personnel Services

Personnel services are acquired from the Health Administration Corporation.

Liabilities for salaries and wages (including non-monetary benefits), annual leave and paid sick leave that fall due wholly within 12 months of the reporting date 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.

Liabilities for annual leave are recognised and measured as the amount unpaid at the reporting date at current pay rates in respect of employees' service up to that date including appropriate oncosts.

Annual leave benefits, payable later than 12 months, have been measured at the present value of estimated cash flows to be made for those benefits in accordance with AASB 119 *Employee Benefits*.

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 benefits accrued in the future.

The outstanding amount of payroll tax, workers compensation and superannuation guarantee contributions, which are consequential to employment, are recognised as expenses where the employee entitlements 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.

m. Provision for Make Good

Provisions include the Council's proportionate liability of the estimated make good liability of the Nursing and Midwifery Council of New South Wales, discounted to today's present value.

n. Equity Transfers

The transfer of net assets between NSW public sector agencies is designated as a contribution by owners by NSW Treasury Policy and Guidelines Paper TPP09-03 and recognised as an adjustment to 'Accumulated Funds'. This treatment is consistent with Australian Interpretation 1038 Contributions by Owners Made to Wholly-Owned Public Sector Entities.

Transfers arising from an administrative restructure between Government departments are recognised at the amount at which the asset was recognised by the transferor Government department immediately prior to the restructure. In most instances this will approximate fair value. All other equity transfers are recognised at fair value.

o. 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 2011, 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 Nursing and Midwifery Council of New South Wales, except for AASB 9 *Financial Instruments*, which becomes mandatory for the 2014 financial statements and could change the classification and measurement of financial assets. The Council does not plan to adopt this standard early and the extent of the impact has not been determined.

2. EQUITY – ACCUMULATED FUNDS

The accumulated funds include all current year funds and the transfer of net assets of the abolished Board due to the restructure.

3. PERSONNEL SERVICES

Personnel services are acquired from the Health Administration Corporation and the cost is calculated as follows:

	2011 $
Salaries and wages	2,103,878
Superannuation	370,815
Payroll taxes	145,127
Workers compensation insurance	656
	2,620,476

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

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

Salaries and associated oncosts are paid by the Health Administration Corporation. The Health Administration Corporation continues to pay for the staff and associated oncosts.

Details of transactions managed on behalf of the Council through the Health Administration Corporation are detailed below:

	Notes	2011 $
(i) Personnel services		
Personnel services	3	2,620,476
(ii) Other operating expenses		
Rent and building expenses		586,015
Subsistence and transport		104,782
Council fees		24,674
Sitting fees		778,002
Fees for service		320,595
Postage and communication		84,180
Printing and stationery		97,947
Depreciation and amortisation	9-10	493,711
Equipment and furniture		49,951
Contracted labour		390,773
General administration expenses		113,700
Auditor's remuneration		17,000
Total expenditure		**3,061,330**
Total operating expenses		**5,681,806**

5. EDUCATION AND RESEARCH

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

i. Education and Research expenses

	2011 $
Grants	147,536
Total (excluding GST)	**147,536**

ii. Education and Research account

	Notes	2011 $
Opening balance		-
Transfer of assets due to restructure		381,161
Interest		12,242
		393,403
Outgoings		(147,536)
Closing balance	7	**245,867**

6. INTEREST

	2011 $
Interest revenue	203,957
Interest expense (discount unwind on make good)	(11,038)
	192,919

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

	2011 %
Weighted Average Interest Rate	4.43

The interest expense is for the discount unwind on the make good provision during the year.

7. CURRENT ASSETS – CASH AND CASH EQUIVALENTS

	2011 $
Cash on hand	500
Cash at bank	1,336,336
Short term deposits	625,014
Cash at bank - held by HPCA*	4,759,900
	6,721,750

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

The Council operates the bank accounts shown below:

	Notes	2011 $
Operating account**		1,090,469
Education and Research account**	5	245,867
		1,336,336

** managed by the Health Professional Councils Authority, an administrative unit of the Health Administration Corporation.

8. CURRENT ASSETS – RECEIVABLES

	2011 $
Other receivables	161,671
Interest receivable	22,202
Trade receivables	800,645
	984,518

No receivables are considered impaired.

The trade receivables include monies that AHPRA has collected from registrants as at 30 June 2011 and has remitted the monies to HPCA in July 2011.

9. NON-CURRENT ASSETS – PROPERTY, PLANT AND EQUIPMENT

The Council has an interest in property, 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 2011 $	Motor Vehicles 2011 $	Furniture & Fittings 2011 $	Plant & Equipment 2011 $	Total 2011 $
At 1 July 2010 - fair value					
Transfer of net assets due to restructure	22,036	45,387	94,196	162,597	324,216
Net carrying amount	**22,036**	**45,387**	**94,196**	**162,597**	**324,216**
At 30 June 2011 - fair value					
Gross carrying amount	135,142	54,646	-	431,627	621,415
Accumulated depreciation and impairment	(871)	(17,334)	-	(263,152)	(281,357)
Net carrying amount	**134,271**	**37,312**	**-**	**168,475**	**340,058**

Reconciliation

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

	Leasehold Improvements 2011 $	Motor Vehicles 2011 $	Furniture & Fittings 2011 $	Plant & Equipment 2011 $	Total 2011 $
Year ended 30 June 2011					
Net carrying amount at start of year	22,036	45,387	94,196	162,597	324,216
Additions	145,632	9,246	-	55,135	210,013
Disposals	-	(12,814)	-	-	(12,814)
Depreciation	(33,397)	(4,507)	(94,196)	(49,257)	(181,357)
Net carrying amount at end of year	**134,271**	**37,312**	**-**	**168,475**	**340,058**

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.

	Work in progress 2011 $	Intangibles 2011 $	Total 2011 $
At 1 July 2010 - fair value			
Transfer of net assets due to restructure	-	326,489	326,489
Net carrying amount	**-**	**326,489**	**326,489**
At 30 June 2011 - fair value			
Gross carrying amount	47,854	596,728	644,582
Accumulated amortisation and impairment	-	(312,354)	(312,354)
Net carrying amount	**47,854**	**284,374**	**332,228**
Year ended 30 June 2011			
Net carrying amount at start of year	-	326,489	326,489
Additions	47,854	270,239	318,093
Disposals	-	-	-
Amortisation	-	(312,354)	(312,354)
Net carrying amount at end of year	**47,854**	**284,374**	**332,228**

11. CURRENT LIABILITIES – PAYABLES

	2011 $
Accrued personnel services	59,651
Trade and other payables	81,278
	840,929

12. CURRENT LIABILITIES – PROVISIONS

Personnel services are acquired from the Health Administration Corporation.

	2011 $
Current	
Personnel Services	360,638
	360,638
Non-Current	
Make good	270,481
	270,481

13. RECONCILIATION OF CASH FLOWS FROM OPERATING ACTIVITIES TO NET COST OF SERVICES

	2011 $
Net cash used on operating activities	207,071
Depreciation and amortisation	493,710
Net gain/(loss) on sale of plant and equipment	(6,304)
Changes in assets and liabilities:	
Decrease/(Increase) in receivables	(836,999)
Decrease/(Increase) in prepayments	248,713
Increase/(Decrease) in payables	398,533
Increase/(Decrease) in provisions	(30,009)
Net Cash Flows from Operating Activities	**474,715**

14. FINANCIAL INSTRUMENTS

The Council's main risks arising from financial instruments are outlined below, together with the Council's objectives, policies and processes for measuring and managing risk. Further quantitative and qualitative disclosures are included throughout the financial statements.

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

i. Financial instrument categories

Financial Assets Class:	Note	Category	Carrying Amount 2011 $
Cash and Cash Equivalents	7	N/A	6,721,750
Receivables[1]	8	Loans and receivables (measured at amortised cost)	822,848

Financial Liabilities Class:	Note	Category	Carrying Amount 2011 $
Payables[2]	11	Financial liabilities (measured at amortised cost)	840,929

Notes:

1. Excludes statutory receivables and prepayments (i.e. not within scope of AASB 7).
2. Excludes statutory payables and unearned revenue (i.e. not within scope of AASB 7).

ii. Credit risk

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

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

Cash

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

Receivables - trade debtors

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

Authority deposits

The Council has placed funds on deposit with the Commonwealth Bank. These deposits are fixed term, the interest rate payable by the bank is negotiated initially and is fixed for the term of the deposit. The deposits at balance date were earning an interest rate of 4.65%, while over the year the weighted average interest rate was 4.43%. None of these assets are past due or impaired.

iii. Liquidity risk

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

All payables are current and will not attract interest payments.

iv. Market risk

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

15. COMMITMENTS

i. Operating lease commitments

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

	2011 $
Less than 1 year	762,125
Between 1 and 5 years	3,652,152
Total (including GST)	**4,414,277**

ii. Capital commitments

Aggregate capital expenditure for the acquisition of a Monitoring and Complaints System and leasehold improvements at Level 6 477 Pitt Street office contracted for at balance date and not provided for:

	2011 $
Less than 1 year	151,893
Between 1 and 5 years	-
Total (including GST)	**151,893**

16. RELATED PARTY TRANSACTIONS

The Council has only one related party, being the Health Professional Councils Authority (HPCA), an administrative unit of the Health Administration Corporation.

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

17. CONTINGENT LIABILITIES AND CONTINGENT ASSETS

There are no material unrecorded contingent assets and liabilities as at 30 June 2011.

18. AFTER BALANCE SHEET DATE EVENTS

In July 2011, a payment by the HPCA, on behalf of the Council, of agreed voluntary redundancy (VR) amounts to declared excess officers was made.

There was a condition of the VR separation cost that the excess officers sign their agreements by the end of July 2011, which existed after balance sheet date.

The financial effect of the VR for the Council was 537,255.

19. EQUITY TRANSFERS

As a result of the commencement of the *Health Practitioner Regulation National Law (NSW) No. 86a*, assets and liabilities of the the Nurses and Midwives Board of New South Wales were transferred to the newly established Nursing and Midwifery Council of New South Wales on 1 July 2010, and the former Nurses and Midwives Board was abolished.

The establishment of the Council and the transfer of assets and liabilities referred to above was classified as a restructure of administrative arrangements and accounted for in accordance with NSW Treasury's Accounting Policy: Contribution by owners made to wholly owned Public Sector Entities (TPP09-03) as a contribution by owners. Assets and liabilities were transferred at book values at 30 June 2010 per transferor entities as these book values were considered reasonable approximations of fair value to the Council, with a net credit to Equity of $3,477,105.

Comparative disclosures are required by TPP09-03 to facilitate a comparison of the operating results and financial position to the previous year.

The comparative Statement of Comprehensive Income of the Council set out below includes adjustments to align the prior year's comparatives to the functions transferred to the Council.

Statement of Comprehensive Income

	30 June 2010* $	Acquisition Adjustments $		Total $
Fees	8,831,865	(2,510,061)	(1)	6,321,804
Other income	57,232			57,232
Interest revenue	289,078			289,078
Personnel services expense	(4,362,777)	1,548,799	(2)	(2,813,978)
Other expenses	(2,822,416)			(2,822,416)
Education and Research expenses	(65,945)			(65,945)
Surplus for the Year	**1,927,037**	**(961,262)**		**965,775**

(* per prior year statutory accounts)

Adjustments:

1. Adjustment to recognise fee revenue relating to registration function not transferred to new Council.
2. Adjustment to recognise expenses relating to registration function not transferred to new Council.

The comparative Statement of Financial Position at 30 June 2010 acquired by the Council on 1 July 2010 is set out below.

Statement of Financial Position	30 June 2010* $
CURRENT ASSETS	
Cash and cash equivalents	9,163,501
Trade and other receivables	147,519
Leasehold improvements	22,036
Motor vehicles	45,387
Furniture and fittings	94,196
Plant and equipment	162,597
Intangibles	326,489
TOTAL CURRENT ASSETS	**9,961,725**
NON-CURRENT ASSETS	
TOTAL NON-CURRENT ASSETS	**-**
TOTAL ASSETS	**9,961,725**
CURRENT LIABILITIES	
Trade and other payables	442,396
Fees in advance	5,467,873
Make good provisions	172,666
Short-term provisions	401,685
TOTAL CURRENT LIABILITIES	**6,484,620**
NON-CURRENT LIABILITIES	
Long-term provisions	-
TOTAL NON-CURRENT LIABILITIES	**-**
TOTAL LIABILITIES	**6,484,620**
NET ASSETS	**3,477,105**
EQUITY	
Accumulated funds	3,477,105
TOTAL EQUITY	**3,477,105**

(* per prior year statutory accounts)

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

a) The New South Wales Government Gazette No 90, dated 2 July 2010 ordered that the Council make the following payments:

   i) An amount of $939,955 to the NSW Department of Health in respect of an unrecorded liability for the Council's contribution towards the national registration implementation costs. This was treated as a transaction with owners and debited to Equity, and subsequently paid on 2 September 2010; and

   ii) An amount of $1,554,300 to the Australian Health Practitioner Regulation Agency being the estimated registration fees component of total fees received in advance by the former Board as at 30 June 2010. This amount was reclassified from Fees in Advance to Trade and Other Payables, and subsequently paid on 14 March 2011.

b) Net adjustments to increase make-good provisioning by $59,623 in respect of the fair value of leasing arrangements acquired.

End of Audited Financial Statements

Appendix 1
Members Appointed to Tribunals, Committees and Panels by the Nursing and Midwifery Council 2010/2011

Nursing and Midwifery Tribunal

Chair of the Tribunal

Nick O'Neill

Deputy Chairpersons

Joanne Muller

Kim Ross

Cedric Vass

Tom Kelly

Professional members

Christine Anderson
Deborah Armitage
Brett Clarke
Jeanette Curtis
Anne Flanagan
Jenny Haines
Scott Hillsley
Judy Hyde
Susanne Kennedy
Susan Knopf
Chris Lennings
Susan Lovrich
Ian McQualter
Pamela Mulholland
Jennifer O'Baugh
Pamela Rawlings
Maureen Ryan
Shirley Schulz-Robinson
Sheree Smiltnieks
Bradley Warner
Eileen Anderson
Jill Boehm
Mark Constable
Kathleen Dixon
Valerie Gibson-Tilley
Boyd Higgins
Lynette Hopper
Mark Keating
Lea Kirkwood
Jocalyn Lawler
Daphne Little
Judith Mair
Nicholas Miles
Peter Newman
Rosie O'Donnell
Lucille Reynolds
Leigh Schalk
Karen Sherwood
Neal Tolley
Roy Weatherhead

Lay persons

Derek Anderson
Catherine Berglund
Sandra Everett
Noel Greenaway
James Lyon
John Davies
Michael Askey
Kathleen Dixon
Phillip French
Margaret Knibb
Jan May
Samuel Reuben
David Rosen
Babette Smith
Peter Shearing
James Prior

Professional Standards Committee

Chair of the Professional Standards Committee

Jill Boehm
Judith Mair
Neal Tolley
David Rosen
Brett Clarke
Joanne Muller
John Davies
Babette Smith

Professional members

Catherine Berglund
Deborah Burrows
Karen Draddy
Louise Hawkins
Judith Mair
Peter Newman
Leigh Schalk
Julie Ann Williams
Jill Boehm
Margaret Dane
Noel Greenaway
Shushila Lad
Pamela Mulholland
Ian McQualter
Karen Sherwood
Ron Wilson

Lay Persons

Derek Anderson
Sandra Everett
Margaret Knibb
James Prior
Monica Bhatia
Christopher Gardener
Jan May

Impaired Registrants Panel

Registered Medical Practitioners

John Adams
Michael Diamond
Patricia Sue Morey
Ian Cameron
Beth Louise Kotzé
Saw Hooi Toh

Professional members

Christine Anderson
Kit Barry
Susan Kennedy
Rosanna McMaster
Nicholas Miles
James Rippon
Gerda Tolhurst
Elizabeth Angel
Jennifer Haines
Judith Mair
Kerrie Mawson
Rosie O'Donnell
Sheree Smiltnieks
Mary-Louise White

Performance Review Panel

Chairs on Performance Review Panels

Brett Clarke	Kathleen Dixon
Judith Mair	Rosie O'Donnell
Leigh Schalk	

Professional members

Kathryn Crews	Ian McQualter
Barbra Monley	Maureen Ryan
Karen Sherwood	

Lay members

Michael Askey	John Davies
Sandra Everett	Leonard Mahemoff
Frances Taylor	

Performance Assessors

Cathleen Clark	Charmaine Crispin
Mary-Louise Egan	Kat Leung
Sue Monaro	Pamela Mulholland
Kirsten Peterson	Dianne Pocock
Matthew Rimmington	Pam White

Appendix 2
Nursing and Midwifery Tribunal Decisions 2010/2011

Nursing and Midwifery Tribunal Decisions 2010/2011

Name	Date of Decision	Process	Outcome
Vicki Maree Adams	25.2.10	Complaint	Conditions
Elizabeth Erima Agbinya	24.5.11	Review	Withdrawn
Denise Kay Axon	30.9.10	Complaint	Dismissed
Karen Marina Baker		Complaint	Removed from Register for 5 years
Hazel Balmaceda/ SAJO	6.8.10	Complaint	Conditions
Michelle Patricia Bottle	3.3.11	Complaint	Reprimand with conditions
Kelly Brown	13.1.11	Complaint	Removed from Register for 3 years
Dipankar Kumar Datta Ray	19.10.10	Complaint	Conditions
Robert Samuel Deeley	2.12.10	Complaint	Removed from Register for 2 years
Jennifer Anne Durrand	24.5.11	Complaint	Removed from Register for 1 year
Anne Epstein	9.3.11	Appeal	Appeal dismissed
Shane Patrick Fitzgerald	3.12.10	Complaint	Dismissed
Derek Robert Flynn	14.3.11	Review	Reinstatement with conditions
Marjorie Del Gallardo	8.4.11	Complaint	Reprimand and conditions
Bruce John Garry	27.5.11	Review	Withdrawn
Suzanne Gower	10.6.11	Complaint	Conditions
Lynda Grant	26.8.10	Complaint	Reprimand and conditions
Carol-Ann Margaret Greenwood	20.5.11	complaint	Registration lapsed at least 2 years before reapplying and assessment to be undertaken
Alan Roy Grentell	26.8.10	Complaint	Removed from Register for 2 years
Marion Rose Heath	19.8.10	Complaint	Suspended 1 year
Mebra Kakaire	9.7.10	Complaint	Removed from Register for 2 years
Matthew George Macri	15.9.10	Complaint	Conditions
Debbie Louise Marsden	10.12.10	Complaint	Removed from Register
Thembekile Petty Rosemary Mnyandu	21.7.10	Complaint	Removed from Register for 18 months
Hayley Alice Moore	9.7.10	Complaint	Removed from Register for 1 year
Shaun Patrick O'Hagan	21.12.10	Complaint	Dismissed
Gillian Mellissa Payne	7.4.11	Review	Withdrawn
Rowena Pierce	26.7.10	Complaint	Removed from Register for 18 months
Lana Jane Robertson	11.3.11	Complaint	Reprimand with conditions
Robyn Cecily Smith	8.4.11	Complaint	Conditions
Raymond Eric Struik	15.3.11	Review	withdrawn
Maureen Jan Swinhoe	13.5.11	Complaint	Removed from Register for 3 years
Lih-Huey Wang	3.6.11	Review	Dismissed
Joanne Young	2.5.11	Appeal	Withdrawn
Margaret Harmina Yule	23.7.10	Complaint	Reprimand and conditions
supression order for name	15.9.11	Complaint	Dismissed

Nursing and Midwifery Professional Standards Committee Decisions 2010/2011

Name	Date of Decision	Process	Outcome
Christopher Ian Cato	25.11.10	Complaint	Conditions/Reprimand
Marjorie Del Gallardo	26.7.10	Complaint	Referred to Tribunal
Kerrie Ellen Ellision	13.7.10	Complaint	Conditions/Reprimand
Sara Cathryn Grills	9.2.11	Complaint	Conditions/Reprimand
Philippe John Jacquot	15.4.11	Complaint	Conditions
Maria Hong Lee	12.4.11	Complaint	Reprimand
Danilo Michael Mayor	9.12.10	Complaint	Conditions/Reprimand
Wilmah Mwando	30.8.10	Complaint	Conditions/Caution
Mary Therese O'Connor	24.11.10	Complaint	referred to Tribunal
Karen Ann Walkom	15.12.10	Complaint	Conditions/Reprimand
Jennifer Ann Wellings	25.11.10	Complaint	Conditions/Reprimand

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