



Pharmacy Council of New South Wales
Annual Report 2012

Pharmacy Council of New South Wales

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

Dear Minister

On behalf of the Pharmacy Council of New South Wales we are pleased to submit the Council's Annual Report for the period 1 July 2011 to 30 June 2012, for presentation to Parliament.

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

This is the second Annual Report of the Pharmacy Council of New South Wales following its establishment on 1 July 2010 pursuant to the *Health Practitioner Regulation National Law (NSW) no 86a* and the introduction of the National Registration and Accreditation Scheme for Health Professionals. The newly appointed Council looks forward to continuing to work towards its remit, the "protection of the public" in NSW.

The Council records its appreciation of the work of the members of its various committees and panels.

The President and Members of the Council are extremely grateful for the ongoing support of its Executive Officer and small team of dedicated staff.

Yours sincerely

Helen Dowling
President

Alison Aylott
Deputy President

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About the Council



The Pharmacy Council of New South Wales (the Council) is a statutory body established to manage notifications (complaints) about pharmacists practising in New South Wales (NSW) and NSW pharmacy students, to regulate NSW pharmacy businesses and to maintain a Register of Pharmacies.

The Council manages complaints and notifications about conduct, performance and health matters concerning NSW pharmacists and health and conduct matters related to NSW pharmacy students in partnership with the Health Care Complaints Commission (HCCC). The HCCC is a separate statutory authority, established under the *Health Care Complaints Act 1993*.

The Council is one of 10 health professional Councils operating in NSW. The Health Professional Councils Authority (HPCA) provides secretariat and corporate support to the NSW health professional Councils to assist them 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 Council is to act in the interests of the public by regulating pharmacy businesses and ensuring that registered pharmacists are fit to practise and pharmacy students are fit to have contact with members of the public whilst they undertake approved programs of study.

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

Council Membership

Clause 7 of Schedule 5C of the Law prescribes that there are to be 10 members of the Council, five of whom are pharmacists elected by local pharmacists and five of whom are appointed by the Governor.

The following members held those positions during the reporting period:

(a) Five elected pharmacists:

- Ms Alison Joy Aylott BPharm MPS MACP
- Mr Adrian Wei-Chun Lee BPharm MCom MPS FACP
- Mr Stuart Ludington BPharm MPS
- Mr Geoffrey John Pritchard BPharm FPS
- Mr Paul Sinclair BPharm
(from 17 November 2011)

(b) Five persons appointed by the Governor:

- one person nominated by the Minister for Health, being an officer of the Department of Health or an employee of a local health district, statutory health corporation or affiliated health organisation:
Ms Terry Anne Maunsell BPharm FSHP
- one pharmacist nominated by the Minister for Health, being a pharmacist involved in conducting approved programs of study for the pharmacy profession:
Mrs Helen Violet Dowling BPharm DipHospPharm(Admin) GradDipQlinHCare CHP FSHP
- one Australian lawyer nominated by the Minister for Health:
Ms Zoe Bojanac LLB
- two persons who are not pharmacists, nominated by the Minister for Health to represent the community:
Mrs Sandra Everett (to 30 September 2011)
Vacancy

The current term of office of Council members expired on 30 June 2012. The Council began the process of identifying members to recommend for appointment from 1 July 2012.

As at 30 June 2012, the Council had eight members, including five female members.

Council acknowledged the valuable contribution made by Mrs Sandra Everett during her time as a community member on both the former Pharmacy Board of NSW and the Council. Mrs Everett's commitment to acting as a voice for the consumer and her input into the work of the Council's Notifications Committee; Policy, Practice and Legal Issues Committee and Communications Committee has been greatly appreciated.

President and Deputy President

The President and Deputy President positions are prescribed pursuant to Clause 10, Schedule 5C of the Law. The President of the Council during the reporting period was Mrs Helen Violet Dowling. The Deputy President during the reporting period was Ms Alison Joy Aylott.

Remuneration

Remuneration for members of the Council is as follows:

President	\$33,264 per annum
Deputy President	\$22,176 per annum
Members	\$11,088 per annum

Additionally, Council members receive sitting fees of \$462 per day and \$231 per half day for the conduct of Council Inquiries and attendance at committee meetings if held on a day other than the monthly Council meeting. 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 second Wednesday of each month during the reporting period. One additional extraordinary meeting was held in December 2011.

Attendance at Council meetings was as follows:

Name	Meetings Attended	Leave of Absence Granted	Extraordinary Meetings
Ms Alison Aylott	10	2	1
Ms Zoe Bojanac	10	2	1
Mrs Helen Dowling	10	2	1
Mrs Sandra Everett	3		
Mr Adrian Lee	12		1
Mr Stuart Ludington	12		1
Ms Terry Maunsell	10	2	1
Mr Geoffrey Pritchard	12		1
Mr Paul Sinclair	5	2	1

Committees of the Council

Section 41F of the Law provides that the Council may establish committees to assist it

with the exercise of its functions. Members of committees need not be Council members.

The following committees supported the Council during the reporting period:

- Notifications Committee
- Ownership Committee
- Communication Committee
- Policy, Practice and Legal Issues Committee
- Finance Committee.

Each committee's philosophy revolved around transparency, fairness and equity to all members of the profession that are affected, within the prescribed boundaries of the Law, functions delegated to it by the Council, and any relevant public interest.

Notifications Committee

This Committee reviews all new notifications (complaints) in consultation with the HCCC. Notifications (complaints) referred to the Council for management following consultation with the HCCC are dealt with according to the provisions of the Law.

Meetings of this Committee are held on the third Thursday of each month and are attended by a senior officer of the HCCC.

Memberships and attendance at meetings was as follows:

Member	Meetings Attended
Ms Alison Aylott (<i>Chair</i>)	10
Ms Zoe Bojanac	11
Mrs Helen Dowling	11
Mrs Sandra Everett	3
Mr Stuart Ludington	12
Ms Carolyn Burlew	1
Ms Marilyn Starr (<i>from November 2011</i>)	8

Ownership Committee

The ownership of pharmacy businesses in NSW is governed by the Law. Assessment of applications for routine changes in ownership of existing pharmacies, proposed ownership in a new pharmacy and the registration of pharmacy premises were undertaken during the reporting period by Council staff under the direction of the Executive Officer.

The Ownership Committee considers complex matters related to the ownership of pharmacies and makes recommendations to the Council on:

- what action may be taken in response to breaches of the Law of a serious nature related to ownership, usually after consultation with the Council's legal officer
- policy and procedural matters when advice is sought from the Executive Officer or the legal officer. This could occur when there are unusual circumstances not covered by existing policies and procedures
- when a need becomes apparent for changes to the Law relating to ownership.

The Ownership Committee met on 11 occasions during the reporting period. Meetings were held on the second Wednesday of each month. The Committee did not meet in January.

Membership and attendance at meetings was as follows:

Member	Meetings Attended
Ms Alison Aylott	9
Mrs Helen Dowling (<i>ex officio</i>)	9
Mr Adrian Lee (<i>Chair</i>)	11
Mr Stuart Ludington	11

Communications Committee

The Communications Committee assists the Council to carry out the following functions:

- to publish and distribute information concerning the Law and the Regulations to pharmacists, consumers and other interested persons via Council's newsletter
- to publish reports, information and advice to the general public concerning pharmaceutical matters
- to review, assess and determine the content of the Council's website and newsletter.

The Communications Committee met on two occasions during the reporting period. In addition to formal meetings, the Committee consulted as necessary by way of emailed correspondence between meeting dates.

Membership and attendance at meetings was as follows:

Member	Meetings Attended
Ms Alison Aylott	1
Mrs Helen Dowling (<i>ex officio</i>)	2
Ms Terry Maunsell	2
Mr Geoffrey Pritchard (<i>Chair</i>)	2

Policy, Practice and Legal Issues Committee

The Policy, Practice and Legal Issues Committee is responsible for ensuring that Council's policies, procedures and guidelines are appropriate, to formulate submissions in response to calls for comment from pharmaceutical and related agencies and to provide assistance with the review of any proposed legislative change.

During the reporting period the Policy, Practice and Legal Issues Committee prepared Council submissions in response to the following:

- discussion paper on the composition of Health Professional Councils - NSW Department of Health
- consultation Draft *Public Health Regulation 2011* - NSW Department of Health
- draft *Public Health (Code of Conduct for Certain Health Practitioners) Regulation 2011* - NSW Department of Health
- Parliamentary Inquiry into opportunities to consolidate tribunals in NSW - Standing Committee on Law & Justice
- Regulation 42ZCZK of the *Therapeutic Goods Regulations 1990* (ACCS & ACMS proposals) - Therapeutic Goods Administration
- proposed advisory statements for the labels of cough and cold medicines for use in children - Therapeutic Goods Administration
- Advanced Pharmacy Practice - Advanced Pharmacy Practice Framework Steering Committee (APPFSC)
- Health Professionals Prescribing Pathway Project - Health Workforce Australia.

The Committee's work during the reporting period was actioned by way of emailed consultation in lieu of formal meetings.

Membership was as follows:

Member
Ms Zoe Bojanac
Mrs Helen Dowling (<i>ex officio</i>)
Mrs Sandra Everett (<i>until September 2011</i>)
Mr Adrian Lee
Ms Terry Maunsell (<i>Chair</i>)

Finance Committee

The Finance Committee was established on 13 June 2012. The function of the Committee is to review, manage and make recommendations to Council in relation to the following:

- The Service Level Agreement between the HPCA and the Council
- Council's budget and financial reports
- Pharmacy premises application fees
- All other financial matters of relevance.

Membership was as follows:

Member

Mrs Helen Dowling (*ex officio*)

Mr Adrian Lee

Ms Terry Maunsell

Mr Paul Sinclair (*Chair*)

The first meeting of the Committee is anticipated to be held early in the next reporting period.

Regulatory Committees, Panels and Disciplinary Bodies

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

Pharmacy Tribunal

The Pharmacy Tribunal of New South Wales is established under s 165 of the Law 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.

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

Matters may be referred to a Tribunal by the Council or the HCCC Director of Proceedings.

The Tribunal concluded one matter during the year. Refer to the *Regulatory Activities* section for details.

Tribunal members for 2011/2012 are listed in Appendix 3.

Pharmacy Assessment Committee

Section 172A of the Law allows for the establishment of Assessment Committees.

Members of the Committee are to be appointed by the Minister and comprise four members. Three members are to be registered pharmacists and there is to be one member who is not a registered health practitioner.

The Council has no Assessment Committees. Council is satisfied that its current processes for dealing with complaints and notifications are adequate and that the establishment of an Assessment Committee is unnecessary.

Impaired Registrants Panels

Impaired Registrants Panels (IRPs) are established under s 173 of the Law to deal with matters concerning practitioners who suffer from a physical or mental impairment which affects or is likely to affect their capacity to practise. The Panel consists of two or three members appointed by the Council. At least one member must be a registered medical practitioner and at least one member must be a registered pharmacist. Panelists are drawn from a pool of members who are usually experienced in working with pharmacists demonstrating problems with their health.

Twelve matters were considered by IRPs during the year.

The IRP members for 2011/2012 are listed in Appendix 3.

Performance Review Panels

Performance Review Panels are established under s 174 of the Law to review the professional performance of a pharmacist. Three members are appointed to each Panel: two must be pharmacists and one who is not a registered health practitioner.

No matters were referred to a PRP during the year.

Executive Officer

Under s 41Q of the Law there is to be an Executive Officer of the Pharmacy Council who is responsible for the affairs of the Council subject to any directions of the Council.

Ms Nina Beeston is the Executive Officer of the Council.

Meetings and Conferences

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

Name	Attendance
Mrs Helen Dowling	1st meeting of the Chairs and Chief Executive Officers of Pharmacy Premises Registering Authorities of Australia (PPRAA)
Ms Alison Aylott & Ms Maria Watts	2nd meeting of the Chairs and Chief Executive Officers of PPRAA
Mr Paul Sinclair	HPCA Audit and Risk Committee meeting
Mr Geoffrey Pritchard & Ms Nina Beeston	3rd meeting of Pharmaceutical Society of Australia's (PSA) Remote Rural Pharmacists Project
Ms Nina Beeston	PSA NSW Branch Annual Therapeutic Update- March 2012 conference
Ms Tuyet Wallis	Tonkin's 2nd Annual Pharmaceutical Law Conference

Education and Research

Section 41S of the Law allows the Council to establish an Education and Research Account. The Council may expend the funds in this account for education and research purposes and for meeting any associated administrative costs. During the reporting period the Council did not operate an Education and Research Account.

The Council continues to participate in and contribute funds to an Australian Research Council (ARC) research project in partnership with the University of Sydney, the Medical, Psychology, Dental and Nursing and Midwifery Councils and AHPRA NSW. The project involves a comparative study of the notifications and complaint systems of NSW compared with other States, and will be continued over the next two years.

Overseas Travel

There was no overseas travel during the reporting period.

Other Council Activities

During the reporting period the Council commenced a review of the adequacy of the database that underpins the Register of Pharmacies. Council anticipates implementing a replacement system within the next reporting period, the capabilities of which will reflect the increasingly complex nature of pharmacy ownership in NSW.

Promotion of Council Activities

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

The Council also distributes a regular newsletter to all pharmacists with a principal place of practice in NSW and pharmacy proprietors in the other Australian states and territories. In 2012, a HPCA working group was formed to develop an electronic newsletter facility for a number of health professional Councils including the Pharmacy Council. As of 30 June 2012 the project was nearing completion, with a design company commissioned to provide a web-based newsletter template, and an online mailing house commissioned to manage the emailing process. It is expected that the Council's first electronic newsletter will be published in October 2012.

The Council's Annual Report for 2010/2011 and Annual Reports of the former Pharmacy Board of NSW 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 regarding its administrative processes or about its activities, staff, service delivery and processes.

The Council dealt with one complaint to the NSW Ombudsman during the reporting period. This matter involved a complaint from a pharmacist about the former Pharmacy Board of NSW's handling of two complaints, one received in 2007 and the other in 2008, and Council's handling of a complaint from 2011, all involving the pharmacist referred to above. The complaint was finalised by the Ombudsman with information being provided to the complainant by the Council.

Legislative Changes

During the reporting period the NSW Parliament passed a number of minor amendments to the *Health Practitioner Regulation National Law (NSW)*, and the Governor made an order which amended ss 41B and 165. The Governor also approved a number of amendments to the *Health Practitioner Regulation (New South Wales) Regulation 2010*. Details of the legislative changes are at Appendix 1.

Regulatory Activities



The Council has two primary responsibilities:

- in conjunction with the HCCC, the protection of the public by managing the performance, conduct and health concerns relating to pharmacists practising in NSW and the health and conduct of pharmacy students training in NSW
- the regulation of NSW pharmacy businesses and the maintenance of a Register of Pharmacies.

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 Pharmacy Board of Australia (National Board) is responsible for registering pharmacists and pharmacy students and for determining the requirements for registration as a pharmacist in Australia.

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.

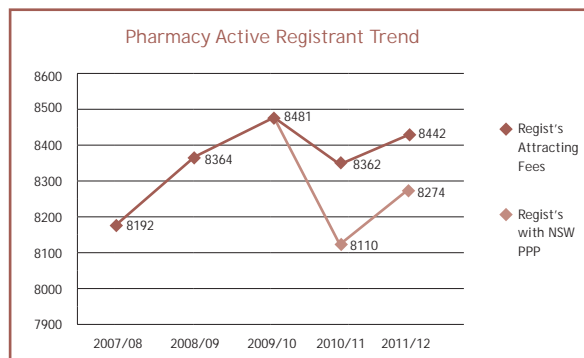
Further information about the operations of the Pharmacy Board of Australia can be obtained from its website (www.pharmacyboard.gov.au) or the website of the Australian Health Practitioner Regulation Agency (AHPRA) (www.ahpra.gov.au).

Registrations in NSW

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

At 30 June 2012, there were 8,274 registered pharmacists whose principal place of practice was in NSW. This represents 31.2% of the total number of pharmacy practitioners registered under the Scheme across Australia.

The graph provides information about the number of pharmacists registered in NSW from 2007/2008 to 2011/2012. There was a 2% increase in 2011/2012 (164 practitioners) compared with 2010/2011.



Students are also registered. AHPRA advised that the number of NSW students registered as at 30 June 2012 was 2,435. Figures are based on the student's residential address, not the location of the education provider.

Registrations by type as at 30 June 2012 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	7,498	126	7,624
Provisional	530	1	531
Limited	7	0	7
Non-Practising	239	41	280
Total	8,274	168	8,442

Notifications (Complaints) Received

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

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

All notifications were referred to the Council's Notifications Committee for consideration in consultation with the HCCC.

There were 171 new notifications (complaints) during the reporting period.

The following graph indicates the trend in new notifications (complaints) received since

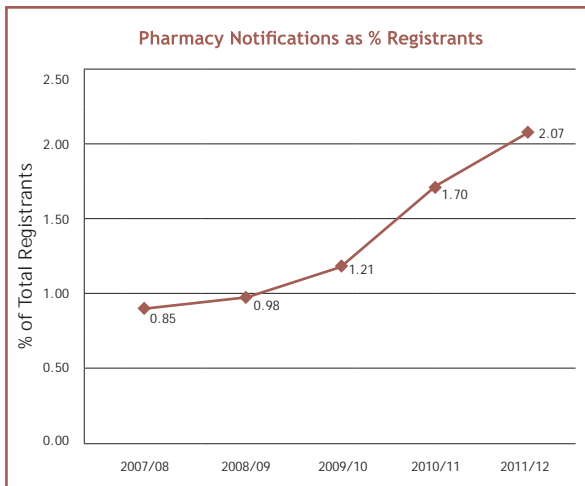
2007/2008 and shows an increase in the past year. There is no apparent reason to explain the increase in volume during 2011/2012.



*Notifications received up to 1 July 2010 include notifications about some matters not covered by the Law such as registration issues.

The 2009/2010 Pharmacy Board of NSW Annual Report covered the nine month period 1 October 2009 to 30 June 2010.

The graph below shows the level of notifications (complaints) as a percentage of the number of pharmacists in NSW, which in 2011/2012 is 2.07%.



A more accurate measure is the percentage of pharmacists about whom a notification (complaint) was received i.e. a pharmacist with more than one notification is only counted once in the calculation. This data has only been available since 1 July 2010. On this basis, the percentage of notifications (complaints) received involving pharmacists with a principal place of practice in NSW was 1.91% for the year.

	2010/2011	2011/2012	Variance
% of pharmacists with notifications received	1.59	1.91	0.32 increase

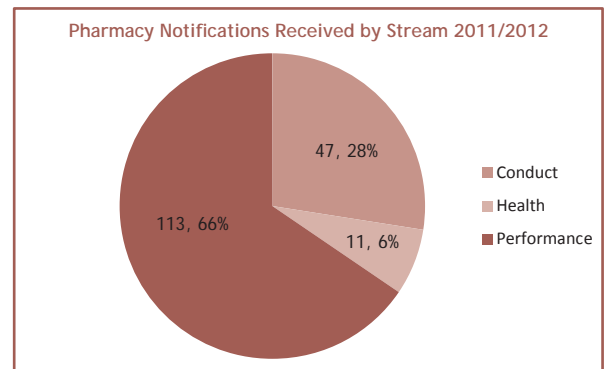
Of the pharmacists with a notification in 2011/2012, six pharmacists had one earlier notification, one pharmacist had two earlier notifications and one had three earlier notifications.

The notifications (complaints) managed by the Council in 2011/2012 were as follows:

Notifications (complaints)	Number
Case volume open* at 1/7/2011	65
New notifications received in 2011/2012	171
Notifications closed in 2011/2012	160
Case volume open* at 30/6/2012	76
Total case volume managed in 2011/2012	236

* See Glossary for definition of open matters.

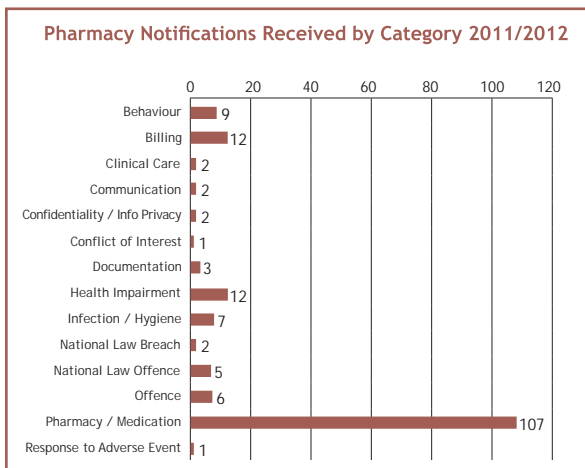
Notifications (complaints) are classified to the conduct, health or performance stream, depending on the nature of the matter. In some instances, more than one stream may be applicable however one stream is identified as the primary stream based on the seriousness of the matter. The notifications received in 2011/2012 by the primary stream were as follows:



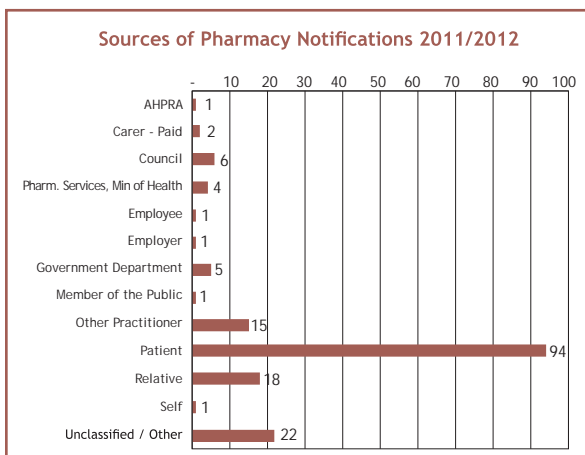
Data vary from the data published in the AHPRA Annual Report. An error was identified subsequent to the submission of data to AHPRA.

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 National jurisdictions.

The number of notifications received in 2011/2012 by the issue category was as follows.



The sources of notifications received in 2011/2012 were:



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

Of the 236 notifications (complaints) managed by the Council in 2011/2012, 27% (63) were primarily related to the conduct of pharmacists, 7% (16) to health matters and 66% (157) to performance issues.

Mandatory Notifications

The Law requires health practitioners, employers and education providers to make mandatory notifications to AHPRA if they believe a pharmacist 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 practise, placing the public at risk of substantial harm because the practitioner has an impairment or placing the public at risk of harm 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 eight mandatory notifications about pharmacists and none about students during the reporting period as follows:

Category	Pharmacists
Alcohol or other drugs	4
Impairment - mental health	1
Departure from professional standards	3

Mandatory notifications represent 4.7% of all notifications received in the reporting period. All mandatory notifications about pharmacists were made by other health practitioners. No mandatory notifications resulted in the Council taking immediate action under s 150 of the Law.

The number of mandatory notifications managed during the reporting period was as follows:

Status of Mandatory Notifications	Number
Mandatory notifications received in prior period but not completed at 1/7/2011	4
Mandatory notifications received in 2011/2012	8
Mandatory notifications closed in 2011/2012	8
Mandatory notifications open at 30/6/2012	4
Total case volume managed in 2011/2012	12

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 complaints is available on the Council's website (www.pharmacycouncil.nsw.gov.au).

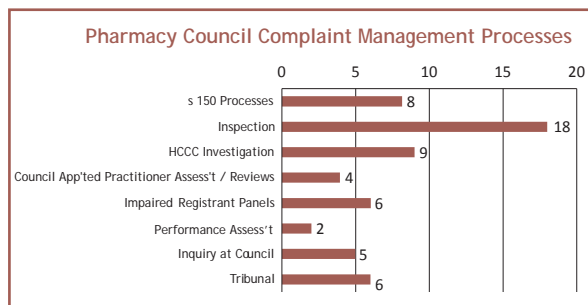
Following an assessment of each notification (complaint), the HCCC and the Council determine if the matter should be discontinued or whether the matter requires some form of action. A notification (complaint) may be discontinued if the matter falls outside the jurisdiction of the Council or the HCCC, if it does not raise issues of sufficient seriousness to warrant further action, or the parties resolve the matter.

Further assessment or investigation occurs when it is decided that action is required. Some matters may also be referred to a Council Inquiry, a Tribunal or a Panel.

In the reporting period, the outcomes following the consultation with the HCCC were that the majority of matters were either discontinued or referred to the Council for further management. Other outcomes included:

- referred to the HCCC for investigation
- referral to the HCCC Resolution Service
- 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 236 notifications managed in 2011/2012, 27% (65) were referred to other legislated committees, adjudication bodies or other Council processes other than regular Council meetings. The volumes of complaints by the management processes were as follows:



Protective Orders - Immediate Action under s 150 of the Law

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

During the reporting period, the Council considered taking immediate action on eight occasions and exercised its protective powers on seven occasions.

Issue	Suspension	Conditions	No action
Impairment - Mental Health	1	1	
Impairment - drug use		2	
Performance		1	
Criminal Offence - drug supply		2	
Misappropriation of drugs			1

Interim outcomes remain in place until the matter is disposed of following investigation or other processes outlined elsewhere in the report.

No immediate action matters arose from mandatory notifications.

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 impaired pharmacists to remain in practice when it is safe to do so.

During the reporting period the Council dealt with eleven new health matters and five matters carried over from the prior period. Five matters involved drug addictions, two involved an alcohol dependency, one with drug and alcohol problems, one with a physical impairment and seven with mental health issues.

Council Approved Practitioner Assessments

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

During the reporting period, the Council arranged for four health assessments on new notification matters; all assessments were completed in the period. Additional health assessments were arranged as part of the monitoring processes. See the Monitoring and Compliance of Orders and Conditions section for details.

Health assessments in the reporting period involved psychiatric assessments of pharmacists with a drug and/or alcohol problem or a mental illness. The outcomes for completed assessments were:

Status of Assessments	Number
Referred to an IRP	1
Assessment no longer required - practitioner no longer registered	1
Assessment no longer required - practitioner relocated to another jurisdiction	1
No further action - practitioner not impaired	1

Impaired Registrants Panels

The Law provides for the convening of Impaired Registrants Panels (IRPs) to deal with matters concerning pharmacists who may have a physical or mental impairment which affects or is likely to affect their capacity to practise.

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

The Panel may counsel the pharmacist, or recommend that the Council counsel the pharmacist, impose conditions on registration, or suspend registration for a period if the Council is satisfied the pharmacist or student has voluntarily agreed to the conditions or suspension.

Status of IRP Inquiries	Number
Matters referred to an IRP but not completed at 1/7/11	3
Matters referred to an IRP in 2011/2012	3
IRPs finalised in 2011/2012	4
Matters referred to an IRP but not completed at 30/6/2012	2
Total case volume managed in 2011/2012	6

The matters referred to an IRP in 2011/2012 related to the following issues:

Issue	Number
Alcohol abuse	1
Drug abuse	2
Mental health	3

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

Recommendations following an IRP were as follows:

Conditions imposed on registration by agreement	4
Not currently impaired - review to be undertaken in 6 months	2

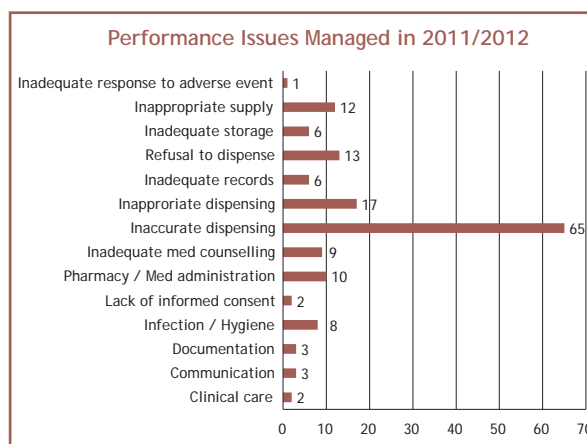
Performance

Performance issues generally relate to concerns about the standard of clinical performance, that is, whether the pharmacist's knowledge, skill or judgment possessed, or care exercised is significantly below that standard reasonably expected of a pharmacist 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 pharmacists managed in the performance stream in 2011/2012 was 157; 44 matters carried over from the previous period and 113 new matters in 2011/2012. Performance matters involved the following issues:



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

Performance Assessments

The Council may require a pharmacist 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 pharmacist's performance is at a standard expected of a similarly trained or experienced practitioner. Consequently, assessments are intended to be broad-based and not limited to the substance of the matter that triggered it.

The assessment is generally conducted in the pharmacist's own practice environment by assessors appointed by the Council.

The Council referred one matter for a performance assessment during the reporting period. The Assessment Report is to be considered by Council in the next reporting year.

One matter, referred for a performance assessment during the last reporting period, was finalised this year. Council was satisfied that the pharmacist was performing within acceptable standards of practice and no further action was required to be taken.

Performance Review Panel

If a performance assessment finds that the professional performance of a practitioner is

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

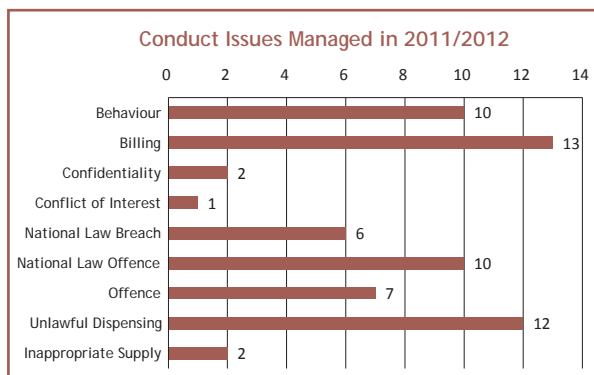
Where deficiencies are identified, the pharmacist is required to undertake remediation tailored to their individual needs. This may entail attending courses, undertaking supervision or engaging in additional continuing professional development. Conditions on practice may also be required to ensure the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

No PRPs were convened during the reporting period.

Conduct

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

The total number of pharmacists managed in the conduct stream in 2011/2012 was 63; 16 matters carried over from the previous period and 47 new matters in 2011/2012. Matters involving the following conduct issues were managed during the reporting period:



Investigations by the Health Care Complaints Commission (HCCC)

During 2011/2012 a number of matters were investigated by the HCCC, resulting in the following outcomes:

- referred to the Director of Proceedings for consideration of prosecution before a Tribunal

- referral to the Council for further management
- referral to another body
- no further action required.

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.

During the reporting period two Council Inquiries were finalised. The status of matters referred to a Council Inquiry was as follows:

Status of Council Inquiries	Number
Matters referred to an Inquiry but not completed at 1/7/2011	3
Matters referred to an Inquiry in 2011/2012	2
Matters where an Inquiry was completed in 2011/2012	2
Matters referred to an Inquiry but not completed at 30/6/2012	3
Total case volume managed in 2011/2012	5

Of the matters referred to or managed via an Inquiry at Council in 2011/2012, four related to dispensing, storage of medications and record keeping and one related to self administration of drugs.

Findings from Inquiries finalised in the reporting period were as follows:

Complaint 1:

The subject matter of the complaint concerned various non-compliances with requirements of the *Poisons and Therapeutic Goods Regulation 2008* related to the dispensing and storage of Methadone and the Ministry of Health Guidelines for Community Pharmacists for the supply of Methadone.

Outcome: The complaint was dismissed.

Complaint 2:

The subject matter of the complaint concerned the supply of various Schedule 8 opioids and benzodiazepines to patients at a frequency which did not accord with the directions on the prescriptions.

Outcome: A finding of unsatisfactory professional conduct was made and the pharmacist was severely reprimanded.

Pharmacy Tribunal

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

Tribunal matters	Number
Matters referred to a Tribunal but not completed at 1/7/2011	2
Matters referred to a Tribunal in 2011/2012	5
Matters for which the Tribunal was completed in 2011/2012	1
Matters referred to a Tribunal but not completed at 30/6/2012	6
Total case volume managed in 2011/2012	7

The matters referred to or managed by the Tribunal in 2011/2012 involved the following issues: criminal conviction, impairment and non compliance with conditions of registration; inappropriate supply of compounded medication; theft of drugs of addiction from the workplace; inappropriate supply and recording of drugs of addiction, inappropriate dispensing of drugs to overseas patients; inappropriate supply of anabolic steroids and drugs of addiction.

One matter arose following an appeal to the Supreme Court which allowed the appeal. The matter was remitted for hearing before a differently constituted Tribunal on question of consequential orders. The matter was not finalised as at the end of the reporting period.

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

Practitioner	Date of Decision	Outcome Summary
Victoria Lau	15/12/11	Unsatisfactory Professional Conduct and Professional Misconduct. Registration cancelled. Not eligible for registration until 18 months elapse.

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

Reviews

Pharmacists 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 or on the recommendation of an Impaired Registrants Panel may request a review of the conditions or suspension by the Council.

No applications for review were carried over from the previous period. The Council received two applications for review of conditions imposed under s 150 of the Law in 2011/2012. One review was finalised with the outcome being that the condition was altered. The other application for review was considered with no change made to the s 150 condition. No applications for review were carried over to the next reporting period.

Appeals to the Pharmacy Tribunal

Pharmacists 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 Pharmacy Tribunal.

There were no appeals to the Pharmacy Tribunal during the reporting period.

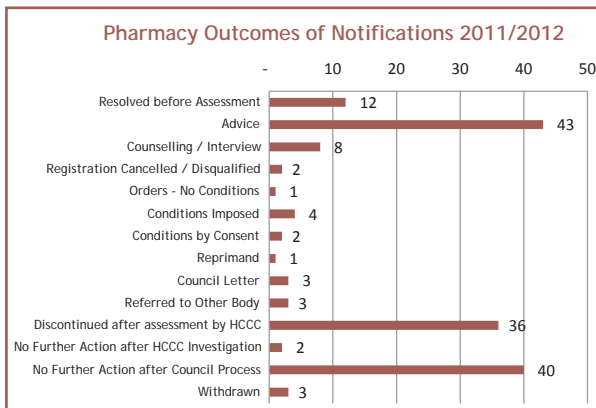
Appeals to the Supreme Court

Pharmacists may appeal a decision made by the Pharmacy Tribunal to the Supreme Court.

There were no appeals to the Supreme Court during the reporting period.

Notification (Complaint) Outcomes

The outcomes of the 160 notifications (complaints) closed in 2011/2012 are summarised below. The majority of matters did not require further action by the Council or the HCCC (76 or 48%). The next most prevalent outcome was the provision of advice to the practitioner.



The stage at which the matter was closed is as follows:

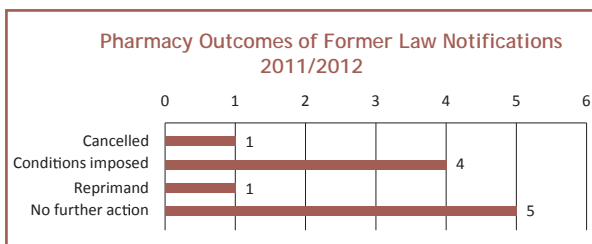
Stage* at Closure	Number
Assessment	143
Health	4
Performance	0
Investigation	6
Panel (IRPs, Council Inquiry)	6
Tribunal	1
Appeal / Court	0

*See Glossary for description of each stage.

Analysis of Notifications Received Under Former Pharmacy Practice Act 2006

Matters under the former Act	Number
Matters under former law not completed at 1/7/2011	18
Matters under former law closed in 2011/2012	11
Matters under former law open at 30/6/2012	7

The outcomes of these matters were as follows:



The stage of management of the matter at closure was as follows:

Stage* at Closure	Number
Assessment	7
Health	1
Performance	0
Investigation	1
Panel (IRP)	1
Tribunal	1
Appeal / Court	0

* See Glossary for description of each stage.

Of the seven matters remaining open at the end of the reporting period, one matter was awaiting a Reasons for Decision from a Council Inquiry, two matters were awaiting a Tribunal hearing, two matters had been heard by the Tribunal in part, one matter remained under investigation by the HCCC and one matter was on hold as the practitioner had been outside Australia for some time and had not returned.

Counselling

Under the Law, the Council may direct a pharmacist or pharmacy student to attend for counselling. This is a non-disciplinary process that enables the Council to address performance or conduct concerns in an informal but sound and influential manner. Counselling is usually conducted by two Council or Notifications Committee members.

During the reporting period, the Council dealt with seven notifications by directing the practitioner to attend for counselling; one additional matter was carried over from the former reporting period. There were no students referred to counselling.

Some of the issues dealt with by counselling were:

- communication
- appropriate patient counselling
- customer service
- management of out of date stock.

Of those matters, six were finalised following counselling. Counselling in relation to two matters will be conducted in the next reporting period.

Counselling was conducted by the following Council/Notifications Committee members:

Member	Number
Ms Alison Aylott	3
Ms Zoe Bojanac	2
Mrs Helen Dowling	1
Mr Stuart Ludington	5
Ms Terry Maunsell	2
Ms Marilyn Starr	2

Matters referred to the HCCC for Assisted Resolution and Conciliation

The Council may refer a notification to the HCCC for assisted resolution and conciliation. In 2011/2012, there was one matter referred to the HCCC for this action.

Matters Referred to Another Entity

During the reporting period, the Council referred six matters to another entity as follows:

Entity	Reason for Referral	Number
National Board / AHPRA	Practitioner relocated interstate	2
Pharmaceutical Services Unit, NSW Ministry of Health	Matter under investigation by PSU	1
Therapeutic Goods Administration (TGA)	Advertising - within jurisdiction of TGA	3

Outcomes of Mandatory Notifications

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

Outcome	Number
Advice - no further action	2
No further action	1
Referred to another jurisdiction	2
Discontinued	3

Monitoring and Compliance of Orders and Conditions

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

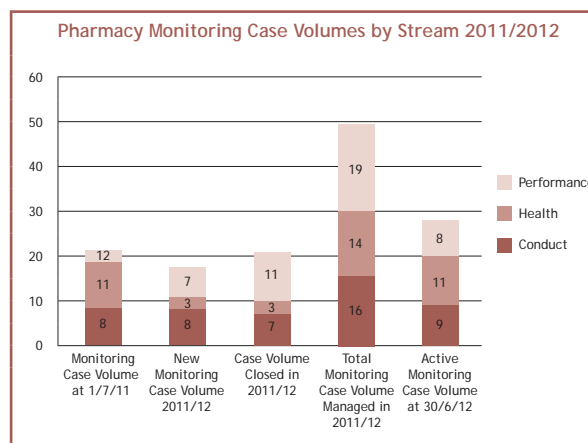
Conditions fall into two categories:

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

Orders made which are not expressed as conditions are also not published on the national register.

During the year, 49 cases were monitored, and 28 remain active as at 30 June 2012.

Status of Monitoring Matters	Number
Matters monitored as at 1/7/2011	31
Matters commencing monitoring in 2011/2012	18
Matters for which monitoring was completed in 2011/2012	21
Matters under monitoring as at 30/6/2012	28
Total case volume managed in 2011/2012	49



The Council arranged for seven medical assessments as part an IRP Review or for the monitoring of health and conditions processes. Following Council consideration of the report, two practitioners were discharged from the health program.

The monitoring matters managed in 2011/2012 related to the following issues:

Issue	Number
Practice restrictions including: not to practise, not to practise as pharmacist in charge, not to work as a sole pharmacist, to enter the pharmacy for administrative purposes only	12
Not to possess, supply, manufacture or dispense Schedule 4 and /or Schedule 8 drugs	3
Mentoring and/or auditing requirement	13
Continuing Professional Development (CPD) requirement	31
Professional membership requirement	24
Undertake a course/training, present a tutorial, or submit a regular report	10
Urinalysis Drug Testing	5
Carbohydrate-Deficient Transferrin (CDT) testing	1
Review by treating practitioner: psychiatrist, drug and alcohol physician	8

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

During 2011/2012, effective working relationships with AHPRA facilitated compliance monitoring across both organisations.

Regulation of Pharmacy Businesses

Pharmacies	2011	2012
Number of registered pharmacies as at 30 June	1,813	1,831

Register of Pharmacies

Clause 14 of Schedule 5F of the Law requires the Council to keep a Register of Pharmacies.

Changes to the Register of Pharmacies occur upon the approval of applications to the Council and payment of the relevant fee.

During the reporting period the Council approved the following applications:

Application	Approvals
New Pharmacy	55
Professional Services Room	3
Relocation of Professional Services Room	1
Change of Pharmacy Name	110
Change of Pharmacy Address	54
Change of Pharmacy Ownership	175
Acquisition of a pecuniary interest in a pharmacy business by acquiring shares in a Pharmacist's Body Corporate and / or appointment of new director(s)	10
Copy of the Register of Pharmacies	2

The Council received notices of closure for 30 pharmacies during the reporting period.

Offences under the Law

Schedule 5F of the Law sets out provisions related to the holding of pecuniary interests in pharmacy businesses and responsibilities of pharmacy owners which if contravened may give rise to a Council initiated Local Court prosecution.

During the reporting period Council commenced a Local Court prosecution against a pharmacy owner for the offence of allowing an approved pharmacy business to be carried on without a pharmacist in charge being onsite and in contravention of Clause 11 Schedule 5F of the Law.

The matter is listed for hearing in the next reporting period.

Pharmacy Inspectors

Pharmacy inspectors have the State-wide function of conducting inspections and investigations to enforce compliance with the Law and the *Health Practitioner Regulation (New South Wales) Regulation 2010*. This includes inspection of existing, new and

relocating pharmacies and investigation of complaints against pharmacists and pharmacies. The position also has responsibilities under the *Poisons and Therapeutic Goods Act 2008* regarding safe handling of medications.

Pharmacy inspectors are appointed as authorised persons under s 164 of the Law. The powers of authorised persons as set out in s 164A of the Law include the power to enter and inspect premises, to copy and/or seize records and to require persons to answer questions.

During the reporting period the Council was assisted by one pharmacy inspector up until November 2011 when the vacancy for a second inspector was filled.

Pharmacy inspectors undertake the following:

- routine inspections - pharmacies across NSW are routinely inspected every 18 months to ensure compliance with the requirements of the Law and Regulations
- application approval inspections - the approval by the Council of an application related to the relocation of an existing pharmacy or the establishment of a new pharmacy business is subject to a satisfactory inspection to ensure compliance with the legislative requirements prior to commencing business on a new site
- complaints inspections - the Council's Notifications Committee may request an inspection be conducted as part of its process of making inquiries into a complaint. During the reporting period inspections were conducted following receipt of the following types of complaints:
 - operating a pharmacy without a pharmacist in charge
 - dispensing error
 - supply of out-of-date (expired) medication
 - attitude towards customers
 - inadequate record keeping
 - smoking/drinking alcohol on the premises
- drug destructions - pharmacy inspectors are authorised by the NSW Ministry of Health Pharmaceutical Services Unit to dispose/destroy unusable Schedule 8 medication.

During the reporting period the following activities were undertaken by the inspectors:

Activity	Number
Routine inspections	1,266
Inspections of relocated pharmacies and new pharmacy premises	99
Complaint related inspections	18
Drug destructions	194

Fees

Clause 12(5) of Schedule 5F of the Law provides that an application for approval of a pharmacy premises or a registration of pecuniary interest in a pharmacy business must be accompanied by the fee decided by the Council.

The fees applying during the reporting period were as follows:

Application	Fee
New Pharmacy plus Inspection Fee	\$500 \$300
Professional Services Room plus Inspection Fee	\$150 \$300
Change of Pharmacy Ownership	\$500
Change of Pharmacy Address	\$300
Change of Pharmacy Name	\$50
Acquisition of pecuniary interest by acquiring shares in a Pharmacist's Body Corporate and/or appointment of new director/s	\$500
Annual Renewal of Pharmacy Registration	\$300
Late fee - Annual Renewal of Pharmacy Registration	\$75
Inspection of the Register of Pharmacies	\$30
Copy of the Register of Pharmacies	\$750

The Council reviewed the fees in 2011/2012 and determined to hold the fees at the above rates.

New Pharmacy and Change of Pharmacy Ownership applications received by Council may include proposals for business structures involving trusts. Trust agreements are referred by Council for external legal review with the cost of the legal review met by the applicant. Nineteen trust agreements were referred for external legal review during the reporting period at an average cost to the applicant of \$1900.

All application forms are available on the Council's website.

Management and Administration



Shared Services

The Health Professional Councils Authority (HPCA) is an administrative unit of the Health Administration Corporation (HAC) which provides shared executive and corporate services to the NSW health professional Councils to support their regulatory responsibilities.

The HPCA currently supports 10 Councils:

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

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

On behalf of the Councils, the HPCA liaises with AHPRA regarding financial, registration and reporting matters; with the HCCC on complaints management issues; and with the Ministry of Health on human resource matters and providing advice and responses to the Minister for Health and the Director-General on regulatory matters and appointments.

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

A service level agreement (SLA) between the Council and the HPCA has been developed for implementation next financial year. The SLA articulates the services the HPCA provides and key performance indicators against which to assess performance. It provides certainty and a shared understanding for the Council and the HPCA on the range and quality of services

provided. This addresses one of the significant matters raised by the Audit Office of NSW in the audit of the 2010/2011 financial statements.

Access to Information - 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 website that comprises open access and proactively released information. The Publication Guide (now called Agency Information Guide) was updated and has been revised as required under amendments to the GIPA Act.

Staff participated in training provided by the Office of the Information Commissioner.

Review of proactive release program - Clause 7(a)

In accordance with s 7(3) of the GIPA Act, the Council reviewed its program for the release of government information to identify the kinds of information that can be made publicly available.

The Council's program for the proactive release of information involves ensuring that new and revised policies and other information are progressively released to provide pharmacists, complainants and the public with access to information relevant to regulation and the notification (complaint) management process.

During the reporting period, this program was reviewed by maintaining a policy register and monitoring the completion and approval of relevant information. As a result of this review, the Council released the following information proactively: policy documents related to subpoenas, policy management, dealing with administrative complaints, and gifts and benefits. These have been made available on the website, as well as links to relevant NSW Health policies and National Board policies.

Additions to the website include a section for the public to lodge a notification (complaint) about a pharmacist or student, and access to information on scheduled hearings and the decisions made by Tribunals and Committees.

Number of access applications received - Clause 7(b)

During the reporting period, the Council received a total of one formal access application (including withdrawn applications but not invalid applications).

Number of refused applications for Schedule 1 information - Clause 7(c)

During the reporting period, the Council refused a total of one formal access application because the information requested was information referred to in Schedule 1 to the GIPA Act. No applications were refused in full.

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*.

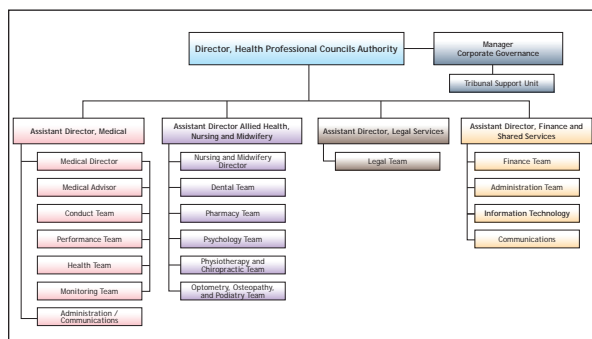
No complaints regarding privacy matters were received during the reporting period. Staff attended privacy management training and a privacy management plan will be developed in 2012/2013.

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 2012 there were 89 permanent full-time and nine temporary full-time positions, of whom 7.8 FTE provided secretariat support directly to the Council.

HPCA Organisation Chart as at 30 June 2012



The HPCA adopted NSW Ministry of Health personnel policies and practices and ensured that staff had access to these policies through the Ministry intranet. All staff signed the new NSW Health Code of Conduct and had the opportunity to discuss it at staff meetings.

During the year the HPCA commissioned a review of the organisational structure to determine the best allocation of staffing resources and opportunities to streamline some services that are shared across all of the Councils.

Learning and Development

The HPCA provided learning and development opportunities for staff that were aligned with Council and corporate priorities, and that met staff individual training needs identified through the Coaching and Performance System (CAPS).

Members of the Occupational Health and Safety Committee received training in the requirements of the *Work Health and Safety Act (NSW) 2011* and the *Work Health and Safety Regulation (NSW) 2011* which came into effect on 1 January 2012. From this date the Committee became the Work Health and Safety Committee.

Selected staff attended courses on GIPA, privacy management and public interest disclosure provisions; writing procedures and policy documents; preparing Ministerial correspondence and Continuing Legal Education. The introduction of the TRIM records management system and Monitoring and Complaints System (MaCS) for case management included intensive training, development of procedure manuals and ongoing support following implementation.

The Council aims to ensure that all staff and members understand the provisions of the Law and its administration.

Priorities for 2012/2013 include induction of members joining the Council from 1 July 2012 and a focus on developing knowledge of the Law, Council's regulatory responsibilities and processes to protect the public. Legal information sessions for staff are being developed as part of an ongoing program of continuous learning and education.

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*. The Council has endorsed an internal reporting policy and has provided a report to the NSW Ombudsman's online reporting tool.

Staff and Council members are aware of the policy and information is available on the requirements and processes for making and managing disclosures.

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

	January 2012 - June 2012
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
Local government pecuniary interest contravention	0
Number of PIDs finalised	0

*Note: The number of PIDs finalised only refers to PIDs that have been received since 1 January 2012.

Industrial Relations Policies and Practices

The HPCA implemented the Ministry of Health industrial relations policies and practices, and maintained a harmonious industrial environment throughout the year.

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 particular:

- the HPCA has established a Health Professional Councils Audit and Risk Committee comprising three members, with a majority of independent members and an independent chair
- developed an Audit and Risk Committee charter consistent with the content of the 'model charter'
- established and maintained an enterprise risk management process including a Risk Register and three year rolling internal audit plan, which covers the operation of all of the Councils.

Due to the Councils' small budgets the HPCA has not established a specific Chief Audit Executive role. To meet this requirement, IAB is commissioned to undertake the internal audits nominated in the internal audit plan and the HPCA Manager, Corporate Governance provides

the secretariat to the Audit and Risk Committee and ensures that audit outcomes and risk management activities are regularly reported to and monitored by the Committee.

Since its inception in January 2012 the Audit and Risk Committee reviewed the 2011/2012 Risk Register, monitored internal audits and reviews and the Council's financial and management reports.

During the year the HPCA paid particular attention to implementing the recommendations arising from the Audit Office of NSW audit of the 2010/2011 financial statements. In addition, the HPCA updated the Risk Register, developed a fraud risk assessment tool and initiated work on a business continuity plan.

The IAB conducted an internal audit of the financial controls over payments to Council, committee and panel members. The audit found no evidence of fraud but recommended a number of policy and control measures to improve internal processes and the development of a policy and procedures. All of the review's recommendations were accepted and are being addressed.

A proposed audit of information and records management was postponed to enable the scope to be revised to focus on the content and accessibility of records. This review will be rescheduled during 2013 and development of a business continuity plan has been initiated.

Information Management Systems

A priority this year was to improve information systems and the management of information, which is one of the Council's key assets. This has enabled information to be more readily shared and has improved the accuracy, reliability and security of corporate and regulatory information.

The TRIM records management system was implemented for corporate and Council records, with particular focus on electronic document management to improve version control and document tracking. A business classification scheme was developed and TRIM was linked to the case management system to reduce double handling and recording of practitioner related information.

A new case management system, called Monitoring and Complaints System (MaCS) was also launched. It included practitioner records related to Council decisions and conditions

imposed on practice by the Pharmacy Tribunal. MaCS enables standardised information about practitioners and the progress and outcomes of matters to be recorded and monitored. It also improved the accuracy and timeliness of statistical reporting.

Documentation of an IT disaster recovery plan began and will be completed as part of the business continuity plan.

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 10 health professional Councils together commissioned consultancies related to system improvements, governance 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 \$
Financial management	3	4,028
Governance	3	2,807
Administration	2	972
Information management and systems	1	2,013
Total	9	9,820

Insurance

The Council's insurance activities are conducted by the HPCA through the NSW Department 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
- workers compensation.

Annual Report Costs

The Council printed 60 copies of the 2011/2012 Annual Report at an approximate cost of \$27.30 per copy (GST inc.).

Financial Management

The HPCA provides financial management services to the Council including the payment of accounts, budget preparation and monitoring and coordination of regular financial reporting to the Council. HPCA staff worked with the AHPRA on behalf of the Council to determine practitioner fees and the regulatory component of those fees paid to the Council to enable it to undertake its regulatory functions.

A new model for the allocation of costs across the Councils is being developed to ensure the equitable distribution of shared costs and staffing resources across all Councils. It will be implemented from 2012/2013 once the impact of the methodology across 13 Councils has been tested.

Format

The accounts of the Council's operations, together with the Independent Auditor's Report are set out in the Financial Statements included in this Annual Report.

Performance

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

	\$
Revenue	2,328,250
Operating expenditure	1,521,098
Education and research expenditure	-
Net Profit/(Loss)	(805,168)
Net cash reserves (cash and cash equivalents minus current liabilities)*	2,544,934
* Included in the net cash reserves is Education and Research bank account balance of:	-

Investment Performance

The Council, through a Special Interest Arrangement with the Commonwealth Bank of Australia earned an average of 3.65% p.a. on its daily bank balances.

Payments Performance

The Council's accounts are managed by the Health Administration Corporation. The HPCA is in the process of identifying small business suppliers as required by NSW Treasury Circular TC11/21. The consolidated accounts payable performance report for the HPCA 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	1,932,856	1,094	0	74	0
December	2,007,267	23,963	0	0	0
March	1,152,270	89	0	0	0
June	1,437,800	31,854	0	0	0
Small business suppliers					
September					
December					
March					
June					

Measure	Sept	Dec	Mar	Jun
All suppliers				
Number of accounts due for payment	116	122	132	108
Number of accounts paid on time	113	92	131	107
Actual percentage of accounts paid on time (based on number of accounts)	97.4	75.4	99.2	99.1
Dollar amount of accounts due for payment	1,934,024	2,031,230	1,152,359	1,469,654
Dollar amount of accounts paid on time	1,932,856	2,007,267	1,152,270	1,437,800
Actual percentage of accounts paid on time (based on \$)	99.9	98.8	100	97.8
Number of payments for interest on overdue accounts				
Interest paid on overdue accounts				

Measure	Sept	Dec	Mar	Jun
Small business suppliers				
Number of accounts due for payment				
Number of accounts paid on time				
Actual percentage of accounts paid on time (based on number of accounts)				
Dollar amount of accounts due for payment				
Dollar amount of accounts paid on time				
Actual percentage of accounts paid on time (based on \$)				
Number of payments for interest on overdue accounts				
Interest paid on overdue accounts				

Budget 2012/2013

The consolidated budget for the period 1 July 2012 to 30 June 2013 is as follows:

Revenue	2,348,358
Operating expenditure	(1,836,151)
Education and research expenditure	(10,000)
Net Profit/(Loss)	502,207

The 2012/2013 budget is subject to revision.



INDEPENDENT AUDITOR'S REPORT

Pharmacy Council of New South Wales

To Members of the New South Wales Parliament

I have audited the accompanying financial statements of the Pharmacy Council of New South Wales (the Council), which comprise the statement of financial position as at 30 June 2012, 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 2012, 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 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.

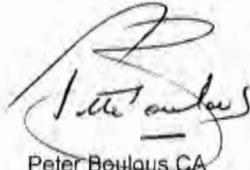
My opinion does *not* provide assurance:

- 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.



Peter Boulous CA
Director Financial Audit Services

18 October 2012
SYDNEY



PHARMACY COUNCIL OF NEW SOUTH WALES

YEAR ENDED 30 JUNE 2012

STATEMENT BY MEMBERS OF THE COUNCIL

Pursuant to section 41C(1B) *Public Finance and Audit Act 1983*, and in accordance with the resolution of the members of the Pharmacy 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 Pharmacy Council of New South Wales as at 30 June 2012 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: 12 October 2012

Council Member

Date: 12/10/2012

Pharmacy Council of New South Wales

Statement of Comprehensive Income
for the Year Ended 30 June 2012

	Notes	2012 \$	2011 \$
EXPENSES EXCLUDING LOSSES			
Operating expenses			
Personnel services	2(a)	(681,176)	(558,690)
Other operating expenses	2(b)	(506,307)	(555,463)
Depreciation and amortisation	2(c)	(35,130)	(39,538)
Finance costs	2(d)	(711)	(893)
Other expenses	2(e)	(297,774)	(181,997)
Education and research expenses	3	-	(367)
Total Expenses Excluding Losses		(1,521,098)	(1,336,948)
REVENUE			
Registration fees		2,024,690	1,291,786
Other revenue		200,489	111,156
Interest revenue	5	103,071	29,614
Total Revenue		2,328,250	1,432,556
Gain/(Loss) on disposal	6	(1,984)	(10,765)
Net Result		805,168	84,843
Other Comprehensive Income		-	-
Total Comprehensive Income		805,168	84,843

The accompanying notes form part of these financial statements.



Pharmacy Council of New South Wales

Statement of Financial Position
as at 30 June 2012

	Notes	2012 \$	2011 \$
ASSETS			
Current Assets			
Cash and cash equivalents	7	2,544,934	1,731,619
Receivables	8	38,616	40,662
Total Current Assets		2,583,550	1,772,281
Non-Current Assets			
Plant and equipment	9		
Leasehold improvements		52,943	10,177
Motor vehicles		35,871	24,773
Furniture and fittings		12,787	-
Other		1,574	464
Total Plant and equipment		103,175	35,414
Intangible assets	10	29,059	7,626
Total Non-Current Assets		132,234	43,040
Total Assets		2,715,784	1,815,321
LIABILITIES			
Current Liabilities			
Payables	11	347,752	245,644
Fees in advance	12	1,114,865	1,122,389
Total Current Liabilities		1,462,617	1,368,033
Non-Current Liabilities			
Provisions	13	8,623	7,912
Total Non-Current Liabilities		8,623	7,912
Total Liabilities		1,471,240	1,375,945
Net Assets		1,244,544	439,376
EQUITY			
Accumulated funds		1,244,544	439,376
Total Equity		1,244,544	439,376

The accompanying notes form part of these financial statements.

Pharmacy Council of New South Wales

Statement of Changes In Equity for the Year Ended 30 June 2012

	Notes	Accumulated Funds \$
Balance at 1 July 2011		439,376
Changes in accounting policy		-
Correction of errors		-
Restated Total Equity		439,376
Net Result for the Year		805,168
Other comprehensive income		-
Balance at 30 June 2012		1,244,544
Balance at 1 July 2010		-
Transfer in of net assets due to restructure	19	468,585
Payment to Ministry of Health	19	(114,052)
Restated transfer balance as at 1 July 2010		354,533
Net Result for the Year		84,843
Other comprehensive income		-
Balance at 30 June 2011		439,376

The accompanying notes form part of these financial statements.



Pharmacy Council of New South Wales

Statement of Cash Flows
for the Year Ended 30 June 2012

	Notes	2012 \$	2011 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Payments			
Personnel services		(611,910)	(491,045)
Finance costs		-	-
Other		(775,832)	(910,587)
Total Payments		(1,387,742)	(1,401,632)
Receipts			
Receipts from registration fees		2,026,867	1,864,241
Interest received		97,648	29,614
Other		202,850	111,156
Total Receipts		2,327,365	2,005,011
Net Cash Flows from Operating Activities	17	939,623	603,379
CASH FLOWS FROM INVESTING ACTIVITIES			
Proceeds from sale of plant and equipment		22,440	19,579
Purchases of plant and equipment		(148,747)	(44,556)
Net Cash Flows from Investing Activities		(126,308)	(24,977)
CASH FLOWS FROM FINANCING ACTIVITIES			
Proceeds from restructure of previously abolished Board Australian Health Practitioner Regulation Agency as per Government Gazette No 90	19	-	1,590,999
Payment to NSW Department of Health (owner) as per Government Gazette No 90	19	-	(323,730)
	19	-	(114,052)
Net Cash Flows from Financing Activities		-	1,153,217
Net Increase/(Decrease) in Cash		813,315	1,731,619
Opening Cash and Cash Equivalents		1,731,619	-
Closing Cash and Cash Equivalents	7	2,544,934	1,731,619

The accompanying notes form part of these financial statements.

Pharmacy Council of New South Wales

Notes to the Financial Statements

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

a. Reporting Entity

The Pharmacy 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 2012 have been authorised for issue by the Council on 12 October 2012.

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)
- the requirements of the *Public Finance and Audit Act 1983* and Regulation and
- the Financial Reporting Directions published in the Financial Reporting Code for NSW General Government Sector Entities or issued by the Treasurer.

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. 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.

d. 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.

e. Income Recognition

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

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

Under Section 26A of the Law, the complaints element of the registration fees payable during 2012 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 2012 registration fee.



Pharmacy Council of New South Wales

Notes to the Financial Statements

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

Other revenue comprises of monies received by the Pharmacy Council for the regulation of pharmacy businesses in NSW (as per the Law, Schedule 5F). This includes fees for annual registration of pharmacy premises, new or varied applications for pharmacy businesses and acquisition of pecuniary interest in pharmacy body corporate.

f. Personnel Services

All employees of the Council reside with the Ministry of Health (MOH). Staff costs are shown in the Statement of Comprehensive Income as personnel services in the financial statements of the Council. Provisions in the Statement of Financial Position represent amounts payable to the MOH in respect of personnel services.

g. Interest Revenue

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

h. Education and Research

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

i. Assets

i. Acquisitions 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.

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

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

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

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

ii. Capitalisation Thresholds

The Health Professional Councils Authority (HPCA) acquires all assets on behalf of the Council. 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 \$258.50 (all Council shared use asset), or \$314.50 (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.

Pharmacy Council of New South Wales

Notes to the Financial Statements

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.

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.



Pharmacy Council of New South Wales

Notes to the Financial Statements

j. 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.

k. Equity

Accumulated Funds

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

l. 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.

Comparative amounts, where applicable (in Notes 2b and 2e), are reclassified for the purpose of comparability with the current year figures.

m. New Australian Accounting Standards issued but not effective

There are no new Accounting Standards applicable this financial year.

Pharmacy 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:

	2012 \$	2011 \$
Salaries and wages (including recreation leave)	579,168	478,446
Superannuation	64,144	51,270
Payroll taxes	34,690	26,223
Workers compensation insurance	3,174	2,751
	<u>681,176</u>	<u>558,690</u>

b. Other operating expenses include the following:

	2012 \$	2011 \$
Auditor's remuneration	15,500	15,500
Rent and building expenses	61,767	108,120
Council fees	115,200	109,865
Sitting fees	153,546	76,823
Contracted labour	160,294	245,155
	<u>506,307</u>	<u>555,463</u>

c. Depreciation and amortisation expense

	2012 \$	2011 \$
Depreciation		
Motor vehicles	10,917	9,085
Furniture and fittings	-	-
Other	5,846	3,984
	<u>16,762</u>	<u>13,069</u>
Amortisation		
Leasehold improvement	1,302	910
Intangible assets	17,065	25,559
	<u>18,367</u>	<u>26,469</u>
Total Depreciation and Amortisation	<u><u>35,130</u></u>	<u><u>39,538</u></u>



Pharmacy Council of New South Wales

Notes to the Financial Statements

d. Finance costs

	2012 \$	2011 \$
Unwinding of discount rate on make good provision	711	893
	<u>711</u>	<u>893</u>

e. Other expenses

	2012 \$	2011 \$
Subsistence and transport	62,755	48,712
Fees for service	162,795	60,368
Postage and communication	15,531	17,353
Printing and stationery	19,728	13,878
Equipment and furniture	744	4,015
General administration expenses	36,221	37,671
	<u>297,774</u>	<u>181,997</u>

3. EDUCATION AND RESEARCH

i. Education and Research Expenses

	2012 \$	2011 \$
Other expenses	-	367
Total (excluding GST)	<u>-</u>	<u>367</u>

ii. Education and Research Account Reconciliation

	2012 \$	2011 \$
Opening balance 1 July 2011	-	-
Transfer of assets due to restructure	-	733
Interest	-	-
	<u>-</u>	<u>733</u>
Outgoings	-	(733)
Closing Balance 30 June 2012	<u>-</u>	<u>-</u>



Pharmacy Council of New South Wales

Notes to the Financial Statements

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

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

Salaries and associated oncosts are paid by the 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 Health Administration Corporation are detailed above in notes 2 to 11.

5. INTEREST REVENUE

	2012 \$	2011 \$
Interest revenue from financial assets not at fair value through profit or loss	103,071	29,614
	<u>103,071</u>	<u>29,614</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 Health Administration Corporation. In addition to daily balances receiving interest at a rate revised each week, the bank also waived normal bank fees payable such as transaction fees, dishonoured cheque fees and overseas draft fees.

	2012 %	2011 %
Weighted Average Interest Rate	3.65	4.43

6. GAIN/(LOSS) ON DISPOSAL

	2012 \$	2011 \$
Plant and equipment		
Net book value disposed during the year	(24,423)	(30,343)
Proceeds from sale	22,440	19,578
Total (Loss) on Disposal	<u>(1,984)</u>	<u>(10,765)</u>



Pharmacy Council of New South Wales

Notes to the Financial Statements

7. CASH AND CASH EQUIVALENTS

	2012 \$	2011 \$
Cash at bank and on hand	179,513	174,254
Cash at bank - held by HPCA*	2,365,421	1,557,365
	<u>2,544,934</u>	<u>1,731,619</u>

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

The Council operates the bank accounts shown below:

	Notes	2012 \$	2011 \$
Operating account**		179,513	174,254
Education and research account**	3	-	-
		<u>179,513</u>	<u>174,254</u>

** managed by the HPCA, an administrative unit of the Health Administration Corporation.

8. RECEIVABLES

	2012 \$	2011 \$
Other receivables	17,665	13,072
Interest receivable	7,055	1,632
Trade receivables	16,257	25,958
Less: Allowance for impairment	(2,361)	-
	<u>38,616</u>	<u>40,662</u>

Movement in the allowance for impairment

Balance at 1 July	-	-
Amounts written off during the year	-	-
Amounts recovered during the year	-	-
Increase/(Decrease) in allowance recognised in profit or loss	2,361	-
Balance at 30 June	<u>2,361</u>	<u>-</u>

Trade receivables have been considered for impairment.

The trade receivables include monies that AHPRA has collected from registrants as at 30 June 2012 and has remitted the monies to HPCA in July 2012.

Pharmacy Council of New South Wales

Notes to the Financial Statements

9. PLANT AND EQUIPMENT

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

	Leasehold Improvements	Motor Vehicles	Furniture & Fittings	Other	Total
	\$	\$	\$	\$	\$
At 1 July 2011					
Gross carrying amount	10,238	37,738	-	4,448	52,424
Accumulated depreciation and impairment	(61)	(12,965)	-	(3,984)	(17,010)
Net Carrying Amount	10,177	24,773	-	464	35,414
At 30 June 2012					
Gross carrying amount	53,167	46,438	12,787	11,403	123,795
Accumulated depreciation and impairment	(224)	(10,567)	-	(9,829)	(20,620)
Net Carrying Amount	52,943	35,871	12,787	1,574	103,175

Reconciliation

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

	Leasehold Improvements	Motor Vehicles	Furniture & Fittings	Other	Total
	\$	\$	\$	\$	\$
Year Ended 30 June 2012					
Net carrying amount at start of year	10,177	24,773	-	464	35,414
Additions	44,068	46,438	12,787	6,956	110,249
Disposals	-	(24,423)	-	-	(24,423)
Depreciation	(1,302)	(10,917)	-	(5,846)	(18,065)
Net Carrying Amount at End of Year	52,943	35,871	12,787	1,574	103,175



Pharmacy Council of New South Wales

Notes to the Financial Statements

	Leasehold Improvements	Motor Vehicles	Furniture & Fittings	Other	Total
	\$	\$	\$	\$	\$
At 1 July 2010					
Transfer of net assets due to restructure	-	60,380	966	-	61,346
Net Carrying Amount	-	60,380	966	-	61,346
At 30 June 2011					
Gross carrying amount	10,238	37,738	-	4,448	52,425
Accumulated depreciation and impairment	(61)	(12,965)	-	(3,984)	(17,010)
Net Carrying Amount	10,177	24,773	-	464	35,414

Reconciliation

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

	Leasehold Improvements	Motor Vehicles	Furniture & Fittings	Other	Total
	\$	\$	\$	\$	\$
Year Ended 30 June 2011					
Net carrying amount at start of year	-	60,380	966	-	61,346
Additions	11,087	2,856	-	4,448	18,391
Disposals	-	(29,377)	(966)	-	(30,343)
Depreciation	(910)	(9,086)	-	(3,984)	(13,980)
Net Carrying Amount at End of Year	10,177	24,773	-	464	35,414

Pharmacy 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 2011			
Cost (gross carrying amount)	3,943	29,242	33,185
Accumulated amortisation and impairment	-	(25,559)	(25,559)
Net Carrying Amount	3,943	3,683	7,626
At 30 June 2012			
Cost (gross carrying amount)	19,419	52,265	71,684
Accumulated amortisation and impairment	-	(42,625)	(42,625)
Net Carrying Amount	19,419	9,640	29,059
Year Ended 30 June 2012			
Net carrying amount at start of year	3,943	3,683	7,626
Additions	19,419	19,079	38,498
Transfers	(3,943)	3,943	-
Disposals	-	-	-
Amortisation	-	(17,065)	(17,065)
Net Carrying Amount at End of Year	19,419	9,640	29,059



Pharmacy Council of New South Wales

Notes to the Financial Statements

	Software Work in Progress \$	Software \$	Total \$
At 1 July 2010			
Transfer of net assets due to restructure	-	-	-
Net Carrying Amount	-	-	-
At 30 June 2011			
Cost (gross carrying amount)	3,943	29,242	33,185
Accumulated amortisation and impairment	-	(25,559)	(25,559)
Net Carrying Amount	3,943	3,683	7,626

	Software Work in Progress \$	Software \$	Total \$
Year Ended 30 June 2011			
Net carrying amount at start of year	-	-	-
Additions	3,943	29,242	33,185
Disposals	-	-	-
Amortisation	-	(25,559)	(25,559)
Net Carrying Amount at End of Year	3,943	3,683	7,626

11. PAYABLES

	2012 \$	2011 \$
Personnel services - Ministry of Health	144,892	75,626
Trade and other payables	202,860	170,018
	347,752	245,644

12. FEES IN ADVANCE

	2012 \$	2011 \$
Fees in advance	1,114,865	1,122,389
	1,114,865	1,122,389

Unearned revenue from NSW Regulatory Fees received on behalf of the Council by the HPCA from the AHPRA.

13. PROVISIONS

	2012 \$	2011 \$
Non-Current		
Make good	8,623	7,912
	8,623	7,912



Pharmacy Council of New South Wales

Notes to the Financial Statements

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 2012 \$
Carrying amount at the beginning of financial year	7,912
Additional provisions recognised	-
Amount used	-
Unused amounts reversed	-
Unwinding/change in discount rate	711
Carrying amount at the end of financial year	<u>8,623</u>

14. COMMITMENTS FOR EXPENDITURE

i. Capital Commitments

Aggregate capital expenditure for the acquisition of audio-visual equipment and furniture at Level 6 477 Pitt Street office contracted (2011 acquisition of a Monitoring and Complaints System and leasehold improvements) for at balance date and not provided for:

	2012 \$	2011 \$
Not later than one year	1,470	13,075
Later than one year and not later than five years	-	-
Total (including GST)	<u>1,470</u>	<u>13,075</u>

ii. Operating Lease Commitments

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

	2012 \$	2011 \$
Not later than one year	67,646	61,636
Later than one year and not later than five years	249,848	295,364
Total (including GST)	<u>317,494</u>	<u>357,000</u>

15. RELATED PARTY TRANSACTIONS

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

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



Pharmacy Council of New South Wales

Notes to the Financial Statements

16. CONTINGENT LIABILITIES AND CONTINGENT ASSETS

There is a contingent liability of \$2,259 for disputed amounts owing to a supplier for the leasehold improvement work carried out at Level 6, 477 Pitt Street, Sydney as at 30 June 2012.

There are no known contingent assets as at 30 June 2012.

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

	2012 \$	2011 \$
Net result	805,168	84,843
Depreciation and amortisation	35,130	39,538
Allowance for impairment	2,361	-
(Decrease)/Increase in receivables	(315)	15,828
Increase/(Decrease) in fees in advance	(7,524)	556,344
Increase/(Decrease) in payables	102,108	20,752
Increase/(Decrease) in provisions	711	(124,691)
Net gain/(loss) on sale of plant and equipment	1,984	10,765
Net Cash used on Operating Activities	939,623	603,379

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.

i. Financial Instrument Categories

Financial Assets	Note	Category	Carrying Amount 2012 \$	Carrying Amount 2011 \$
Class			\$	\$
Cash and Cash Equivalents	7	N/A	2,544,934	1,731,619
Receivables ¹	8	Loans and receivables (measured at amortised cost)	20,951	27,590
Financial Liabilities	Note	Category	Carrying Amount 2012 \$	Carrying Amount 2011 \$
Class			\$	\$
Payables ²	11	Financial liabilities (measured at amortised cost)	347,752	245,644

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).

Pharmacy Council of New South Wales

Notes to the Financial Statements

ii. Credit Risk

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

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

Cash

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

Receivables - Trade Debtors

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

iii. 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.

iv. Market Risk

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



Pharmacy Council of New South Wales

Notes to the Financial Statements

19. EQUITY TRANSFERS

As a result of the commencement of the Law, assets and liabilities of the Pharmacy Board of New South Wales were transferred to the newly established Pharmacy Council of New South Wales on 1 July 2010 and the former Pharmacy Board of New South Wales was abolished.

The establishment of the Council and the transfer of assets and liabilities referred to above was classified as a restructure of administrative arrangements and accounted for in accordance with NSW Treasury's Accounting Policy: Contribution by owners made to wholly owned Public Sector Entities (TPP09-03) as a contribution by owners. Assets and liabilities were transferred at book values at 30 June 2010 per transferor entities as these book values were considered reasonable approximations of fair value to the Council, with a net credit to Equity of \$468,585.

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

- a) The New South Wales Government Gazette No 90, dated 2 July 2010 ordered that the Council make the following payments:
 - i) An amount of \$114,052 to the NSW Department of Health in respect of an unrecorded liability for the Council's contribution towards the national registration implementation costs. This was treated as a transaction with owners and debited to Equity, and subsequently paid on 2 September 2010; and
 - ii) An amount of \$323,730 to the AHPRA being the estimated registration fees component of total fees received in advance by the former Board as at 30 June 2010. This amount was reclassified from Fees in Advance to Trade and Other Payables, and subsequently paid on 14 March 2011.
- b) Net adjustments to increase make-good provisioning by \$4,823 in respect of the fair value of leasing arrangements acquired.

20. EVENTS AFTER THE REPORTING PERIOD

There are no events after the reporting period to be included in the financial statements as of 30 June 2012.

End of Audited Financial Statements

Appendix 1 - Legislative Changes

The following amendments were made to the *Health Practitioner Regulation National Law (NSW)* and the *Health Practitioner Regulation (New South Wales) Regulation 2010*.

Health Practitioner Regulation National Law (NSW)

1. Amendments made by the *Health Services Amendment (Local Health Districts and Boards) Act 2011* (commenced 1 July 2011):

Amendments were made to Schedule 5C of the Law to reflect the replacement of Local Health Networks with Local Health Districts.

2. Amendments made by the *Health Legislation Amendment Act 2012* (commenced 21 June 2012):

An amendment was made to s 6A of the *Health Practitioner Regulation (Adoption of National Law) Act 2009* to remove impaired registrants panels from the definition of *adjudication body*.

Amendments to the *Health Practitioner Regulation National Law (NSW)*:

- Inclusion of s 3A which provides that in exercising a function under a NSW provision of the Law public protection is the paramount consideration.
 - Inclusion of s 143A which provides that a mandatory notification made to AHPRA is to be taken as a notification (complaint) for the purposes of Part 8 of the Law and for the purposes of the *Health Care Complaints Act 1993*.
 - Amendments to a range of sections to clarify that a Council may refer a person for psychological counselling in addition to medical and other types of counselling.
 - Amendments to a range of sections to provide that where a committee, panel or Tribunal is required to include a lay person, that person is to be someone who has never been registered as a practitioner or student in the relevant profession.
 - Amendment to s 159 to clarify that an appeal to the Tribunal from a decision by the Council is a hearing de novo.
 - Amendment to s 163 to provide that the Chairperson of the Tribunal may determine in a particular case that the Council is the "appropriate review body".
 - Amendment to s 163A to provide that a disciplinary order of a Council may be reviewed
 - Amendment of s 163B to clarify that a practitioner who receives a "reinstatement order" from the Tribunal must still meet the registration requirements of the National Board.
 - A range of minor consequential amendments flowing from the above amendments were also made.
 - Section 41B to include the Aboriginal and Torres Strait Islander Health Practice Council, the Chinese Medicine Council, the Medical Radiation Practice Council and the Occupational Therapy Council in the table of Councils established by that section.
3. Amendments made by the *Health Practitioner Regulation National Law (NSW) Amendment (Health Professions) Order 2012* (commenced 1 July 2012):

Amendments were made to s 41B to include the Aboriginal and Torres Strait Islander Health Practice Council of New South Wales, the Chinese Medicine Council of New South Wales, the Medical Radiation Practice Council of New South Wales and the Occupational Therapy Council of New South Wales in the table of Councils established by that section.

Amendments were made to s 165 to include the Aboriginal and Torres Strait Islander Health Practice Tribunal of New South Wales, the Chinese Medicine Tribunal of New South Wales, the Medical Radiation Practice Tribunal of New South Wales and the Occupational Therapy Tribunal of New South Wales in the table of Tribunals established by that section.

Health Practitioner Regulation (New South Wales) Regulation 2010

1. Amendments made by the *Statute Law (Miscellaneous Provisions) Act 2011* (commenced 8 July 2011):

An amendment to clause 24 of a savings and transitional nature.

2. *Health Practitioner Regulation (New South Wales) Amendment (Savings and Transitional) Regulation 2011* (commenced 22 July 2011):

An amendment of a savings and transitional nature to ensure that a person who became a member of a State Board of the National Board by virtue of the transitional provisions in the Law did not cease to hold that office due to the expiry of their former term of office as a member of the local Registration Board

3. *Health Practitioner Regulation (New South Wales) Amendment Regulation 2012*

An amendment to insert Clause 3A to the Regulation, setting out the membership of the four new Professional Councils established on 1 July 2012 (commenced 3 February 2012).

A consequential amendment to Clause 4 of the Regulation flowing from the insertion of Clause 3A (commenced 1 July 2012).

4. *Health Practitioner Regulation (New South Wales) Amendment (Health Professional Councils) Regulation 2012* (commenced 1 July 2012):

Amendments to include Clause 4A and Schedules 1A and 1B to the Regulation to provide for the membership of the Dental, Medical, Nursing and Midwifery, Pharmacy, Physiotherapy and Psychology Councils.

Appendix 2 - GIPA Statistics 2011/2012

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	1	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	1	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	1
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)	1
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 section 93 of Act	0	0	0
Review by ADT	0	0	0
Total	0	0	0

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

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

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

Appendix 3 - Members of Tribunals and Panels 2011/2012

Pharmacy Tribunal

Chairperson

Mr Peter Dwyer

Deputy Chairperson

Ms Joanne Muller

Mr Nick O'Neill

Professional members

Ms Elizabeth Anderson

Mrs Virginia Bear

Ms Jane Ludington

Mr Russell Benda

Dr Alexandra Bennett

Mr Jonathan Chen

Mr David Preswick

Ms Jennifer Zwart

Lay persons

Dr Siew-Foong Liew

Ms Frances Taylor

Mr Christopher Gardiner

Ms Margaret Knibb

Impaired Registrants Panels

Registered Medical Practitioners

Dr John Adams

Dr Saw Hooi Toh

Professional members

Mrs Margaret Duguid

Dr Alexandra Bennett

Glossary

Adjudication Body

A panel, Tribunal or Court can be declared an adjudication body for the purposes of the Law

Cancellation

- A Council may recommend the suspension or cancellation of a practitioner's registration if the practitioner does not have sufficient physical and mental capacity to practice the practitioner's profession
- A Council may recommend the suspension or cancellation of a student's registration if the student has an impairment

Complainant

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

- Health Professional Councils Authority (HPCA)
- Health Care Complaints Commission (HCCC)
- Australian Health Practitioner Regulation Agency (AHPRA)

Conciliation

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

Caution

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

Condition

A condition aims to restrict a practitioner's practice in some way, to protect the public

Notification

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 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 has been closed. These include:

- Assessment
- Conduct
- Health
- Performance
- Investigation
- Panel (IRP, PRP, PSC)
- Tribunal
- Appeal/Court

Stream

Health: a pharmacist 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 pharmacy

Conduct: behaviour by a pharmacist 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 pharmacist 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 pharmacist

Unsatisfactory Professional Conduct

Conduct which is significantly below reasonable standards, in contravention of the Law or regulations or conditions of registration, failure to comply with order/decision of a Tribunal or by:

- accepting benefit for referral or recommendation to health provider or health product
- engaging in over servicing
- failure to disclose pecuniary interest or offering a benefit for referral or recommendation, or
- other unethical or improper behaviour
- practising pharmacy for remuneration at a pharmacy in the course of employment by, or in association with, a non-pharmacist
- the supply of precursor drugs, or preparations, admixtures, extracts or other substances containing a proportion of precursor drugs, by the pharmacist in circumstances in which the supply of the drugs, preparations, admixtures, extracts or other substances is unnecessary, not reasonably required, or excessive
- if the pharmacist is the owner of, or otherwise has a pecuniary interest in, a pharmacy business, failing to display at or near the main entrance of each premises in which the business is carried on the owner's name
- if the pharmacist is the pharmacist in charge of a pharmacy, failing to display adjacent to the area where dispensing is carried on in the pharmacy the name of the pharmacist in charge followed by the words "PHARMACIST IN CHARGE"
- if the pharmacist is the owner of, or otherwise has a pecuniary interest in, a pharmacy business, failing to ensure drug price information displayed in premises in which the business is carried on does not contravene the Price Information Code of Practice (within the meaning of Schedule 5F).

Abbreviations

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

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