Aboriginal and Torres Strait Islander Health Practice

Aboriginal and Torres Strait Islander Health Practice Council of New South Wales

Annual Report 2014

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The Hon Jillian Skinner MP Minister for Health and Minister for Medical Research Parliament House SYDNEY NSW 2000

Dear Minister

Pursuant to the provisions of the *Annual Reports (Statutory Bodies) Act 1984* and the *Public Finance and Audit Act 1983*, we have pleasure in submitting this Annual Report of the Aboriginal and Torres Strait Islander Health Practice Council of New South Wales for the year ended 30 June 2014 for presentation to Parliament.

Yours sincerely

Penrith

Lisa Penrith President

Ian Linwood
Deputy President

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The Aboriginal and Torres Strait Islander Health Practice Council of New South Wales (the Council) is a statutory body established to manage complaints about conduct, performance and health matters concerning Aboriginal and Torres Strait Islander health practitioners practising and health and conduct matters related to registered students training in NSW.

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

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

Charter

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

Aims and Objectives

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

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

Council Membership

Section 41E of the Law provides for membership of the Council. There are four members of the Council who were appointed by the Governor on 4 September 2013:

(a) three are registered Aboriginal and Torres
 Strait Islander Health Practice
 practitioners, at least one of whom has
 NSW as their principal place of practice:
 Ms Lisa Penrith Dip Prac Mgt, Cert IV PHC, Cert IV
 FLM, Cert IV WT&A, AdCert Nursing (President)

Ms Renee Owen Dip Prac Mgt, Cert IV ATSI Health Practice



Mr Peter Pangquee BAppSc (Aboriginal Community Management and Development)

(b) one Australian lawyer nominated by the Minister:

Mr Ian Linwood BEc(Syd), LLB(UNSW) (Deputy President)

Remuneration

Remuneration for members of the Council is as follows:

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

Additionally, Council members receive sitting fees of \$436 per day and \$218 per half day for the conduct of Council Inquiries and \$256 per day and \$128 per half day for participating in counselling sessions or at specially convened workshops, forums or meetings.

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

Members of Council committees, panels, tribunals and other regulatory activities are also eligible to receive remuneration and reimbursement of expenses.

Attendance at Council Meetings

The Council met five times. Attendance at meetings is as follows:

Name	Meetings Attended
Ms Lisa Penrith	3
Ms Renee Owen	4
Mr Peter Pangquee	5
Mr Ian Linwood	4

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 Council did not appoint any committees during the reporting period.

Regulatory Committees and Panels

Part 8 of the Law prescribes the committees and panels that support the Council in undertaking its regulatory activities. They include Assessment Committees, Impaired Registrants Panels and Performance Review Panels.

The Council did not establish any of these bodies during the reporting period.

Aboriginal and Torres Strait Islander Health Practice Tribunal and NSW Civil and Administrative Tribunal

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

The Aboriginal and Torres Strait Islander Health Practice Tribunal of NSW was established under section 165 of the Law and comprised four members: the Chairperson or Deputy Chairperson being an Australian lawyer appointed by the Governor; two registered Aboriginal and Torres Strait Islander health practitioners and a lay member appointed by the Council.

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

There were no matters referred to or heard by the Tribunal.

Executive Officer

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

Ms Amanda McEacharn is the Executive Officer of the Council.

Education and Research

Section 41S of the Law allows the Council to establish an Education and Research Account to fund education and research relevant to its regulatory functions, and for meeting any associated administrative costs. The Council has not created an Education and Research Account.

Overseas Travel

There was no overseas travel during the reporting period.

Promotion of Council Activities

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

Complaints about Council Administrative Processes

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

There were no complaints received this year.

Legislative changes

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



National Registration

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

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

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

Registrations in NSW

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

At 30 June 2014, there were 36 practitioners with general registration whose principal place of practice was in NSW. This represents 10.5% of the total number of Aboriginal and Torres Strait Islander health practitioners registered under the Scheme across Australia.

Students are also registered. AHPRA advised that there were no registered students undertaking programs of study in NSW as at 30 June 2014.

Complaints Received

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

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

The Health Care Complaints Act 1993 requires the Council and the HCCC to advise each other

about complaints received and to consult concerning the course of action to be taken. A complaint made to the Council is deemed to be also made to the HCCC, and vice versa.

No complaints were received during the reporting period.

Monitoring and Compliance of Orders and Conditions

The Council is responsible for monitoring compliance with orders made and conditions imposed by an adjudication body. Conditions fall into two categories:

- a) public conditions, which are published on the AHPRA website (www.ahpra.gov.au) or
- b) private conditions, which relate to impairment.

During the year no practitioners required monitoring.

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

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

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

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

Strategic Planning

In April 2014 the Council Presidents and senior HPCA staff participated in a facilitated planning session to agree a shared strategic vision and priorities for the next three years. A broad Strategic Framework was outlined and further work is underway to develop a strategic plan. The first priorities focus on communication and stakeholder engagement, in particular to improve Council websites and electronic communication, including newsletters and to develop a research plan. These plans will be developed during 2014/2015.

Business Process Improvement

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

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

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

Audit and Risk Management

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

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

The HPCA implemented the recommendations of the Audit Office of NSW 2012/2013 Management

Letter, and improved the finance working papers in preparation for the 2014 audit. A repeat recommendation that the HPCA has a memorandum of understanding (MOU) with the Ministry of Health for the services the Ministry provides has been completed with the MOU being signed in May 2014.

Internal Audit

IAB is commissioned to undertake the internal audits nominated in the internal audit plan. In 2013/2014 an audit of monitoring of practitioners with orders and/or conditions on their registration was completed and the recommendations are being implemented. Standard operating procedures for dealing with monitoring cases have been documented and will be published following consultation with staff.

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

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

Information Management and Systems

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

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

A project to streamline complaints data collection and reporting was completed which supports consistent and regular reporting of a range of timeliness performance measures.

The TRIM records management system has been

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

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

Information Security

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

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

Access to Information - Government Information Public Access (GIPA)

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

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

Review of Proactive Release Program

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

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:

- Annual Report 2013
- · Audit and Risk Committee Charter

- · Business Continuity Management Plan
- Code of Conduct
- Complaint Handling Policy
- Conflict of Interest Policy
- Gifts and Benefits Policy
- Handbook for Council, Committee and Panel members
- HPCA Strategic Action Plan 2013/2014 Official Travel Policy
- Managing Email Access Policy and Procedures
- Media and Communication Policy and Procedures
- Member Remuneration and Payment Policy
- Public Interest Disclosure Policy
- Reporting Corrupt Conduct
- Staff handbook
- · Serving Subpoenas and like documents
- · YourSay staff survey report summary.

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 the Appendix.

Privacy

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

The Council received no complaints regarding privacy matters.

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

Public Interest Disclosures

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

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

Human Resources

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

As at 30 June 2014 the HPCA employed 97 permanent full-time equivalent (FTE) staff and three temporary FTE staff, of whom 0.04 FTE staff provided secretariat support directly to the Council. The organisation chart is provided in the Appendix.

Learning and Development

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

Staff attended training sessions on:

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

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

The first all staff forum was held in July 2013, which brought staff together to hear about priority, strategic and operational issues and to provide an opportunity for discussion about

matters of interest. It also enabled staff from across teams and work groups to meet and share ideas. The forum included discussion on the common issues raised through the *YourSay* staff survey that was conducted through the Ministry of Health.

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

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

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

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

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

Workforce Diversity

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

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

Multicultural Policies and Services Program

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

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

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

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

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

Disability Services

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

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

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

Occupational Health and Safety

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

Waste Management (WRAPP)

The HPCA manages implementation of the NSW Government's WRAPP on behalf of the Council. During the year the HPCA maintained efforts to reduce waste, recycle paper products, consumables and equipment, and to purchase resources with recycled content, with the following results:

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

The following waste avoidance strategies are in place:

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

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

Consultants

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

Engagements costing less than \$50,000

Service Provided	Number	Cost inc. GST \$
Council business processes	2	2
Financial management	2	3
Governance	2	1
Total	6	6

Insurance

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

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

Financial Management

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

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

Format

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

Performance

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

	\$
Operating expenditure	17,714
Revenue	1,394
Net Profit/(Loss)	(16,320)
Net cash reserves (cash and cash equivalents minus current liabilities)*	987

Investment Performance

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

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

Payments Performance

The Council's accounts are managed by the Health Administration Corporation. The consolidated accounts payable performance report for all 14 Councils is in the Appendix.

Budget

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

	\$
Revenue	906
Operating expenditure	41,020
Net profit/(loss)	(40,114)



ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH PRACTICE COUNCIL OF NEW SOUTH WALES

YEAR ENDED 30 JUNE 2014

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 Aboriginal and Torres Strait Islander Health Practice 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 Aboriginal and Torres Strait Islander Health Practice Council of New South Wales as at 30 June 2014 and financial performance for the year then ended.
- 2. The financial statements have been prepared in accordance with the provisions of Australian Accounting Standards, Accounting Interpretations, the *Public Finance and Audit Act 1983*, the *Public Finance and Audit Regulation 2010*, and the Treasurer's Directions.

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

Lisa Penrith President

Date: 20.10.14

Ian Linwood Deputy President

Date: 16.10.14





INDEPENDENT AUDITOR'S REPORT

Aboriginal and Torres Strait Islander Health Practice Council of New South Wales

To Members of the New South Wales Parliament

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

Opinion

In my opinion, the financial statements:

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

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

Emphasis of matter

Without modifying my opinion, I draw attention to Note 1b in the financial statements, which states that the financial statements were prepared on a non-going concern basis. The Council incurred a net loss of \$16,320, and a net cash outflow from operating activities is \$14,673 for the year ended 30 June 2014. The members of the Council have determined that a material uncertainty exits over the Council's ability to continue as a going concern. They have been unable to secure sufficient funding to ensure the Council can continue to operate.

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.

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

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

My opinion does *not* provide assurance:

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

Independence

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

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

C J Giumelli

Director, Financial Audit Services

20 October 2014 SYDNEY



Statement of Comprehensive Income for the Year Ended 30 June 2014

	Notes	2014 \$	2013 \$
EXPENSES EXCLUDING LOSSES		,	Ÿ
Operating expenses			
Personnel services	2(a)	(3,564)	_
Other operating expenses	2(b)	(11,735)	(2,500)
Other expenses	2(c)	(2,415)	(448)
Total Expenses Excluding Losses	2 (c)	(17,714)	(2,948)
Total Expenses Exercising Losses	-	(17,711)	(2,710)
REVENUE			
Registration fees		1,057	412
Grants and contributions		-	20,000
Interest revenue	4	337	43
Total Revenue	_	1,394	20,455
	_		
Gain/(Loss) on disposal		-	-
Net Result		(16,320)	17,507
Other comprehensive income	_		_
Total Comprehensive Income		(16,320)	17,507



Statement of Financial Position as at 30 June 2014

	Notes	2014	2013
		\$	\$
ASSETS			
Current Assets			
Cash and cash equivalents	5	6,137	20,810
Receivables	6	200	_
Total Current Assets	_	6,337	20,810
Non-Current Assets			
Total Non-Current Assets	_		
Total Assets	_	6,337	20,810
LIABILITIES			
Current Liabilities			
Payables	7	4,644	2,980
Fees in advance	8	506	323
Total Current Liabilities	_	5,150	3,303
Total Liabilities	_	5,150	3,303
Net Assets	=	1,187	17,507
EQUITY			
Accumulated funds		1,187	17,507
Total Equity		1,187	17,507



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

	Notes	Accumulated Funds
		\$
Balance at 1 July 2013		17,507
Net Result for the Year		(16,320)
Other comprehensive income		-
Balance at 30 June 2014		1,187
Balance at 1 July 2012		-
Net Result for the Year		17,507
Other comprehensive income		-
Balance at 30 June 2013		17,507



Statement of Cash Flows for the Year Ended 30 June 2014

	Notes	2014 \$	2013 \$
CASH FLOWS FROM OPERATING ACTIVITIES		·	•
Payments			
Personnel services		(3,264)	-
Finance costs		-	-
Other		(12,956)	32
Total Payments	_	(16,220)	32
Receipts			
Receipts from registration fees		1,210	735
Interest received		337	43
Other	_	<u> </u>	20,000
Total Receipts		1,547	20,778
Net Cash Flows from Operating Activities	12	(14,673)	20,810
CASH FLOWS FROM INVESTING ACTIVITIES			
Net Cash Flows from Investing Activities	- -		-
Net Increase/(Decrease) in Cash		(14,673)	20,810
Opening cash and cash equivalents		20,810	-
Closing Cash and Cash Equivalents	5	6,137	20,810



Notes to the Financial Statements

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

a. Reporting Entity

The Aboriginal and Torres Strait Islander Health Practice Council of New South Wales (the Council), established on 1 July 2012 as a not-for-profit reporting entity with no cash generating units, performs the duties and functions contained in the *Health Practitioner Regulation National Law (NSW) No 86a (the Law)*.

These financial statements for the year ended 30 June 2014 have been authorised for issue by the Council on 20 October 2014.

b. Basis of Preparation

The Council has adopted the non going concern basis in the preparation of the financial statements as it has been unable to secure sufficient funding to ensure it can continue operating. The adoption of the non going concern basis of accounting has not required any adjustments to the valuation of assets and liabilities reported in the statement of financial position.

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. Postage and communication
- 5. 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.



Notes to the Financial Statements

g. Income Recognition

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

The National Registration and Accreditation Scheme (NRAS) 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). The Council was established on 1 July 2012 upon joining the NRAS.

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

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

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

h. Personnel Services

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

i. Interest Revenue

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

j. Assets

i. Acquisition of Assets

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

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

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

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

ii. Capitalisation Thresholds

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

iii. 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.



Notes to the Financial Statements

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

Depreciation rates used are as follows:

Plant and equipment 20% - 25%

Furniture and fittings 16% - 20%

Motor vehicles 25% - 29%

Leasehold improvements 17% - 27.8%

iv. Fair Value of Plant and Equipment

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

v. 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.

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

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

Liabilities for salaries and wages (including non-monetary benefits), 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.

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

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

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

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



Notes to the Financial Statements

l. Equity

Accumulated Funds

The category 'Accumulated Funds' includes all current and prior 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. Grants and contributions

A grant received from the Ministry of Health during 2013 has been shown as 'income' and is subject to the following conditions:

- i. The grant is for the purposes of contributing to the establishment and running costs of the Aboriginal and Torres Strait Islander Health Practitioner Council until 1 July 2014.
- ii. If asked by the Ministry of Health, an account of the monies spent must be provided to the Ministry.
- iii. If there are any unspent remaining from the grant on 1 July 2014, then, as soon as practicable after 1 July 2014, HPCA is to advise the Ministry of Health (Legal Branch) who will then determine whether the unspent monies should be returned to the Ministry of Health or continue to be used for the purposes of running the Aboriginal and Torres Strait Islander Health Practitioner Council.

o. Cash and cash equivalents

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

Bank overdrafts are included within liabilities.

p. Adoption of New and Revised Accounting Standards

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

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

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

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

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



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:

refsolitiet services expenses are acquired from the morrana	comprise the rottowing.	
	2014 \$	2013 \$
Salaries and wages (including recreation leave)	3,074	· .
Superannuation	265	
		-
Payroll taxes	201	-
Workers compensation insurance	24	
	3,564	
b. Other Operating Expenses		
	2014	2013
	\$	\$
Auditor's remuneration	2,625	2,50
Rent and building expenses	1,386	-
Council fees	6,327	-
Sitting fees	1,350	-
Contracted labour	47	_
	11,735	2,500
c. Other Expenses		
	2014	2013
	\$	\$
Subsistence and transport	1,503	
Fees for service	292	24
Postage and communication	50	26
Printing and stationery	537	
General administration expenses	33	147
	2,415	448

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

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

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



Notes to the Financial Statements

4. INTEREST REVENUE		
	2014 \$	2013 \$
Interest revenue from financial assets not at fair value through profit or loss	337	43
	337	43

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

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

	2014	2013
	%	%
Average Interest Rate	2.69	3.04

5. CASH AND CASH EQUIVALENTS

	\$	\$
Cash at bank - held by HPCA*	6,137	20,810
	6,137	20,810

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

6. RECEIVABLES

	2014 \$	2013 \$
Prepayments	16	-
Other receivables	154	-
Interest receivable	0	-
Trade receivables	30	-
Less: allowance for impairment		
	200	

No receivables are considered impaired.

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

There were no Trade Debtor's past due.



Notes to the Financial Statements

7. PAYABLES		
	2014 \$	2013 \$
Personnel services - Ministry of Health	276	-
Trade and other payables	4,368	2,980
	4,644	2,980
O FEEC IN ADVANCE		
8. FEES IN ADVANCE	2014	2013
Current	\$	\$
Registration fees in advance	506	323
	506	323

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

9. COMMITMENTS FOR EXPENDITURE

a. Capital Commitments

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

	2014	2013 \$
Not later than one year	5	*
Later than one year and not later than five years		
Total (including GST)	5	
 b. Operating Lease Commitments Future non-cancellable operating lease rentals not provided for and payable: 		
	2014	2013
	\$	\$
Not later than one year	434	-
Later than one year and not later than five years	654	
Total (including GST)	1,088	

10. RELATED PARTY TRANSACTIONS

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

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



Notes to the Financial Statements

11. CONTINGENT LIABILITIES AND CONTINGENT ASSETS

There are no material contigent assests and liabilities as at 30 June 2014.

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

	2014	2013
	\$	\$
Net result	(16,320)	17,507
(Increase)/Decrease in receivables	(200)	-
Increase/(Decrease) in fees in advance	183	323
Increase/(Decrease) in payables	1,664	2,980
Net Cash used on Operating Activities	(14,673)	20,810

13. FINANCIAL INSTRUMENTS

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

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

a. Financial Instrument Categories

Financial Assets Class	Note	Category	Carrying Amount 2014 \$	Carrying Amount 2013 \$
Cash and Cash Equivalents	5	N/A	6,137	20,810
Receivables ¹		Loans and receivables (measured at amortised cost)	30	-
Financial Liabilities Class	Note	Category	Carrying Amount 2014 \$	Carrying Amount 2013 \$
Payables ²	7	Financial liabilities (measured at amortised cost)	4,644	2,980

Notes:

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



Notes to the Financial Statements

b. Credit Risk

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

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

Cash

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

e. Interest Rate Risk

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

14. EVENTS AFTER THE REPORTING PERIOD

A grant of \$10,000 has been received from the Ministry of Health on 1 September 2014. The grant is for the purposes of contributing to the running costs of the Aboriginal and Torres Strait Islander Health Practice Council of New South Wales until 1 July 2015.

During August 2014 the NSW Health Professional Councils agreed to waive and absorb the obligation under Accounting Policy Note 1(d) by the Aboriginal and Torres Strait Islander Health Practice Council of New South Wales for the allocation of indirect pooled costs effective 1 July 2014.

During August 2014 the following NSW Health Professional Councils being Chiropractic Council of New South Wales, Occupational Therapy Council of New South Wales and Physiotherapy Council of New South Wales agreed to waive and absorb the obligation of the Aboriginal and Torres Strait Islander Health Practice Council of New South Wales for the allocation of direct labour costs effective 1 July 2014.

End of Audited Financial Statements

Appendix

Legislative Changes 2013/2014

Health Practitioner Regulation National Law

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

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

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

Digital Information Security Annual Attestation Statement for the 2013/2014 Financial Year

I, Ms Lisa Penrith, President of the Aboriginal and Torres Strait Islander Health Practice Council of New South Wales, am of the opinion that the Council had an Information Security Management System in place during the financial year being reported on which is materially consistent with the Core Requirements set out in the *Digital Information Security Policy for the NSW Public Sector* with the following exceptions:

Core Requirement 1 - Information Security Management System

Policy PD2013_033, *Electronic Information Security Policy - NSW Health* applies to the Aboriginal and Torres Strait Islander Health Practice Council. Agreement has been received that at its next update the Policy will be amended in view of the changes in NSW since 1 July 2010 following the enactment of the Health Practitioner Regulation National Law (NSW) and the commencement of the National Registration and Accreditation Scheme.

The Health Professional Councils Authority's *ICT Strategic Plan*, to be finalised in 2014/2015, will implement the Ministry of Health Policy Directive PD2013_033 for the Aboriginal and Torres Strait Islander Health Practice Council.

Core Requirement 2 - Compliance with Minimum Controls

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

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

Core Requirement 3 - Compliance by Shared Service Provider

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

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

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

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

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

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

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

Table C: Invalid applications

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

Table D: Conclusive presumption of overriding public interest against disclosure: matters listed in Schedule 1 to the 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 section 14 of the Act

the Act	
N	umber 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 Informat	ion legislation 0

Table F: Timeliness

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

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

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

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

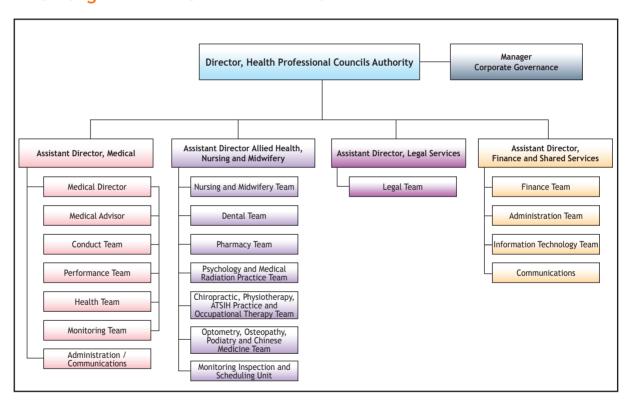
Table H: Applications for review under Part 5 of the Act (by type of applicant)

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

Public Interest Disclosure Statistics July 2013 - June 2014

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

HPCA Organisation Chart as at 30 June 2014



Workforce diversity statistics

Trends in the Representation of Workforce Diversity Groups

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

Trends in the Distribution of Workforce Diversity Groups

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

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

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

Payments Performance

Quarter	Current (within due date)	Less than 30 days overdue	Between 30 to 60 days overdue	Between 60 to 90 days overdue	More than 90 days overdue
	\$	\$	\$	\$	\$
All suppliers					
September	1,832,116	6,704	0	0	0
December	1,137,594	2,880	0	0	0
March	1,327,468	4,705	2,316	2,494	0
June	1,585,322	11,586	68	2,658	0
Small business suppliers					
September	636,714	5,204	0	0	0
December	178,388	2,400	0	0	0
March	399,398	2,720	2,316	2,494	0
June	291,675	9,455	68	2,376	0

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

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

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