



Chiropractic Council of New South Wales
Annual Report 2013

Chiropractic 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@chiropracticcouncil.nsw.gov.au

Website: www.chiropracticcouncil.nsw.gov.au

ISSN: 1839-3195



Chiropractic 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@chiropracticcouncil.nsw.gov.au

Online: www.chiropracticcouncil.nsw.gov.au

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

Dear Minister

Pursuant to the provisions of the *Annual Reports (Statutory Bodies) Act 1984* and the *Public Finance and Audit Act 1983*, we have pleasure in submitting this Annual Report of the Chiropractic Council of New South Wales for the year ended 30 June 2013 for presentation to Parliament.

Yours sincerely

Anthony Richards
President

Bryce Conrad
Deputy President

Contents

About the Council	3
Regulatory Activities	5
Management and Administration	12
Financial Statements	18
Appendix 1 - Legislative Changes	41
Appendix 2 - GIPA Statistics	42
Appendix 3 - Members of Committees and Tribunals	45
Glossary	46
Index	50

About the Council



The Chiropractic Council of New South Wales is a statutory body established to manage notifications (complaints) about conduct, performance and health matters concerning registered chiropractors, and health and conduct matters related to chiropractic students in New South Wales (NSW).

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

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

Charter

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

Aims and Objectives

The purpose of the Chiropractic Council is to act in the interests of the public by ensuring that registered chiropractors are fit to practise and chiropractic 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 chiropractors 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 four members appointed by the Governor:

- (a) three are registered chiropractors, at least one of whom has NSW as their principal place of practice:
 - Dr Anthony Richards BAppSc(Chiro) (*President*)
 - Dr Joseph Ierano BSc DC (Palmer USA) BCAA MACC (*Deputy President - resigned 3/9/12*)

- Dr Bryce Conrad BChSC MChiro (*Deputy President from 22/11/2012*)
- Dr Lawrence Whitman BSc DC Chiro (*from 6/3/2013*)

(b) one Australian lawyer nominated by the Minister:

- Ms Suzanne Tay BA(Macq) BLaws(Macq) MLaws(Syd) CertCounselling(JNIstitute)

Remuneration

Remuneration for members of the Council is as follows:

President	\$2,336 per annum
Members	\$1,752 per annum

Additionally, Council members receive sitting fees of \$245 per day and \$128 per half day for the conduct of inquiries at a meeting of the Council.

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

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

Attendance at Council Meetings

The Council met on the last Tuesday of each month and met 10 times during the reporting period. The Council did not meet in September and December 2012.

Attendance at meetings is as follows:

Member	Meetings Attended
Dr Anthony Richards	10
Dr Joseph Ierano (<i>to 3/9/2012</i>)	2
Dr Bryce Conrad	9
Mr Lawrence Whitman (<i>from 6/3/2013</i>)	3
Ms Suzanne Tay	9

Committees of the Council

Section 41(f) of the Law provides that the Council may establish committees to assist it with the exercise of its functions. Members of committees need not be Council members. The Council did not appoint any Committees during the reporting period.

Regulatory Committees and Panels

Part 8 of the Law prescribes the committees and panels that support the Council in undertaking its regulatory activities. No Impaired Registrant Panels or Performance Review Panels were

established this year.

Chiropractic Assessment Committee

The Assessment Committee is established under s 172A and comprises four members appointed by the Minister, of whom three are registered chiropractors and one who is not a registered health practitioner.

Its members are:

Dr Andrew Paul (*Chairperson*)

Dr Sonya Fogerty

Ms Jenny Klause

Dr Mark Uren

Two matters were considered by the Assessment Committee during the year. The activities and decisions of the Committee are reported in the section *Regulatory Activities* below.

Chiropractic Tribunal

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

Tribunal members are listed in Appendix 3. The current Tribunal appointments are for a period of three years from 1 March 2012 until 28 February 2015.

The Tribunal concluded two matters during the year. Refer to the *Regulatory Activities* section for details.

Executive Officer

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

Ms Amanda McEacharn is the Executive Officer to the Council.

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 2012
- National Boards Chairs' Forum
- Sundry presentations and meetings organised by the HPCA.

Education and Research

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

The Council is currently developing guidelines for applicants to enable the disbursement of funds. The guidelines will be available on the Council's website.

Overseas Travel

There was no overseas travel during the reporting period.

Promotion of Council Activities

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

The Council's Annual Report and Annual Reports of the former Chiropractors Registration Board are accessible on the website.

Complaints Received about Council Administrative Processes

The Council acknowledges that the trust and confidence of the public are essential to its role and values all forms of feedback. The Council has established a complaint handling policy and procedures for addressing complaints about its administrative processes, its activities, staff or service delivery.

There were no complaints received during this year.

Regulatory Activities



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

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

National Registration

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

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

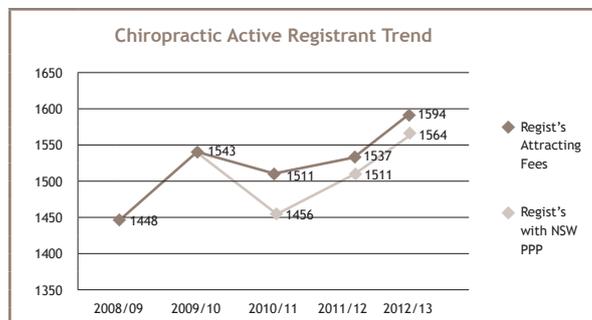
Further information about the operations of the National Board can be obtained on the Australian Health Practitioner Regulation Agency (AHPRA) website (www.ahpra.gov.au).

Registrations in NSW

Information about registration and registrant numbers included in this Report provides context for the Council's regulatory activities and functions. Registration data is supplied by AHPRA.

At 30 June 2013, there were 1,564 registered chiropractors whose principal place of practice was in NSW. This represents 33.6% of the total number of chiropractors registered under the Scheme across Australia.

The graph below provides information about the number of chiropractors registered in NSW from 2008/2009 to 2012/2013. There was a 3.7% increase in 2012/2013 (57 practitioners) compared with 2011/2012.



Students are also registered. AHPRA advised that the number of NSW students registered as at 30 June 2013 was 457. Figures are based on the student's residential address, not the location of the education provider.

Registrations by registration type as at 30 June 2013 were as follows:

Registration Type	Principal Place of Practice (PPP) in NSW	NSW Share of registrants with no PPP listed	Registrants for whom fees were paid to NSW (PPP + no PPP)
General	1,507	16	1,523
Limited	0	0	0
Non-practising	57	14	71
Total	1,564	30	1,594

Notifications (Complaints) Received

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

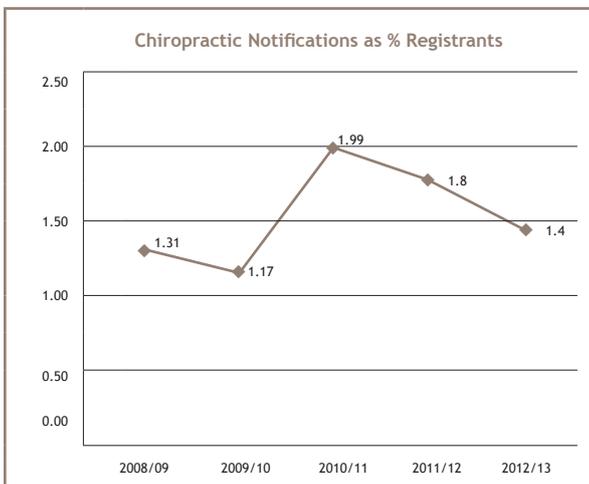
The *Health Care Complaints Act 1993* requires the Council and the HCCC to advise each other about notifications (complaints) received and to consult on the course of action to be taken. A notification made to the Council is deemed to be also made to the HCCC, and vice versa.

The Council received 22 new notifications (complaints) during the reporting period.

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



The graph below shows the level of notifications (complaints) as a percentage of the number of registered chiropractors in NSW, which is less than 2%.



A more accurate measure is the percentage of chiropractors about whom a notification was received i.e. a chiropractor with more than one notification is only counted once in the calculation. On this basis, the percentage of notifications (complaints) received on chiropractors practising in NSW was 1.4% for the year. These data are only available since 1 July 2010.

	2012/2013	2011/2012	Variance
% of chiropractors with notifications received	1.4	1.59	-0.19

Of the chiropractors with a new notification in 2012/2013, 19 had one notification and one chiropractor had three notifications. Of those, three had one complaint received previously, one had two complaints received previously, one had four complaints received previously and one had six complaints that had been received in previous years.

The notifications (complaints) managed by the Council were as follows:

Notifications (Complaints)	2012/2013	2011/2012
Case volume open* at year beginning	17	25
New notifications received	22	27
Notifications closed	27	35 [^]
Case volume open* at year end	12	17 [^]
Total case volume managed	39	52

* See Glossary for definition of open matters
[^] Differs to 2011/2012 Annual Report due to data cleansing

When they are received, notifications (complaints) are classified to the conduct, health or performance stream, depending on the nature of the matter. In some instances, more than one stream may be applicable, however one stream is identified as the primary stream based on the seriousness of the matter. There were nine new notifications (complaints) classified as performance issues and 18 conduct issues. There were no notifications related to health issues.

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

The number of notifications (complaints) received by the issue category was as below:

Category	Number
Behaviour	1
Billing	1
Clinical Care	8
Documentation	3
National Law Breach	3
National Law Offence	5
Offence	1
Total	22

The sources of notifications received were:



Of the 39 notifications (complaints) managed

by the Council in 2012/2013, 61.5% (24) were related to the conduct of practitioners and 38.5% (15) were related to performance.

Mandatory Notifications

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

For a health practitioner:

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

For a student:

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

AHPRA then refers the matter to the Council for management.

There were no mandatory notifications about chiropractors received during the reporting period.

Notifications (Complaints) Management

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

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

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

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

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

Of the notifications managed in 2012/2013, 15% (6) were referred during the period for management to other legislated committees or adjudication bodies other than regular Council meetings. Two matters were the subject of 150 hearings and four performance matters were referred for counselling. All 12 matters referred to an adjudication body in this or prior periods were completed in 2012/2013.

Protective Orders - Immediate Action under s 150 of the Law

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

During the reporting period, the Council considered taking immediate action on two occasions and exercised its powers on both occasions. The issues in both matters related to sexual misconduct, and conditions were imposed on both chiropractors' registration.

Assessment Committee

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

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

The Committee may obtain the medical, legal, financial or other advice it thinks necessary or desirable to enable it to exercise its functions.

Advice obtained by the Committee may not, unless otherwise ordered by the Council, be admitted or used in civil proceedings before a court and a person may not be compelled to produce the advice or to give evidence in relation to the advice in civil proceedings.

Two matters were carried over from the previous year and there were no new matters in the period. The Committee considered both matters with the following outcomes:

- The Committee was not able to obtain further information from the complainant, and could not continue with its investigation. The matter was referred back to the Council with no recommendation
- The Committee attempted to settle the second matter by consent. This was not successful and the Committee referred it back to the Council with recommendations on further training for the chiropractor.

Health

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

The Council managed no notifications (complaints) related to chiropractors' health.

Council Appointed Practitioner Assessments

The Council may refer a chiropractor or student, who is the subject of a notification (complaint), for a health assessment to determine whether the person has an impairment. This may include a medical, physical, psychiatric or psychological examination or testing.

The Council did not receive or manage any notification matters by referral for a health assessment during the reporting period.

Impaired Registrants Panels

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

An IRP is non-disciplinary and aims to assist chiropractors to manage their impairment while remaining in professional practice as long as

this poses no risk to the public. The Panel's role is to inquire into and assess the matter, obtain reports and other information from any source it considers appropriate, and to make recommendations to the Council.

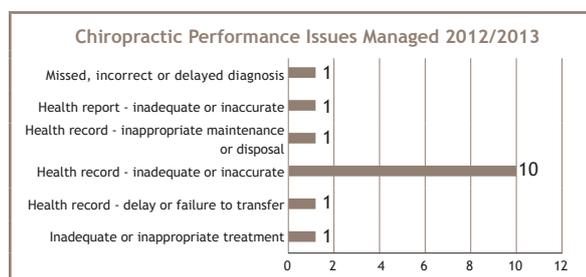
The Panel may counsel the chiropractor or, on the recommendation of the Panel, the Council may counsel the chiropractor, impose conditions on the registration, or suspend the registration for a period if the Council is satisfied the chiropractor or student has voluntarily agreed to the conditions or suspension. There were no IRPs conducted in 2012/2013.

Performance

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

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

The total number of chiropractors managed in the performance stream in 2012/2013 was 15: four matters carried over from the previous period and 11 new matters. The performance issues managed in the period were:



Performance Assessments

The Council may require a chiropractor to participate in a performance assessment to assist it in determining a course of action. The aim of such an assessment is to establish whether the chiropractor's performance is at a standard expected of a similarly trained or experienced chiropractor. Consequently, assessments are intended to be broad-based and

not limited to the substance of the matter that triggered them.

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

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

Performance Review Panel

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

Where deficiencies are identified, the chiropractor 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 chiropractor is undertaking remediation.

There were no PRPs held during the reporting period.

Conduct

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

The total number of chiropractors managed in the conduct stream in 2012/2013 was 24: 13 matters carried over from the previous period and 11 new matters. The conduct issues managed in the period were:



Investigations by the Health Care Complaints Commission (HCCC)

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

- referred to the Director of Proceedings for consideration of prosecution before an adjudicating body
- 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.

There were no matters managed by Council Inquiry during the reporting period.

Reviews by the Council

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

There were no reviews conducted by the Council in the reporting period.

Chiropractic Tribunal

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

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

Tribunal Matters	2012/2013	2011/2012
Matters referred to a Tribunal but not completed at year beginning	2	1
New matters referred to a Tribunal	0	4
Matters completed by a Tribunal	2	3
Matters referred to a Tribunal but not completed at year end	0	2
Total case volume managed	2	5

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

Name	Date of Decision	Outcome and Summary
Dennis Gilbert Maher	4 March 2013	The Tribunal reprimanded the Respondent and ordered his registration be subject to conditions including mentoring for a minimum period of 18 months.
Paul Stewart Woods	21 May 2013	The Tribunal made Orders suspending the Respondent for a period of three months, reprimanding the Respondent and placing conditions on the Respondent's registration for a minimum period of two years once he returns to practise.

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

Tribunal Reviews

Chiropractors who have had restrictions placed on their practice or registration by a Tribunal may request a review of conditions and suspension or can request to be reinstated following cancellation of registration by the Tribunal

There were no applications for review during the reporting period.

Appeals to the Tribunal

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

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

Appeals to the Supreme Court

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

Notifications (Complaints) Outcomes

The outcomes of all notifications (complaints) closed in 2012/2013 are summarised below. The majority of matters were dealt with expeditiously and did not require investigation or referral to another body. The next most prevalent outcome was no further action followed by discontinued.

The outcomes of these matters were as follows:

Outcomes*	Number
No further action by Council	6
No further action following HCCC investigation	2
HCCC discontinued	5
Conditions/Reprimand	2
Suspend for a defined period (as a result of 4 complaints)	4
Counselling interview	3
No further action with advice	2
Refer to AHPRA	3
Total	27

*There may be more than one outcome for a matter

Of the notifications closed in 2012/2013, 22% were considered to require no action by the Council. The reasons for closing the matters were as follows:

Reason for No Further Action	Number
Industrial dispute	1
Insufficient information	1
No case to answer	3
Dealt with by NSW Police	1

The stage at which matters were closed is as follows:

Stage* at Closure of Notification	Number
Assessment	11
Health	0
Performance	3
Investigation	8
Panel (IRP, PRP)	0
Tribunal	2
Appeal/Court	0

*See Glossary for description of each stage

Notifications Received Under Former Chiropractors Act 2001

The Council finalised one matter that had been lodged with the former Chiropractors Registration Board.

Matters under the former Act	2012/2013	2011/2012
Open matters under former Act at year beginning	1	8
Matters under former Act closed	1	6
Matters under former Act open at year end	0	2

Counselling

The Council may direct a chiropractor or student to attend for counselling. This is a non-disciplinary process that enables the Council to address performance or conduct concerns in an informal but sound and influential manner. Counselling may be conducted by two or three Council members.

During the reporting period, the Council managed four notifications by directing the practitioner to attend for counselling. There were no students referred to counselling.

Some of the issues managed by counselling related to informed consent and record keeping, and all were finalised following counselling.

Council members who conducted counselling were:

Dr Bryce Conrad
Dr Joe Ierano
Dr Anthony Richards
Dr Lawrence Whitman

Matters Referred to Another Entity

During the reporting period, the Council directed three matters to AHPRA: two related to unregistered practitioners and one regarding advertising.

Matters Referred to HCCC for Assisted Resolution and Conciliation

The Council may refer a notification to the HCCC for assisted resolution or conciliation to be dealt with under the *Health Care Complaints Act 1993*. In 2012/2013 there were no matters referred to the HCCC for either of these actions.

Monitoring and Compliance of Orders and Conditions

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

Conditions fall into two categories:

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

During the year, four cases were monitored, and two remain active as at 30 June 2013.

Status of Monitoring Cases	2012/2013	2011/2012
Practitioners monitored as at year beginning	4	4
Practitioners commencing monitoring	0	2
Practitioners for which monitoring was completed	2	2
Practitioners under monitoring as at year end	2	4
Total Practitioners Managed	4	6

Of those matters, two were as a result of chaperone orders, three required mentoring and one was not permitted to treat female patients.

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

Management and Administration



Shared Services

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

On behalf of the Councils, the HPCA liaises with:

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

This coordinated approach provides efficiencies through shared services that would be costly for small bodies like the Councils, to implement on their own. It also allows 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 articulates the services the HPCA provides and key performance indicators against which performance is assessed annually. It provides certainty and a shared understanding for the Council and the HPCA on the range and quality of services provided.

Access to Information - Government Information Public Access (GIPA)

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

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

Review of Proactive Release Program

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

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

information.

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

- Chiropractic Council Annual Report 2012
- Conflict of Interest Policy
- Gifts and Benefits Policy
- Reporting Corrupt Conduct
- Member Remuneration and Payment Policy
- Official Travel Policy
- Audit and Risk Committee Charter.

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

Number of Access Applications Received

The Council received no formal access applications (including withdrawn applications excluding invalid applications).

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

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

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

Privacy

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

The Council received no complaints regarding privacy matters.

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

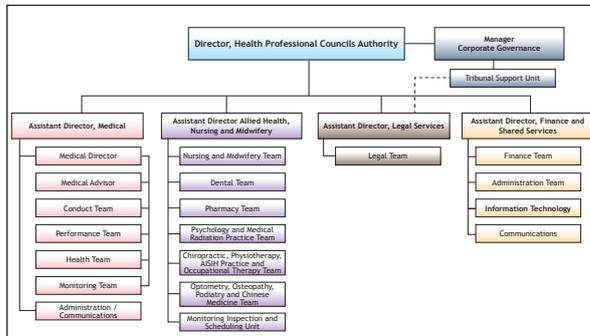
Human Resources

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

As at 30 June 2013 the HPCA employed 97 permanent full-time equivalent (FTE) staff and two temporary FTE staff, of whom 0.77 FTE

staff provided secretariat support directly to the Council.

HPCA Organisation Chart as at 30 June 2013



Learning and Development

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

Staff attended training sessions on:

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

Public Interest Disclosures

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

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

July 2012 - June 2013

Number of public officials who made PIDs	0
Number of PIDs received	0
Of PIDs received, number primarily about:	
Corrupt conduct	0
Maladministration	0
Serious and substantial waste	0
Government information contravention	0
Number of PIDs finalised	0

Audit and Risk Management

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

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

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

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

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

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

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

Information Management and Systems

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

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

Exemptions from the Reporting Provisions

As a small statutory body, the Council is exempt from certain reporting provisions and provides a triennial report in relation to:

- multicultural policies and services programs
- disability services
- equal employment opportunity
- occupational health and safety, and
- waste management (WRAPP).

The Council last reported on these provisions in the 2010/2011 Annual Report and will next report in 2013/2014. The Council continued to meet its compliance obligations with regard to each of these matters and remains committed to implementing the relevant policy requirements

Consultants

The health professional Councils together commissioned six consultancies related to Council business process improvement, system improvements and the ongoing development of the HPCA's shared services to Councils.

The Council made the following contribution to these consultancies:

Engagements costing less than \$50,000

Service Provided	No.	Cost inc. GST \$
Administration	2	335.42
Council business processes	1	614.17
Financial management	1	242.33
Information management and systems	2	74.89
Total	6	1,266.82

Business Process Improvement

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

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

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

Insurance

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

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

Annual Report Costs

The Council did not produce printed copies of this Annual Report in accordance with the Premier's Memorandum *Production Costs of Annual Reports (M2013-09)*. The total cost of layout and design was \$624.77 (GST inc.), which is significantly lower than in previous years.

The report is published on the Council's website.

Financial Management

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

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

Format

The accounts of the Council's administrative operations, including the Education and Research activities, together with the Independent Auditor's Report are set out in the Financial Statements starting on page 20.

Performance

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

	\$
Operating expenditure	189,018
Revenue	190,434
Net profit/(loss)	3,126
Net cash reserves (cash and cash equivalents minus current liabilities)*	806,361
* Included in the net cash reserves is Education and Research bank account balance of:	24,895

Investment Performance

The Council, through a Special Interest Arrangement with the Commonwealth Bank of Australia earned an average of 2.82% p.a. on all bank account balances.

Payments Performance

The Council's accounts are managed by the Health Administration Corporation. The consolidated accounts payable performance report for all 14 Councils is as shown below:

Quarter	Current (within due date) \$	Less than 30 days overdue \$	Between 30 to 60 days overdue \$	Between 60 to 90 days overdue \$	More than 90 days overdue \$
All suppliers					
September	1,201,178	620	0	218	0
December	1,106,321	26,167	0	165	0
March	1,310,988	1,225	0	657	0
June	1,758,606	4,583	141	1,758	0
Small business suppliers					
September	426,997	620	0	218	0
December	255,185	11,203	0	165	0
March	501,058	1,225	0	657	0
June	678,088	3,106	0	706	0

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

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

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

Budget

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

	\$
Revenue	258,629
Operating expenses	264,309
Education and research	0
Net profit/(loss)	(5,680)

CHIROPRACTIC COUNCIL OF NEW SOUTH WALES

YEAR ENDED 30 JUNE 2013

STATEMENT BY MEMBERS OF THE COUNCIL

Pursuant to s 41C(1B) *Public Finance and Audit Act 1983*, and in accordance with the resolution of the members of the Chiropractic 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 Chiropractic Council of New South Wales as at 30 June 2013 and financial performance for the year then ended.
2. The financial statements have been prepared in accordance with the provisions of Australian Accounting Standards, Accounting Interpretations, the *Public Finance and Audit Act 1983*, the *Public Finance and Audit Regulation 2010*, and the Treasurer's Directions.

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



Council Member:

Date: 21 October 2013

ANTHONY RICHARDS



Council Member:

Date: 21/10/13

LAWRENCE JOHN WHITMAN



INDEPENDENT AUDITOR'S REPORT

Chiropractic Council of New South Wales

To Members of the New South Wales Parliament

I have audited the accompanying financial statements of the Chiropractic Council of New South Wales (the Council), which comprise the statement of financial position as at 30 June 2013, the statement of comprehensive income, statement of changes in equity and statement of cash flows, for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information.

Opinion

In my opinion, the financial statements:

- give a true and fair view of the financial position of the Council as at 30 June 2013, and of its financial performance and its cash flows for the year then ended in accordance with Australian Accounting Standards
- are in accordance with section 41B of the *Public Finance and Audit Act 1983* (the PF&A Act) and the Public Finance and Audit Regulation 2010.

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

The Council's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

My opinion does *not* provide assurance:

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

Independence

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

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



C J Giumelli
Director, Financial Audit Services

24 October 2013
SYDNEY

Chiropractic Council of New South Wales

Statement of Comprehensive Income
for the Year Ended 30 June 2013

	Notes	2013 \$	2012 \$
EXPENSES EXCLUDING LOSSES			
Operating expenses			
Personnel services	2(a)	(85,835)	(97,587)
Other operating expenses	2(b)	(76,560)	(107,024)
Depreciation and amortisation	2(c)	(4,378)	(4,505)
Finance costs	2(d)	(151)	(131)
Other expenses	2(e)	(22,094)	(49,931)
Total Expenses Excluding Losses		(189,018)	(259,178)
REVENUE			
Registration fees		159,554	153,564
Interest revenue	5(a)	24,361	42,298
Other revenue	5(b)	6,519	7,734
Total Revenue		190,434	203,596
Gain/(Loss) on disposal/additions	6	1,710	32
Net Result		3,126	(55,550)
Other comprehensive income		-	-
Total Comprehensive Income		3,126	(55,550)

The accompanying notes form part of these financial statements.



Chiropractic Council of New South Wales

Statement of Financial Position
as at 30 June 2013

	Notes	2013 \$	2012 \$
ASSETS			
Current Assets			
Cash and cash equivalents	7	906,392	934,076
Receivables	8	4,660	7,285
Total Current Assets		911,052	941,361
Non-Current Assets			
Plant and equipment	9		
Leasehold improvements		1,059	1,641
Motor vehicles		153	211
Furniture and fittings		247	232
Other		2,190	2,974
Total plant and equipment		3,649	5,058
Intangible assets	10	4,141	4,616
Total Non-Current Assets		7,790	9,674
Total Assets		918,842	951,035
LIABILITIES			
Current Liabilities			
Payables	11	32,035	71,117
Fees in advance	12	67,996	63,761
Total Current Liabilities		100,031	134,878
Non-Current Liabilities			
Provisions	13	3,495	3,967
Total Non-Current Liabilities		3,495	3,967
Total Liabilities		103,526	138,845
Net Assets		815,316	812,190
EQUITY			
Accumulated funds		815,316	812,190
Total Equity		815,316	812,190

The accompanying notes form part of these financial statements.

Chiropractic Council of New South Wales

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

	Notes	Accumulated Funds \$
Balance at 1 July 2012		812,190
Restated Total Equity at 1 July 2012		<u>812,190</u>
Net Result for the Year		3,126
Other comprehensive income		-
Balance at 30 June 2013		<u><u>815,316</u></u>
Balance at 1 July 2011		867,740
Restated Total Equity at 1 July 2011		<u>867,740</u>
Net Result for the Year		(55,550)
Other comprehensive income		-
Balance at 30 June 2012		<u><u>812,190</u></u>

The accompanying notes form part of these financial statements.



Chiropractic Council of New South Wales

Statement of Cash Flows
for the Year Ended 30 June 2013

	Notes	2013 \$	2012 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Payments			
Personnel services		(93,353)	(97,724)
Other		(133,386)	(130,704)
Total Payments		(226,739)	(228,428)
Receipts			
Receipts from registration fees		170,680	209,371
Interest received		23,275	43,774
Other		5,455	7,734
Total Receipts		199,410	260,879
Net Cash Flows from Operating Activities	17	(27,330)	32,450
CASH FLOWS FROM INVESTING ACTIVITIES			
Proceeds from sale of plant and equipment		-	550
Purchases of plant and equipment and intangible assets		(354)	(4,872)
Net Cash Flows from Investing Activities		(354)	(4,322)
Net Increase/(Decrease) in Cash		(27,684)	28,129
Opening cash and cash equivalents		934,076	905,947
Closing Cash and Cash Equivalents	7	906,392	934,076

The accompanying notes form part of these financial statements.

Chiropractic Council of New South Wales

Notes to the Financial Statements

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

a. Reporting Entity

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

These financial statements for the year ended 30 June 2013 have been authorised for issue by the Council on 21 October 2013.

b. Basis of Preparation

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

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

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

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

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

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

c. Statement of Compliance

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

d. Significant Accounting Judgments, Estimates and Assumptions

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

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

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

e. Insurance

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

Chiropractic Council of New South Wales

Notes to the Financial Statements

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

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

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

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

g. Income Recognition

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

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

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

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

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

h. Personnel Services

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

i. Interest Revenue

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

j. Education and Research

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

k. Assets

i. Acquisition of Assets

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

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

Chiropractic Council of New South Wales

Notes to the Financial Statements

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

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

ii. Capitalisation Thresholds

The Health Professional Councils Authority (HPCA) acquires all assets on behalf of the Council. Shared use assets that cost over \$5,000 at the time of purchase by the HPCA are capitalised. These capitalised shared use assets are then allocated to the Council using an appropriate allocation method. The minimum capitalisation threshold limits applied to the Council for the asset are \$49 (2011/2012 - \$45) (all Council shared use asset), or \$76 (2011/2012 - \$57) (Pitt Street shared use asset), whichever is applicable.

iii. Impairment of Plant and Equipment

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

iv. Depreciation of Plant, Equipment and Leasehold Improvements

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

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

Depreciation rates used are as follows:

Plant and equipment 20% - 25%

Furniture and fittings 16% - 20%

Motor vehicles 25% - 29%

Leasehold improvements 1.7% - 4%

v. Revaluation of Plant and Equipment

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

vi. Maintenance

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

vii. Intangible Assets

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

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

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

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

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

Chiropractic Council of New South Wales

Notes to the Financial Statements

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

viii. Loans and Receivables

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

I. Liabilities

i. Trade and Other Payables

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

ii. Personnel Services - Ministry of Health

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

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

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

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

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

iii. Provision for Make Good

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

m. Equity/Accumulated Funds

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

n. Comparative information

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

Chiropractic Council of New South Wales

Notes to the Financial Statements

o. Cash and cash equivalents

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

Bank overdrafts are included within liabilities.

p. Adoption of New and Revised Accounting Standards

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

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

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

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



Chiropractic Council of New South Wales

Notes to the Financial Statements

2. EXPENSES EXCLUDING LOSSES

a. Personnel Services Expenses

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

	2013 \$	2012 \$
Salaries and wages (including recreation leave)	72,537	81,300
Superannuation	7,750	9,750
Payroll taxes	5,034	5,966
Workers compensation insurance	514	571
	<u>85,835</u>	<u>97,587</u>

b. Other operating expenses

	2013 \$	2012 \$
Auditor's remuneration	5,125	5,500
Rent and building expenses	16,879	11,205
Council fees	6,716	6,424
Sitting fees	37,788	79,548
Contracted labour	10,052	4,347
	<u>76,560</u>	<u>107,024</u>

c. Depreciation and Amortisation Expense

	2013 \$	2012 \$
Depreciation		
Motor vehicles	71	112
Furniture and fittings	62	-
Other	1,588	1,058
	<u>1,721</u>	<u>1,170</u>
Amortisation		
Leasehold improvement	338	241
Intangible assets	2,319	3,094
	<u>2,657</u>	<u>3,335</u>
Total Depreciation and Amortisation	<u><u>4,378</u></u>	<u><u>4,505</u></u>

Chiropractic Council of New South Wales

Notes to the Financial Statements

2. EXPENSES EXCLUDING LOSSES (continued)

d. Finance Costs

	2013 \$	2012 \$
Unwinding of discount rate on make good provision	151	131
	<u>151</u>	<u>131</u>

e. Other Expenses

	2013 \$	2012 \$
Subsistence and transport	7,636	16,209
Fees for service	6,907	25,043
Postage and communication	1,215	768
Printing and stationery	3,568	5,235
Equipment and furniture	118	135
General administration expenses	2,650	2,541
	<u>22,094</u>	<u>49,931</u>

3. EDUCATION AND RESEARCH

a. Education and Research Expenses

	2013 \$	2012 \$
Grants	-	-
Other expenses	-	-
Total (excluding GST)	<u>-</u>	<u>-</u>

b. Education and Research Account Receipts and Payments Reconciliation

	Notes	2013 \$	2012 \$
Opening balance 1 July 2012		24,232	23,294
Deposits		-	-
Interest		663	938
		<u>24,895</u>	<u>24,232</u>
Outgoings		-	-
Closing Balance 30 June 2013	7	<u><u>24,895</u></u>	<u><u>24,232</u></u>

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

The Council's accounts are managed by the Health Administration Corporation (HAC). Executive and administrative support functions are provided by the HPCA, which is an administrative unit of the HAC.

The HAC has determined the basis of allocation of material costs to the Council.

Salaries and associated oncosts are paid by the MOH. The MOH continues to pay for the staff and associated oncosts. These costs are reimbursed by the Council to the MOH.

Details of transactions managed on behalf of the Council through the HAC are detailed above in Notes 2 to 11.



Chiropractic Council of New South Wales

Notes to the Financial Statements

5. (a) INTEREST REVENUE

	2013	2012
	\$	\$
Interest revenue from financial assets not at fair value through profit or loss	24,361	42,298
	<u>24,361</u>	<u>42,298</u>

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

	2013	2012
	%	%
Weighted Average Interest Rate	2.82	3.65

(b) Other Revenue

	2013	2012
	\$	\$
Make good revenue resulting from decrease in make good provision	1,065	
Legal Fee recoveries	4,909	7,640
Other revenue	545	94
	<u>6,519</u>	<u>7,734</u>

6. GAIN/(LOSS) ON DISPOSAL/ADDITIONS

	2013	2012
	\$	\$
Plant and equipment		
Net book value disposed/acquired during the year	(62)	(518)
Proceeds from sale/acquisition costs	-	550
	<u>(62)</u>	<u>32</u>
Intangible assets		
Net book value disposed/acquired during the year	1,772	-
Proceeds from sale/acquisition costs	-	-
	<u>1,772</u>	<u>-</u>
Total Gain/(Loss) on Disposal/Additions	<u>1,710</u>	<u>32</u>

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

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

Chiropractic Council of New South Wales

Notes to the Financial Statements

7. CASH AND CASH EQUIVALENTS

	2013 \$	2012 \$
Cash at bank and on hand	343,501	334,360
Short-term bank deposits	201,779	195,286
Cash at bank - held by HPCA*	361,112	404,430
	<u>906,392</u>	<u>934,076</u>

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

The Council operates the bank accounts shown below:

	Notes	2013 \$	2012 \$
Operating account**		318,606	310,128
Education and research account**	3	24,895	24,232
		<u>343,501</u>	<u>334,360</u>

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

8. RECEIVABLES

	2013 \$	2012 \$
Prepayments	266	321
Other receivables	(28)	2,859
Interest receivable	2,862	3,947
Trade receivables	1,560	158
Less: allowance for impairment	-	-
	<u>4,660</u>	<u>7,285</u>

Movement in the Allowance for Impairment

Balance at 1 July 2012	-	-
Amounts written off during the year	-	-
Amounts recovered during the year	-	-
Increase/(decrease) in allowance recognised in profit or loss	-	-
Balance at 30 June 2013	<u>-</u>	<u>-</u>

No receivables are considered impaired.

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



Chiropractic Council of New South Wales

Notes to the Financial Statements

Analysis of Trade Debtors Overdue

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

Notes

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

9. PLANT AND EQUIPMENT

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

	Work in Progress Leasehold Improvements	Leasehold Improvements	Motor Vehicles	Furniture & Fittings	Other	Total
	\$	\$	\$	\$	\$	\$
At 1 July 2012						
Gross carrying amount	-	1,682	271	232	7,232	9,417
Accumulated depreciation and impairment	-	(41)	(60)	-	(4,258)	(4,359)
Net Carrying Amount	-	1,641	211	232	2,974	5,058
<hr/>						
At 30 June 2013						
Gross carrying amount	-	1,170	283	309	9,538	11,300
Accumulated depreciation and impairment	-	(111)	(130)	(62)	(7,348)	(7,651)
Net Carrying Amount	-	1,059	153	247	2,190	3,649

Chiropractic Council of New South Wales

Notes to the Financial Statements

Reconciliation

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

	Work in Progress Leasehold Improvements	Leasehold Improvements	Motor Vehicles	Furniture & Fittings	Other	Total
	\$	\$	\$	\$	\$	\$
Year ended 30 June 2013						
Net carrying amount at start of year	-	1,641	212	232	2,974	5,059
Additions	-	-	12	-	269	281
Disposals	-	-	-	-	-	-
Other ¹	-	(244)	-	77	535	368
Depreciation	-	(338)	(71)	(62)	(1,588)	(2,059)
Net Carrying Amount at End of Year	-	1,059	153	247	2,190	3,649
	Work in Progress Leasehold Improvements	Leasehold Improvements	Motor Vehicles	Furniture & Fittings	Other	Total
	\$	\$	\$	\$	\$	\$
At 1 July 2011						
Gross carrying amount	-	1,893	810	-	5,975	8,678
Accumulated depreciation and impairment	-	(11)	(240)	-	(3,199)	(3,450)
Net Carrying Amount	-	1,882	570	-	2,776	5,228
At 30 June 2012						
Gross carrying amount	-	1,682	271	232	7,232	9,417
Accumulated depreciation and impairment	-	(41)	(60)	-	(4,258)	(4,359)
Net Carrying Amount	-	1,641	211	232	2,974	5,058

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:

	Work in Progress Leasehold Improvements	Leasehold Improvements	Motor Vehicles	Furniture & Fittings	Other	Total
	\$	\$	\$	\$	\$	\$
Year ended 30 June 2012						
Net carrying amount at start of year	-	1,882	570	-	2,776	5,228
Additions	-	-	271	232	1,256	1,759
Disposals	-	-	(518)	-	-	(518)
Depreciation	-	(241)	(112)	-	(1,058)	(1,411)
Net Carrying Amount at End of Year	-	1,641	211	232	2,974	5,058

1. Other includes:

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

Chiropractic Council of New South Wales

Notes to the Financial Statements

10. INTANGIBLE ASSETS

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

	Software Work in Progress	Software	Total
	\$	\$	\$
At 1 July 2012			
Cost (gross carrying amount)	179	12,674	12,853
Accumulated amortisation and impairment	-	(8,237)	(8,237)
Net Carrying Amount	179	4,437	4,616
At 30 June 2013			
Cost (gross carrying amount)	228	17,398	17,626
Accumulated amortisation and impairment	-	(13,485)	(13,485)
Net Carrying Amount	228	3,913	4,141
	Software Work in Progress	Software	Total
	\$	\$	\$
Year Ended 30 June 2013			
Net carrying amount at start of year	179	4,437	4,616
Additions	49	24	73
Disposals	-	-	-
Other ¹	-	1,771	1,771
Amortisation	-	(2,319)	(2,319)
Net Carrying Amount at End of Year	228	3,913	4,141
	Software Work in Progress	Software	Total
	\$	\$	\$
At 1 July 2011			
Cost (gross carrying amount)	725	9,016	9,741
Accumulated amortisation and impairment	-	(5,144)	(5,144)
Net Carrying Amount	725	3,872	4,597
At 30 June 2012			
Cost (gross carrying amount)	179	12,674	12,853
Accumulated amortisation and impairment	-	(8,237)	(8,237)
Net Carrying Amount	179	4,437	4,616
	Software Work in Progress	Software	Total
	\$	\$	\$
Year Ended 30 June 2012			
Net carrying amount at start of year	725	3,872	4,597
Additions	179	2,934	3,113
Transfers	(725)	725	-
Disposals	-	-	-
Amortisation	-	(3,094)	(3,094)
Net Carrying Amount at End of Year	179	4,437	4,616

1. Other includes:

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

Chiropractic Council of New South Wales

Notes to the Financial Statements

11. PAYABLES	2013	2012
	\$	\$
Personnel services - Ministry of Health	9,223	16,741
Trade and other payables	22,812	54,376
	<u>32,035</u>	<u>71,117</u>

12. FEES IN ADVANCE	2013	2012
	\$	\$
Current		
Registration fees in advance	67,996	63,761
	<u>67,996</u>	<u>63,761</u>

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

13. PROVISIONS	2013	2012
	\$	\$
Non-Current		
Make good	3,495	3,967
	<u>3,495</u>	<u>3,967</u>

Movement in Provisions (other than personnel services)

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

	Make Good 2013 \$
Carrying amount at the beginning of financial year	3,967
Increase in provisions recognised due to re-allocation of opening balances as at 1 July 2012	1,437
Decrease in provisions recognised due to the decrease in the provision for make good due to changes in restoration costs and interest rates	(2,059)
Amount used	-
Unused amounts reversed	-
Unwinding/change in discount rate	151
Carrying Amount at the End of Financial Year	<u>3,495</u>

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

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

Chiropractic Council of New South Wales

Notes to the Financial Statements

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

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

14. COMMITMENTS FOR EXPENDITURE

a. Capital Commitments

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

	2013 \$	2012 \$
Not later than one year	-	222
Later than one year and not later than five years	-	-
Total (including GST)	<u>-</u>	<u>222</u>

b. Operating Lease Commitments

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

	2013 \$	2012 \$
Not later than one year	19,853	12,260
Later than one year and not later than five years	51,510	45,282
Total (including GST)	<u>71,363</u>	<u>57,542</u>

15. RELATED PARTY TRANSACTIONS

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

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

16. CONTINGENT LIABILITIES AND CONTINGENT ASSETS

There are no material unrecorded contingent assets and liabilities as at 30 June 2013.

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

	2013 \$	2012 \$
Net result	3,126	(55,550)
Depreciation and amortisation	4,378	4,505
(Increase)/Decrease in receivables	2,625	24,960
Increase/(Decrease) in fees in advance	4,235	31,559
Increase/(Decrease) in payables	(39,082)	26,877
Increase/(Decrease) in provisions	(902)	132
Net gain/(loss) on sale of plant and equipment	(1,710)	(32)
Net Cash used on Operating Activities	<u>(27,330)</u>	<u>32,450</u>

Chiropractic Council of New South Wales

Notes to the Financial Statements

18. FINANCIAL INSTRUMENTS

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

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

a. Financial Instrument Categories

Financial Assets Class	Notes	Category	Carrying Amount 2013 \$	Carrying Amount 2012 \$
Cash and cash equivalents	7	N/A	906,392	934,076
Receivables ¹	8	Loans and receivables (measured at amortised cost)	4,422	4,105
Financial Liabilities Class	Notes	Category	Carrying Amount 2013 \$	Carrying Amount 2012 \$
Payables ²	11	Financial liabilities (measured at amortised cost)	32,035	71,117

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.

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.



Chiropractic Council of New South Wales

Notes to the Financial Statements

Authority Deposits

The Council has placed funds on deposit with the Commonwealth Bank. These deposits are fixed term, the interest rate payable by the bank is negotiated initially and is fixed for the term of the deposit. The deposits at balance date were earning an interest rate of 2.65%, while over the year the weighted average interest rate was 2.98%. None of these assets are past due or impaired.

c. Liquidity Risk

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

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

All payables are current and will not attract interest payments.

d. Market Risk

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

19. EVENTS AFTER THE REPORTING PERIOD

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

End of Audited Financial Statements

Appendix 1 - Legislative Changes

Health Practitioner Regulation National Law

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

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

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

Health Practitioner Regulation (New South Wales) Regulation 2010

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

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

Appendix 2 - GIPA Statistics 2012/2013

Government Information (Public Access) Act 2009

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

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

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

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

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

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

Table C: Invalid applications

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

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

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

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

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

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

Table F: Timeliness

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

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

	Decision varied	Decision upheld	Total
Internal review	0	0	0
Review by Information Commissioner*	0	0	0
Internal review following recommendation under s93 of Act	0	0	0
Review by ADT	0	0	0
Total	0	0	0

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

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

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

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

Chiropractic Tribunal

Chairperson

Ms Joanne Muller

Deputy Chairperson

Ms Phillipa Gormly

Professional members

Dr Rosemary Guiriato
Dr Sue-Ellen McKelvey
Dr John Thompson

Lay persons

Mrs Sandra Everett
Mrs Frances Taylor

Chiropractic Assessment Committee

Terms of Appointment: 16 November 2012 to 30 June 2016

Role	Name
Chair (Practitioner)	Dr Andrew Paul
Member (Practitioner)	Dr Sonya Fogerty
Member (Practitioner)	Dr Mark Uren
Member (Not registered health practitioner)	Ms Jenny Klause

Glossary

Adjudication Body

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

Cancellation

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

Closed Notification

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

Complainant

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

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

Conciliation

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

Caution

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

Condition

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

Notification (Complaint)

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

Notifiable Conduct/Mandatory Reporting

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

Open Matter

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

Order

An order is a decision, condition or restriction placed on a practitioners registration or practice

Professional Misconduct

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

Reprimand

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

Stage

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

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

Stream

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

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

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

Supervision

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

Suspension

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

Unsatisfactory Professional Conduct

Conduct which is:

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

Additional matters apply to medical practitioners and pharmacists.

Abbreviations

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

Index

	Page		Page
Access	Inside Front Cover	IAB	15
Access to Information (GIPA)	13, 44	Impaired Registrants Panel (IRP)	9
Accounts Payable	17	Independent Auditor's Report	21
Administration	13	Information Management and Systems	15
AHPRA	4, 6, 7, 8, 11, 12, 13, 28, 35, 39, 48, 51	Insurance	15
Aims and Objectives	3	Investigations by the HCCC	10
Annual Report Costs	16	Investment Performance	16
Appeals	11		
Assessment Committees	8	Learning and Development	14
Attendance at Council Meetings	3	Legislative Changes	4, 43
Audit	14	Letter to the Minister	1
Audit and Risk Committee	13, 14		
Audit Office of New South Wales	14	Mandatory Notifications	7
Australian Health Practitioner Regulation		Matters Referred to Another Entity	12
Agency (AHPRA)	4, 6, 7, 8, 11, 12, 13, 28, 35, 39, 48, 51	Matters Referred to HCCC for Conciliation	12
		Meetings and Conferences	4
Budget	18	Membership, Council	3
Business Process Improvement	15	Membership, Tribunal	10, 47
		Ministry of Health (MOH)	3, 14, 15, 28, 30, 39, 51
Charter	3	Monitoring and Compliance of Orders and Conditions	12
Chiropractic Assessment Committee	4		
Chiropractors Registration Board	3, 4, 12	National Registration and Accreditation Scheme	5
Chiropractic Board of Australia	6, 11	Notes to Financial Statements	25
Chiropractic Tribunal of New South Wales	4, 10	Notifications (Complaints) Management	8
Complaints Received About Council Administrative Processes	4	Notifications (Complaints) Outcomes	11
Conditions of Registration	50	Notifications (Complaints) Received	6
Conduct Program	10	Notifications Received Under the Former Act	12
Consultants	15		
Council Activities, Promotion of	4	Organisation Chart	14
Council Approved Practitioner Assessments	9	Overseas Travel	4
Council Committees	4		
Council Inquiry	10	Payments Performance	17
Council Membership	3	Performance	16
Counselling	12	Performance Assessment	9
		Performance Program	9
Education and Research	4	Performance Review Panel (PRP)	10
Executive Officer	4	Privacy	13
Exemptions from the Reporting Provisions (EEO, OHS, WRAPP, Multicultural and Disability)	15	Promotion of Council Activities	4
Expenditure	16, 34, 40, 41	Protective Orders	8
		Public Interest Disclosures	14
Financial Management	16		
Financial Statements	23	Registration	6
Format	16	Regulatory Committees	4
		Remuneration	3
Government Information (Public Access) Act 2009 (GIPA)	13, 44	Reviews by the Council	10
		Risk Management	14
Health Care Complaints Commission (HCCC)	3, 6, 8, 10, 11, 12, 13, 28, 48, 49, 51		
Health Practitioner Regulation National Law (NSW)	3, 27, 43, 51	Section 150	8
Health Practitioner Regulation (NSW) Regulation 2010	43	Service Level Agreement	13, 16, 51
Health Professional Councils Authority (HPCA)	3, 4, 13, 14, 15, 16, 27, 29, 34, 35, 39, 42, 48, 51	Shared Services	13
Health Program	9	Staff Training	14
Human Resources	14	Statement by Members of the Council	20
		Tribunal	4, 10, 47
		Tribunal Reviews	11
		Website	4, 8, 10, 13, 16

