



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

Dental Council of New South Wales  
Level 6, North Wing, 477 Pitt Street, Sydney NSW 2000  
Locked Bag 20, Haymarket NSW 1238  
Telephone: 1300 197 177  
TTY: (02) 9219 0250  
Fax: (02) 9211 0318  
Email: [mail@dentalcouncil.nsw.gov.au](mailto:mail@dentalcouncil.nsw.gov.au)  
Website: [www.dentalcouncil.nsw.gov.au](http://www.dentalcouncil.nsw.gov.au)

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## Dental Council of New South Wales

Level 6 North Wing 477 Pitt Street Sydney NSW 2000

Locked Bag 20 Haymarket NSW 1238

Phone: 1300 197 177 Fax: (02) 9281 2030

Email: [mail@dentalcouncil.nsw.gov.au](mailto:mail@dentalcouncil.nsw.gov.au)

Online: [www.dentalcouncil.nsw.gov.au](http://www.dentalcouncil.nsw.gov.au)

Dear Minister

We are pleased to present the Annual Report of the Dental Council of New South Wales for the period 1 July 2013 to 30 June 2014, for presentation to Parliament pursuant to the requirements of the *Annual Reports (Statutory Bodies) Act 1984*.

During the reporting period the Dental Council of New South Wales received 370 complaints about the conduct, professional performance or health of dental practitioners and students which were managed in accordance with the provisions of the *Health Practitioner Regulation National Law (NSW)* (the Law). The number of complaints received is close to 100 complaints fewer than the previous reporting period which is a pleasing trend for both the NSW public and dental practitioners practising in the state.

As part of its management of complaints the Dental Council finalised 24 inquiries into complaints of unsatisfactory professional conduct pursuant to Part 8, Division 3, Subdivision 5 of the Law. Of those, the Dental Council imposed conditions on three dental practitioners, issued one reprimand and four cautions and made other orders on three occasions. The Council also exercised its powers pursuant to s150 of the Law for the immediate protection of the public in relation to 11 dental practitioners. Six practitioners were suspended and three practitioners had conditions imposed on their registration.

The year was a busy and active year for the Dental Council, during which the Council issued the second edition of its newsletter which has been sent out to all registrants and published on the website. An inaugural joint meeting with the Dental Board of Australia was held to discuss regulation in a national context and consistency in decision making. Consultations with other key stakeholders in the profession also commenced to share information with the aim of providing the profession with strategies and tools to ensure high standards of clinical practice were maintained.

The Dental Council also welcomed two new members, Ms Rosemary MacDougal who commenced in July 2013 as the Council's legal member and Dr Shane Fryer who commenced in June 2014 as the representative on the Council that is involved in programs of study for dental practitioners. The Dental Council farewelled former Deputy President, Dr Deborah Cockrell who resigned in December 2013 and thanks Dr Cockrell for her contribution. Our congratulations are extended to Dr Penny Burns who has recently been appointed as the new Deputy President.

The Council extends its gratitude to Ms Sue Hardman, who has resigned as the Council's Executive Officer. The members of the Council also wish to acknowledge the contribution made by the Acting Executive Officer, Ms Farina Bains, and her staff.

Yours sincerely

Conjoint Associate Professor  
William O'Reilly  
President

Dr Penny Burns  
Deputy President

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## About the Council

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

- dentists (including specialists)
- dental hygienists
- dental prosthetists
- oral health therapists
- dental therapists.

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

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

### Charter

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

### Aims and Objectives

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

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

### Council Membership

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

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

Dr Penny Burns BDS (Appointed Deputy President from 12 May 2014)

Dr Anthony Burges BDS FRACDS FICD FPFA FADI

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

Adj Associate Professor Christopher Griffiths AM RFD BDS DPH(Dent) FICD LDS (Victorian Dental Board) FFOMP (RACP)

Adj Associate Professor John Highfield BDS  
DDS MSc Periodontology

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

Adj Associate Professor Deborah Cockrell  
PhD MBA BDS FDS RCPS FICD FPFA FADI (Deputy President) (Resigned 5 December 2013)

Dr Frederic (Shane) Fryer BDS MDSc(Syd.)  
FRACDS MRACDS(Orth) FICD (Appointed 12 May 2014)

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

Mr Stephen McGlynn AdvDipDP(Syd) DipDT (Syd)

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

Dr Janet Wallace Dip DT Dip BM BOH Grad Cert  
PTT PhD

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

Mr Michael Miceli LLM

Mr David Owen MBA BSc

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

Vacant from 1 to 16 July 2013

Ms Rosemary MacDougal Dip Law (LPAB)  
(Appointed 17 July 2013).

As at 30 June 2014, the Council had 12 members, including three female members and one member of a non English speaking background.

### Remuneration

Remuneration for members of the Council is as follows:

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

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

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

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

## Attendance at Council Meetings

The Council met on 11 occasions on the first Friday of each month, except for December 2013 when the Council met on the second Friday. The Council did not meet in January 2014.

Attendance at meetings was as follows:

Name	Meetings attended
Conjoint Adj A/Prof William O'Reilly	11
Adj A/Prof Deborah Cockrell (to 5.12.13)	5
Dr Penny Burns	11
Dr Anthony Burges	10
Adj A/Prof John Dale	10
Dr Shane Fryer (from 12.5.14)	0
Adj A/Prof Christopher Griffiths	8
Dr John Highfield	11
Ms Rosemary MacDougal (from 17.7.13)	8
Mr Stephen McGlynn	8
Mr Michael Miceli	10
Mr David Owen	9
Dr Janet Wallace	8

## Committees of the Council

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

The following committees operated throughout the reporting period.

### Complaints and Notifications Committee

The Complaints and Notifications Committee reviews complaints referred to the Council

for management following consultation with the HCCC and makes recommendations to the Council on the course of action to be taken on each matter. The members of the Complaints and Notifications Committee are:

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Dr Anthony Burges (*Chair*)

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Dr Penny Burns

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Adj Assoc Professor Christopher Griffiths

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Mr Stephen McGlynn

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Mr David Owen

The Committee met 11 times.

### Health Committee

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

The members of the Health Committee are:

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Conjoint Assoc Professor William O'Reilly

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Adj Assoc Professor Deborah Cockrell  
(to 5.12.13)

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Dr Penny Burns

---

Adj Assoc Professor John Dale

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Mr Michael Miceli (from 7.2.14)

### Education and Research Committee

The Education and Research Committee considers projects suitable for funding from the Council's Education and Research Account. The Committee does not meet face to face but consults outside scheduled Council meeting days.

The Education and Research Committee members are:

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Adj Assoc Professor Deborah Cockrell  
(to 5.12.13)

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Dr Anthony Burges

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Adj Assoc Professor Christopher Griffiths

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Mr Stephen McGlynn

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Ms Janet Wallace

## Dental Technicians Education Account Committee

The Dental Technicians Education Account has been established in accordance with Schedule 5A Clause 21 of the Law for purposes relating to the education of dental technicians. All of the money in this account must be expended within three years of being established, being 26 July 2015.

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

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Mr Stephen McGlynn (*Chair*)

---

Mr Brett Davis

---

Dr Anna Enno

---

Ms Julie Robb

---

Mr Marc Rondeau

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The Committee and Council previously approved funding of \$120,000 to the Oral Health Professionals Association (OHPA) to assist with the continuing development of an interactive educational delivery model website for NSW dental technicians. OHPA voluntarily terminated the funding agreement in June 2014 and returned all funds to the Council, less approved expenses, as it was unable to deliver the proposed project.

Other projects are currently under consideration.

## Regulatory Committees and Panels

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

## Assessment Committees

Assessment Committees are established under section 172A of the Law and comprise four members appointed by the Minister—three members who are registered dental practitioners, and one member who is not a registered health practitioner.

There are two Assessment Committees, the members of which are listed in the Appendix. Both Assessment Committees met on 12 occasions.

## Impaired Registrants Panel

Impaired Registrants Panels are established under section 173 of the Law to deal with matters concerning practitioners who suffer from a physical or mental impairment which affects or is likely to affect their capacity to practise. The Panel consists of two or three members, or for students, to undertake clinical training, appointed by the Council. At least one member must be a registered medical practitioner and at least one member must be a registered dental practitioner. Panellists are drawn from a pool of members who are experienced in working with practitioners demonstrating problems with their health.

Refer to the Appendix for members in 2013/2014.

## Performance Review Panels

Performance Review Panels are established under section 174 of the Law to review dental practitioners' professional performance. Three members are appointed to each Panel: two must be dental practitioners and one member who has not at any time been a registered dental practitioner or dental student.

The members of the Performance Review Panels are listed in the Appendix.

## Dental Tribunal and NSW Civil and Administrative Tribunal

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

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

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

## Executive Officer

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

Ms Farina Bains is the Acting Executive Officer. The Executive Officer, Ms Sue Hardman, went on extended leave from 1 May 2013 and resigned in August 2014.

## Meetings and Conferences

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

- AHPRA National Registration and Accreditation Scheme Combined Meeting, 20-21 August 2013
- Joint AHPRA Director of Notifications and Council Executive Officers meeting
- HPCA Audit and Risk Committee quarterly meetings
- HPCA Advisory Committee
- Council Presidents' Forum and strategic planning workshop
- HPCA Review of Cost Allocation Methodologies Project
- Dental Prosthetists Association Annual General Meeting
- ADA Dental Defence Advisory Service Education Day
- Launch of new CAD/CAM facilities at Sydney Institute of TAFE, Randwick
- Dental Hygienist's Association Annual General Meeting
- ADA CPD Post Graduate Dental Implant Programme
- University of Newcastle Bachelor of Oral Health Career Day
- University of Sydney Dentistry Career Day
- Charles Sturt University Career Day
- Presentations to students of Dental Technology regarding the regulatory environment.

## Education and Research

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

The Council provided \$6,000 to the Doctors Health Advisory Service (DHAS) in March 2014. DHAS NSW provides a confidential telephone service for health practitioners, including dentists, who are seeking advice about health and personal problems.

## Overseas Travel

There was no overseas travel during the reporting period.

## Other Council Activities

On 21 November 2013 the Council held its first joint meeting with the Dental Board of Australia, representatives of AHPRA and the associated state and territory committees. The purpose of the meeting was to share information and discuss issues affecting the regulation of dental practitioners in Australia.

The Council has commenced consultation with key stakeholders to determine causes for the high numbers of complaints received against dental practitioners. This will be ongoing into the next reporting year with the aim of developing strategies that encourage members of the profession to maintain the highest standards of clinical practice and patient care. The stakeholders have included the Australian Dental Association, the Dental Council of New Zealand, the Dental Board of Australia and AHPRA.

The Council commissioned a project to develop the performance program to support practitioners referred to that pathway. The Council conducted its first performance review and referred a practitioner to the first Performance Review Panel for dental practitioners in NSW. The Council developed templates and commenced the process of compiling manuals for performance assessors and panel members.

## Promotion of Council Activities

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

A Council newsletter was published in July 2013. The newsletter provides a source of important information for all dental practitioners regarding issues affecting standards of conduct and ethics in the profession.



## Complaints Received about Council Administrative Processes

The Council acknowledges that the trust and confidence of the public are essential to its role and values all forms of feedback. A complaint handling policy and procedures are in place for addressing complaints regarding the Council's administrative processes, activities, staff or service delivery. The Council has also improved the information provided on the website about the process for managing complaints and the responsibilities of the HCCC and the Council.

The Council received three complaints. Two complaints were made to the NSW Ombudsman, where, following provision of information, no further action was taken. One complaint was made to the NSW Anti-Discrimination Board, which took no further action after consideration of detailed information provided by the Council.

## Legislative Changes

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



# Regulatory Activities

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

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

## National Registration

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

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

Further information about the operations of the National Board can be obtained from its website ([www.dentalboard.gov.au](http://www.dentalboard.gov.au)).

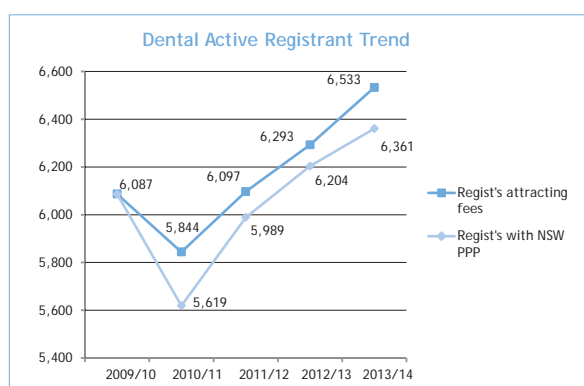
## Registrations in NSW

Information about registration and registrant numbers included in this Report provides context for the Council's regulatory activities and functions. Registration data is supplied by the Australian Health Practitioner Regulation Agency (AHPRA).

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

At 30 June 2014, there were 6,361 registered dental practitioners whose principal place of practice was in NSW. This represents 30.7% of the total number of dental practitioners registered under the Scheme across Australia.

The graph shows the trend in the number of dental practitioners registered in NSW from 2009/2010 to 2013/2014. There was a 2.5% increase in 2013/2014 (157 practitioners) compared with 2012/2013.



Students are also registered. AHPRA advised that the number of NSW students registered as at 30 June 2014 was 1,282. Figures are based on the student's residential address, not the location of the education provider.

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

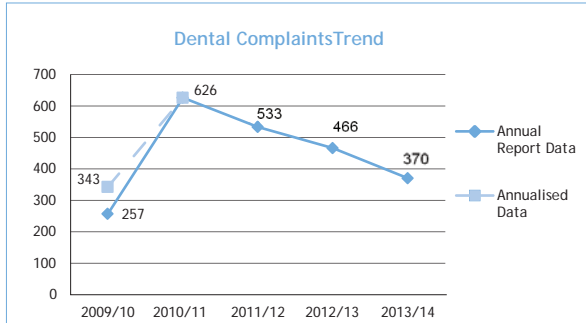
Registration Type	Principal Place of Practice (PPP) in NSW	NSW Share of registrants with no PPP listed	Registrants for whom fees were paid to NSW (PPP + no PPP)
General	5,637	116	5,753
Specialist	6	3	9
General and Specialist	469	20	489
Limited	124	1	125
General and Limited	0	3	3
Non-Practising	125	29	154
<b>Total</b>	<b>6,361</b>	<b>172</b>	<b>6,533</b>

## Complaints Received

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

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

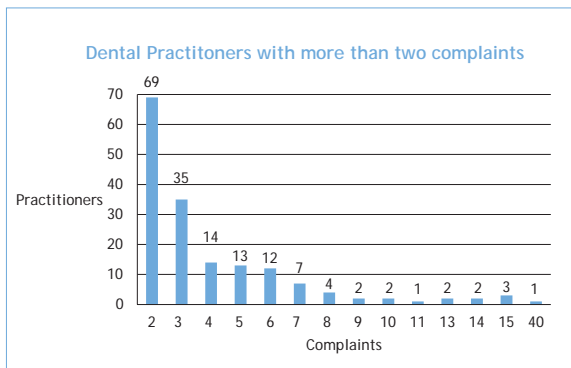
The Council received 370 new complaints. The following graph indicates the trend in complaints received since 2009/2010.



The percentage of dental practitioners about whom complaints were received was 5.06%. This compares with 6.33% in 2012/2013 and 7.96% in 2011/2012.

Of the dental practitioners with a new complaint in 2013/2014, 288 had one complaint in the period, 28 had two complaints, three had three complaints, one had four complaints and one had 12 complaints.

A number of dental practitioners who were the subject of a complaint received in 2013/2014 had other complaints in this or prior periods. The graph below provides data on dental practitioners with two or more prior complaints.



The complaints managed were as follows:

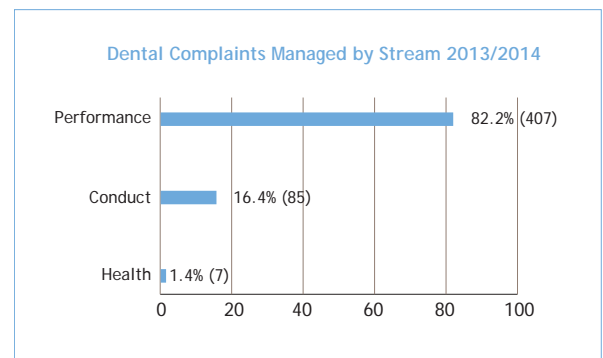
Complaints	2013/2014	2012/2013
Case volume open* at year beginning	147	244
New complaints received	370 <sup>#</sup>	466
Complaints closed	378	563 <sup>^</sup>
Case volume open at year end	139	147 <sup>^</sup>
<b>Total case volume managed</b>	<b>517</b>	<b>710</b>

\* See Glossary for definition of open matters

<sup>^</sup> Differs to 2012/2013 Annual Report due to data cleansing

<sup>#</sup> Data vary from that published in the AHPRA Annual Report. An error was identified subsequent to the submission of data to AHPRA

When they are received, complaints are classified to the conduct, health or performance stream, depending on the nature of the matter. In some instances, more than one stream may be applicable however one primary stream is identified based on the seriousness of the matter. Of the 370 new complaints, 308 were classified as performance, 56 as conduct and six as health. The 517 complaints managed in 2013/2014 by the primary stream were as follows:



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

The number of complaints received by the issue category was:

Category of Complaints	Number
Clinical care	276
Billing	30
Infection / Hygiene	14
Communication	9
Documentation	8
Health impairment	6
National Law breach	6
National Law offence	5
Informed consent	4
Response to adverse event	3
Behaviour	2
Boundary violation	2
Confidentiality / Information privacy	2
Offence	1
Pharmacy / Medication	1
Other	1

Data vary from that published in the AHPRA Annual Report. An error was identified subsequent to the submission of data to AHPRA.

The sources of complaints received in 2013/2014 were:

Sources of Complaints	Number
Patient	277
Relative of patient	42
Employee of practitioner	7
Member of the public	7
Council	7
Employer - Local Health District	4
Health professional treating patient	4
Insurance company	3
Colleague of practitioner	3
Other	3
AHPRA	2
Relative of practitioner	2
Friend of practitioner	1
Friend of patient	1
Government agency	1
Other service provider	1
Pharmaceutical Services	1
Police	1
Treating practitioner	1
University/ Other education provider	1
Anonymous	1

Data vary from that published in the AHPRA Annual Report. An error was identified subsequent to the submission of data to AHPRA.

## Mandatory Notifications

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

There were three mandatory notifications received about practitioners and none about students. The mandatory notifications related to practice of the profession while impaired.

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

Two mandatory notifications resulted in the Council taking immediate action under section 150 of the Law.

The status of mandatory notifications was:

Status of Monitoring Cases	2013/2014	2012/2013
Mandatory notifications received in prior period but not completed	3	3
Mandatory notifications received	3	3
Mandatory notifications closed	4	3
Mandatory notifications open at end of period	2	3
Total case volume managed	6	6

## Complaints Management

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

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

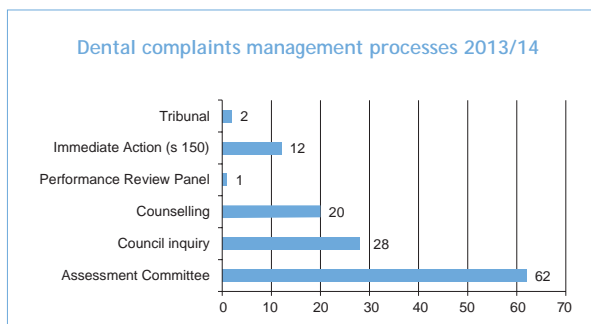
When action is required, further assessment or investigation occurs. Some matters may also be referred to a Tribunal or Panel to conduct proceedings.

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

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

Of complaints managed in 2013/2014, 29% (152) were referred for management to other legislated committees or adjudication bodies, of which 66% (100) were completed.

The 125 new complaints referred to an adjudication body or counselling were as follows:



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

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

The Council initiated immediate action on 11 occasions (including one matter carried over from the previous year) and exercised its powers on each occasion. The issues considered and the outcomes of immediate actions were as follows:

Order Type	Issue Category	Number
Interim conditions imposed	Prescribing	1
	Breach of conditions	1
	Infection control	1
Interim suspension of registration	Breach of conditions	2
	Council initiated review	2
	Infection control	1
	Competence	1
No immediate action taken	Alleged drug and/or alcohol abuse	2

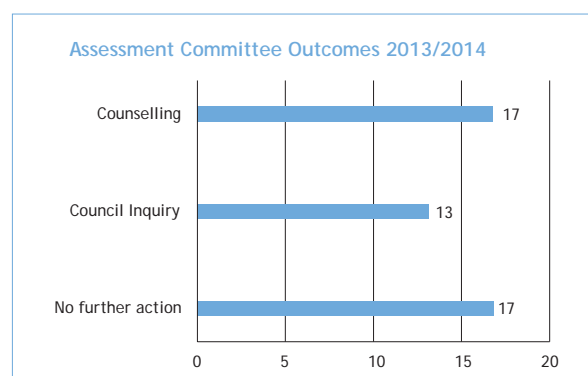
## Assessment Committees

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

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

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

The Council has two Assessment Committees. There were 20 matters carried over from the previous year and 62 new matters, of which the two Committees finalised consideration of 47 matters with the following recommendations to the Council:



## Health Program

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

The Council managed seven matters in the health stream of which six were new matters and one carried over from the prior period.

Of the new matters, one involved an alcohol dependency, three involved drug dependency, one involved drug and alcohol dependency and one concerned a physical impairment.

## Council Appointed Practitioner Assessments

The Council may refer a dental practitioner or student, who is the subject of a complaint, for



a health assessment by a Council Appointed Practitioner to determine whether the person has an impairment. This may include a medical, physical, psychiatric or psychological examination or testing.

The Council arranged two assessments by a Council Appointed Practitioner. Following receipt of the assessment reports, one was referred to an Impaired Registrants Panel and no further action was taken on the other matter.

The Council also organised a further five assessments by a Council Appointed Practitioner for the purposes of monitoring practitioners' compliance with conditions imposed on practice. These are reported in the monitoring section below.

### Impaired Registrants Panels

The Council may establish an Impaired Registrants Panel (IRP) to deal with matters concerning dental practitioners who suffer from a physical or mental impairment which affects or is likely to affect their capacity to practise, or students to undertake clinical training.

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

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

No practitioners were referred to an IRP for a complaint matter. IRPs related to review of cases are reported in the Monitoring and Compliance of Orders and Conditions section.

### Performance Program

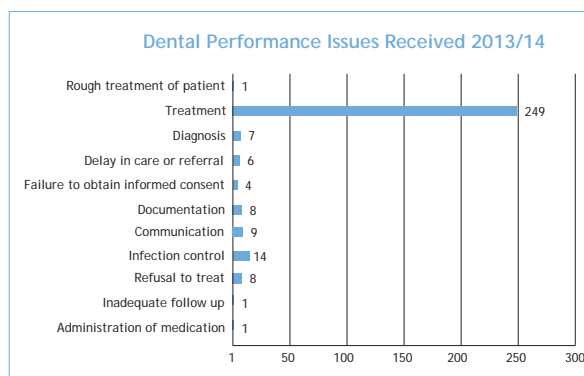
Performance issues generally relate to concerns about the standard of a dental practitioner's clinical performance, that is, whether the knowledge, skill or judgement possessed, or care exercised, is significantly below the standard reasonably expected of a dental practitioner of an equivalent level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

The Council's performance program provides an avenue for education and retraining where inadequacies in competence are identified, while at all times ensuring that the public is appropriately protected. The program aims to address patterns of practice rather than one-off incidents unless a single incident is thought to be indicative of a broader problem.

Further information about the status of the Council's project to establish the performance program is contained in the About the Council section above.

There were 425 matters managed in the performance stream: 117 carried over from the previous period and 308 new matters.

The graph below shows complaints received this year by performance issue:



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

The majority of performance complaints were managed through the Council's Assessment Committees (see above).

### Performance Assessments

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

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

There was one matter managed by referral to a performance assessment.

## Performance Review Panel

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

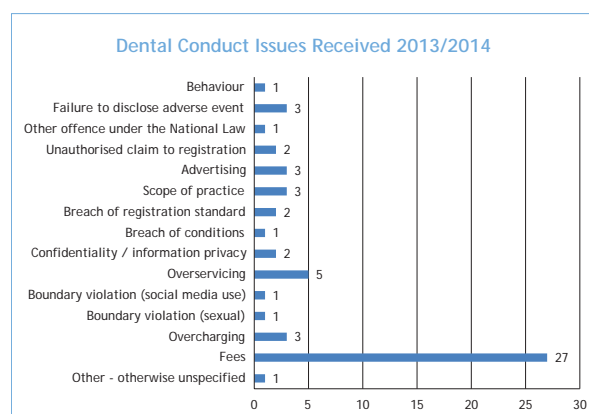
Where deficiencies are identified, the dental practitioner is required to undertake remediation tailored to their individual needs. This may entail attending courses, undertaking supervision or engaging in additional continuing professional development. Conditions on practice may also be required to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

There was one PRP held during the reporting period, which recommended that a full performance assessment be conducted.

## Conduct Program

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

There were 85 matters managed in the conduct stream: 29 carried over from the previous period and 56 new matters. The conduct issues related to complaints received this year were:



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

A number of matters were investigated by the HCCC, resulting in:

- referral to the Director of Proceedings for consideration of prosecution before a Tribunal
- referral to the Council for further management
- no further action.

## Council Inquiry

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

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

Status of Council Inquiries	2013/2014	2012/2013 <sup>^</sup>
Matters open at beginning of year	2	8
Matters referred to an Inquiry	28	30
Matters where an Inquiry was completed	25	36
Matters open at year end	5	2
<sup>^</sup> Total case volume managed	30	38

<sup>^</sup> Differs to 2012/2013 Annual Report due to data cleansing

Of the 30 matters managed by Council Inquiry, 23 were related to clinical care, six to not obtaining informed consent to proceed with treatment and one related to crossing professional boundaries with a patient. One inquiry was terminated during the proceedings and action was taken under section 150 to suspend the practitioner's registration to protect the public. That matter was subsequently referred to the HCCC for investigation. The outcomes of the 24 inquiries that were finalised are as follows:

Outcomes from Council Inquiries	Number
No further action	13
Orders imposed	3
Finding, no orders made	2
Conditions/Caution	1
Conditions/Reprimand	1
Conditions/Orders	1
Dental practitioner cautioned	1
Caution/Orders	1
Inquiry terminated	1

Details of the Council Inquiry findings are provided in the Appendix.

## Reviews by the Council

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

The Council conducted two reviews of suspensions imposed under section 150. One resulted in the practitioner's suspension being lifted and conditions imposed on their registration. The other resulted in no change to the suspension.

## Dental Tribunal and NSW Civil and Administrative Tribunal

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

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

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

Tribunal Matters	2013/2014	2012/2013
Matters referred to a Tribunal but not completed at beginning of year	1	4
Matters referred to a Tribunal	2	2
Matters completed by a Tribunal	2	5
Matters referred to a Tribunal but not completed at year end	1	1
<b>Total case volume managed</b>	<b>3</b>	<b>6</b>

The Tribunal finalised the following matters:

Name	Date of Decision	Outcome Summary
Arvin Bartolazo	9 August 2013	Registration cancelled
Stephen Poole	20 June 2014	Registration cancelled

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

in full on the Australasian Legal Information Institute website ([www.austlii.edu.au](http://www.austlii.edu.au)).

## Tribunal Reviews

Dental practitioners who have had restrictions placed on their registration by a Tribunal may request a review of conditions and suspension, or can request to be reinstated following cancellation of registration by the Tribunal. The Tribunal is the default review body for conditions that have been imposed either by the Tribunal or another body when no review body for those conditions has been specified.

Dental practitioners may apply to the Tribunal to designate the Council as the review body for those conditions. The Tribunal considered applications from two practitioners to designate the Council as the review body, both of which were granted. In one case, the Council lifted the conditions and in the other varied the conditions.

## Appeals to the Tribunal

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

There were two appeals regarding decisions of the Council referred to or heard by the Tribunal. One was upheld and the other was withdrawn by the practitioner.

## Appeals to the Supreme Court

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

## Complaints Outcomes

The outcomes of the 378 complaints closed are summarised below. The majority of matters (70%) were resolved or withdrawn before assessment or discontinued following assessment by the HCCC. A further 14% did not need further action by the Council. The next most prevalent outcome was that the Council directed the practitioner to attend counselling (4%) and 2% of complaints were referred to the HCCC for resolution.

Outcomes of Complaints	Number
Discontinued	223
No further action after Council process	54
Resolved prior to assessment	26
Withdrawn	16
No further action after counselling	13
Referred for assisted resolution	9
No further action with advice	7
Registration cancelled	6
Referred to AHPRA	5
Counselling	3
Finding - no orders imposed	3
Educative order	2
Caution	2
Council letter	2
Orders	2
Settled by consent	1
No jurisdiction	1
Refer to other body	1
Refer to Medicare	1
Conditions or reprimand	1

\* There may be more than one outcome for a matter

Of the complaints closed, 14% (54) were considered to require no action by the Council. The reasons for closing the matters were as follows:

Reason for No Further Action	Number
Dismissed following consideration by the Complaints and Notifications Committee	26
Investigated by the Assessment Committees and considered that the complaint did not constitute unsatisfactory professional conduct, as defined by the Law, and no other action was required	17
Dismissed following a Council Inquiry	11

The stage at which matters were closed is as follows:

Stage* at Closure of Complaint	2013/2014	2012/2013
Assessment	336	501
Health	3	4
Performance	10	0
Investigation	6	4
Panel (IRP, PRP, Inquiry)	21	42
Tribunal	2	5

\*See Glossary for description of each stage

## Counselling

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

The Council directed 20 practitioners to attend counselling. A further three practitioners attended counselling, having being directed by the Council in the previous reporting period. There were no students referred to counselling.

There were 12 practitioners counselled and 11 will be counselled in the next reporting period. The types of issues managed by counselling include the practitioner's record keeping practices, treatment planning and interaction with patients.

The professional officers who conducted counselling were:

Dr John Pearman  
Dr Denise Salvestro

The Council members who conducted counselling were:

Dr Anthony Burges  
Adj Associate Professor Christopher Griffiths  
Mr Michael Miceli

## Matters Referred to Another Entity

The Council referred seven matters to other entities as follows:

Entity	Reason for Referral	Number
AHPRA	<ul style="list-style-type: none"> <li>National Law Breach or offence</li> <li>Complaint outside NSW jurisdiction</li> <li>Registration issue</li> </ul>	5
Medicare	<ul style="list-style-type: none"> <li>Irregularity in billing under the Medicare Chronic Disease Dental Scheme</li> </ul>	1
Information and Privacy Commission	<ul style="list-style-type: none"> <li>Information privacy</li> </ul>	1

## Matters Referred to the HCCC for Assisted Resolution and Conciliation

The Council may refer a complaint to the HCCC for assisted resolution or conciliation to be dealt with under the *Health Care Complaints Act 1993*. Nine matters were referred to the HCCC for either of these actions.

## Outcomes of Mandatory Notifications

The outcomes of the four mandatory notifications completed, that were received in this or prior periods, were as follows:

Outcome	Number
Matter referred to AHPRA	3
No further action by Council	1

## Monitoring and Compliance of Orders and Conditions

The Council is responsible for monitoring compliance with orders made and conditions imposed by an adjudication body. The Council also monitors practitioners with performance, health or conduct related conditions imposed in another state or territory who have changed their principal place of practice to NSW.

Conditions fall into two categories:

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

During the year, 48 cases were monitored, 36 related to conduct, 10 to health and two to performance.

Status of Monitoring Cases	2013/2014	2012/2013
Practitioners monitored at year beginning	36	28 <sup>^</sup>
Practitioners commencing monitoring	12	21
Practitioners for which monitoring was completed	21	13
Practitioners under monitoring at year end	27	36 <sup>^</sup>
<b>Total practitioners managed</b>	<b>48</b>	<b>49<sup>^</sup></b>

<sup>^</sup> Differs to 2012/2013 Annual Report due to data cleansing

There are 27 cases open as at 30 June 2014. The monitoring matters related to the following orders or conditions:

Matters Monitored	Number
Practice restrictions	16
Education or training required	12
Refunds to patients or Medicare	8
Mentoring or supervision of practice	7
Skills evaluation or assessment	5
Assessment of records	4
Prescribing restrictions	3

Review by treating health practitioner	3
Drug or alcohol testing	2
Counselling	1

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

Practitioners with health conditions imposed on their registration are required to attend a health assessment by a Council appointed practitioner. During the period nine assessments were conducted.

These practitioners may also be subject to a condition that they be regularly reviewed by an IRP. Practitioners may also request that an IRP review their voluntary suspension or conditions. The reviews conducted during the period were as follows:

IRP Reviews	2013/2014
Reviews carried forward from previous year	2
New reviews initiated	7
Reviews completed	8
Did not proceed	1
<b>Total IRP review volume managed</b>	<b>9</b>

The Monitoring, Inspections and Scheduling Unit (MISU) is responsible for monitoring practitioners' compliance with suspension of registration and conditions and other orders imposed. MISU continued to develop the Council's monitoring program, including an enhanced program for monitoring suspensions and practice restrictions, and development of a procedure for auditing cases to provide assurance that all practitioners requiring monitoring have been managed. MISU also contributed to improved recording of orders and conditions, and the ability to generate compliance reports from the case management database, MaCS.



# Management and Administration



## Shared Services

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

On behalf of the Councils, the HPCA liaises with:

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

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

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

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

## Strategic Planning

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

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

## Business Process Improvement

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

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

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

## Research

The Council continues to participate in and contribute to an Australian Research Council (ARC) research project in partnership with the University of Sydney, the Medical, Psychology, Pharmacy and Nursing and Midwifery Councils, the HCCC and AHPRA. The project involves a number of studies to enable comparative review of the notifications and complaint systems in NSW compared with other States, inform best practice and investigate complainants' expectations and experiences under the two systems. The project outcomes will be progressively reported in 2014 and 2015.

This year complaints data from July 2012 to June 2014 has been collected from each of the participating professions across Australia and is being analysed. Staff and members of tribunals, committees and panels participated in a survey to determine their priorities in handling complaints and decision-making, and will be reported later in 2014. A survey of complainants commenced and a range of complaints are being selected for a series of case studies.

### Audit and Risk Management

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

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

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

### Internal Audit

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

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

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

### Information Management and Systems

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

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

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

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

### Information Security

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

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

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

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

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

### Review of Proactive Release Program

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

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

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

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

### Number of Access Applications Received

The Council received two formal access applications both of which were valid. There were no withdrawn applications.

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

The Council refused two applications in part in relation to the disclosure of information (information for which there is conclusive presumption of overriding public interest against disclosure).

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

## Privacy

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

The Council received no complaints regarding privacy matters.

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

## Public Interest Disclosures

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

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

## Human Resources

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

As at 30 June 2014 the HPCA employed 97 permanent full-time equivalent (FTE) staff and three temporary FTE staff, of whom 8 FTE staff provided secretariat support directly to the Council. The organisation chart is provided in the Appendix.

## Learning and Development

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

Staff attended training sessions on:

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

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

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

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

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

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

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

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

## Workforce Diversity

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

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

## Multicultural Policies and Services Program

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

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

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



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

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

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

### Disability Services

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

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

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

### Occupational Health and Safety

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

### Waste Management (WRAPP)

The HPCA manages implementation of the NSW Government's WRAPP on behalf of the Council. During the year the HPCA maintained efforts to reduce waste, recycle paper products,

consumables and equipment, and to purchase resources with recycled content, with the following results:

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

The following waste avoidance strategies are in place:

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

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

### Consultants

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

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

Service Provided	Number	Cost inc. GST \$
Council business processes	2	625
Financial management	2	1,244
Governance	2	1,105
Total	6	2,974



## Insurance

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

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

## Financial Management

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

In signing the Service Level Agreement, the Council endorsed revised cost allocation methodologies for the distribution of shared costs across all Councils. The methodologies are largely based on Council activity and provide a formula to apportion shared services staff, facilities and other resources. The methodologies were reviewed in 2013/2014 to ensure they are equitable and the best means of cost allocation. The review concluded that the existing formulae are equitable and the most effective means of calculating Councils' individual contributions to shared costs. Minor adjustments were made to the methodologies following consultation with all Councils.

## Format

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

## Performance

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

	\$
Operating expenditure	1,827,805
Revenue	1,900,769
Net profit/(loss)	40,378
Net cash reserves (cash and cash equivalents minus current liabilities)*	649,119
* Included in the net cash reserves is Education and Research bank account balance of:	592,045

## Investment Performance

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

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

## Payments Performance

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

## Budget

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

	\$
Revenue	2,317,671
Operating expenses	1,939,346
Education and research	120,000
Net profit/(loss)	258,325

## DENTAL COUNCIL OF NEW SOUTH WALES

YEAR ENDED 30 JUNE 2014

### STATEMENT BY MEMBERS OF THE COUNCIL

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

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

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



Michael Miceli  
Council Member



David Owen  
Council Member

Date: 17.10.14

Date: 17.10.14



## INDEPENDENT AUDITOR'S REPORT

### Dental Council of New South Wales

To Members of the New South Wales Parliament

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

### Opinion

In my opinion, the financial statements:

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

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

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

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

### Auditor's Responsibility

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

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

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

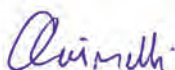
My opinion does *not* provide assurance:

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

### Independence

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

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



C J Giumelli  
Director, Financial Audit Services

20 October 2014  
SYDNEY



## Dental Council of New South Wales

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

	Notes	2014 \$	2013 \$
<b>EXPENSES EXCLUDING LOSSES</b>			
Operating expenses			
Personnel services	2(a)	(832,845)	(741,617)
Other operating expenses	2(b)	(742,284)	(957,905)
Depreciation and amortisation	2(c)	(94,802)	(62,743)
Finance costs	2(d)	(1,308)	(1,728)
Other expenses	2(e)	(179,664)	(159,590)
Education and research expenses	3	23,098	(460,460)
<b>Total Expenses Excluding Losses</b>		<b>(1,827,805)</b>	<b>(2,384,043)</b>
<b>REVENUE</b>			
Registration fees		1,831,588	1,236,623
Interest revenue	5(a)	53,953	50,781
Other revenue	5(b)	15,228	15,430
<b>Total Revenue</b>		<b>1,900,769</b>	<b>1,302,834</b>
Gain/(Loss) on disposal/addition	6	(32,586)	152,862
<b>Net Result</b>		<b>40,378</b>	<b>(928,347)</b>
Other comprehensive income		-	-
<b>Total Comprehensive Income</b>		<b>40,378</b>	<b>(928,347)</b>

The accompanying notes form part of these financial statements.



## Dental Council of New South Wales

### Statement of Financial Position as at 30 June 2014

	Notes	2014 \$	2013 \$
<b>ASSETS</b>			
<b>Current Assets</b>			
Cash and cash equivalents	7	1,896,411	1,371,405
Receivables	8	27,113	16,732
<b>Total Current Assets</b>		<b>1,923,524</b>	<b>1,388,137</b>
<b>Non-Current Assets</b>			
Plant and equipment	9		
Leasehold improvements		68,850	142,788
Motor vehicles		855	1,803
Furniture and fittings		20,248	30,469
Other		13,811	25,558
<b>Total plant and equipment</b>		<b>103,764</b>	<b>200,618</b>
Intangible assets	10	31,082	45,811
<b>Total Non-Current Assets</b>		<b>134,846</b>	<b>246,428</b>
<b>Total Assets</b>		<b>2,058,370</b>	<b>1,634,565</b>
<b>LIABILITIES</b>			
<b>Current Liabilities</b>			
Payables	11	373,338	320,931
Fees in advance	12	873,954	531,031
<b>Total Current Liabilities</b>		<b>1,247,292</b>	<b>851,963</b>
<b>Non-Current Liabilities</b>			
Fees in advance	12	6,525	9,225
Provisions	13	30,922	40,124
<b>Total Non-Current Liabilities</b>		<b>37,447</b>	<b>49,349</b>
<b>Total Liabilities</b>		<b>1,284,739</b>	<b>901,312</b>
<b>Net Assets</b>		<b>773,631</b>	<b>733,253</b>
<b>EQUITY</b>			
Accumulated funds		773,631	733,253
<b>Total Equity</b>		<b>773,631</b>	<b>733,253</b>

The accompanying notes form part of these financial statements.



## Dental Council of New South Wales

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

	Notes	Accumulated Funds
		\$
Balance at 1 July 2013		733,253
Net Result for the Year		40,378
Other comprehensive income		-
Balance at 30 June 2014		<u>773,631</u>
Balance at 1 July 2012		1,661,600
Net Result for the Year		(928,347)
Other comprehensive income		-
Balance at 30 June 2013		<u>733,253</u>

The accompanying notes form part of these financial statements.



## Dental Council of New South Wales

Statement of Cash Flows  
for the Year Ended 30 June 2014

	Notes	2014 \$	2013 \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
<b>Payments</b>			
Personnel services		(809,343)	(757,162)
Other		(889,888)	(1,547,204)
<b>Total Payments</b>		<b>(1,699,231)</b>	<b>(2,304,366)</b>
<b>Receipts</b>			
Receipts from registration fees		2,178,007	1,307,725
Interest received		57,315	48,332
Other		4,719	3,208
<b>Total Receipts</b>		<b>2,240,041</b>	<b>1,359,265</b>
<b>Net Cash Flows from Operating Activities</b>	17	<b>540,810</b>	<b>(945,101)</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Proceeds from sale of plant and equipment		-	-
Purchases of plant and equipment and intangible assets		(15,804)	(7,730)
<b>Net Cash Flows from Investing Activities</b>		<b>(15,804)</b>	<b>(7,730)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
<b>Net Cash Flows from Financing Activities</b>		<b>-</b>	<b>-</b>
<b>Net Increase/(Decrease) in Cash</b>		<b>525,006</b>	<b>(952,830)</b>
Opening cash and cash equivalents		1,371,405	2,324,235
<b>Closing Cash and Cash Equivalents</b>	7	<b>1,896,411</b>	<b>1,371,405</b>

The accompanying notes form part of these financial statements.

## Dental Council of New South Wales

### Notes to the Financial Statements

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#### 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

##### a. Reporting Entity

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

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

##### b. Basis of Preparation

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

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

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

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

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

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

##### c. Statement of Compliance

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

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

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

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

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

##### e. Insurance

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

## Dental Council of New South Wales

### Notes to the Financial Statements

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

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

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

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

#### g. Income Recognition

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

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

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

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

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

#### h. Personnel Services

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

#### i. Interest Revenue

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

#### j. Education and Research

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

#### k. Assets

##### i. Acquisition of Assets

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

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



## Dental Council of New South Wales

### Notes to the Financial Statements

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

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

#### ii. Capitalisation Thresholds

The Health Professional Councils Authority (HPCA) acquires all assets on behalf of the Council. Shared use assets that cost over \$5,000 at the time of purchase by the HPCA are capitalised. These capitalised shared use assets are then allocated to the Council using an appropriate allocation method. The minimum capitalisation threshold limits applied to the Council for the asset are \$489 (2012/13 - \$572) (all Council shared use asset), or \$770 (2012/2013 - \$873) (Pitt Street shared use asset), whichever is applicable.

#### iii. Impairment of Plant and Equipment

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

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

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

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

Depreciation rates used are as follows:

Plant and equipment 20% - 25%

Furniture and fittings 16% - 20%

Motor vehicles 25% - 29%

Leasehold improvements 17% - 27.8%

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

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

#### vi. Maintenance

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

#### vii. Intangible Assets

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

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

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

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

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

## Dental Council of New South Wales

### Notes to the Financial Statements

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

#### viii. Loans and Receivables

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

#### I. Liabilities

##### i. Trade and Other Payables

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

##### ii. Personnel Services - Ministry of Health

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

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

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

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

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

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

##### iii. Provision for Make Good

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

#### m. Equity/Accumulated Funds

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

## Dental Council of New South Wales

### Notes to the Financial Statements

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#### n. Comparative information

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

#### o. Cash and cash equivalents

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

Bank overdrafts are included within liabilities.

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

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

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

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

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

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

# Dental Council of New South Wales

## Notes to the Financial Statements

### 2. EXPENSES EXCLUDING LOSSES

#### a. Personnel Services Expenses

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

	2014	2013
	\$	\$
Salaries and wages (including recreation leave)	680,998	610,597
Superannuation	103,883	91,374
Payroll taxes	41,775	37,602
Workers compensation insurance	6,189	2,044
	<u>832,845</u>	<u>741,617</u>

#### b. Other Operating Expenses

	2014	2013
	\$	\$
Auditor's remuneration	15,210	14,350
Rent and building expenses	134,633	185,572
Dental Tribunal expenses	193,110	132,633
Council fees	43,508	47,557
Sitting fees	162,285	235,170
NSW Civil & Administrative Tribunal fixed costs	13,000	-
Contracted labour	180,538	342,623
	<u>742,284</u>	<u>957,905</u>

#### c. Depreciation and Amortisation Expense

	2014	2013
	\$	\$
Motor vehicles	713	834
Furniture and fittings	6,612	7,617
Other	13,494	18,212
	<u>20,819</u>	<u>26,663</u>
<b>Amortisation</b>		
Leasehold improvement	54,420	9,444
Intangible assets	19,563	26,636
	<u>73,983</u>	<u>36,080</u>
<b>Total Depreciation and Amortisation</b>	<u>94,802</u>	<u>62,743</u>



## Dental Council of New South Wales

### Notes to the Financial Statements

#### 2. EXPENSES EXCLUDING LOSSES (continued)

##### d. Finance Costs

	2014 \$	2013 \$
Unwinding of discount rate on make good provision	1,308	1,728
	<u>1,308</u>	<u>1,728</u>

##### e. Other Expenses

	2014 \$	2013 \$
Subsistence and transport	19,941	17,933
Fees for service	106,775	91,424
Postage and communication	15,348	14,360
Printing and stationery	17,492	20,580
Equipment and furniture	30	470
General administration expenses	20,078	14,823
	<u>179,664</u>	<u>159,590</u>

#### 3. EDUCATION AND RESEARCH

##### Education and Research Expenses

	2014 \$	2013 \$
Grants	(41,418)	363,073
Other expenses	18,320	97,387
Total (excluding GST)	<u>(23,098)</u>	<u>460,460</u>



## Dental Council of New South Wales

### Notes to the Financial Statements

#### 3. EDUCATION AND RESEARCH (continued)

Excluded from the above Education & Research is \$127,707 which is a restricted asset quarantined for dental technicians after de-registration of the profession from 1 July 2010. These surplus funds were derived from the former Dental Technicians Registration Board. The balance of the former Board's funds was forwarded to the Dental Council for continued administration of Dental Technicians. Pursuant to clause 21 of Division 3 of Schedule 5A of the *Health Practitioner Regulation National Law (NSW)*, the quarantined funds were allocated to the Dental Technicians Education Account (DTEA). The Dental Technicians Education Account Committee (the Committee) was formed to oversee the expenditure of the funds. Clause 21(3) provides that the money in the DTEA may only be expended for the purposes relating to the education of dental technicians.

The legislation requires that the funds be expended within 3 years of the establishment of the account. The account was not established until July 2012. The Council has until July 2015 to spend the remaining funds. The Council believes that there is no significant doubt that the funds will be spent by the agreed date and hence no contingent liability note is required as at 30 June 2014.

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

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

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

#### 5. (a) INTEREST REVENUE

	2014 \$	2013 \$
Interest revenue from financial assets not at fair value through profit or loss	53,953	50,781
	<u>53,953</u>	<u>50,781</u>

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

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

	2014 %	2013 %
Average Interest Rate	2.59	2.76

#### (b) OTHER REVENUE

	2014 \$	2013 \$
Make good revenue resulting from decrease in make good provision	5,779	12,219
Profit on re-allocation of Make good	4,731	3,211
Other revenue	4,718	-
	<u>15,228</u>	<u>15,430</u>

## Dental Council of New South Wales

### Notes to the Financial Statements

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

	2014 \$	2013 \$
<b>Plant and equipment</b>		
Net book value (disposed) / acquired during the year	(27,445)	86,849
Proceeds from sale/acquisition costs	-	21
	<u>(27,445)</u>	<u>86,870</u>
<b>Intangible assets</b>		
Net book value (disposed) / acquired during the year	(5,141)	65,992
Proceeds from sale/acquisition costs	-	-
	<u>(5,141)</u>	<u>65,992</u>
		-
<b>Total Gain/(Loss) on Disposal/Additions</b>	<u>(32,586)</u>	<u>152,862</u>

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

#### 7. CASH AND CASH EQUIVALENTS

	2014 \$	2013 \$
Cash at bank and on hand	719,752	988,497
Cash at bank - held by HPCA*	1,176,659	382,908
	<u>1,896,411</u>	<u>1,371,405</u>

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

The Council operates the bank accounts shown below:

	2014 \$	2013 \$
Operating account**	-	312,221
Education and research account**	592,045	580,620
Dental Technician's Education account	127,707	95,656
	<u>719,752</u>	<u>988,497</u>

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

## Dental Council of New South Wales

### Notes to the Financial Statements

#### 8. RECEIVABLES

	2014 \$	2013 \$
Prepayments	9,608	3,050
Other receivables	13,382	(111)
Interest receivable	6	3,368
Trade receivables	4,117	10,425
Less: allowance for impairment	-	-
	<u>27,113</u>	<u>16,732</u>

No receivables are considered impaired.

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

#### Analysis of Trade Debtors Overdue

2014	Total \$	Past due but not impaired \$	Considered impaired \$
< 3 months overdue	-	-	-
3-6 months overdue	-	-	-
> 6 months overdue	50	50	-
2013			
< 3 months overdue	-	-	-
3-6 months overdue	-	-	-
> 6 months overdue	-	-	-

#### Notes

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

## Dental Council of New South Wales

### Notes to the Financial Statements

#### 9. PLANT AND EQUIPMENT

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

	Leasehold Improvements \$	Motor Vehicles \$	Furniture & Fittings \$	Other \$	Total \$
<b>At 1 July 2013</b>					
Gross carrying amount	149,627	3,331	38,806	109,904	300,948
Accumulated depreciation and impairment	(6,839)	(1,528)	(7,617)	(84,346)	(100,330)
<b>Net Carrying Amount</b>	<b>142,788</b>	<b>1,803</b>	<b>30,469</b>	<b>25,558</b>	<b>200,618</b>
<b>At 30 June 2014</b>					
Gross carrying amount	126,845	2,851	33,350	101,928	264,974
Accumulated depreciation and impairment	(57,995)	(1,996)	(13,102)	(88,117)	(161,210)
<b>Net Carrying Amount</b>	<b>68,850</b>	<b>855</b>	<b>20,248</b>	<b>13,811</b>	<b>103,764</b>

#### Reconciliation

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

	Leasehold Improvements \$	Motor Vehicles \$	Furniture & Fittings \$	Other \$	Total \$
<b>Year ended 30 June 2014</b>					
Net carrying amount at start of year	142,788	1,803	30,469	25,558	200,618
Additions	-	-	1,677	4,153	5,830
Disposals	-	-	-	-	-
Other <sup>1</sup>	(19,518)	(235)	(5,286)	(2,406)	(27,445)
Depreciation	(54,420)	(713)	(6,612)	(13,494)	(75,239)
<b>Net carrying amount at end of year</b>	<b>68,850</b>	<b>855</b>	<b>20,248</b>	<b>13,811</b>	<b>103,764</b>

## Dental Council of New South Wales

## 9. PLANT AND EQUIPMENT (Con'td)

	Leasehold Improvements \$	Motor Vehicles \$	Furniture & Fittings \$	Other \$	Total \$
<b>At 1 July 2012</b>					
Gross carrying amount	76,231	1,310	19,066	13,374	109,981
Accumulated depreciation and impairment	(163)	(345)	-	(9,223)	(9,731)
<b>Net Carrying Amount</b>	<b>76,068</b>	<b>965</b>	<b>19,066</b>	<b>4,151</b>	<b>100,250</b>

<b>At 30 June 2013</b>					
Gross carrying amount	149,627	3,331	38,086	109,905	300,948
Accumulated depreciation and impairment	(6,839)	(1,528)	(7,617)	(84,346)	(100,330)
<b>Net Carrying Amount</b>	<b>142,788</b>	<b>1,803</b>	<b>30,469</b>	<b>25,558</b>	<b>200,618</b>

**Reconciliation**

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

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

<sup>1</sup> Other includes:

- a. Adjustments required to opening balances due to the agreed Cost Allocation Methodology as at 1 July 2013 & 1 July 2012.
- b. Adjustments required to make good asset / liability in accordance with AASB 137.



## Dental Council of New South Wales

### Notes to the Financial Statements

#### 10. INTANGIBLE ASSETS

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

	Software Work in Progress \$	Software \$	Total \$
<b>At 1 July 2013</b>			
Cost (gross carrying amount)	887	199,840	200,727
Accumulated amortisation and impairment	-	(154,916)	(154,916)
<b>Net Carrying Amount</b>	<b>887</b>	<b>44,924</b>	<b>45,811</b>

<b>At 30 June 2014</b>			
Cost (gross carrying amount)	10,862	176,263	187,125
Accumulated amortisation and impairment	-	(156,043)	(156,043)
<b>Net Carrying Amount</b>	<b>10,862</b>	<b>20,220</b>	<b>31,082</b>

	Software Work in Progress \$	Software \$	Total \$
<b>Year Ended 30 June 2014</b>			
Net carrying amount at start of year	887	44,924	45,811
Additions	9,975	-	9,975
Disposals	-	-	-
Other <sup>1</sup>	-	(5,141)	(5,141)
Amortisation	-	(19,563)	(19,563)
<b>Net Carrying Amount at End of Year</b>	<b>10,862</b>	<b>20,220</b>	<b>31,082</b>

	Software Work in Progress \$	Software \$	Total \$
<b>At 1 July 2012</b>			
Cost (gross carrying amount)	694	36,239	36,933
Accumulated amortisation and impairment	-	(30,767)	(30,767)
<b>Net Carrying Amount</b>	<b>694</b>	<b>5,472</b>	<b>6,166</b>

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

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

<sup>1</sup> Other includes:

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

# Dental Council of New South Wales

## Notes to the Financial Statements

### 11. PAYABLES

	2014	2013
	\$	\$
Personnel services - Ministry of Health	104,156	86,842
Trade and other payables	269,182	234,089
	<u>373,338</u>	<u>320,931</u>

### 12. FEES IN ADVANCE

	2014	2013
	\$	\$
<b>Current</b>		
Registration fees in advance	873,954	531,031
	<u>873,954</u>	<u>531,031</u>
<b>Non-Current</b>		
Registration fees in advance	6,525	9,225
	<u>6,525</u>	<u>9,225</u>

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

### 13. PROVISIONS

<b>Non-Current</b>		
Make good	30,922	40,124
	<u>30,922</u>	<u>40,124</u>

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

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

	2014	2013
	\$	\$
Carrying amount at the beginning of financial year	40,124	8,432
Increase/(Decrease) in provisions recognised due to re-allocation of opening balances at beginning of year	(4,731)	53,598
Decrease in provisions recognised	(5,779)	(23,634)
Unwinding/change in discount rate	1,308	1,728
<b>Carrying amount at the end of financial year</b>	<u>30,922</u>	<u>40,124</u>

## Dental Council of New South Wales

### Notes to the Financial Statements

#### 13. PROVISIONS (Con'td)

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

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

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

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

#### 14. COMMITMENTS FOR EXPENDITURE

##### a. Capital Commitments

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

	2014 \$	2013 \$
Not later than one year	1,235	-
Later than one year and not later than five years	-	-
<b>Total (including GST)</b>	<b>1,235</b>	<b>-</b>

##### b. Operating Lease Commitments

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

	2014 \$	2013 \$
Not later than one year	159,514	223,017
Later than one year and not later than five years	240,216	578,610
<b>Total (including GST)</b>	<b>399,730</b>	<b>801,627</b>

# Dental Council of New South Wales

## Notes to the Financial Statements

### 15. RELATED PARTY TRANSACTIONS

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

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

### 16. CONTINGENT LIABILITIES AND CONTINGENT ASSETS

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

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

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

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

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

	2014	2013
	\$	\$
Net result	40,378	(928,347)
Depreciation and amortisation	94,802	62,742
Increase/(Decrease) in receivables	(10,381)	4,710
Increase/(Decrease) in fees in advance	340,222	51,609
Increase/(Decrease) in payables	52,406	27,523
Increase/(Decrease) in provisions	(9,203)	(10,475)
Net gain/(loss) on sale of plant and equipment	32,586	(152,862)
<b>Net Cash used on Operating Activities</b>	<b>540,810</b>	<b>(945,101)</b>

## Dental Council of New South Wales

### Notes to the Financial Statements

#### 18. FINANCIAL INSTRUMENTS

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

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

##### a. Financial Instrument Categories

Financial Assets Class	Notes	Category	Carrying Amount 2014 \$	Carrying Amount 2013 \$
Cash and cash equivalents	7	N/A	1,896,411	1,371,405
Receivables <sup>1</sup>	8	Loans and receivables (measured at amortised cost)	4,123	13,793
Financial Liabilities Class	Notes	Category	Carrying Amount 2014 \$	Carrying Amount 2013 \$
Payables <sup>2</sup>	11	Financial liabilities (measured at amortised cost)	373,338	320,931

Notes:

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



## Dental Council of New South Wales

### Notes to the Financial Statements

#### b. Credit Risk

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

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

##### Cash

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

##### Receivables - Trade Debtors

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

#### c. Liquidity Risk

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

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

All payables are current and will not attract interest payments.

#### d. Market Risk

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

#### e. Interest Rate Risk

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

### 19. EVENTS AFTER THE REPORTING PERIOD

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

End of Audited Financial Statements

# Appendix

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

### Tribunal members

Presiding members	Mr Oscar Shub The Hon. Jennifer Boland AM Ms Diane Robinson
Professional members	Dr Frederick Shane Fryer Dr Robert Hochstadt Dr Angie Lang Dr Fredrick (Clive) Wright
Lay members	Emeritus Professor Derek Anderson AM Dr Catherine Berglund

### Assessment Committees

#### Assessment Committee 1

Term of Appointment: 9 July 2012 to 30 June 2016

Role	Name
Chair (Practitioner)	Dr Annabel Enno (Dentist)
Member (Practitioner)	Dr Robert Smith (Dentist)
Member (Practitioner)	Dr Hugh Fleming (Dentist)
Member (Not registered health practitioner)	Ms Maria Kelly

#### Assessment Committee 2

Term of Appointment: 23 February 2011 to 22 February 2015

Role	Name
Chair (Practitioner)	Dr Sabrina Manickam (Dentist)
Member (Practitioner)	Dr Christine Biscoe (Dentist)
Member (Practitioner)	Mr Martin Dunn (Dental Prosthetist)
Member (Not registered health practitioner)	Mrs Francis Taylor

#### Impaired Registrants Panel

Registered medical practitioners	Dr Mary-Anne Friend Dr Beth Kotze Dr Saw-Hooi Toh
Professional members	Dr Peter Skor

#### Performance Review Panel

Registered dental practitioners	Dr Sabrina Manickam Dr Brendan White
Lay member	Dr Alison Reid

## Legislative Changes 2013/2014

### Health Practitioner Regulation National Law

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

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

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

## Outcomes of Council Inquiries 2013/2014

There were 10 findings of unsatisfactory professional conduct made by Council Inquiries. The outcomes of these matters were:

Complaint Particulars	Outcome
Failure to comply with the Law by administering intravenous sedation without a suitably qualified assistant in attendance Failure to keep adequate clinical records while administering intravenous sedation.	Reprimanded Conditions on registration Orders imposed
Failure to conduct a thorough examination and develop an adequate treatment plan, resulting in the provision of an unusable bridge Failure to provide an adequate four unit bridge.	Cautioned Conditions on registration
Failure to address the patient's primary concern, in particular a canine tooth and posterior molar, which were untreated Failure to treat teeth which required urgent treatment, resulting in ultimate tooth loss (tooth 13) Failure to diagnose and treat caries on teeth 45 and 46.	Conditions on registration Orders imposed
Failure to comply with the <i>Poisons and Therapeutic Goods Regulation 2002 (NSW)</i> Failure to maintain professional boundaries.	Cautioned
Failure to obtain a satisfactory medical history prior to treatment Failure to obtain a relevant and satisfactory radiograph prior to treatment Failure to adequately record treatment provided and anaesthetic used Failure to explain treatment and possible complications prior to commencing removal of a third molar Failure to adequately address (by appropriate referral) the patient's post-operative concern.	Finding, no orders made
Failure to adequately maintain treatment plan and unsatisfactory records Failure to provide acceptable crowns to the patient Failure to follow accepted standards for endodontic treatment.	Orders imposed

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Complaint Particulars	Outcome
<p>Failure to formulate and implement a suitable management plan for the satisfactory placement of anterior implants in that implants placed in the areas of 21 and 22 could not be used to satisfactorily support functional and cosmetic restorations</p> <p>Failure to adequately plan and execute placement of implants in the maxillary areas of 26 and 27, resulting in a compromised prosthesis</p> <p>Failure to satisfactorily communicate and record sufficient and adequate information concerning the treatment to the patient and referring practitioners</p> <p>Providing clinically unsatisfactory treatment which resulted in further and extensive surgical treatment for the patient, namely bone grafts and periodontal grafting.</p>	Orders imposed
<p>Failure to provide adequate functional dentures</p> <p>Use of incorrect item numbers (85131,85141,121)</p> <p>Making claims on Medicare prior to commencement of treatment and for treatment not eligible for Medicare reimbursement (i.e. remodel of new denture).</p>	Finding, no orders made
<p>Failure to adequately diagnose compromised abutment teeth for bridge construction</p> <p>Failure to adequately maintain treatment plan and record treatment provided.</p>	Orders imposed
<p>Failure to provide an adequate diagnosis and treatment plan by:</p> <ul style="list-style-type: none"> <li>• failing to undertake a cephalometric analysis of a skeletal Class III malocclusion</li> <li>• failing to assess the patient's growth stage prior to commencing treatment</li> </ul> <p>Failure to explain treatment options, including a possible need for surgery, to the patient and parents before commencing treatment</p> <p>Failure to recognise TM joint symptoms which developed during treatment and treat or refer for treatment.</p>	<p>Cautioned</p> <p>Orders imposed</p>

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

I, Conjoint Associate Professor William O'Reilly, President of the Dental Council of New South Wales, am of the opinion that the Council had an Information Security Management System in place during the financial year being reported on which is materially consistent with the Core Requirements set out in the Digital Information Security Policy for the NSW Public Sector with the following exceptions:

### Core Requirement 1 - Information Security Management System

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

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

### Core Requirement 2 - Compliance with Minimum Controls

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

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

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

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

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

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

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

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

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

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

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

	Access granted in full	Access granted in part	Access refused in full	Information not held	Information already available	Refuse to deal with application	Refuse to confirm/deny whether information is held	Application withdrawn
Personal information applications*	0	0	0	0	0	0	0	0
Access applications (other than personal information applications)	0	1	0	0	0	0	0	0
Access applications that are partly personal information applications and partly other	0	1	0	0	0	0	0	0

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

**Table C: Invalid applications**

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

**Table D: Conclusive presumption of overriding public interest against disclosure: matters listed in Schedule 1 of the Act**

	Number of times consideration used*
Overriding secrecy laws	1
Cabinet information	0
Executive Council information	0
Contempt	0
Legal professional privilege	0
Excluded information	0
Documents affecting law enforcement and public safety	0
Transport safety	0
Adoption	0
Care and protection of children	0
Ministerial code of conduct	0
Aboriginal and environmental heritage	0

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

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

	Number of occasions when application not successful
Responsible and effective government	0
Law enforcement and security	0
Individual rights, judicial processes and natural justice	1
Business interests of agencies and other persons	0
Environment, culture, economy and general matters	0
Secrecy provisions	0
Exempt documents under interstate Freedom of Information legislation	0

**Table F: Timeliness**

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



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

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

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

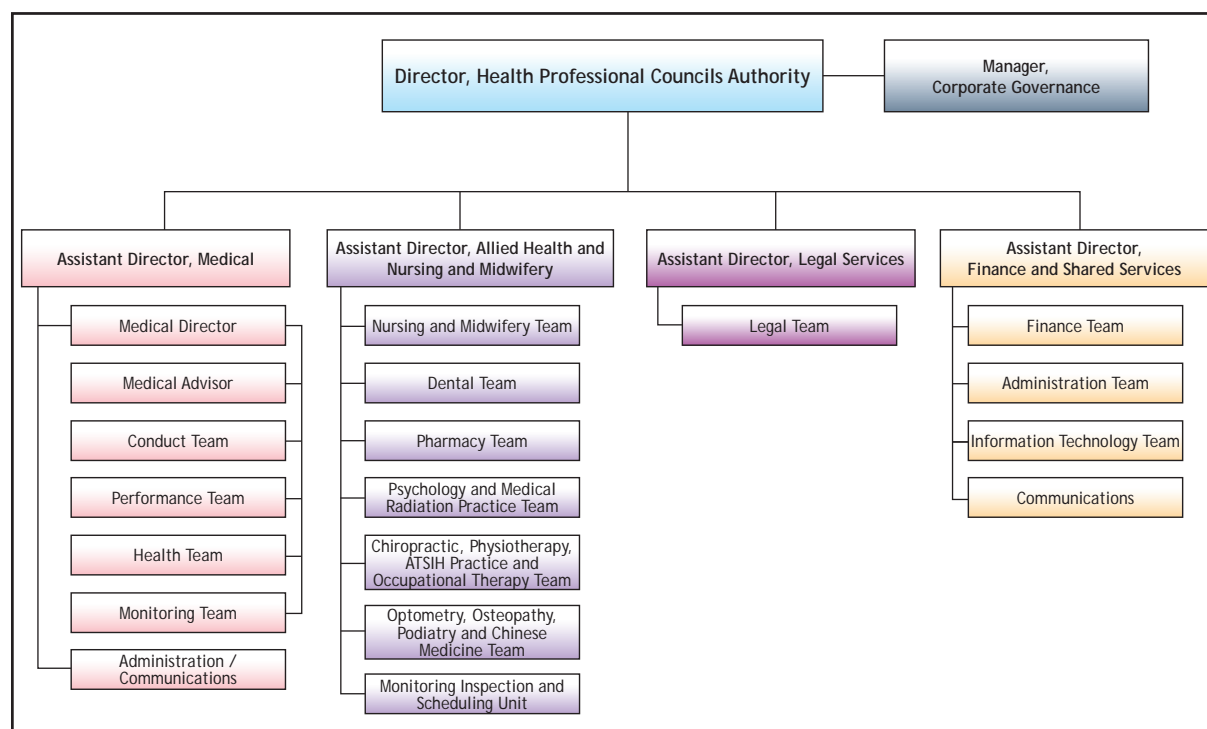
**Table H: Applications for review under Part 5 of the Act (by type of applicant)**

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

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

	Made by public officials performing their day to day functions	Under a statutory or other legal obligation	All other PIDs
Number of public officials who made PIDs	0	0	0
Number of PIDs received	0	0	0
Of PIDs received, number primarily about:			
Corrupt conduct	0	0	0
Maladministration	0	0	0
Serious and substantial waste	0	0	0
Government information contravention	0	0	0
Number of PIDs finalised	0	0	0

## HPCA Organisation Chart as at 30 June 2014



## Workforce diversity statistics

### Trends in the Representation of Workforce Diversity Groups

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

### Trends in the Distribution of Workforce Diversity Groups

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

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

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

## Payments Performance

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

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

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

# Glossary

## Adjudication Body

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

## Cancellation

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

## Closed Complaint

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

## Complainant

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

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

## Conciliation

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

## Caution

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

## Condition

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

## Notification

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

## Notifiable Conduct/Mandatory Reporting

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

## Open Matter

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

### Order

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

### Professional Misconduct

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

### Reprimand

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

### Stage

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

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

### Stream

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

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

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

### Supervision

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

### Suspension

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

## Unsatisfactory Professional Conduct

Conduct which is:

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

Additional matters apply to medical practitioners and pharmacists.

## Abbreviations

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



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