



Podiatry Council of New South Wales
Annual Report 2011

Podiatry Council of New South Wales

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

Dear Minister

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

These documents have been prepared in accordance with the provisions of the *Annual Reports (Statutory Bodies) Act 1984*, the *Annual Reports (Statutory Bodies) Regulation 2010* and the *Public Finance and Audit Act 1983* as amended.

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.

This is the first Annual Report of the Podiatry Council of New South Wales, which was established on 1 July 2010 under the *Health Practitioner Regulation National Law (NSW) No 86a* on introduction of the National Registration and Accreditation Scheme. The Council replaces the NSW Podiatrists Registration Board, which was abolished on 30 June 2010.

Yours sincerely

Dr Paul Tinley
Council President

Mr Ian Reid
Council Member

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About the Council

The Podiatry Council of New South Wales was established on 1 July 2010 upon commencement of the *Health Practitioner Regulation National Law (NSW) No 86a* (the Law). The Law sets out the regulatory framework for the new National Registration and Accreditation Scheme for health professionals and implements the Agreement signed in 2008 by the Council of Australian Governments.

The Law provides for the registration at a national level of 10 health professions: chiropractic, dentistry, medicine, nursing and midwifery, optometry, osteopathy, pharmacy, physiotherapy, podiatry and psychology and for the accreditation of educational programs. Registration and accreditation functions are managed by the National Boards with administrative assistance provided by the Australian Health Practitioner Regulation Agency (AHPRA).

Professional regulation issues, such as complaints and conduct issues, health and performance management, operate under NSW processes and under NSW law. New South Wales retained the Health Care Complaints Commission (HCCC) as an independent body to undertake investigations and prosecute serious disciplinary matters and participates in the National Scheme as a 'co-regulatory jurisdiction'.

National Boards are precluded from dealing with health notifications or complaints about incidents occurring in NSW and must refer those matters to either the relevant NSW health professional Council or to the HCCC, to be managed.

The *Podiatrists Act 2003* was repealed with effect from 1 July 2010 however, consistent with provisions contained within that legislation, the new Law requires Councils and the HCCC to consult on and respond to complaints/notifications about a health practitioner's performance, conduct or health where the subject matter relates to a registered health practitioner's practice in NSW. The Law also applies to students undertaking clinical training in NSW.

The Council derives the bulk of its income from the 'complaints element' of the annual registration fees that are paid by NSW based podiatrists to AHPRA.

The Health Professional Councils Authority (HPCA) provides administrative support to enable the health professional Councils to carry out their regulatory responsibilities.

Charter

The Council is a statutory body constituted pursuant to the Law to exercise the powers, authorities, duties and functions imposed by the Law.

Aims and Objectives

The role of the Council is to act in the interests of the public by ensuring that registered podiatrists are competent to practise and that podiatric 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 those objectives. As a result, members of the public can be assured that registered podiatrists are required to maintain appropriate standards of conduct and professional performance.

Council Membership

Clause 8 of the Savings and Transitional provisions contained at Schedule 5A of the Law provides that a person who was a member of a NSW Registration Board immediately before the commencement of the Law is taken to be a member of the NSW Council for that profession, until such time that a regulation specifying a different composition of the Council commences. The following persons held office as members of the Council under the transitional arrangements from 1 July 2010 until 31 December 2010:

- Dr Paul Tinley (*President and practitioner member*)
- Mr Luke Marsden (*Deputy President and practitioner member*)
- Mr Ian Reid (*practitioner member*)
- Ms Frances Henshaw (*practitioner member*)
- Ms Harriet Farquhar (*practitioner member*)
- Ms Tina Moisidis (*legal practitioner*)

Clause 4 of the *Health Practitioner Regulation (New South Wales) Regulation 2010* (the Regulation), which commenced on 1 January 2011, prescribes that the Council will consist of four members appointed by the Governor consisting of:

- (a) three health practitioners who are:
 - (i) registered in the health profession for which the Council is established, and
 - (ii) nominated by the Minister, and

- (b) one Australian lawyer nominated by the Minister.

At least one of the health practitioners nominated by the Minister must have a principal place of practice in NSW.

The following persons were appointed to the Council from 1 January 2011 up to and including 30 June 2012:

- Dr Paul Tinley BSc (Hons) PhD
(President and practitioner member)
- Mr Ian Reid BSc BAppSc (Pod) MPod
(practitioner member)
- Mr Luke Marsden Dip. Chiro
(practitioner member)
- Mr Ebenezer Banful LLB (Hons) GDLS GDLP
(legal practitioner)

Attendance at Council Meetings

The Council met on 11 occasions, usually on the third Wednesday of each month. The Council did not meet in January 2011.

Attendance at Council meetings during 2010 / 2011 was as follows:

Name	Meetings
Dr Paul Tinley	11
Mr Luke Marsden	11
Mr Ian Reid	11
Ms Frances Henshaw (to 31.12.10)	6
Ms Harriet Farquhar (to 31.12.10)	4
Ms Tina Moisidis (to 31.12.10)	3
Mr Ebenezer Banful (from 1.1.11)	5

Remuneration

The members of the Council were remunerated as follows:

President	\$2,336 p.a.
Members	\$1,752 p.a.

Committees of the Council

Pursuant to s 41F of the Law, the Council established the following committees to assist with the exercise of its functions.

Complaints and Notifications Committee

This Committee was originally established by the former Podiatrists Registration Board to

consult with the HCCC about the management of complaints and notifications concerning podiatrists practising in NSW. The Council withdrew its delegation to the Committee in February 2011, and assumed the Committee's role, following the reduction in Council members from seven to four. The Committee met prior to each Council meeting and was constituted by:

- Mr Ian Reid (Chairperson and Council practitioner member)
- Dr Paul Tinley (Council President)
- HCCC representative

Professional Currency Committee

This Committee was originally established by the former Podiatrists Registration Board to monitor registrants' compliance with the Board's annual continuing podiatric professional education requirements. The Council disbanded the Committee in September 2010 in recognition of continuing professional development (CPD) having become a responsibility of the National Board. The members of the Committee were:

- Mr Ray Harding (Practitioner and former Board member)
- Mr Kevan Wright (Practitioner and former Board member)
- Mr Luke Marsden (Practitioner and Council member)

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.

Podiatry 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

Ms Joanne Muller

Deputy Chairpersons

Ms Kim Bolster Ross

Ms Loretta Re

The Tribunal did not convene during the year.

Executive Officer

Pursuant to s 41Q of the Law, Mr Michael Jaques was appointed as the Executive Officer to the Council and Mrs Christine Gursen was appointed as the Assistant Executive Officer.

Legislative Changes

The *Podiatrists Act 2003* 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
Total number of podiatry registrants	937	919
Complaints/Notifications		
Complaints open as at 1 July 2010		17
New complaints received during 2010/2011		23
Complaints closed during 2010/2011		35
Complaints open as at 30 June 2011		5
Total complaints managed during the reporting period		40

National Registration

From 1 July 2010 responsibility for the registration of podiatrists passed to the Podiatry 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 Podiatry Board can be obtained on the Australian Health Practitioner Regulation Agency (AHPRA) website (www.ahpra.gov.au).

Registrations in NSW

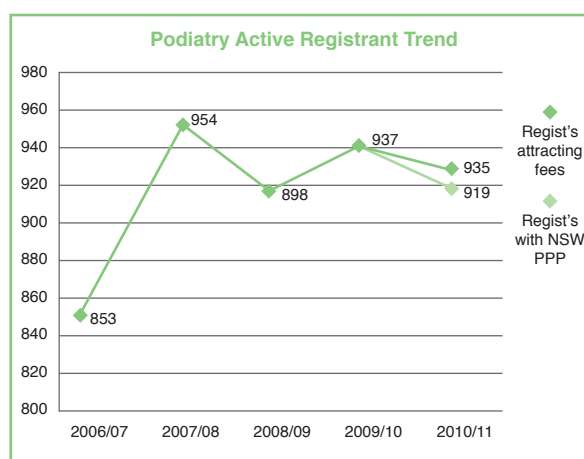
At 30 June 2011, there were 919 podiatry registrants whose principal place of practice was in NSW. This represents 26.6% of the total number of podiatrists registered under the Scheme across Australia. Data for the current reporting year is supplied by AHPRA.

The graph below provides information about the number of podiatrists registered in NSW from 2006/2007 to 2010/2011. There was a 2% decrease in the number of active registrants

in 2010/2011 (18 registrants) compared to the active registrations in 2009/2010. This reduction is due to a number of factors including:

- general attrition due to relocations or retirements
- under the National Scheme practitioners need register only in their principal place of practice but can practise anywhere in Australia. Under the former scheme, practitioners had to register in every State or Territory in which they wished to practise. Consequently, practitioners who have a principal place of practice in another State or Territory but were previously registered in NSW are not reflected in the 2010/2011 NSW registration volume
- some former registrants may have elected not to renew their registration because they were no longer practising and did not meet recency of practice or continuing education standards.

The Council is responsible for the regulation of podiatrists who provide services in NSW (919). A number of registrants did not identify a principal place of practice (for example, registrants living overseas). 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 were for 935 registrants.



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

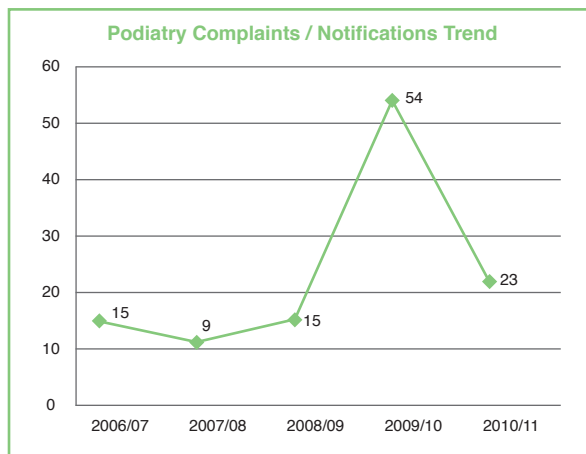
Complaints and Notifications

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.

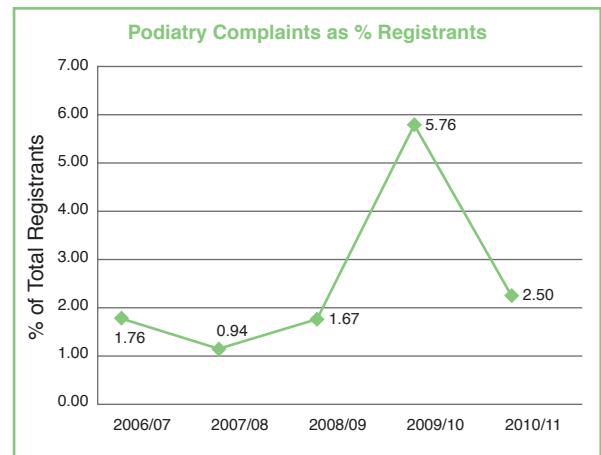
The *Health Care Complaints Act 1993* requires the Council and the HCCC to advise each other about complaints received and to consult concerning the course of action to be taken. A complaint made to the Council is deemed to be also made to the HCCC, and vice versa.

There have been 23 new notifications in NSW during the reporting period.

The following graph indicates the trend in new complaints received since 2006/2007 and indicates a significant decrease in the number of complaints in the past year. The unusually high number of matters recorded in 2009/2010 arose from the former Board undertaking a review of continuing professional education requirements of registrants.



The graph below shows the level of complaints as a percentage of the number of registered podiatrists in NSW. The number of complaints received compared with the number of podiatrists registered in NSW is about 2.5%.



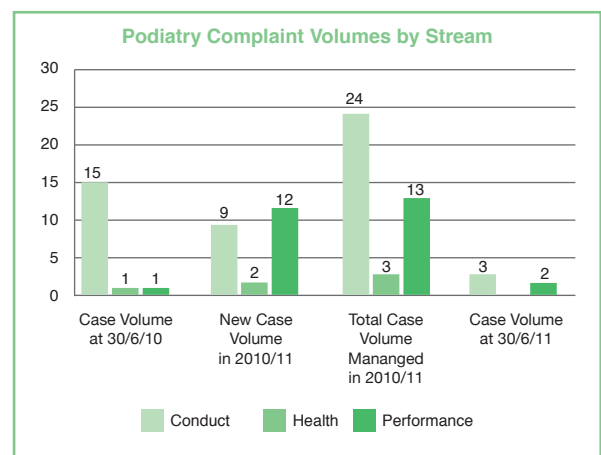
Mandatory Notifications

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 this year.

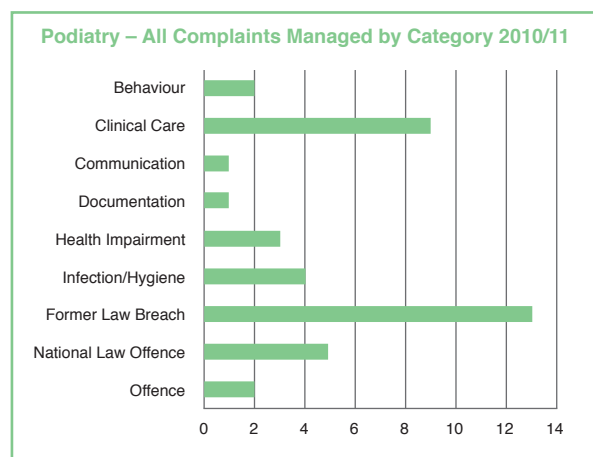
Complaints Management

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 volumes of complaints by the primary stream for each complaint were as follows:



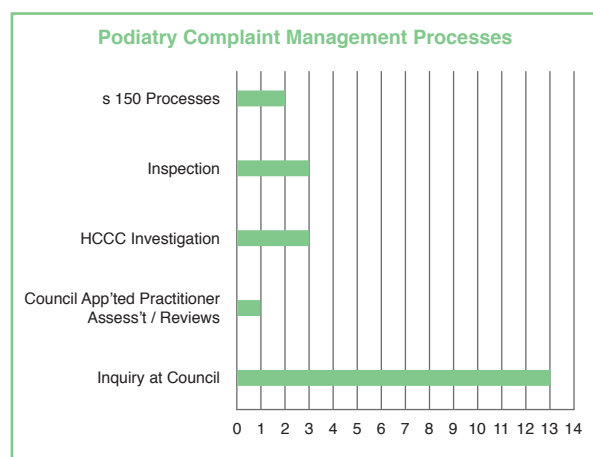
The largest volume of complaints managed in 2010/2011 related to failure to comply with an order of the former New South Wales Podiatrists Registration Board followed by clinical care

issues. A complaint may fall into more than one category. The breakdown of complaints by category was as follows:



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).

Of notifications managed in 2010/2011, 55% (n=22) were referred for management to other legislated committees or adjudicating bodies other than regular Council meetings. The number of matters referred to different actions is provided below.



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

to warrant further action or the parties have resolved the matter. When action is taken for a notification, further assessment or investigation occurs into the health, performance, or conduct of the registrant. Subsequently, 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.

The four complaints that were being handled by the former Podiatrists Registration Board, and which remained open on 1 July 2010 were managed by the Council as follows:

Issue	Outcome	Status
Substandard Infection Control	Closed his practice and allowed his registration to lapse	Case closed
Unregistered	Convicted in Local Court in July 2010 for 'holding out'	Case closed
Unsatisfactory professional conduct	Complaint dismissed as there were no clinical issues	Case closed
Impaired practitioner	No evidence of impairment established	Case closed

Health

A health notification may be self-reported or lodged by third parties and most commonly raise concerns that a registrant may have a physical or mental impairment, disability, condition or disorder (including substance abuse or dependence) that detrimentally affects or is likely to detrimentally affect their capacity to practise safely (or for students, to undertake clinical training). All complaints are treated as allegations until they can be substantiated.

The Council received two complaints related to health matters during the year: one reported by a patient with concerns for the registrant's health; and one allegation of an alcohol and drug history.

Performance

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

The Council received 12 new matters related to podiatrists' performance. The following table depicts the outcome of inquiries undertaken by the Council and the HCCC as at 30 June 2011:

Performance Issues	Outcome	No
Inadequate treatment	Dismissed	3
	Closed by counselling	1
	Closed: registration expired	1
Lack of skill and care	Investigation ongoing	1
	Dismissed	1
Inappropriate orthotics	Dismissed	1
	Refunded fees	1
	Closed: evidence provided of up-skilling	1
Inadequate infection control procedures	Closed by counselling	1
	Investigation ongoing	1

Conduct

Conduct issues generally relate to behavioural acts or omission and often go to the question of character.

The Council managed nine new matters concerning the conduct of practitioners. The following table depicts the outcome of inquiries undertaken by the Council and the HCCC as at 30 June 2011:

Conduct Issues	No
Failure of employer to respond to complaint	1
Failure to issue receipts	1
Fraudulent billing activities, welfare claims etc	2
Breach of Advertising Guidelines	4
Contravention of ethical standards	1

Council Inquiry

Complaints may be dealt with by way of disciplinary proceedings held at a meeting of the Council, including caution or reprimand, imposition of conditions on registration, order assessments or some other action.

On 30 July 2010, a sub-committee conducted Inquiries under s 44(1) of the *Podiatrists Act 2003* into complaints that 13 registrants had been guilty of unsatisfactory professional conduct for having failed to “comply with a reasonable direction given by the former Podiatrists Registration Board”. The ‘direction’ related to the registrants’ responsibility to furnish the Board with evidence demonstrating compliance with the Board’s Continuing Professional Podiatric Education requirements for the year ending 30 June 2009.

Of the 13 complaints, 11 were dismissed, one was adjourned and a finding of unsatisfactory professional conduct was made in one case. On 20 October 2010, the Council dismissed the

complaint against the registrant whose inquiry had been adjourned, as the National Board had assumed responsibility for monitoring continuing professional development activities.

Counselling

Section 145B of the Law provides that the Council may direct a practitioner or student to attend counselling. Counselling is a non-disciplinary process that enables a Council to address performance or conduct concerns in an informal but sound and influential manner.

During the year the Council directed two registrants to attend counselling:

- the Council investigated a complaint alleging a lack of care of a patient with peripheral vascular disease (PVD), lymphoedema and neuropathy. The registrant was directed to attend for counselling about the appropriateness of his clinical decision making when treating an at-risk patient. He was reminded about inherent healing and infection risks as an aid to haemostasis, as well as common triggers for clot formation and damage to blood vessels
- following receipt of a report from the Council’s Investigations and Inspections Unit, a registrant was directed to attend for counselling about effective infection prevention and control being central to the provision of high quality health care and a safe working environment. The registrant was also reminded that in the interests of public health and safety, it is incumbent on all registered podiatrists to understand the modes of transmission of infectious organisms and to know how and when to apply the principles of infection prevention and control.

Assessment Committee

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

During the reporting period the Council did not refer any matters to the Assessment Committee.

Impaired Registrants Panel

The Council may decide to refer a registrant to an Impaired Registrants Panel to inquire into the matter and obtain reports and other information from any source it considers appropriate.

The Panel may counsel the registrant or, on the recommendation of the Panel, the Council may counsel the registrant, impose conditions on the registration, or suspend the registration if the Council is satisfied the practitioner or student has voluntarily agreed to the conditions.

The Council did not refer any matters to an Impaired Registrants Panel during the reporting period.

Performance Assessment and Performance Review Panel

The Council may refer a practitioner who is the subject of a complaint, for an assessment of their professional performance. On receipt of the performance assessment report the Council may refer it to a Performance Review Panel to conduct a review of the practitioner's performance.

The Council did not refer any matters for performance assessment or to a Performance Review Panel this year.

Protective Orders (s 150)

The Council must exercise its powers to either suspend a practitioner's registration or to impose conditions upon the practitioner's practice if it is satisfied that such action is appropriate for the protection of the health or safety of the public or is otherwise in the public interest.

During the reporting period, the Council exercised its protective powers on two occasions:

- the Council suspended the registration of a practitioner who had disclosed an addiction to drugs and alcohol. The Council subsequently lifted the suspension and imposed conditions on the registrant's practice
- the Council suspended the registration of a practitioner whose infection control procedures were found by the Council's Inspector to be below the legislative standards. The Council subsequently lifted the suspension when the registrant provided satisfactory evidence of compliance with the standards.

Podiatry Tribunal

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

During the reporting period, no complaints 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.

Appeals

No appeals were lodged during the reporting period.

Infection Prevention and Control

The Council is responsible for ensuring that podiatrists practising in NSW comply with the infection control standards contained at Schedule 1 to the *Health Practitioner Regulation (New South Wales) Regulation 2010*. As the Podiatry Board of Australia has endorsed the NHMRC *Australian Guidelines for the Prevention and Control of Infection in Healthcare*, podiatrists practising in this State are also expected to comply with those guidelines in their clinical practice.

A vital element of the Council's compliance strategy has been to authorise Inspectors to conduct random inspections of podiatry practices in NSW.

During the reporting period, 65 practices in the following zones were inspected:

Metropolitan Sydney

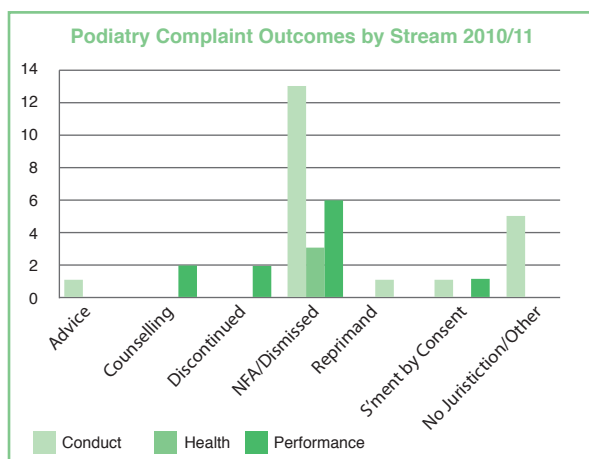
Inner West	4	South West	2
Hills District	5	Northern Beaches	3

Rural

Central West	4	North Coast	8
New England	7	Central Tablelands	6
Central Coast	22	Hawkesbury	4

Complaint Outcomes

The outcomes of complaints closed in 2010/2011 are summarised by stream in the following graph.



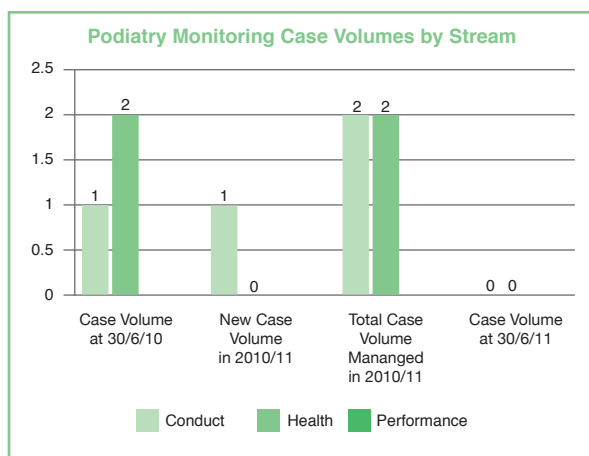
Monitoring and Compliance of Orders and Conditions

When a complaint about performance, health or conduct is 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.

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 Podiatry 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.

Size of Monitoring Program

During the year, four cases were monitored, which were closed by 30 June 2011.



Education and Research

Section 41S of the Law provides that a Council may establish an Education and Research Account. Money in the account may be expended by the Council for or towards any purpose relating to education and research about the health, performance and/or conduct of registered podiatrists or students and for meeting any administrative costs incurred with respect to the account.

During January 2011, the Council issued additional grants of \$3,500 from its Education and Research Account in respect of each of the following research applications that had been partially funded by the former Podiatrists Registration Board:

Principal Researcher	Project
Associate Professor Stephen Twigg Department of Medicine University of Sydney	Randomised Controlled Trial of Topical Propolis Treatment in Diabetic Foot Ulcers
Initial Grant (Partial funding) 2008/2009: \$6,000 Final Grant 2010/2011: \$3,500	
Associate Professor Chris Jackson PhD Director, Sutton Arthritis Research Laboratories University of Sydney	Safety and efficacy of activated protein C to treat leg ulcers (SEAL) - a randomised, controlled clinical trial
Initial Grant (Partial funding) 2008/2009: \$6,000 Final Grant 2010/2011: \$3,500	
Dr Joshua Burns, Institute for Neuromuscular Research The Children's Hospital, Westmead	Disentangling the presentation and aetiology of plantar heel pain
Initial Grant (Partial funding) 2008/2009: \$6,000 Final Grant 2010/2011: \$3,500	

Overseas Travel

During the reporting period, no overseas travel was undertaken at the expense of the Council.

Promotion of Council Activities

The Council issued a newsletter to registrants in June 2011, broadly outlining the role of the Council vis-à-vis that of the Podiatry Board of Australia and providing information on matters of interest to podiatrists and podiatry students.

The Council intends issuing a newsletter twice a year.

The Council's website (www.podiatrycouncil.nsw.gov.au) is updated regularly and is the principal medium for disseminating information to registrants and students.

The Annual Report may be accessed on the website.

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 2010, the *Government Information (Public Access) Act 2009* (GIPA Act) came

into effect replacing the former *Freedom of Information Act 1989*.

The legislation creates new rights to information that are designed to meet community expectations of more open and transparent government and encourages government agencies to proactively release information.

In accordance with the legislation, the Council has published a Publication Guide, which is accessible on the website by following the Access to Information link.

No applications for information were made to the Council during the reporting period.

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*.

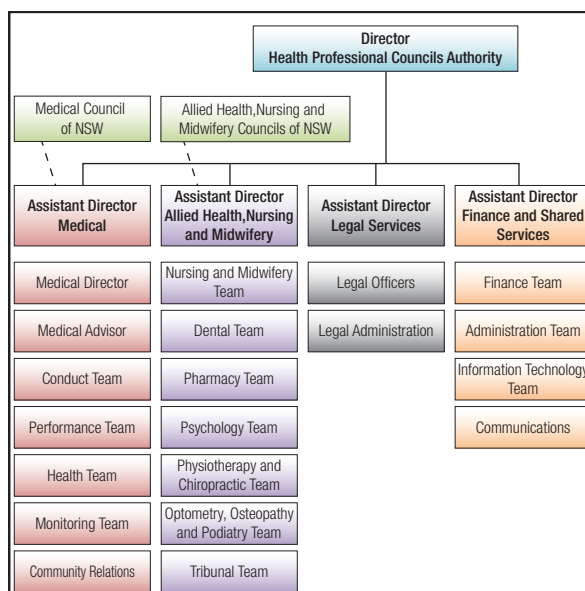
No complaints regarding privacy matters were received during the reporting period.

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 0.6 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.

Priorities for 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.

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 notetaking
- 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	446
Governance and administration	1	59
Total	3	505

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 \$65 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 \$129,084.

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	104,301
Less Operating Costs	
Bank charges	24
Labour costs	71,780
VR separation costs	1,769
Occupancy costs	6,468
Subsistence and transport	10,320
Sitting fees	14,879
Council fees	7,592
Computer services	3,328
Fees for services	11,608
Legal fees	4,000
Postage and communications	581
Printing and stationery	462
Room hire	2,500
Miscellaneous	746
Temporary labour	535
Total Operating Costs	136,592
Gross Profit/(Loss)	(32,291)
Other Income/Expenses	
Depreciation	(2,017)
Interest received	12,042
Operating Profit/(Deficit)	(22,266)

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 Podiatrists Registration Board on 30 June 2010, its assets and liabilities were transferred to the Podiatry 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 seven 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 Podiatry 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

Podiatry Council of New South Wales

To Members of the New South Wales Parliament

I have audited the accompanying financial statements of the Podiatry 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.

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

PODIATRY 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 Podiatry 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 Podiatry 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: 16/11/2011



Council Member

Date: 16/11/11

Podiatry Council of New South Wales

Statement of Comprehensive Income for the Year Ended 30 June 2011

	Notes	2011 \$
EXPENSES		
Personnel services	3	(67,841)
Other operating expenses	4	(61,243)
Education and Research expenses	5	(15,000)
Total Expenses		(144,084)
REVENUE		
Registration fees		80,497
Interest revenue	6	14,413
Total Revenue		94,910
Gain/(Loss) on disposal of assets		57
Surplus/(Deficit) for the year		(49,117)
Other comprehensive income		-
Total comprehensive income for the year		(49,117)

The accompanying notes form part of these financial statements.



Podiatry Council of New South Wales

Statement of Financial Position as at 30 June 2011

	Notes	2011 \$
ASSETS		
Current Assets		
Cash and cash equivalents	7	224,070
Receivables	8	26,858
Total Current Assets		250,928
Non-Current Assets		
Leasehold improvements	9	1,145
Motor vehicles	9	366
Plant and equipment	9	1,787
Intangibles	10	2,891
Total Non-Current Assets		6,189
Total Assets		257,117
LIABILITIES		
Current Liabilities		
Payables	11	25,041
Fees in advance		35,383
Provisions	12	10,994
Amount payable to related party	16	58,234
Total Current Liabilities		129,652
Non-Current Liabilities		
Provisions	12	2,319
Total Non-Current Liabilities		2,319
Total Liabilities		131,971
Net Assets		125,146
EQUITY		
Accumulated funds		125,146
Total Equity		125,146

The accompanying notes form part of these financial statements.

Podiatry 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	275,888
Payment to Department of Health (As part of arrangement of structure)	19 (a)(i)	(101,625)
Restated transfer balance as at 1 July 2010		174,263
Surplus/(deficit) for the year		(49,117)
Other comprehensive income		-
Balance at 30 June 2011		125,146

The accompanying notes form part of these financial statements.



Podiatry 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		(149,327)
Total Payments		(149,327)
Receipts		
Receipts from members		21,839
Interest received		13,022
Total Receipts		34,861
Net Cash Flows from Operating Activities	13	(114,466)
CASH FLOWS FROM INVESTING ACTIVITIES		
Proceeds from sale of plant and equipment		173
Purchases of plant and equipment		(4,020)
Net Cash Flows from Investing Activities		(3,847)
CASH FLOWS FROM FINANCING ACTIVITIES		
Proceeds from restructure of previously abolished Board	19	440,420
Australian Health Practitioner Regulation Agency as per Government Gazette no 90	19	(54,647)
Payment to NSW Department of Health (owner) as per Government Gazette no 90	19	(101,625)
Payments from/(to) related party	16	58,235
Net Cash Flows from Financing Activities		342,383
Net Increase/(Decrease) in cash		224,070
Opening cash and cash equivalents		-
Closing cash and cash equivalents	7	224,070

The accompanying notes form part of these financial statements.

Podiatry Council of New South Wales

Notes to and Forming Part of the Financial Statements
for the Year Ended 30 June 2011

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

a. Reporting Entity

The Podiatry 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 16 November 2011.

The *Podiatrists Act 2003* was repealed on 1 July 2010. As a result the Podiatrists Registration 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 Podiatry 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.

Podiatry Council of New South Wales

Notes to and Forming Part of the Financial Statements
for the Year Ended 30 June 2011

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.

Podiatry Council of New South Wales

Notes to and Forming Part of the Financial Statements
for the Year Ended 30 June 2011

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*.

Podiatry Council of New South Wales

Notes to and Forming Part of the Financial Statements
for the Year Ended 30 June 2011

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 Podiatry 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 Podiatry 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.

Podiatry Council of New South Wales

Notes to and Forming Part of the Financial Statements
for the Year Ended 30 June 2011

3. PERSONNEL SERVICES

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

	2011 \$
Salaries and wages	47,701
Superannuation	6,168
Annual leave	10,544
Payroll taxes	3,416
Workers compensation insurance	12
	<u>67,841</u>

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	<u>67,841</u>
(ii) Other operating expenses		
Rent and building expenses		5,316
Subsistence and transport		10,507
Council fees		9,963
Sitting fees		11,596
Fees for service		2,809
Postage and communication		1,446
Printing and stationery		1,335
Depreciation and amortisation	9-10	3,689
Equipment and furniture		473
Contracted labour		5,385
General administration expenses		3,224
Auditor's remuneration		5,500
Total expenditure		<u>61,243</u>
Total operating expenses		<u>129,084</u>



Podiatry Council of New South Wales

Notes to and Forming Part of the Financial Statements
for the Year Ended 30 June 2011

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	15,000
Total (excluding GST)	15,000

ii. Education and Research account

	Notes	2011 \$
Opening balance		-
Transfer of assets due to restructure		14,504
Deposits		1,597
Interest		434
		16,535
Outgoings		(16,500)
Closing balance	7	35

6. INTEREST

	2011 \$
Interest revenue	14,514
Interest expense (discount unwind on make good)	(101)
	14,413

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

	2011 %
Weighted Average Interest Rate	4.43

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

Podiatry Council of New South Wales

Notes to and Forming Part of the Financial Statements
for the Year Ended 30 June 2011

7. CURRENT ASSETS - CASH AND CASH EQUIVALENTS

	2011 \$
Cash at bank	62,210
Short term deposits	161,860
	224,070

The Council operates the bank accounts shown below:

	Notes	2011 \$
Operating account**		62,175
Education and Research account**	5	35
		62,210

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

8. CURRENT ASSETS - RECEIVABLES

	2011 \$
Other receivables	1,467
Interest receivable	2,708
Trade receivables	22,683
	26,858

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.

Podiatry Council of New South Wales

Notes to and Forming Part of the Financial Statements
for the Year Ended 30 June 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	175	410	76	1,735	2,396
Net carrying amount	175	410	76	1,735	2,396
At 30 June 2011 - fair value					
Gross carrying amount	1,152	508	-	4,058	5,718
Accumulated depreciation and impairment	(7)	(142)	-	(2,271)	(2,420)
Net carrying amount	1,145	366	-	1,787	3,298

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	175	410	76	1,735	2,396
Additions	1,248	113	-	501	1,862
Disposals		(116)	-	-	(116)
Depreciation	(278)	(41)	(76)	(449)	(844)
Net carrying amount at end of year	1,145	366	-	1,787	3,298

Podiatry Council of New South Wales

Notes to and Forming Part of the Financial Statements
for the Year Ended 30 June 2011

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	-	2,788	2,788
Net carrying amount	-	2,788	2,788
At 30 June 2011 - fair value			
Gross carrying amount	442	5,294	5,736
Accumulated amortisation and impairment	-	(2,845)	(2,845)
Net carrying amount	442	2,449	2,891
Year ended 30 June 2011			
Net carrying amount at start of year	-	2,788	2,788
Additions	442	2,506	2,948
Disposals	-	-	-
Amortisation	-	(2,845)	(2,845)
Net carrying amount at end of year	442	2,449	2,891

11. CURRENT LIABILITIES - PAYABLES

	2011 \$
Accrued personnel services	1,196
Trade and other payables	23,845
	25,041



Podiatry Council of New South Wales

Notes to and Forming Part of the Financial Statements
for the Year Ended 30 June 2011

12. CURRENT LIABILITIES - PROVISIONS

Personnel services are acquired from the Health Administration Corporation.

2011
\$

Current

Personnel Services	10,994
	<u>10,994</u>

Non-Current

Make good	2,319
	<u>2,319</u>

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

2011
\$

Net cash used on operating activities	(49,117)
Depreciation and amortisation	3,689
Net gain/(loss) on sale of plant and equipment	(57)
Changes in assets and liabilities:	
Decrease/(Increase) in receivables	(23,226)
Decrease/(Increase) in prepayments	(36,924)
Increase/(Decrease) in payables	(9,103)
Increase/(Decrease) in provisions	<u>272</u>
Net Cash Flows from Operating Activities	<u>(114,466)</u>

Podiatry Council of New South Wales

Notes to and Forming Part of the Financial Statements
for the Year Ended 30 June 2011

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	Note	Category	Carrying Amount 2011 \$
Class:			
Cash and Cash Equivalents	7	N/A	224,070
Receivables ¹	8	Loans and receivables (measured at amortised cost)	25,391
Financial Liabilities	Note	Category	Carrying Amount 2011 \$
Class:			
Payables ²	11	Financial liabilities (measured at amortised cost)	25,041

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.

Podiatry Council of New South Wales

Notes to and Forming Part of the Financial Statements
for the Year Ended 30 June 2011

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	5,935
Between 1 and 5 years	28,999
Total (including GST)	34,934

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	1,454
Between 1 and 5 years	-
Total (including GST)	1,454

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.

During the year, the Council's transactions resulted in amounts owing to HPCA for \$58,234. The Council, in this instance, is in breach of the *Public Authority Financial Arrangement Act 1987* as it does not have the approval to borrow funds. The Council will be seeking approval under the *Public Authority Financial Arrangement Act 1987* to borrow funds from the HPCA.

17. CONTINGENT LIABILITIES AND CONTINGENT ASSETS

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

Podiatry Council of New South Wales

Notes to and Forming Part of the Financial Statements
for the Year Ended 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 \$1,539.

19. EQUITY TRANSFERS

As a result of the commencement of the *Health Practitioner Regulation National Law (NSW) No. 86a*, assets and liabilities of the Podiatrists Registration Board were transferred to the newly established Podiatry Council of New South Wales on 1 July 2010, and the former Podiatrists Registration 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 \$275,888.

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	113,776	(48,975) (1)	64,801
Other income	5,442		5,442
Interest revenue	17,778		17,778
Personnel services expense	(79,265)	2,379 (2)	(76,886)
Other expenses	(120,429)		(120,429)
Education and Research expenses	(22,455)		(22,455)
Surplus for the Year	(85,153)	(46,596)	(131,749)

(* 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.



Podiatry Council of New South Wales

Notes to and Forming Part of the Financial Statements
for the Year Ended 30 June 2011

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	440,420
Trade and other receivables	3,632
Leasehold improvements	175
Motor vehicles	410
Furniture and fittings	76
Plant and equipment	1,736
Intangibles	2,788
TOTAL CURRENT ASSETS	449,237
NON-CURRENT ASSETS	
TOTAL NON-CURRENT ASSETS	-
TOTAL ASSETS	449,237
CURRENT LIABILITIES	
Trade and other payables	34,144
Fees in advance	126,954
Make good provisions	1,428
Short-term provisions	10,823
TOTAL CURRENT LIABILITIES	173,349
NON-CURRENT LIABILITIES	
Long-term provisions	-
TOTAL NON-CURRENT LIABILITIES	-
TOTAL LIABILITIES	173,349
NET ASSETS	275,888
EQUITY	
Accumulated funds	275,888
TOTAL EQUITY	275,888

(* per prior year statutory accounts)

Podiatry Council of New South Wales

Notes to and Forming Part of the Financial Statements
for the Year Ended 30 June 2011

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 \$101,625 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 \$54,647 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 \$543 in respect of the fair value of leasing arrangements acquired.

End of Audited Financial Statements

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