



*Pharmacy Council of New South Wales*  
***Annual Report 2013***

Pharmacy Council of New South Wales

Level 6, North Wing, 477 Pitt Street, Sydney NSW 2000

Locked Bag 20, Haymarket NSW 1238

Telephone: 1300 197 177

TTY: (02) 9219 0250

Fax: (02) 9211 0318

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

Website: [www.pharmacycouncil.nsw.gov.au](http://www.pharmacycouncil.nsw.gov.au)

ISSN: 1839-3241



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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 2012 to 30 June 2013, 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 third 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 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

A handwritten signature in dark ink, appearing to read "Helen Dowling".

Helen Dowling  
President

A handwritten signature in dark ink, appearing to read "Alison Aylott".

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

## Charter

The Council is constituted under 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 assured that registered pharmacists are required to maintain proper and appropriate standards of conduct and professional performance.

## Council Membership

As at 1 July 2012 there are 10 members of the Council, five of whom are pharmacists elected by local pharmacists and five of whom are appointed by the Governor.

The five Council members appointed by the Governor were as follows:

- i. one person nominated by the Minister for Health, being an officer of the Ministry of Health or an employee of a local health district, statutory health corporation or affiliated health organisation:  
Ms Terry Anne Maunsell BPharm FSHP
- ii. 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
- iii. one Australian lawyer nominated by the Minister for Health:  
Ms Zoe Bojanac LLB
- iv. two persons who are not pharmacists, nominated by the Minister for Health to represent the community:  
Ms Marilyn Starr  
Ms Carolyn Burlew

As at 1 July 2012, the five pharmacists prescribed to be elected by local pharmacists, until the expiry of their terms of office on 31 March 2013 were as follows:

- Ms Alison Joy Aylott BPharm MPS MACP  
Mr Adrian Wei-Chun Lee BPharm MCom MPS FACP  
Mr Stuart Ludington BPham MPS  
Mr Paul Sinclair BPharm  
Mr Geoffrey John Pritchard BPham FPS  
(until resignation effective 16 January 2013)

As at 31 March 2013, the *Health Practitioner Regulation (NSW) Amendment (Health Professional Councils) Regulation 2012* required elected members to be appointed by the Governor. A Council election was conducted by the Electoral Commission of NSW with five pharmacists duly elected on 24 March 2013. The following elected pharmacists were appointed by the Governor as members of Council on 15 May 2013:

- Ms Alison Joy Aylott BPharm MPS MACP  
Mr Adrian Wei-Chun Lee BPharm MCom MPS FACP  
Mr Stuart Ludington BPham MPS  
Mr Paul Sinclair BPharm  
Mr Carl Cooper BPharm

## President and Deputy President

The President and Deputy President positions are prescribed in 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 and other regulatory activities 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 Panels and Tribunals 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 January 2013. The Council met a total of 13 times during the reporting period.

Attendance at Council meetings was as follows:

Name	Meetings Attended	Leave of Absence Granted
Ms Alison Aylott	10	1
Ms Zoe Bojanac	11	2
Ms Carolyn Burlew	13	
Mr Carl Cooper (from 15.5.13)	1	
Mrs Helen Dowling	12	1
Mr Adrian Lee	10	1
Mr Stuart Ludington	11	
Ms Terry Maunsell	13	
Mr Geoffrey Pritchard (to 16.1.13)	4	1
Mr Paul Sinclair	7	4
Ms Marilyn Starr	12	1

There were no absences of members without leave during the reporting period.

## 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
- Education and Research 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.

The Committee met on 12 occasions during the reporting period. Memberships and attendance at meetings was as follows:

Member	Meetings Attended
Ms Alison Aylott (Chair)	11
Ms Zoe Bojanac	10
Mrs Helen Dowling	12
Mr Stuart Ludington	12
Ms Marilyn Starr	11

## 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 Committee met on 11 occasions during the reporting period. Membership and attendance at meetings was as follows:

Member	Meetings Attended
Ms Alison Aylott	10
Mrs Helen Dowling	11
Mr Adrian Lee <i>(Chair)</i>	11
Mr Stuart Ludington	11
Ms Tuyett Wallis	11
Ms Maria Watts	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 three 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	3
Mrs Helen Dowling	3
Ms Terry Maunsell	3
Mr Geoff Pritchard <i>(Chair)</i>	3
Ms Marilyn Starr <i>(from 8.8.12)</i>	2

### Policy, Practice and Legal Issues Committee

The functions of the Policy, Practice and Legal Issues Committee are to ensure 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 Committee prepared submissions in response to the following:

- AHPRA (Australian Health Practitioner Regulation Agency) Public consultation paper on international criminal history checks
- Pharmacy Board of Australia - Review of Accreditation Arrangements for the Pharmacy Profession
- AHPRA Preliminary consultation - Review of common guidelines and codes (Advertising, Code of Conduct, Social Media Policy, Mandatory Notifications)
- Pharmacy Board of Australia 'Guideline 12 - Dispensary assistants / dispensary technicians and hospital pharmacy technicians' from its Guidelines for dispensing of medicines
- Health Workforce Australia (HWA) Health Professionals Prescribing Pathway Project - final phase
- AHPRA - NRAS Data access and research policy
- AHPRA / Pharmacy Board of Australia Cross Board - Consultation on common guidelines and shared Code of Conduct
- AHPRA Preliminary consultation paper - Review of criminal history registration standard and English language skills registration standard
- AHPRA Targeted consultation revised international criminal history checks.

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

**Member**

Ms Zoe Bojanac
Ms Carolyn Burlew (from 8.8.12)
Mrs Helen Dowling
Mr Adrian Lee
Ms Terry Maunsell (Chair)

**Finance Committee**

The function of the Finance Committee is to review, manage and make recommendations to Council in relation to the following:

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

The Committee met on nine occasions during the reporting period. Membership and attendance at meetings was as follows:

Member	Meetings Attended
Ms Carolyn Burlew	9
Mrs Helen Dowling	8
Mr Adrian Lee	9
Ms Terry Maunsell	8
Mr Paul Sinclair (Chair)	7

**Education and Research Committee**

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

The Council established an Education and Research Committee on 12 September 2012. The Committee met on three occasions during the reporting period. Membership and attendance at meetings was as follows:

Member	Meetings Attended
Ms Carolyn Burlew	3
Mrs Helen Dowling	3
Ms Margaret Duguid	2
Ms Terry Maunsell	3
Mr Geoff Pritchard (Chair)	3

**Executive Officer**

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

Ms 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
Ms Alison Aylott & Ms Maria Watts	Meetings of the Chairs and Chief Executive Officers of Pharmacy Premises Registering Authorities of Australia (PPRAA)
Ms Zoe Bojanac	2012 National Registration and Accreditation Scheme (NRAS) Combined Meeting

**Other Council Activities**

The Council continues to participate in and contribute to an Australian Research Council (ARC) research project in partnership with the University of Sydney, the Medical, Psychology, 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 year.

A specification for the replacement of the pharmacy business registration database was developed and evaluation of suitable systems was undertaken. It is anticipated that a new database will be implemented in the next reporting period.

**Overseas Travel**

There was no overseas travel during the reporting period.



## Promotion of Council Activities

The Council's website ([www.pharmacycouncil.nsw.gov.au](http://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. The Council's first electronic newsletter was distributed by email in October 2012. Newsletters may be accessed on the Council's website.

The Council's Annual Report 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 or service delivery.

No complaints were received about Council administrative processes during the reporting period.

## Legislative Changes

Details of the legislative changes in 2012/2013 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 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 is responsible for registering pharmacists and pharmacy students and for determining the requirements for registration as a pharmacist in Australia.

The Pharmacy Board of Australia 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.

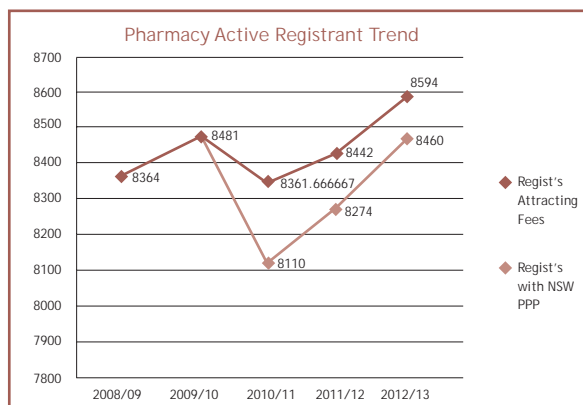
Further information about the operations of the Pharmacy Board of Australia can be obtained from its website ([www.pharmacyboard.gov.au](http://www.pharmacyboard.gov.au)) or the website of the Australian Health Practitioner Regulation Agency (AHPRA) ([www.ahpra.gov.au](http://www.ahpra.gov.au)).

## Registrations in NSW

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

At 30 June 2013, there were 8,460 registered pharmacists whose principal place of practice was in NSW. This represents 31% of the total number of pharmacists registered under the Scheme across Australia.

The graph below provides information about the number of pharmacists registered in NSW from 2008/2009 to 2012/2013. There was a 2.2% increase in 2012/2013 (186 practitioners) compared with 2011/2012.



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

Registration Type	Principal Place of Practice (PPP) in NSW	NSW Share of registrants with no PPP listed	Registrants for whom fees were paid to NSW (PPP + no PPP)
General	7,636	114	7,750
Limited	5	0	5
Provisional	560	0	560
Non-practising	259	20	279
<b>Total</b>	<b>8,460</b>	<b>134</b>	<b>8,594</b>

Pharmacy students are also registered. AHPRA advised that the number of NSW pharmacy students registered as at 30 June 2013 was 2,028. Figures are based on students' residential addresses, not the location of the education provider.

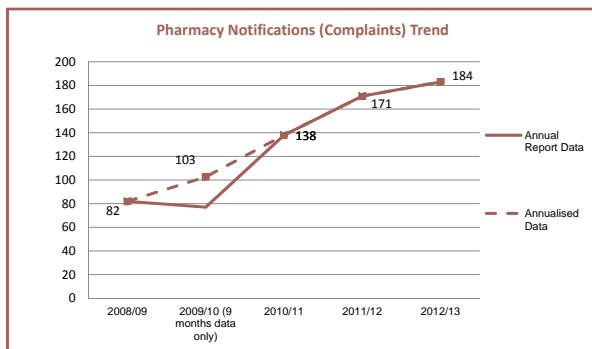
## Notifications (Complaints) Received

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

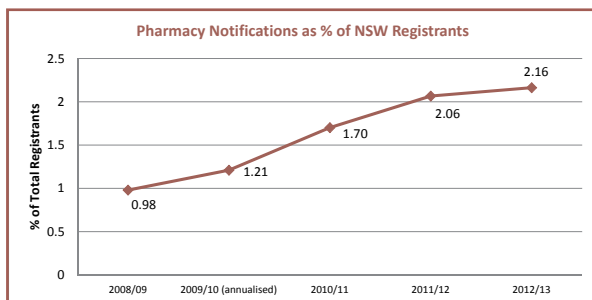
The *Health Care Complaints Act 1993* requires the Council and the HCCC to advise each other about notifications (complaints) received and to consult on the course of action to be taken. A notification (complaint) made to the Council is deemed to be also made to the HCCC, and vice versa.

There were 184 new notifications (complaints) received during the reporting period. All notifications (complaints) received were referred to the Council's Notification Committee for consideration in consultation with the HCCC.

The following graph indicates the trend in notifications (complaints) received since 2008/2009. There has been a consistent upward trend since 2008.



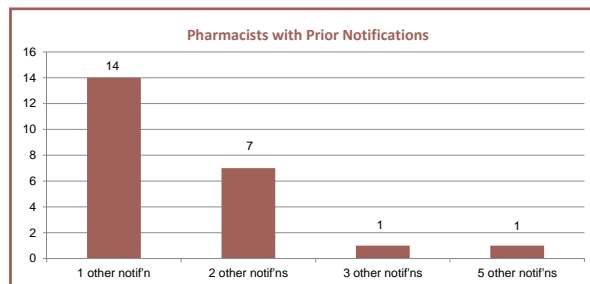
The graph below shows the total volume of notifications (complaints) received as a percentage of the number of pharmacists in NSW, which for the reporting year was less than 2.5%.



A more accurate measure of activity is the percentage of pharmacists about whom notifications (complaints) were received i.e. a pharmacist with more than one notification is only counted once in the calculation. The percentage of notifications (complaints) received about pharmacists practising in NSW was 2.04% for the year.

	2012/2013	2011/2012	Variance
% of pharmacists with notifications received	2.04	1.59	0.45

A number of pharmacists who were subject of a notification (complaint) in 2012/2013 had been subject of one or more notifications (complaints) in the past. The graph below provides data on pharmacists with prior notifications.



The volume of notifications (complaints) managed by the Council was as follows:

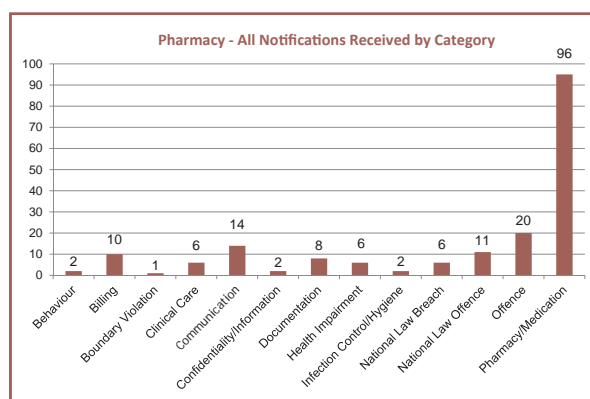
Notifications (complaints)	2012/2013	2011/2012
Case volume open* at year beginning	76	65
New notifications received	184	171
Notifications closed	173	160
Case volume open* at year end	87	76
<b>Total case volume managed in</b>	<b>260</b>	<b>236</b>

\* See Glossary for definition of open matters.

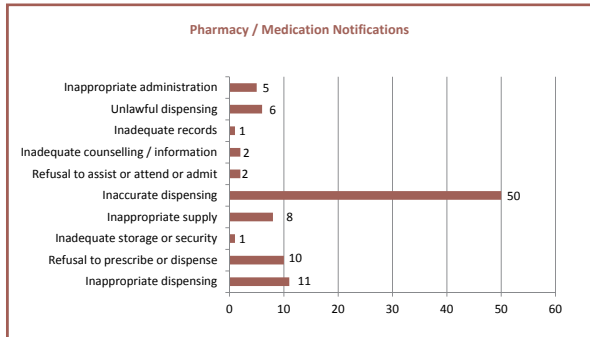
Once received, notifications (complaints) are classified to the conduct, health or performance stream, depending on the nature of the notifications (complaint). In some instances, more than one stream may be applicable, however one stream is identified as the primary stream based on the comparative level of seriousness of the issues. Of 184 new notifications (complaints), 120 were classified as performance, 58 as conduct and six as health.

Notifications are also allocated to an issue category. Issue categories developed by AHPRA have been adopted to facilitate reporting across jurisdictions.

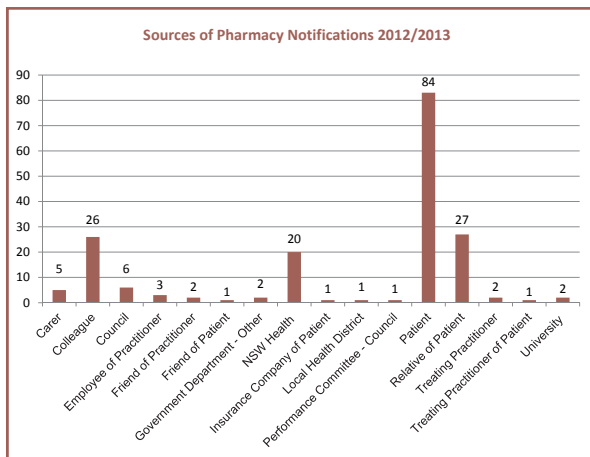
The number of notifications (complaints) received by the issue category was as follows:



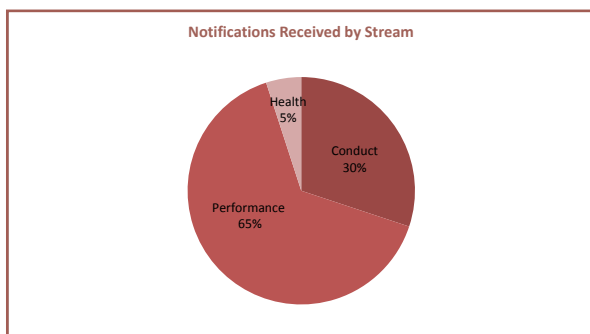
A breakdown of the 96 notifications (complaints) in the Pharmacy/Medication category is as follows:



The sources of notifications received in 2012/2013 were:



Of the 260 notifications (complaints) managed by the Council in 2012/2013, 30% were related to the conduct of pharmacists, 65% were related to pharmacists' performance and 5% were related to health.



## 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 practice, placing the public at substantial harm because the practitioner has an impairment or placing the public at risk because the practitioner has practised in a way that constitutes a significant departure from accepted professional standards.

for a student:

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

AHPRA then refers the matter to the Council for management.

Mandatory notifications about three pharmacists and one student were received during the reporting period as follows:

Category	Number
Impairment	3
Departure from standards	1

Mandatory notifications represent 2.2% of all notifications received in the reporting period.

The status of mandatory notifications was as follows:

Status of Mandatory Notifications	2012/2013	2011/2012
Mandatory notifications received in prior period but not completed at year beginning	4	4
Mandatory notifications received	4	8
Mandatory notifications closed	5	8
Mandatory notifications open at year end	3	4
<b>Total case volume managed</b>	<b>8</b>	<b>12</b>

The four mandatory notifications received during the reporting period consisted of two from other health practitioners, one from a pharmacist's treating practitioner and one from an education facility in relation to a student.

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

## Notifications (Complaints) Management

A decision is made by the Council (in consultation with the HCCC) about which agency will manage the matter. Sometimes this

decision is deferred until further assessment or investigation is carried out. Information on the processes for making and managing notifications (complaints) is available on the Council's website.

Following an assessment of each notification (complaint), the HCCC and the Council determine whether the matter should be discontinued or whether it 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, if the issues of concern have been adequately addressed by the practitioner, or if the parties have resolved the matter.

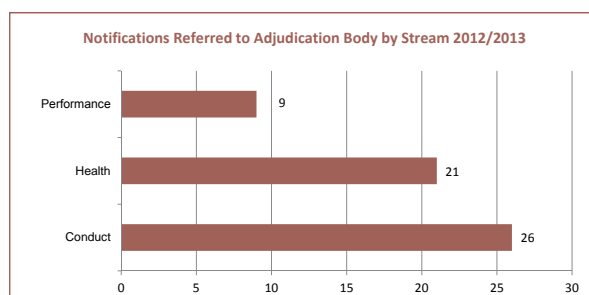
Further assessment or investigation occurs when it is decided that action is required. Some matters may also be referred to a Council Inquiry, a Tribunal or a Panel.

Following consultation with the HCCC, the majority of notifications (complaints) received were either discontinued or referred to the Council for further management. Other outcomes included:

- referral to another body (AHPRA, Medicare, Therapeutic Goods Administration) 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 total notifications managed in 2012/2013, 17% (45) were referred for management by way of Inquiry by Council, an IRP, PRP or Tribunal, or by a Council s 150 Inquiry. A further 12 matters were referred to one of these adjudicating bodies but not completed as at 30 June 2013. Of these 57 matters, 45 (79%) were completed by the end of the reporting period.

The volumes of new notifications in 2012/2013 that were referred to an adjudication body or for counselling were as follows:

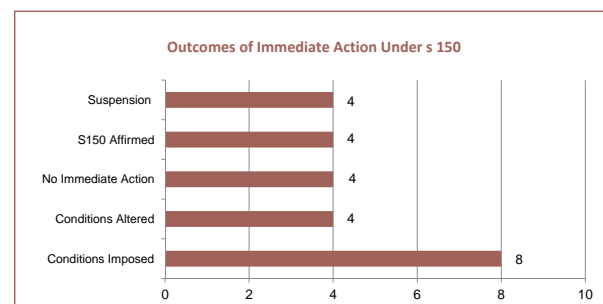


## Protective Orders - Immediate Action under s 150 of the Law

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 24 occasions and exercised its powers on 20 occasions. Action was taken in response to complaints involving breaches of the Law, criminal offences, drug abuse and medication supply irregularities. The Council also took action in response to requests for review of action previously taken by Council under s 150 of the Law.

Outcomes following s 150 Inquiries by Council were as follows:



## 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 pharmacists with an impairment to remain in practice when it is safe to do so.

During the reporting period the Council managed 13 matters in the health stream of which six were new health matters and seven matters carried over from the prior period. Of the new matters, three involved pharmacists with drug dependency issues, one involved an alcohol dependency and two involved mental health issues.

## Council Appointed Practitioner Assessments

The Council may refer a pharmacist or student, who is the subject of a complaint or notification (including self-notification), 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 referred pharmacists for a health assessment on 17 occasions. On six occasions, the health assessment formed part of the Council's assessment of a new notification (complaint) and resulted in referral of the pharmacist to an Impaired Registrants Panel.

### Impaired Registrants Panels

The Law provides for the convening of Impaired Registrants Panels (IRPs) to deal with matters concerning pharmacists who suffer from a physical or mental impairment which affects or is likely to affect the pharmacist's 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, obtain reports and other information from any source it considers appropriate, and to make recommendations to the Council.

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

Status of IRP Inquiries	2012/2013	2011/2012
Referred to an IRP but not completed at year beginning	2	3
Referred to an IRP	6	3
IRPs finalised	7	4
Referred to an IRP but not completed at year end	1	2
<b>Total case volume managed</b>	<b>8</b>	<b>6</b>

Of the matters referred to an IRP in 2012/2013 four related to drug abuse and four concerned mental health issues.

The outcomes of matters recommended to the Council following an IRP were:

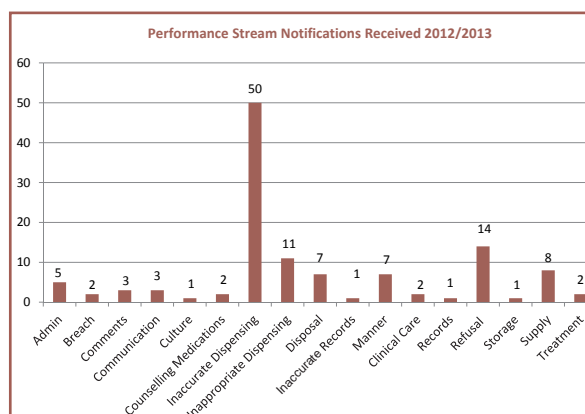
Outcomes	Number
Conditions imposed on registration by agreement	6
Conditions on registration amended by agreement	1
Not currently registered - conditions to be considered upon re-registration	1

### Performance

Performance issues generally relate to concerns about the standard of a pharmacist's clinical performance, that is, whether the knowledge, skill or judgement possessed, or care exercised, is significantly below the 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.

A total of 168 matters were managed in the performance stream during 2012/2013. This included 48 matters carried over from the previous period and 120 new matters received. The graph below shows notifications received during this period by performance issue:



\*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 pharmacist. Assessments are intended to be broad-based and not limited to the substance of the triggering complaint.

The assessment is generally conducted in the pharmacist's practice environment by an assessor appointed by the Council who is experienced in the area of practice of the pharmacist being assessed.



Two matters were referred for a performance assessment and two assessments were undertaken during the reporting period. No matters were referred to a Performance Review Panel.

### Performance Review Panel

If a performance assessor assesses the professional performance of a pharmacist to be unsatisfactory, the Council may refer the matter to a Performance Review Panel (PRP). The role of the PRP is to review the pharmacist's professional performance by examining the evidence placed before it and to determine whether the pharmacist's performance meets the standard reasonably expected of a pharmacist of an equivalent level of training or experience.

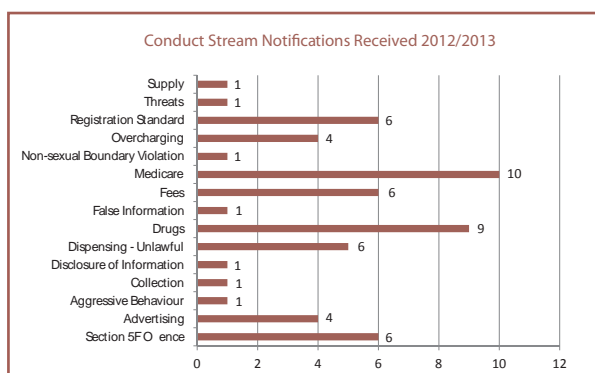
Where deficiencies are identified, the PRP will determine the remediation required. A PRP may order that a pharmacist undertake supervision, complete an educational course, or engage in additional continuing professional development. A PRP may also impose conditions on practice to ensure the public is protected while the pharmacist is undertaking remediation.

There were no PRPs held during the reporting period.

### Conduct

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

The total number of pharmacists managed in the conduct stream in 2012/2013 was 78: 21 matters carried over from the previous period and 57 new matters. Notifications received during this period involved the following conduct related issues:



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

During 2012/2013 a number of notifications (complaints) were investigated by the HCCC with the following outcomes:

- referred to the Director of Proceedings for consideration of prosecution before an adjudicating body
- referral to the Council for further management
- no further action.

### Council Inquiry

Complaints of unsatisfactory professional conduct may be dealt with under Part 8 Division 3 Subdivision 5 of the Law by way of disciplinary proceedings (Inquiry) 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, one Council Inquiry was finalised. The status of matters referred to a Council Inquiry was as follows:

Status of Council Inquiries	2012/2013	2011/2012
Matters referred to an Inquiry but not completed at reporting year beginning	3	3
New matters referred to an Inquiry	4	2
Matters where an Inquiry was completed	1	2
Matters referred to an Inquiry but not completed at reporting year end	6	3
<b>Total case volume managed</b>	<b>7</b>	<b>5</b>

Of the seven matters managed in 2012/2013, five related to a breach of the Law, one involved drug abuse and one involved clinical irregularities.

The outcome of the matter finalised during the reporting period was that the pharmacist was cautioned.

### Reviews by the Council

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

During 2012/2013 the Council received eight applications for review of conditions imposed

under s 150 of the Law. Council altered conditions of registration in response to four requests for review and affirmed its original decision in response to the remaining four requests for review. All requests for review were finalised in the reporting period.

## Pharmacy Tribunal

The Pharmacy Tribunal deals with serious complaints that may lead to suspension or deregistration, appeals against Council decisions to impose conditions on registration or suspend registration and appeals against Pharmacy Board of Australia decisions in relation to registration matters.

Tribunal Matters	2012/2013	2011/2012
Matters referred to a Tribunal but not completed year beginning	5	1 <sup>^</sup>
New matters referred to a Tribunal	0	5
Matters completed by a Tribunal	3	1
Matters referred to a Tribunal but not completed by year end	2	5 <sup>^</sup>
Total case volume managed	5	7

<sup>^</sup>Differs to 2011/2102 Annual Report due to data cleansing

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

Practitioner	Date of Decision	Outcome Summary
Suresh Dhall	20/11/2012	Unsatisfactory Professional Conduct / Professional Misconduct. Reprimanded and Conditions imposed
Jonathan Fryar	10/4/2013	Unsatisfactory Professional Conduct / Professional Misconduct. Registration Cancelled
Daniel Cahill	27/5/2013	Unsatisfactory Professional Conduct / Professional Misconduct. Reprimanded and disqualified from being registered for 2 years

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

## Tribunal Reviews

Pharmacists may request that the Tribunal conduct a review following cancellation of registration or imposition of conditions by a Tribunal.

There were no requests for review referred to or heard by the Tribunal during the period.

## Appeals to the Tribunal

Pharmacists who have had their registration suspended by the Council, had conditions

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

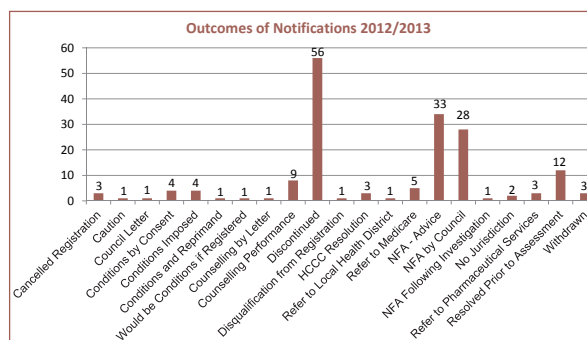
During the reporting period, one appeal was referred to the Tribunal. The appeal was against the decision of the Council to suspend registration under s 150 of the Law. The appeal was not completed as at the end of the reporting period.

## Appeals to the Supreme Court

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

## Notification (Complaint) Outcomes

The outcomes of all 173 notifications (complaints) closed in 2012/2013 are summarised below. The majority of matters were dealt with expeditiously and did not require investigation by the HCCC or referral to a regulatory or adjudicating body. The outcomes of these matters were as follows:



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

Of the 173 notifications closed in 2012/2013, 124 were finalised with no further action taken following consideration by the Council or HCCC. The reasons for closing the matters were as follows:

Reason for No Further Action	Number
Complaint not substantiated / pharmacist's response assessed as satisfactory	56
Advice or recommendations given to pharmacist	35
Appropriate remedial action taken by the pharmacist	28
Complaint withdrawn	3
Issue not within the jurisdiction of the Council	2

The stage at which matters were closed is as follows:

Stage* at Closure of Notification	Number
Assessment	153
Health	7
Performance	2
Investigation	5
Panel (IRP)	3
Tribunal	3
Appeal / Court	0

\*See Glossary for description of each stage.

### Notifications Received Under Former Pharmacy Practice Act 2006

The Council finalised four matters that had been lodged with the former Pharmacy Board of NSW. Complex matters in particular may take a number of years to finalise and at the end of the reporting period there were three complaints still to be completed.

Matters under the former Act	2012/2013	2011/2012
Open matters under former Act at year beginning	7	18
Matters under former Act closed	4	11
Matters under former Act open at year end	3	7

The outcomes of the matters closed in the period were: one practitioner's registration was cancelled, one pharmacist was reprimanded and had conditions imposed on registration, one pharmacist was cautioned and one matter was discontinued.

Of the three former law notifications which were not closed during 2012/2013, two have been referred to the Tribunal and Council has deferred further consideration of one matter pending the pharmacist's return to Australia.

### Counselling

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 members.

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

Some of the issues managed by counselling were:

- Communication with patients/prescribers
- Dealing with forged prescriptions
- Customer service
- Dispensing procedure
- Pharmacy staffing levels.

Of those matters, seven were finalised following counselling and counselling in relation to one matter will be conducted in the next reporting period.

Council members who conducted counselling were:

Ms Alison Aylott

Mrs Helen Dowling

Mr Stuart Ludington

Ms Marilyn Starr

### Matters Referred to Another Entity

During the reporting period, the Council directed seven matters to another entity as follows:

Entity	Reason for Referral	Number
Local Health District	Allegations of bullying in the workplace	1
Medicare	Allegations of Pharmaceutical Benefits Scheme (PBS) fraud	2
Pharmaceutical Services	Breach of Poisons and Therapeutic Goods legislation	2
Therapeutic Goods Administration (TGA)	Advertising - within jurisdiction of TGA	2

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

The Council may refer a notification to the HCCC for assisted resolution or conciliation to be dealt with under the *Health Care Complaints Act 1993*. In 2012/2013, there were three matters referred to the HCCC for these actions.

### Outcomes of Mandatory Notifications

The outcomes of the five mandatory notifications completed were as follows:

Outcome	Number of Notifications
Conditions imposed on practice	1
Conditions by consent	3
No further action by Council	1

### Monitoring and Compliance of Orders and Conditions

The Council is responsible for monitoring compliance with orders made and conditions

imposed by the Pharmacy Tribunal, a Council Inquiry, a PRP, an immediate action (s 150) decision, or conditions following an IRP.

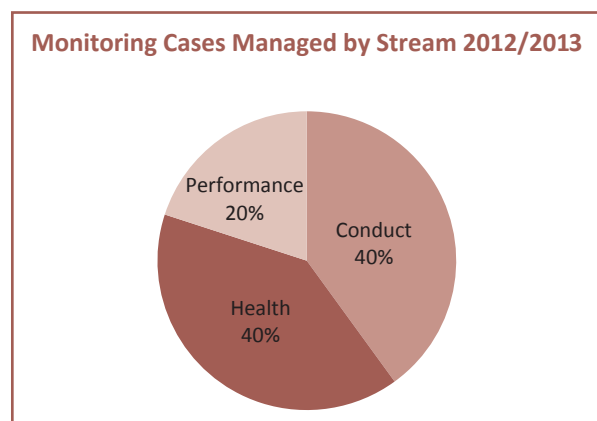
Conditions fall into two categories:

- a) practice conditions, which are published on the AHPRA website ([www.ahpra.gov.au](http://www.ahpra.gov.au)) or
- b) health conditions, which are not published.

The status of monitoring cases is as follows:

Status of Monitoring Cases	2012/2013	2011/2012
Practitioners monitored as at year beginning	29	31
Practitioners commencing monitoring	16	18
Practitioners for which monitoring was completed	16	20 <sup>^</sup>
Practitioners under monitoring as at year end	29	29 <sup>^</sup>
<b>Total practitioners managed</b>	<b>45</b>	<b>49</b>

<sup>^</sup> Differs to 2011/2012 Annual Report due to data cleansing



The monitoring matters managed in 2012/2013 related to the following conditions:

Matters Monitored	Number
Practice restrictions including: not to practise, not to work as pharmacist in charge/sole pharmacist, to enter the pharmacy for administrative purposes only	15
Not to possess, supply, manufacture or dispense Schedule 4 and /or Schedule 8 drugs	3
Mentoring and/or auditing requirement	9
Continuing Professional Development (CPD) requirement	10
Professional membership requirement	8
Undertake a course/training, present a tutorial, or submit a regular report	12
Urine Drug Testing	6
Carbohydrate-Deficient Transferrin (CDT) testing	1
Review by treating practitioner: psychiatrist, psychologist, drug and alcohol physician	11

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

## Regulation of Pharmacy Businesses

Pharmacies	2012/2013	2011/2012
Number of registered pharmacies as at 30 June	1,872	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.

The Council processed 394 ownership applications and notices during the reporting period.

The following applications were approved:

Applications	Approvals
New Pharmacy	49
Professional Services Room	3
Relocation of Professional Services Room	0
Change of Pharmacy Name	84
Change of Pharmacy Address	62
Change of Pharmacy Ownership	166
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)	9
Copy of the Register of Pharmacies	2

The Council received notices of closure for 19 pharmacies during the reporting period.

## Offences under Schedule 5F of 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.

Local Court Prosecutions	Number
Prosecutions not finalised as at 1/7/2012	1
Prosecutions commenced during 2012/2013	2
Prosecutions finalised in 2012/2013	1
Prosecutions not finalised as at 30/6/2013	2
<b>Total case volume managed in 2012/2013</b>	<b>3</b>

During the prior reporting period, the 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 was finalised during the reporting period with the outcome as below:

Name	Date of Decision	Outcome Summary
Hanh Tu	13/9/2012	Convicted. Ordered to pay a fine of \$2,000 and \$83 Court costs

During the reporting period the Council commenced two Local Court prosecutions. Both matters are 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 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 two pharmacy inspectors.

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:
  - o operating a pharmacy without a pharmacist in charge
  - o dispensing error
  - o physical condition of the pharmacy and storage of stock
  - o inadequate record keeping
  - o smoking/drinking alcohol on the premises
- drug destructions - pharmacy inspectors are authorised by the NSW Ministry of Health Pharmaceutical Services to dispose/destroy unusable Schedule 8 medication.

The following activities were undertaken by the inspectors:

Activity	2012/2013	2011/2012
Routine inspections	1,516	1,266
Inspections of relocated pharmacies and new pharmacy premises	105	99
Complaint related inspections	18	18
Drug destructions	261	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 Application plus Inspection fee	\$150 \$300
Relocation or Expansion/Reduction in size of Pharmacy Premises Application	\$300
Relocation or Expansion/Reduction in size of Professional Services Room Application	\$300
Change of Pharmacy Ownership Application	\$500
Change of Pharmacy Name Application	\$500
Acquisition of pecuniary interest by acquiring shares in a Pharmacist's Body Corporate and/or appointment of new Director/s	\$500
Renewal of Pharmacy Registration	\$300
Late fee - Renewal of Pharmacy Registration	\$75
Copy of the Register of Pharmacies	\$750

The Council reviewed the fees in 2012/2013 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 \$1,900.

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



# Management and Administration



## Shared Services

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

On behalf of the Councils, the HPCA liaises with:

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

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

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

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

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

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

### Review of Proactive Release Program

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

The Council releases all new and revised policies and other information publicly on the website.

In addition, the Council reviewed the program and the policy register including monitoring the completion and approval of relevant information.

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

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

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

### Number of Access Applications Received

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

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

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

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

## Privacy

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

The Council received no complaints regarding privacy matters.

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

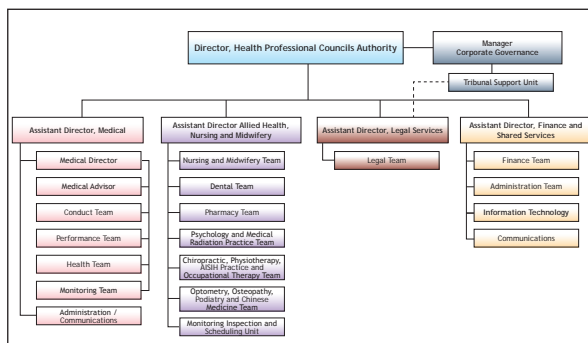


## Human Resources

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

As at 30 June 2013 the HPCA employed 97 permanent full-time equivalent (FTE) staff and two temporary FTE staff, of whom seven FTE staff provided secretariat support directly to the Council.

### HPCA Organisation Chart as at 30 June 2013



## Learning and Development

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

Staff attended training sessions on:

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

## Public Interest Disclosures

The Council is subject to the provisions of the *Public Interest Disclosures Act 1994* and the reporting requirements of the *Public Interest Disclosures Regulation 2011*. Staff and Council members comply with the policy and information is available on the requirements and

processes for making and managing disclosures. The Council provides six monthly reports to the NSW Ombudsman and Ministry of Health.

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

July 2012 - June 2013	
Number of public officials who made PIDs	0
Number of PIDs received	0
Of PIDs received, number primarily about:	
Corrupt conduct	0
Maladministration	0
Serious and substantial waste	0
Government information contravention	0
Number of PIDs finalised	0

## Audit and Risk Management

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

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

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

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

IAB is commissioned to undertake the internal audits nominated in the internal audit plan. The IAB conducted an internal audit of the HPCA's Workforce Management Framework, which identified the need for a more consistent approach to performance monitoring, and improving turnaround times on recruitment activity. All of the review's recommendations were accepted and are being addressed.

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

### Information Management and Systems

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

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

### Exemptions from the Reporting Provisions

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

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

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

### Consultants

The health professional Councils together commissioned six consultancies related to

Council business process improvement, system improvements and the ongoing development of the HPCA's shared services to Councils.

The Council made the following contribution to these consultancies:

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

Service Provided	No.	Cost inc. GST \$
Administration	2	1,843.88
Council business processes	1	3,395.17
Financial management	1	1,339.64
Information management and systems	2	397.87
<b>Total</b>	<b>6</b>	<b>6,976.56</b>

### Business Process Improvement

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

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

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

### Insurance

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

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

## Annual Report Costs

The Council did not produce printed copies of this Annual Report in accordance with the Premier's Memorandum *Production Costs of Annual Reports* (M2013-09). The total cost of layout and design was \$720.89 (GST inc.), which is significantly lower than in previous years.

The report is published on the Council's website.

## Financial Management

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

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

## Format

The accounts of the Council's administrative operations, including the Education and Research activities, together with the Independent Auditor's Report are set out in the Financial Statements starting on page 24.

## Performance

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

	\$
Operating expenditure	1,901,494
Revenue	2,335,565
Net profit/(loss)	566,824
Net cash reserves (cash and cash equivalents minus current liabilities)	1,544,690

## Investment Performance

The Council, through a Special Interest Arrangement with the Commonwealth Bank of Australia earned an average of 2.83% p.a. on all bank account balances.

## Payments Performance

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

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

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

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

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

## Budget

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

	\$
Revenue	2,435,277
Operating expenses	2,058,551
Education and research	20,000
Net profit/(loss)	356,726

## PHARMACY COUNCIL OF NEW SOUTH WALES

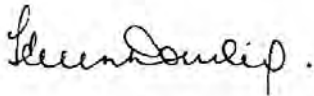
YEAR ENDED 30 JUNE 2013

### STATEMENT BY MEMBERS OF THE COUNCIL

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

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

A handwritten signature in black ink, appearing to read "Sreenivasulu".

\_\_\_\_\_  
Council Member:

Date: 22.10.13

A handwritten signature in black ink, appearing to read "Ravi".

\_\_\_\_\_  
Council Member:

Date: 22.10.2013





## 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 2013, the statement of comprehensive income, statement of changes in equity and statement of cash flows, for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information.

### Opinion

In my opinion, the financial statements:

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

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

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

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

### Auditor's Responsibility

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

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

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

My opinion does *not* provide assurance:

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

### **Independence**

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

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



C J Giumelli  
Director, Financial Audit Services

24 October 2013  
SYDNEY

## Pharmacy Council of New South Wales

### Statement of Comprehensive Income for the Year Ended 30 June 2013

	Notes	2013 \$	2012 \$
<b>EXPENSES EXCLUDING LOSSES</b>			
Operating expenses			
Personnel services	2(a)	(880,104)	(681,176)
Other operating expenses	2(b)	(572,402)	(506,307)
Depreciation and amortisation	2(c)	(60,628)	(35,130)
Finance costs	2(d)	(1,320)	(711)
Other expenses	2(e)	(387,040)	(297,774)
<b>Total Expenses Excluding Losses</b>		<b>(1,901,494)</b>	<b>(1,521,098)</b>
<b>REVENUE</b>			
Registration fees		2,044,633	2,024,690
Interest revenue	4(a)	68,876	103,071
Other revenue	4(b)	222,056	200,489
<b>Total Revenue</b>		<b>2,335,565</b>	<b>2,328,250</b>
Gain/(Loss) on disposal/additions	5	132,753	(1,984)
<b>Net Result</b>		<b>566,824</b>	<b>805,168</b>
Other comprehensive income		-	-
<b>Total Comprehensive Income</b>		<b>566,824</b>	<b>805,168</b>

The accompanying notes form part of these financial statements.



## Pharmacy Council of New South Wales

Statement of Financial Position  
as at 30 June 2013

	Notes	2013 \$	2012 \$
<b>ASSETS</b>			
<b>Current Assets</b>			
Cash and cash equivalents	6	3,091,562	2,544,934
Receivables	7	26,221	38,616
<b>Total Current Assets</b>		<b>3,117,783</b>	<b>2,583,550</b>
<b>Non-Current Assets</b>			
<b>Plant and equipment</b>			
Plant and equipment	8		
Leasehold improvements		118,081	52,943
Motor vehicles		37,824	35,871
Furniture and fittings		25,321	12,787
Other		19,707	1,574
<b>Total plant and equipment</b>		<b>200,933</b>	<b>103,175</b>
Intangible assets	9	76,015	29,059
<b>Total Non-Current Assets</b>		<b>276,948</b>	<b>132,234</b>
<b>Total Assets</b>		<b>3,394,731</b>	<b>2,715,784</b>
<b>LIABILITIES</b>			
<b>Current Liabilities</b>			
Payables	10	378,215	347,752
Fees in advance	11	1,168,657	1,114,865
<b>Total Current Liabilities</b>		<b>1,546,872</b>	<b>1,462,617</b>
<b>Non-Current Liabilities</b>			
Fees in advance	11	5,841	-
Provisions	12	30,650	8,623
<b>Total Non-Current Liabilities</b>		<b>36,491</b>	<b>8,623</b>
<b>Total Liabilities</b>		<b>1,583,363</b>	<b>1,471,240</b>
<b>Net Assets</b>		<b>1,811,368</b>	<b>1,244,544</b>
<b>EQUITY</b>			
Accumulated funds		1,811,368	1,244,544
<b>Total Equity</b>		<b>1,811,368</b>	<b>1,244,544</b>

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 2013

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	Notes	2013
		\$
Balance at 1 July 2012		1,244,544
Net Result for the Year		566,824
Net Result for the Year		-
Balance at 30 June 2013		<u>1,811,368</u>
Balance at 1 July 2011		439,376
Net Result for the Year		805,168
Net Result for the Year		-
Balance at 30 June 2012		<u>1,244,544</u>

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 2013

	Notes	2013 \$	2012 \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
<b>Payments</b>			
Personnel services		(885,729)	(611,910)
Other		(905,689)	(775,832)
<b>Total Payments</b>		<b>(1,791,418)</b>	<b>(1,387,742)</b>
<b>Receipts</b>			
Receipts from registration fees		2,097,346	2,026,867
Interest received		70,486	97,648
Other		212,781	202,850
<b>Total Receipts</b>		<b>2,380,614</b>	<b>2,327,365</b>
<b>Net Cash Flows from Operating Activities</b>	16	<b>589,196</b>	<b>939,623</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Proceeds from sale of plant and equipment		12,898	22,440
Purchases of plant and equipment and intangible assets		(55,466)	(148,747)
<b>Net Cash Flows from Investing Activities</b>		<b>(42,568)</b>	<b>(126,308)</b>
<b>Net Increase/(Decrease) in Cash</b>		<b>546,628</b>	<b>813,315</b>
Opening cash and cash equivalents		2,544,934	1,731,619
<b>Closing Cash and Cash Equivalents</b>	6	<b>3,091,562</b>	<b>2,544,934</b>

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 2013 have been authorised for issue by the Council on 22 October 2013.

#### b. Basis of Preparation

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

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

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

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

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

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

#### c. Statement of Compliance

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

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

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

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

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

#### e. Insurance

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

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

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

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

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



## Pharmacy Council of New South Wales

### Notes to the Financial Statements

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#### g. Income Recognition

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

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

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

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

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

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.

#### h. Personnel Services

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

#### i. Interest Revenue

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

#### j. 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.

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 \$437 (2011/2012 - \$243) (all Council shared use asset), or \$667 (2011/2012 - \$315) (Pitt Street shared use asset), whichever is applicable.

## Pharmacy Council of New South Wales

### Notes to the Financial Statements

#### iii. Impairment of Plant and Equipment

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

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

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

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

Depreciation rates used are as follows:

Plant and equipment 20% - 25%

Furniture and fittings 16% - 20%

Motor vehicles 25% - 29%

Leasehold improvements 1.7% - 4%

#### v. Revaluation of Plant and Equipment

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

#### vi. Maintenance

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

#### vii. Intangible Assets

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

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

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

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

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

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

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#### k. 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), recreation 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.

#### l. Equity

##### Accumulated Funds

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

##### m. 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.

##### n. Cash and cash equivalents

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

Bank overdrafts are included within liabilities.

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

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

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

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

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

## 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:

	2013 \$	2012 \$
Salaries and wages (including recreation leave)	745,639	579,168
Superannuation	87,475	64,144
Payroll taxes	44,146	34,690
Workers compensation insurance	2,844	3,174
	<u>880,104</u>	<u>681,176</u>

##### b. Other operating expenses

	2013 \$	2012 \$
Auditor's remuneration	14,350	15,500
Rent and building expenses	157,338	61,767
Council fees	138,785	115,200
Sitting fees	153,218	153,546
Contracted labour	108,711	160,294
	<u>572,402</u>	<u>506,307</u>

##### c. Depreciation and amortisation expense

	2013 \$	2012 \$
<b>Depreciation</b>		
Motor vehicles	12,406	10,917
Furniture and fittings	6,330	-
Other	13,919	5,846
	<u>32,655</u>	<u>16,763</u>
<b>Amortisation</b>		
Leasehold improvement	7,627	1,302
Intangible assets	20,346	17,065
	<u>27,973</u>	<u>18,367</u>
<b>Total Depreciation and Amortisation</b>	<u>60,628</u>	<u>35,130</u>



# Pharmacy Council of New South Wales

## Notes to the Financial Statements

### d. Finance costs

	2013 \$	2012 \$
Unwinding of discount rate on make good provision	1,320	711
	<u>1,320</u>	<u>711</u>

### e. Other expenses

	2013 \$	2012 \$
Subsistence and transport	98,748	62,755
Fees for service	195,151	162,795
Postage and communication	17,922	15,531
Printing and stationery	19,989	19,728
Equipment and furniture	1,192	744
General administration expenses	54,038	36,221
	<u>387,040</u>	<u>297,774</u>

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

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

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

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

### 4. (a) INTEREST REVENUE

	2013 \$	2012 \$
Interest revenue from financial assets not at fair value through profit or loss	68,876	103,071
	<u>68,876</u>	<u>103,071</u>

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

	2013 %	2012 %
Weighted Average Interest Rate	2.83	3.65



## Pharmacy Council of New South Wales

### Notes to the Financial Statements

#### (b) Other revenue

	2013	2012
	\$	\$
Make good revenue resulting from decrease in make good provision	9,334	-
Legal Fee Recoveries	15,000	3,036
External Consulting Fee Recoveries	44,611	-
Application Fees	150,909	160,660
Other Revenue	2,202	36,793
	<u>222,056</u>	<u>200,489</u>

#### 5. GAIN/(LOSS) ON DISPOSAL/ADDITIONS

	2013	2012
	\$	\$
<b>Plant and equipment</b>		
Net book value disposed/acquired during the year	74,883	(24,423)
Proceeds from sale/acquisition costs	12,919	22,440
	<u>87,802</u>	<u>(1,984)</u>
<b>Intangible assets</b>		
Net book value disposed/acquired during the year	44,951	-
Proceeds from sale/acquisition costs	-	-
	<u>44,951</u>	<u>-</u>
<b>Total Gain/(loss) on Disposal/Additions</b>	<u>132,753</u>	<u>(1,984)</u>

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

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



## Pharmacy Council of New South Wales

### Notes to the Financial Statements

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#### 6. CASH AND CASH EQUIVALENTS

	2013 \$	2012 \$
Cash at bank and on hand	184,339	179,513
Short-term bank deposits	-	-
Cash at bank - held by HPCA*	<u>2,907,223</u>	<u>2,365,421</u>
	<u><u>3,091,562</u></u>	<u><u>2,544,934</u></u>

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

The Council operates the bank accounts shown below:

	Notes	2013 \$	2012 \$
Operating account**		184,339	179,513
Education and research account**		-	-
		<u>184,339</u>	<u>179,513</u>

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

# Pharmacy Council of New South Wales

## Notes to the Financial Statements

### 7. RECEIVABLES

	2013 \$	2012 \$
Prepayments	2685	1,772
Other receivables	(155)	15,893
Interest receivable	5,445	7,055
Trade receivables	20,566	16,257
Less: allowance for impairment	<u>(2,320)</u>	<u>(2,361)</u>
	<u>26,221</u>	<u>38,616</u>
<b>Movement in the Allowance for Impairment</b>		
Balance at 1 July 2012	2,361	-
Amounts written off during the year	-	-
Amounts recovered during the year	(1,241)	-
Increase/(decrease) in allowance recognised in profit or loss	<u>1,200</u>	<u>2,361</u>
Balance at 30 June 2013	<u>2,320</u>	<u>2,361</u>

No receivables are considered impaired.

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

#### Analysis of Trade Debtors Overdue

2013	Total \$	Past due but not impaired \$	Considered impaired \$
< 3 months overdue	5,611	-	-
3-6 months overdue	990	-	-
> 6 months overdue	2,530	210	2,320
<hr/>			
2012			
< 3 months overdue	934	-	-
3-6 months overdue	474	-	-
> 6 months overdue	3,711	1,350	2,361

#### Notes

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



# Pharmacy Council of New South Wales

## Notes to the Financial Statements

### 8. PLANT AND EQUIPMENT

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

	Leasehold Improvements	Motor Vehicles	Furniture & Fittings	Other	Total
	\$	\$	\$	\$	\$
<b>At 1 July 2012</b>					
Gross carrying amount	53,167	46,438	12,787	11,403	123,795
Accumulated depreciation and impairment	(224)	(10,567)	-	(9,829)	(20,620)
<b>Net Carrying Amount</b>	<b>52,943</b>	<b>35,871</b>	<b>12,787</b>	<b>1,574</b>	<b>103,175</b>
<b>At 30 June 2013</b>					
Gross carrying amount	123,718	52,632	31,651	84,146	292,147
Accumulated depreciation and impairment	(5,637)	(14,808)	(6,330)	(64,439)	(91,214)
<b>Net Carrying Amount</b>	<b>118,081</b>	<b>37,824</b>	<b>25,321</b>	<b>19,707</b>	<b>200,933</b>

#### Reconciliation

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

	Leasehold Improvements	Motor Vehicles	Furniture & Fittings	Other	Total
	\$	\$	\$	\$	\$
<b>Year Ended 30 June 2013</b>					
Net carrying amount at start of year	52,943	35,871	12,787	1,574	103,175
Additions	2,636	27,622	-	2,857	33,115
Disposals	-	(14,041)	-	-	(14,041)
Other <sup>1</sup>	70,129	778	18,864	29,195	118,966
Depreciation	(7,627)	(12,406)	(6,330)	(13,919)	(40,282)
<b>Net Carrying Amount at End of Year</b>	<b>118,081</b>	<b>37,824</b>	<b>25,321</b>	<b>19,707</b>	<b>200,933</b>

#### 1. Other includes:

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

## Pharmacy Council of New South Wales

### Notes to the Financial Statements

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

#### Reconciliation

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

	Leasehold Improvements	Motor Vehicles	Furniture & Fittings	Other	Total
	\$	\$	\$	\$	\$
<b>Year Ended 30 June 2012</b>					
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)
<b>Net Carrying Amount at End of Year</b>	<b>52,943</b>	<b>35,871</b>	<b>12,787</b>	<b>1,574</b>	<b>103,175</b>



# Pharmacy Council of New South Wales

## Notes to the Financial Statements

### 9. 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
	\$	\$	\$
<b>At 1 July 2012</b>			
Cost (gross carrying amount)	19,419	52,265	71,684
Accumulated amortisation and impairment	-	(42,625)	(42,625)
<b>Net Carrying Amount</b>	<b>19,419</b>	<b>9,640</b>	<b>29,059</b>
<b>At 30 June 2013</b>			
Cost (gross carrying amount)	41,638	152,718	194,356
Accumulated amortisation and impairment	-	(118,341)	(118,341)
<b>Net Carrying Amount</b>	<b>41,638</b>	<b>34,377</b>	<b>76,015</b>
<b>Year Ended 30 June 2013</b>			
Net carrying amount at start of year	19,419	9,640	29,059
Additions	22,219	132	22,351
Disposals	-	-	-
Other <sup>1</sup>	-	44,951	44,951
Amortisation	-	(20,346)	(20,346)
<b>Net Carrying Amount at End of Year</b>	<b>41,638</b>	<b>34,377</b>	<b>76,015</b>

1. Other includes:

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



## Pharmacy Council of New South Wales

### Notes to the Financial Statements

	Software Work in Progress	Software	Total
	\$	\$	\$
<b>At 1 July 2011</b>			
Cost (gross carrying amount)	3,943	29,242	33,185
Accumulated amortisation and impairment	-	(25,559)	(25,559)
<b>Net Carrying Amount</b>	<b>3,943</b>	<b>3,683</b>	<b>7,626</b>
<b>At 30 June 2012</b>			
Cost (gross carrying amount)	19,419	52,265	71,684
Accumulated amortisation and impairment	-	(42,625)	(42,625)
<b>Net Carrying Amount</b>	<b>19,419</b>	<b>9,640</b>	<b>29,059</b>
<b>Year Ended 30 June 2012</b>			
Net carrying amount at start of year	3,943	3,683	7,626
Additions	19,419	19,079	38,498
Disposals	(3,943)	3,943	-
Other <sup>1</sup>	-	-	-
Amortisation	-	(17,065)	(17,065)
<b>Net Carrying Amount at End of Year</b>	<b>19,419</b>	<b>9,640</b>	<b>29,059</b>



# Pharmacy Council of New South Wales

## Notes to the Financial Statements

### 10. PAYABLES

	2013	2012
	\$	\$
Personnel services - Ministry of Health	139,267	144,892
Trade and other payables	238,948	202,860
	<u>378,215</u>	<u>347,752</u>

### 11. FEES IN ADVANCE

	2013	2012
	\$	\$
<b>Current</b>		
Registration fees in advance	1,168,657	1,114,865
	<u>1,168,657</u>	<u>1,114,865</u>
<b>Non-Current</b>		
Registration fees in advance	5,841	-
	<u>5,841</u>	<u>-</u>

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

### 12. PROVISIONS

	2013	2012
	\$	\$
<b>Non-Current</b>		
Make good	30,650	8,623
	<u>30,650</u>	<u>8,623</u>

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

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

	Make Good 2013
	\$
Carrying amount at the beginning of financial year	8,623
Decrease in provisions recognised due to re-allocation of opening balances as at 1 July 2012	38,762
Decrease in provisions recognised due to the decrease in the provision for make good due to changes in restoration costs and interest rates	(18,054)
Amount used	-
Unused amounts reversed	-
Unwinding/change in discount rate	1,320
Carrying Amount at the End of Financial Year	<u>30,650</u>

## Pharmacy Council of New South Wales

### Notes to the Financial Statements

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

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

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

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

### 13. COMMITMENTS FOR EXPENDITURE

#### a. Capital Commitments

Aggregate capital expenditure for the acquisition of software at Level 6, 477 Pitt Street office contracted (2012 acquisition of audio-visual equipment and furniture at Level 6, 477 Pitt Street office) for at balance date and not provided for:

	2013	2012
	\$	\$
Not later than one year	170,500	1,470
Later than one year and not later than five years	-	-
<b>Total (including GST)</b>	<b><u>170,500</u></b>	<b><u>1,470</u></b>

#### b. Operating Lease Commitments

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

	2013	2012
	\$	\$
Not later than one year	186,171	67,646
Later than one year and not later than five years	483,130	249,848
<b>Total (including GST)</b>	<b><u>669,301</u></b>	<b><u>317,494</u></b>



## Pharmacy Council of New South Wales

### Notes to the Financial Statements

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#### 14. RELATED PARTY TRANSACTIONS

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

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

#### 15. CONTINGENT LIABILITIES AND CONTINGENT ASSETS

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

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

	2013 \$	2012 \$
Net result	566,824	805,168
Depreciation and amortisation	60,628	35,130
Allowance for impairment	41	2,361
(Increase)/Decrease in receivables	12,354	(315)
Increase/(Decrease) in fees in advance	59,634	(7,524)
Increase/(Decrease) in payables	30,460	102,108
Increase/(Decrease) in provisions	(141,889)	711
Net gain/(loss) on sale of plant and equipment	1,144	1,984
Net Cash used on Operating Activities	<u>589,196</u>	<u>939,623</u>

## Pharmacy Council of New South Wales

### Notes to the Financial Statements

#### 17. FINANCIAL INSTRUMENTS

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

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

##### a. Financial Instrument Categories

Financial Assets	Note	Category	Carrying Amount 2013	Carrying Amount 2012
Class			\$	\$
Cash and Cash Equivalents	6	N/A	3,091,562	2,544,934
Receivables <sup>1</sup>	7	Loans and receivables (measured at amortised cost)	23,691	20,951
Financial Liabilities	Note	Category	Carrying Amount 2011	Carrying Amount 2011
Class			\$	\$
Payables <sup>2</sup>	10	Financial liabilities (measured at amortised cost)	378,215	347,752

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

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#### b. Credit Risk

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

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

##### Cash

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

#### c. Liquidity Risk

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

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

All payables are current and will not attract interest payments.

#### d. Market Risk

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

### 18. EVENTS AFTER THE REPORTING PERIOD

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

End of Audited Financial Statements

# Appendix 1 - Legislative Changes

## *Health Practitioner Regulation National Law*

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

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

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

## *Health Practitioner Regulation (New South Wales) Regulation 2010*

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

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



## Appendix 2 - GIPA Statistics 2012/2013

### Government Information (Public Access) Act 2009

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

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

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

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

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

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

## Appendix 2 - GIPA Statistics 2012/2013

Table C: Invalid applications

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

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

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

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

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

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

## Appendix 2 - GIPA Statistics 2012/2013

Table F: Timeliness

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

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

	Decision varied	Decision upheld	Total
Internal review	0	0	0
Review by Information Commissioner*	0	0	0
Internal review following recommendation under s 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 Panels and Tribunals 2012/2013*

## **Pharmacy Tribunal**

### **Chairperson**

Mr Peter Dwyer

### **Deputy Chairperson**

Mr Mark Lynch

Ms Joanne Muller

Mr Nicholas O'Neill

### **Professional members**

Ms Virginia Bear

Mr Russell Benda

Mr Jonathan Chen

Mrs Elizabeth Frost

Ms Jane Ludington

Mr David Preswick

Ms Jennifer Zwart

### **Lay persons**

Dr Derek Anderson

Mr Christopher Gardiner

Dr Noel Greenaway

Ms Margaret Knibb

Ms Frances Taylor

## **Impaired Registrants Panels**

### **Registered Medical Practitioners**

Dr John Adams

### **Professional members**

Mrs Alexandra Bennett

Mrs Margaret Duguid

Mrs Anne Reynolds

# Glossary

## Adjudication Body

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

## Cancellation

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

## Closed Notification

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

## Complainant

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

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

## Conciliation

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

## Caution

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

## Condition

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

## Notification (Complaint)

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

## Notifiable Conduct/Mandatory Reporting

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

## Open Matter

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

## Order

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

## Professional Misconduct

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

## Reprimand

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

## Stage

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

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

## Stream

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

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

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

## Supervision

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

## Suspension

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

## Unsatisfactory Professional Conduct

Conduct which is:

- significantly below reasonable standards
- in contravention of the Law or regulations
- in contravention of conditions of registration
- failure to comply with order/decision of a Tribunal
- accepting or offering a benefit for referral or recommendation to a health service provider or a health product
- engaging in over servicing
- failure to disclose pecuniary interest in giving a referral or recommendation
- permitting assistants not registered in the profession to provide services requiring professional discretion or skill, or
- other unethical or improper behaviour
- 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	HCCC	Health Care Complaints Commission
AHPRA	Australian Health Practitioner Regulation Agency	HPCA	Health Professional Councils Authority
ARC	Australian Research Council	IAB	Internal Audit Bureau
ATO	Australian Taxation Office	IRP	Impaired Registrants Panel
AustLII	Australasian Legal Information Institute	MaCS	Monitoring and Complaints System
CAP	Council appointed practitioner	MOH	Ministry of Health
CAPS	Coaching and Performance System	NB	National Board
CPI	Consumer Price Index	NRAS	National Registration and Accreditation Scheme
DP	Director of Proceedings	PA	Performance Assessment
DPP	Director of Public Prosecutions	PRP	Performance Review Panel
EEO	Equal Employment Opportunity	SLA	Service level agreement
FTE	Full-time Equivalent	The Law	<i>Health Practitioner Regulation National Law (NSW) No 86a</i>
GIPA Act	<i>Government Information (Public Access) Act 2009</i>	TRIM	Total Records Information Management - the document management system used by the HPCA
GST	Goods and Services Tax	WRAPP	Waste Reduction and Purchasing Policy
HAC	Health Administration Corporation		

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