

COMMISSION OF INQUIRY NO. 1 OF 2005
MEDICAL BOARD OF QUEENSLAND

This is the annexure marked "**JPO-8**" mentioned and referred to in the Statement of **JAMES PATRICK O'DEMPSEY** dated this 17th day of May 2005.

**Review of the *Health Practitioner
Registration Boards (Administration)
Act 1999***

FINAL REPORT

18 November 2003

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1. Executive Summary

The *Health Practitioner Registration Boards (Administration) Act 1999* established standard administrative arrangements for the Health Practitioner Registration Boards in Queensland. Along with the thirteen Health Practitioner Registration Acts and the *Health Practitioners (Professional Standards) Act 1999*, the Act forms part of a regulatory scheme aimed at protecting the public and ensuring that health care is delivered in a safe, competent and professional manner.

The Act establishes an independent statutory body, the Office of Health Practitioner Registration Boards (the HPRB Office), to provide administrative and operational support to all the Registration Boards. Section 33 of the Act requires that the Minister ensure that a review of the operation of the Act commences within three years of the start of the initial Service Agreements (by 1 July 2003). A report of the results of the review is to be tabled in the Legislative Assembly within 4 years of the commencement of those initial Service Agreements (by 1 July 2004). This report sets out the results of the review.

The conduct of the review involved the examination of relevant documents, the conduct of structured interviews with Board Chairs, structured interviews and consultation with key stakeholders, and a review of the operational and administrative support provided to Health Practitioner Registration Boards in other jurisdictions in Australia.

During the period under review (1999 – 2003), there were major reforms being implemented by the Health Practitioner Registration Boards in Queensland, as a result of the Review of Health Practitioner Registration Acts (the HPRB Review). This reform program was impacting on all aspects of the operations of the Boards and the HPRB Office.

Therefore some caution is appropriate in interpreting the results of the review as, although there is no doubt that service support to the Health Practitioner Registration Boards has improved under the new arrangements, it is more difficult to be confident about the precise causal factors behind such improvement.

The formal findings of the review, conducted in accordance with the requirements of section 33 of the Act, are:

- The effectiveness and responsiveness of the HPRB Office established by the Act have resulted in improved administrative and operational support for the Health Practitioner Registration Boards in Queensland
- The operational and support issues identified in the HPRB Review have been substantially addressed, and the identified benefits from adopting this approach have also been substantially achieved
- No requirements for legislative changes to the Act were identified as a result of the review, and there is no pressure from key stakeholders to modify the Act or the current administration and operational support model

- After a reconsideration of the relative merits of alternative means of providing administrative and operational support to the Boards, it is considered that the approach adopted in the Act remains the most relevant to the Queensland environment
- There is no requirement to make any legislative change in relation to the reporting relationship of the Executive Officer, including the proposed performance review arrangements for the position
- The administrative and operational support arrangements established under the Act should be maintained.

It is recommended that:

- The formal findings of the review be submitted for consideration by the Minister for Health.

2. Introduction

The *Health Practitioner Registration Boards (Administration) Act 1999* (the Act) establishes standard administrative arrangements for the Health Practitioner Registration Boards in Queensland. Along with the thirteen Health Practitioner Registration Acts and the *Health Practitioners (Professional Standards) Act 1999*, the Act forms part of a regulatory scheme aimed at protecting the public and ensuring that health care is delivered in a safe, competent and professional manner.

The Act establishes an independent statutory body, the Office of Health Practitioner Registration Boards (the HPRB Office), to provide administrative and operational support to all the Registration Boards. The Act essentially makes it mandatory for all Boards to utilise the HPRB Office for the provision of administrative and support services.

Section 33 of the Act requires that the operation of the Act be reviewed within three years of the start of the initial Service Agreements, and this report documents the results of that review. Gil Brooks, the Principal Consultant of Brooks Management Services Pty Ltd, conducted the review.

3. Legislative Framework

3.1 The Health Practitioner Registration Acts Review

In 1993, the Queensland Government initiated a review of health practitioner registration legislation known as the Health Practitioner Registration Acts Review (HPRA Review).

In 1996, the Queensland Government released the *Draft Policy Paper: Review of Medical and Health Practitioner Registration Acts*. A broad range of reform proposals were presented in the paper, covering professional registration requirements, restrictions on the use of professional titles, complaints and disciplinary procedures, management of impaired practitioners, advertising, business operating restrictions and practice restrictions.

A comprehensive consultation process was undertaken during which there was widespread support for the legislative changes proposed in the draft policy paper.

The core principles underlying the proposed legislation were:

- the protection of the public
- accountability, fairness, peer and public involvement
- efficiency and effectiveness.

3.2 Operational and Administrative Support to Health Practitioner Registration Boards

The responsiveness and effectiveness of the provision of administrative and operational services to the Registration Boards was also examined as part of the HPRA Review.

At that time, administrative and operational support was provided to the then 11 Health Practitioner Registration Boards by a single secretariat within Queensland Health, known as the Office of Health Professional Registration Boards. The Office of Health Professional Registration Boards comprised the Registrar of each Board and supporting staff.

The Registrars were appointed under the *Medical Act and Other Acts (Administration) Act 1966*, but all staff of the Office of Health Professional Registration Boards were Queensland Health employees. Although the Office of Health Professional Registration Boards was linked to the Department for certain administrative purposes, it was otherwise not a formal part of the departmental structure.

Under the arrangements that existed at that time, there were no formal service agreements between the Boards and Queensland Health defining the nature and level of support to be provided to the Boards by the Office of Health Professional Registration Boards. The salaries of the Registrars and office staff were paid by the Department and then reimbursed by individual Boards. Common infrastructure costs were shared between the Boards in accordance with a formula prescribed in the *Medical Act and Other Acts (Administration) Regulation 1994*.

3.2.1 Administration and Operational Support Issues Identified

The HPRA Review found that administration and support arrangements were inflexible and unresponsive to the needs of individual Boards, and recommended changes.

The main issues and shortcomings in the support identified during the review were:

- the absence of an arms length relationship between the administration of the Boards and Queensland Health
- a lack of clear reporting and accountability relationships for staff servicing the Boards
- the need for greater autonomy and flexibility in staffing and other organisational decision making processes.

3.2.2 Alternative Support Structures Considered

Three possible organisational models were considered to address the identified administrative and operational issues identified during the HPRA Review:

- provision of centralised administrative support to the Boards by a unit within Queensland Health (basically the status quo)
- autonomous administrative arrangements by individual Boards
- creation of a statutory office to provide centralised administrative support to all Boards.

After considering the three options, a recommendation was made for the last option – the establishment of a separate statutory office to provide the required services, and this recommendation was included in the legislation establishing the office.

3.3 The Health Practitioners Registration Boards (Administration) Act 1999

3.3.1 Objectives of the Act

Section 3 of the Act sets out that its main objective is to establish administrative arrangements to help the Health Practitioner Registration Boards perform their functions. The Act further provides that this objective would be achieved primarily through the establishment of the HPRB Office.

3.3.2 Establishment of the HPRB Office

The Act establishes the HPRB Office as an independent statutory body. The HPRB Office consists of an Executive Officer and staff to provide support services to the Boards in accordance with Service Agreements negotiated between the Executive Officer and each Board.

Section 8 of the Act prescribes that the function of the HPRB Office is to provide the administrative and operational support necessary or convenient to help each Board to perform its functions.

The Act provides that participation in the administrative arrangements established by the Act is mandatory for all Health Practitioner Registration Boards, although there is a provision which enables the Minister to authorise a Board to obtain such support from another source if the Minister is satisfied that HPRB Office cannot provide the required services.

Administrative and operational support to be provided by the HPRB Office is defined in the Schedule to the Act as including:

- (a) Maintaining the Board's register
- (b) Collecting moneys payable to the Board and managing and disbursing moneys held for the Board
- (c) Providing and maintaining accommodation and equipment for use by the Board
- (d) Providing secretariat services to the Board
- (e) Providing advice to the Board about the operation of the legislative scheme
- (f) Helping the Board to meet its statutory financial obligations including, for example, under the *Financial Administration and Audit Act 1977*
- (g) Exercising powers conferred on or delegated to the Executive Officer or staff under the *Health Practitioners (Professional Standards) Act 1999*, a Health Practitioner Registration Act or another Act.

3.3.3 Main Provisions of the Act

The main provisions of the Act insofar as they are relevant to this review, are summarised in *Table 1*.

Table 2 sets out how the features in the new legislation were designed to address the issues identified during the HPRA Review about the quality of administrative and operational support provided to the Health Practitioner Registration Boards.

In addition to addressing the major concerns associated with the previous administration and support being provided to the Boards, creation of a combined administrative structure was believed to provide a number of specific benefits to the Boards. The projected benefits and the means of achieving those benefits are set out in *Table 3*.

The Explanatory Notes that accompanied the Health Practitioner Registration Boards (Administration) Bill when it was debated in Parliament indicated that the administrative arrangements established by the Act would ensure that Boards received responsive administrative and operational support.

It was also stated that the provision of an appropriate level of support would assist the Boards to function efficiently and effectively as key components of a regulatory system aimed at protecting the public and ensuring that health care is delivered in a safe, competent and professional manner.

Table 1
Main Provisions of the Act

Section	Provision
7	Establishment of the Office of Health Practitioner Registration Boards, consisting of the Executive Officer and staff
9	Minister's power to give the Executive Officer written directions about the administration and operation of the Office
10	Executive Officer is appointed by the Governor in Council and the provisions of the <i>Public Service Act 1996</i> do not apply
12	Functions of the Executive Officer
13	Powers of the Executive Officer
14	Executive Officer represents the State
21	Staff of the office are appointed under the <i>Public Service Act 1996</i>
22	The office must provide administrative and operational support to each board under a Service Agreement
23	Provision making it mandatory that each board obtain all administrative and operational support from the Office
24	Minister may authorise a board to obtain support from another source if the Minister is satisfied that the office cannot provide it
26, 27	Form and content of Service Agreements (maximum period 3 years)
28	Requirement that the Executive Officer and Boards negotiate subsequent agreements 1 month before expiry of current agreement
29	Special procedures for subsequent Service Agreements including power for the Minister to provide directions about the agreement if not entered into within prescribed time period
30	The office is a Statutory Body for the purposes of the <i>Financial Administration and Audit Act 1977</i>
31	The office is a Statutory Body for the purposes of the <i>Statutory Bodies Financial Arrangements Act 1982</i>
32	The office's Annual Report is to include Ministerial directions
33	Requirement to review the Act
Schedule	Defines administrative and operational support

Table 2
HPRA Review – Support and Administration Issues

Issue Identified	Remedy
The need for an arms length relationship between the administration of the Boards and Queensland Health	<ul style="list-style-type: none"> • The HPRB Office was established as a Public Service Office under the <i>Public Service Act 1996</i>, and operates independently of Queensland Health • The Executive Officer is appointed by the Governor in Council and is not subject to the <i>Public Service Act 1996</i> • Although the staff of the office are appointed under the provisions of the <i>Public Service Act 1996</i>, they are appointed by the Executive Officer and not Queensland Health • The HPRB Office was established as a Statutory Body within the meaning of the <i>Financial Administration and Audit Act 1977</i> • The HPRB Office was declared a Statutory Body for the purposes of the <i>Statutory Bodies Financial Arrangements Act 1982</i>
A need for clear reporting and accountability relationships for staff servicing the Boards	<ul style="list-style-type: none"> • Under the Act, the staff of the HPRB Office clearly report to the Executive Officer • The Executive Officer has overall accountability to the Minister • The Executive Officer is accountable to the Boards to deliver services in accordance with the Service Agreements negotiated with each Board
The need for providing autonomy and flexibility for the Boards in staffing and other organisational decision-making processes	<ul style="list-style-type: none"> • Through the mechanisms of Service Agreements, the Boards have greater ability to negotiate flexible and appropriate staffing and administrative arrangements to meet their respective needs. • The Executive Officer is empowered under the Act to implement appropriate policies and procedures, and is able to expedite the creation of positions and appointment of staff to service the Boards in accordance with the agreed Service Agreements

Table 3
Projected Benefits From the Establishment of the HPRB Office

<i>Projected Benefit</i>	<i>Means of Achievement</i>
Combined administrative structure will provide economies of scale	<ul style="list-style-type: none"> • Reduction in administrative costs (over option of board specific arrangements) especially for smaller Boards who would face higher cost of establishing and maintaining autonomous administrative arrangements.
Combined administrative structure will ensure consistency in common administrative practices	<ul style="list-style-type: none"> • Standard registration and renewal practices • Facilitates the development of standard policies and procedures • Facilitates the development of standard information systems supporting all Boards
Arrangements will facilitate the provision of mutual support for Boards during the health practitioners legislative scheme	<ul style="list-style-type: none"> • Provide opportunities for Boards to develop consistent and coordinated responses to implementation issues • Development of common policies and protocols across Boards • Sharing of advice and experiences about the operation and legislative application of the health practitioners scheme
Facilitate achievement of identified benefits	<ul style="list-style-type: none"> • The use of the HPRA Office for administrative and operational support was made mandatory under the Act (subject to a limited power given to the Minister to authorise alternative sources for services if the Minister is satisfied that the Office cannot provide the administrative and operational support necessary to help the board perform its functions)

4. Review of the Act

4.1 Statutory Requirements for the Review

Under the provisions of Section 33 of the Act, the Minister must ensure that the operation of the Act is reviewed within three years of the commencement of the initial Service Agreements, tabling a report of the results of that review in the Legislative Assembly within 4 years of the commencement of those initial Service Agreements.

The initial Service Agreements commenced on 1 July 2000 and this review commenced on 19 June 2003. The Minister must therefore table a report of the outcome of the review in the Legislative Assembly prior to 1 July 2004.

4.2 Boards Supported by the Office at the Time of the Review

The following Boards were being supported at the time of this review. It should be noted that not all current Boards existed at the time the HPRB Office was established – the Osteopaths Board was part of a joint Board with Chiropractors and the Medical Radiation Technologists Board was not established until May 2002.

- Chiropractors Board of Queensland
- Dental Board of Queensland
- Dental Technicians and Dental Prosthetists Board of Queensland
- Medical Board of Queensland
- Medical Radiation Technologists Board of Queensland
- Occupational Therapists Board of Queensland
- Optometrists Board of Queensland
- Osteopaths Board of Queensland
- Pharmacists Board of Queensland
- Physiotherapists Board of Queensland
- Podiatrists Board of Queensland
- Psychologists Board of Queensland
- Speech Pathologists Board of Queensland

4.3 Scope of Review

Although the Act is silent as to the conduct of the review, the Explanatory Notes that accompanied the Bill indicated that it was intended that the review would include an assessment of:

- the effectiveness and responsiveness of the administrative arrangements established by the Act
- the relative merits of alternative means of providing administrative and operational support to the Boards
- the continued need for the administrative arrangements established under the Act.

It was agreed at the outset that consideration would also be given to whether the framework established by the Act had addressed the issues raised during the HPRB Review as set out in **Table 2** of this report, and whether the anticipated benefits of the change as set out in **Table 3** were realised.

A review of the Executive Officer position was undertaken during 2002. The review report noted that arrangements for the performance management of the role needed to be clarified, as the position has overall accountability to the Minister.

As the Boards are key stakeholders, the review report suggested they should have significant input to the performance assessment of the Executive Officer.

As a result it was determined that a Committee of Chairpersons of the Boards appoint a performance management subcommittee, which would assess the Executive Officer's performance and report to the Committee of Board Chairpersons. The Committee of Board Chairpersons would report to the Minister on the Executive Officer's performance, as necessary.

As part of this review, the views of the Board Chairs were sought about the adequacy of the above arrangements, in particular, whether these arrangements should be incorporated in legislation or whether an alternative approach should be considered.

4.4 Issues Outside the Scope of the Review

The following issues were outside the scope of the review:

- a review of the employment conditions of the Executive Officer or staff of the HPRB Office
- an operational review or audit of the HPRB Office
- policy issues relating to the Registration Acts or the *Health Practitioners (Professional Standards) Act 1999*.

4.5 Approach Adopted for the Conduct of the Review

The conduct of the review involved the examination of relevant documents, the conduct of structured interviews with Board Chairs, structured interviews and consultation with key stakeholders, and a review of the operational and administrative support provided to Health Practitioner Registration Boards in other jurisdictions in Australia.

A summary of the various components of this approach appears below.

4.5.1 Documents Examined

The documents examined during the review included the:

- *Health Practitioner Registration Boards (Administration) Act 1999*
- *Explanatory Notes to the Health Practitioner Registration Boards (Administration) Bill 1999*
- *Health Practitioner Registration Boards (Administration) Bill and the Health Practitioners (Professional Standards) Bill, Cognate Debate 11 June 1999*
- *Office of Health Practitioner Registration Boards Annual Report 1999-2000*
- *Appropriate background material regarding the operations of the various Boards and the services delivered to them*
- *Background material relevant to the assignment (eg the HPRA Review)*
- *The content and structure of the Service Agreements*
- *The documents provided to the Boards by the HPRB Office during the renewal process of the Service Agreements*
- *A Discussion Paper on the Regulation of the Health Professions in Victoria, which was provided by the Policy and Strategic Projects Division, Victorian Government Department of Human Services, prior to its public release in October 2003.*

4.5.2 Interviews and Consultation with Key Stakeholders

Formal and structured interviews were conducted with:

- *Chairs (or their nominated representative) of each of the Boards*
- *The Australian Medical Association of Queensland*
- *The Optometrists Association of Australia (Queensland and Northern Territory Division)*
- *The Pharmacy Guild (Queensland)*

- The Director-General of Queensland Health
- A representative of the Minister for Health
- The Executive Officer, Office of the Health Practitioner Registration Boards
- Senior managers from the Office of the Health Practitioner Registration Boards
- The Manager, Policy and Strategic Projects Division, Practitioner Regulation Unit, Department of Human Services, Victoria.

Prior to these interviews, details of the matters to be discussed during the interview were sent to the interviewees. A copy of the issues statement sent to Board Chairs is included as *Attachment 2*. A full list of interviewees is included in *Attachment 1*.

In addition, a number of key health practitioner professional association stakeholders were invited to make a contribution to the review either via a personal interview or by the provision of a written response to the issues document sent to them and included as *Attachment 3*. A complete list of the stakeholders consulted in this way appears in *Attachment 1*.

Interviews were also conducted with representatives of other Australian jurisdictions to provide an overview of interstate arrangements.

The results of the interview and consultation process are set out in Sections 5 (Board Chair interviews), 6.2 (Stakeholder Interviews) and 6.3 (HPRB Office).

4.6 Qualification About the Result of the Review

As indicated previously, the main focus of this review was an assessment of the Act, primarily through a process of examining the quality of the services delivered to the Health Practitioner Registration Boards by the HPRB Office.

However, during the period under review (1999 – 2003), there was a major reform program being implemented by the Health Practitioner Registration Boards in Queensland, as a result of the HPRA Review. This reform program was impacting on all aspects of the operations of the Boards, the HPRB Office and the services delivered to Boards by that office. In addition, the appointment of a new Executive Officer could be expected to impact on the services delivered by the HPRB Office that were unrelated to the underlying operational and administrative support model for providing support to the Boards.

Therefore some caution is appropriate in interpreting the results of the review, as although there is no doubt that service support to the Health Practitioner Registration Boards has improved under the new arrangements, it is more difficult to be confident about the precise causal factors behind such improvement.

5. Interviews with Board Chairs

5.1 Format of Interviews

The format of the interviews was designed specifically to:

- obtain a qualitative assessment for each of the services provided to the Board by the HPRB Office
- determine whether the organisation and operational support issues identified in the HPRA Review had been addressed from the perspective of their Board
- identify if the Board had any other issues relating to the previous arrangements (and if so, had they been addressed under the new model)
- determine whether the identified benefits had been achieved
- identify additional benefits that may have been achieved
- identify any process and/or procedure that was introduced that was negatively impacting the delivery of core services to the Board
- identify if the Board had a preferred alternative model for the delivery of administration and support services
- to obtain the views of the Board on the reporting relationships (including performance review issues) of the Executive Officer of the HPRB Office
- identify if the Board considered there were amendments necessary to the *Health Practitioner Registration Boards (Administration) Act 1999*
- to assess the views of the Board on the format and content of the Service Agreements and the recent Service Agreement renewal process
- to identify any other issues that the Board had that were relevant to the conduct of the review.

5.2 Result of Assessment of Service Delivery

Board Chairs were requested to rate each of the services delivered by the HPRB Office by comparing the level of services currently being delivered with that provided under the previous arrangements.

A five level scale was used for this assessment:

- (a) significantly improved
- (b) improved
- (c) much the same

(d) not as good

(e) significantly worse.

Where the change was substantive, examples were requested. The result of that assessment is set out below for each service delivered and summarised in *Table 4*.

Table 4
Assessment of Services Delivered by HPRB Office – Board Chairs

Function/Board	1	2	3	4	5	6	7	8	9	10	11	12	13
Maintaining register	a	b+	c	c	b	c	6	a	a	b	c	b	b
Collecting & disbursing funds	a	b+	a	b	b	c	6	b	a	a	a	b	b
Accommodation & equipment	b	c	c	b	c	b	7	b	c	b	c	b	c
Secretariat services	c	c+	a	c	b	c	5	b	a	b	c	b	c
Advice on scheme	b	b+	b	b	a	b	8	c	a	a	c	b	a
Statutory financial obligations	c+	a	a	c+	a	b	6	b	a	a	a	a	b
Complaints processing	a	b+	b+	c+	c	b	CR	d	a	b	b	a	b
Impaired registers	b	c	CR	b	CR	CR	CR	b	a	a	a	b	b
Processing applications	a	c	c	b	c	c	5	a	a	a	c	b	b

Notes:

CR means couldn't rate (as it was not applicable or have not used sufficiently to date).

Numeric scores in column 7 were provided because the Board was unable to compare the services delivered under both models.

5.2.1 Maintaining the Boards Registers

Three Boards rated this service as significantly improved, five as improved, and four as much the same. No Board rated the service as not as good, or significantly worse.

There was general agreement that this function was carried out satisfactorily under the previous model, but has improved under the new model from the perspective of both the Boards and registrants.

Board Chairs made the following observations in relation to this service:

- speed of processing re-registrations has improved
- web site is an improvement – provides better access to registrants and is quite a positive approach, although it still needs further development
- electronic register needs enhanced analysis capacity
- availability of the register on-line tends to reduce the number of calls to individual Boards.

5.2.2 Collecting moneys payable to the Board and managing and disbursing Board funds

Five Boards rated this service as significantly improved, six as improved, and one as much the same. No Board rated the service as not as good, or significantly worse.

There was general agreement that this function was carried out unsatisfactorily under the previous model and has improved considerably under the new model.

Board Chairs made the following observations in relation to this service:

- Service Agreements provide vision and transparency of what is happening with Board funds
- the enhanced investment program has provided benefits to Boards (funds are now managed rather than just deposited)
- interest income to Boards has grown considerably under the new arrangements
- payment of Board fees via electronic funds transfer and payment for Board expenses by credit card has provided some real benefits
- the role of the Executive Officer has been a major determinant of the improved services in this area of operations.

5.2.3 Providing and maintaining accommodation and equipment for use by the Board

Six Boards rated this service as improved, and six as much the same. No Board rated the service as significantly improved, not as good or significantly worse.

There was general agreement that this function was carried out satisfactorily under the previous model, and has not improved significantly under the new model.

Board Chairs made the following observations in relation to this service:

- accommodation is better planned and controlled but a lack of adequate funding inhibits further development
- equipment (hardware and software) is better than under the previous arrangements
- Board facilities are fine but the office area for staff is very cramped and there is a lack of private space for key people supporting the Board
- offices have been rationalised and better maintained but there should be additional private quiet space provided so that Board Members can conduct confidential Board work at the Boards' principal office.

5.2.4 Providing secretariat services to the Board

Two Boards rated this service as significantly improved, four as improved, and six as much the same. No Board rated the service as not as good, or significantly worse.

There was general agreement that this function was carried out satisfactorily under the previous model, although satisfaction levels varied between Boards. However, whilst there was general recognition that the service had either been maintained or improved under the new model, it was recognised there was room for further improvement in the provision of these services.

Board Chairs made the following observations in relation to this service:

- actualisation of Service Agreements has provided some significant benefits in terms of the secretariat services provided to the Boards
- a number of Boards identified staff continuity as being a major factor in maintaining the quality of secretariat services
- improved turn around times were experienced, although these need to be tightened up in the Service Agreements
- some areas (eg minute taking) were identified as requiring additional training for staff
- Boards who have been allocated dedicated secretariat service staff have experienced a more focused and personal service being provided to Board members.

5.2.5 Providing advice to the Board about the operation of the legislative scheme

Four Boards rated this service as significantly improved, six as improved, and two as much the same. No Board rated the service as not as good, or significantly worse.

There was general agreement that this function was carried out unsatisfactorily under the previous model and has improved considerably under the new model.

Board Chairs made the following observations in relation to this service:

- very useful and improved service
- advice is now much more relevant and there is enhanced access to the source of the advice
- the improved quality of advice tends to result from the experience and capacity of the Executive Officer
- advice from the Executive Officer has proved very helpful in addressing the backlog of investigations

- the Office has kept the Board fully briefed on the change program
- the quality of the advice received depends to a large extent on the person providing the advice.

5.2.6 Helping the Board to meet its statutory financial obligations

Seven Boards rated this service as significantly improved, three as improved, and two as much the same. No Board rated the service as not as good, or significantly worse.

There was general agreement that this function was carried out unsatisfactorily under the previous model and has improved considerably under the new model.

Board Chairs made the following observations in relation to this service:

- improved from a very poor base. Further changes to significantly improve this aspect are in hand and will be fully operational shortly
- accounts are now better prepared
- introduction of the capital development program has been an improvement
- a clear and transparent budget and expenditure process has assisted individual Boards to build up reserves
- the office has just received its first clean audit report. Previously the audit report contained many audit issues, which was of concern to the Boards
- billing has been tightened up considerably.

5.2.7 Exercising delegations - receiving, managing and investigating complaints

Three Boards rated this service as significantly improved, six as improved, two as much the same, and one as not as good. No Board rated the service as significantly worse. One Board was unable to rate this service.

There was general agreement that this function was carried out poorly under the previous model and that there has been some improvement under the new model. However, additional issues have to be considered under the new legislative framework for handling complaints, resulting in increased responsibilities for the HPRB Office.

There was also general agreement that although the service provided in this area has improved, there is room for further improvement. It should be noted that the main reason that one Board rated the performance of the HPRB Office as not as good in this area was unrelated to the underlying support model, and is currently being addressed by the Executive Officer.

Board Chairs made the following observations in relation to this service:

- many more issues are being considered under the new legislation and complaints tend to be more complex. The cost of handling complaints is rising and their speedy resolution is being hampered by funding limitations
- the Executive Officer has introduced a complaints assessment process and this has materially assisted Boards in the processing of complaints
- the office has had to improve to keep up with the increase in complaints being received
- some concerns expressed regarding the timeframe for handling complaints under the legislative scheme. Some of the new processes do take time and everyone is on a “learning curve”
- the improved processes in the new legislation have made the HPRB Office more effective in this area.

5.2.8 Exercising delegations - processing of impaired registrants

Three Boards rated this service as significantly improved, four as improved, and one as much the same. No Board rated the service as not as good, or significantly worse.

There was some difficulty in comparing the services provided in this area, as this is a new process introduced as part of the overall legislative reform package. The provisions have not impacted on some Boards, and as a result, four Boards were unable to rate this service.

Board Chairs made the following observations in relation to this service:

- clear processes set out in the Act
- Health Assessment Monitoring (HAM) Unit and process extremely helpful
- time factors inherent in the legislation is a concern. HAM has been very good and keep the Board informed of progress
- language used in written documents is very formal and can be off-putting to the recipient
- over the past year it is felt that the performance of the HPRB Office in this area has been very good.

5.2.9 Exercising delegations - advising and processing applications for registration

Four Boards rated this service as significantly improved, three as improved, and five as much the same. No Board rated the service as not as good, or significantly worse.

There was general agreement that this function was carried out satisfactorily under the previous model, although satisfaction levels varied between Boards. However, there was general recognition that the service had either been maintained or improved under the new model.

Board Chairs made the following observations in relation to this service:

- works well – no backlog and staff handle the process extremely well
- quick turn around process. Systems in place work well
- the processing of new applicants and renewals have both improved
- the office has spent a lot of time on this and it is significantly better
- process has markedly improved, much more proactive now, especially in the early detection of health issues before they become a major concern.

5.3 Addressing Issues Identified in the HPRA Review

During the interviews, the Board Chairs were unanimously of the view that the new arrangements have addressed the issues that were identified during the HPRA Review.

No Board had any other issues or concerns with the previous arrangements that were still relevant today.

5.4 Realisation of Projected Benefits

All Boards were of the view that the benefits forecast when the legislative change was introduced were achieved.

The forecast benefit of obtaining economies of scale was more relevant to the smaller Boards. However, it was recognised that there had been a flow-on effect in this area to the larger Boards. The implementation of new information systems was an example of the economies of scale benefits that accrued to the larger Boards.

5.5 Alternative Models for Provision of Administrative and Operational Support

Each Board Chair was asked whether their Board had an alternative model for providing the administrative and operational report, and if so, to provide details of the model and the anticipated benefits.

No Board nominated an alternative preferred model for the provision of administrative and operational support to the Boards.

5.6 Legislative Amendments

Each Board Chair was asked whether there were any recommended changes to the Act to more effectively deliver administrative and operational support services to the Board.

No Board identified the need for any changes to the legislation, although a representative of the Speech Pathologists Board did recommend that a similar review of the Act be conducted in another three years. Although a future review could be useful, the Act does not need to be amended to facilitate such a review.

5.7 Service Agreements

Each Board Chair was asked to comment on:

- the form and content of the Service Agreements
- the Service Agreement renewal process
- to identify any other issues that they wanted to discuss that were relevant to the outcome of the review.

Board Chairs were supportive of the form and content of the Service Agreements and expressed general satisfaction with the Service Agreement renewal process. No other issues were identified that were relevant to the scope of the review.

The only comments that were made about the Service Agreements and the renewal process were:

- although the current version of the Service Agreements is an improvement on the inaugural version, there is still room for further streamlining of the agreements in the next iteration
- there is a requirement to include Board specific performance standards and obligations for each of the services delivered
- the service level renewal process should start earlier, given that some of the smaller Boards do not meet as regularly as the larger Boards.

Under Section 23(4) of the Act, Boards are authorised to engage a person to help the Board in negotiating a Service Agreement with the HPRB Office. During the first renewal process no Board engaged assistance under this provision.

5.8 Reporting Relationship/Performance Appraisal of Executive Officer

All Board Chairs were comfortable with current reporting relationships (including the proposed performance review arrangements) of the Executive Officer. It was suggested by a number of Board Chairs that the performance review would be facilitated by having assistance from someone with a detailed understanding of performance assessment in the public sector.

No Board Chair identified the need for any legislative change in this regard.

6. Consultation With Other Key Stakeholders

Two methods of consultation with other key stakeholders were adopted – personal interview, and a written invitation to make a contribution or have a personal interview.

6.1 Interviews Conducted

Formal interviews were conducted with representatives of the following professional associations:

- Australian Medical Association of Queensland
- Optometrists Association Australia, Queensland & Northern Territory Division
- Pharmacy Guild of Australia, Queensland Branch.

The Australian Podiatrist Association (Queensland) was also invited to participate in this process. Prior to the interviews, a detailed list of the issues to be covered in the interviews was sent to each of the above professional associations. A copy of this document is included as *Attachment 3* of this report.

It was apparent in conducting these reviews, that the professional associations did not have a detailed understanding of the role and function of the HPRB Office and tended to raise issues and/or concerns that related to the role and function of the Boards and the underlying registration legislation rather than the matters within the scope of the review.

The major issues that were relevant to the scope of the review that resulted from these interviews were:

- the HPRB Office needs to improve its communication interface with the professions (both published documents and enhanced internet presence)
- Government should ensure that there is sufficient funding made available to each Board (irrespective of size) to ensure that it can address its underlying obligations to the public in terms of education and consumer protection.

6.2 Consultation with Other Professional Association Stakeholders

In addition to the four professional associations listed in Section 6.1, a number of key professional associations were invited to make a contribution to the review, either via a personal interview or by the provision of a written response to the issues document sent to them and included as *Attachment 3*.

A full list of the stakeholders consulted in this way appears in *Attachment 1*.

The review received responses from the Australian Institute of Radiographers and the Chiropractors Association of Australia (Queensland). These responses were supportive of the current service and support arrangements and included a suggestion as to the format and content of the Board Register. No respondent in this category sought a personal interview.

6.3 Consultation with the HPRB Office

The consultation with the HPRB Office consisted of an interview with the Executive Officer, and interviews with six senior managers (in two separate groups of three managers). The results of these interviews are summarised below.

6.3.1 *Executive Officer, HPRB Office*

The Executive Officer was very supportive of the current support model and of the recent performance of the Office in delivering services to the Boards under that model.

In particular, the Executive Officer referred to the work program in the Operational Plan for 2002-2003, and the achievement of the following objectives under that plan:

Registration Services

- Establishment of a Renewals and Restorations Business Processing Centre
- Partial development of an Integrated Registration Policy and Procedure

Complaints Management

- Development of a Complaints Management Policy and Procedure

Health Assessment and Monitoring

- Development of a Health Assessment and Monitoring Policy and Procedure
- Partial implementation of the outcomes of the Siggins Miller Review of the Health Assessment and Monitoring (HAM) Service

Board Secretariat Services

- Conduct of a formal assessment of the efficiency and effectiveness of Board secretariat services, and development of plan to implement issues arising from the review
- Conduct of formal assessment of the Service Agreements and the implementation of the issues raised in the new versions of those agreements

Statutory Compliance, Planning and Reporting

- Coordinated the development of the Strategic Plans of all Boards as required under the *Financial Administration and Audit Act 1977*

Corporate Support

- Development and implementation of the Communications Standards and Structure
- Partial implementation of the Staff Performance Development and Review Policy and associated processes
- Partial development and implementation of a Training Plan for staff
- Development of a Human Resource Management Policy and associated procedures
- Development and implementation of a Financial Management Practice Manual
- Implementation of improvements in the financial management framework, infrastructure and security
- Implementation of improvements in the Investment Policy and related procedures
- Development of an internal audit framework
- Development and implementation of an Information Management Policy and associated procedures
- Implementation of a 12 month plan for system architecture and infrastructure security
- Conduct of an assessment of the efficiency and effectiveness of REGIS System and its various sub-modules
- Preparation of a submission to the Boards of a plan to enhance the Office and Boards' website
- Development of Operational and Information Systems Plans

Records Management

- Conduct of an evaluation of the efficiency and effectiveness of the records management services, and the development of a plan to address the issues identified in the review

The Executive Officer did not raise the need for any amendments to the Act. However, he did raise a number of associated issues that impacted the effectiveness and efficiency of the HPRB Office in serving the needs of the Boards. These issues are discussed in *Section 7*.

6.3.2 Senior Managers – HPRB Office

Two interviews were conducted with senior managers of the HPRB Office. Three senior managers attended each interview.

In these interviews, the managers were very supportive of the current model and the services being delivered by the HPRB Office under that model. Although it was recognised that it took some time for the Office to fully transition to the new model, they were confident that this transition had now occurred and the services being delivered are now providing benefits in terms of improved quality of services delivered to the Boards.

The managers did not identify the need for any legislative changes to be made to the Act.

7. Other Jurisdictions

The role of health practitioner registration boards across Australia is becoming more complex, but their core business continues to be the protection of the public by establishing standards of training for entry to the profession, registering practitioners and regulation of their conduct. There are a number of reviews taking place in this area across Australia, although most are primarily concerned with the underlying registration and compliance model.

The following comparative study focuses on the arrangements for the provision of administrative and operational support provided to health practitioner registration boards in other jurisdictions in Australia.

In considering this information it is important to recognise that the administrative and operational arrangements in place in the various jurisdictions needs to be considered in the context of the legislative framework that applies in individual jurisdictions.

7.1 Victoria

Prior to 1993-94, registrar functions for all Victorian Health Practitioner Registration Boards were provided by the Department of Health (now known as the Department of Human Services).

Since 1993-94, Victorian Registration Boards have been established as separate statutory authorities, with power to recruit their own staff and establish their own offices. Three of the smaller Boards have engaged the same private sector accountancy firm to provide core support services and thus have achieved some economies of scale.

However, it appears that this approach has not been successful and there are mounting concerns about the duplication of effort and cost in the operation of 10 separate Registration Board administrative units. Although there has been increased liaison between Registrars of the various administrative units in recent times, there is concern about the additional costs of such separate services to the members of the profession, and eventually to the consumers in the form of higher fees.

In October 2003, the Department of Human Services (DHS) publicly released a Discussion Paper on the regulation of health professions in that State. A draft of the paper was kindly made available to the review prior to its public release.

The discussion paper poses three questions in relation to this issue.

1. How can the administrative functions of registration Boards be carried out as efficiently as possible for the benefit of consumers and practitioners?
2. Is it in the public interest for all or a number of registration Boards to be co-located?

3. Is there a net public benefit for the administrative support functions of all or a number of Boards, particularly the smaller Boards, to be provided by a single administrative unit?

The closing date for submissions on the discussion paper is 23 January 2004, and it is expected that any legislative changes will be introduced to the Victorian Parliament in September-November 2004.

7.2 New South Wales

In New South Wales, there are two types of arrangements in place for the provision of administration and support services. The two categories are:

- Board specific support services
- Public sector administered Boards.

(a) Board Specific Support Services

Three Boards are fully independent and self funded entities, each with their own dedicated administration and operational support units. The three Boards in this category are:

- The Pharmacy Board of New South Wales
- The New South Wales Medical Board
- The Dental Board of New South Wales.

(b) Public Sector Administered Boards

The remaining health practitioner registration boards are managed and supported by an entity known as the Health Professionals Registration Boards. The Health Professionals Registration Boards is a branch of the Operations Division of the Health Department. The Director and staff are appointed under the *Health Administration Act 1982*, and although they have identical terms and conditions to public servants, they are not strictly speaking public servants.

Each of the nine Boards is self funding, with the fees structured so that they cover the costs of the services delivered. Fees collected are paid direct to the Health Administration Corporation (essentially the Health Department) who then pays salaries and other costs of the respective Boards. Boards are charged a proportion of the rent and other defined overheads on the basis of the number of registrants served by the Board.

Although fees are structured so as to meet the actual costs incurred by each Board, the allocation of staff etc of the office is under the control of the Director. There are no Service Agreements or similar documents used to define the level of services to be provided to individual Boards, and the performance obligations of the office to the Board.

Although the Health Professionals Registration Boards provides services to the smaller Boards, unlike Queensland, it also provides services to the Nurses Registration Board and this provides the office with quite a large registrant base and revenue stream.

7.3 Australian Capital Territory

There are 11 Health Practitioner Registration Boards in the Australian Capital Territory (ACT), and they are supported by a joint secretariat that is part of the ACT Department of Health. The Registrars and staff of the secretariat are employees of the ACT Department of Health. Boards are self funding except that the Government meets all legal costs, including the costs associated with the provision of legal advice to the Boards.

The above arrangements have been in existence for many years and are currently under review. In May 1999, the Department released a Discussion Paper on a review of the health professional registration Acts. The discussion paper included the following change proposals:

- the establishment of an omnibus legislative model under which all existing health professional Acts would be condensed into the one Act
- a move to statutory independence for the Boards and their enhanced operational flexibility
- the inclusion of criteria for the assessment of the need to regulate other health professions in the future.

As a result of the response to the Discussion Paper, a Bill is now being drafted.

7.4 Western Australia

There are 14 Health Practitioner Registration Boards in Western Australia. All are independent statutory authorities, both financially and administratively.

The Boards receive no funding from Government, either directly or indirectly but are required to present an Annual Report each year to the Minister. The larger Boards tend to appoint staff, but most contract out their support services. For example, two accounting firms each support three of the smaller Boards.

There are no current plans to vary this situation.

7.5 South Australia

In South Australia, all Boards are independent of Government. They are all self-funding with their own dedicated administrative units (three smaller ones share a Registrar and support staff).

The administrative units are not attached to a government department. Currently, the Department of Human Services (DHS) is awaiting Ministerial approval to release a Discussion Paper on the legislative framework for practitioner regulation in that State, but they are not anticipating any major changes to the administrative support arrangements to flow from consideration of that paper.

7.6 Tasmania

Historically, with the exception of the Medical Board, all secretariat services to the Boards were provided from within the public sector. That has changed over the past few years and now all eleven Boards are fully independent from Government.

All Boards are self funding and determine their own support arrangements. The sizes of the Boards vary considerably. The Nurses Registration Board is the largest and employs about 6 full time staff. At the other end of the scale, the Podiatrist Board only requires a part time casual assistant to meet its needs. A commercial accountancy company provides support services to four of the Boards.

There is no proposal to change the current arrangements.

7.7 Northern Territory

In the Northern Territory the Professional Registration Boards Section of Territory Health Services administers the health professions registration boards. The various Boards are administered by the Registrar of Professional Boards, who is also responsible for the provision of administration and support services to the Boards.

8. Alternative Models for Providing Administrative Support to the Health Practitioner Registration Boards

This section has been included in the report to meet the terms of reference requirement that the review identify the relative merits of alternative means of providing administrative and operational support to health practitioner registration boards.

There are four main options for providing administrative and operational support to Health Practitioner Registration Boards in Queensland. The four main options and their relevant strengths and weaknesses are discussed below.

Option 1 – Single Government Entity Supporting all Boards

This is essentially the model that operated in Queensland prior to the establishment of the HPRB Office.

The strengths of the model include:

- standard operating procedures and policies are facilitated (if the legislative structure permits)
- economies of scale are achievable
- the relationship with the Health Department and other key departments such as Treasury tends to be very strong, providing certain indirect benefits to the Boards
- provides staff with greater mobility within government
- under this model there tends to be some inherent built in subsidies for the operations of the Boards, primarily through the failure to fully cover certain costs (normally overhead costs) of the operations of the office
- the office has ready access to a number of Departmental resources that would not be available under other models.

The weaknesses of this model are essentially those identified in the HPRA Review that resulted in the establishment of the HPRB Office.

Option 2 – Separate Statutory Body Supporting all Boards

This is the model that is currently operating in Queensland.

The benefits of this model are those identified in this report.

The weaknesses of the model are:

- proposed changes to administrative policies and/or procedures generally require the agreement of all Boards
- the provision of enhanced infrastructure is dependant on the willingness and ability of all Boards to agree to the change and contribute the necessary funding .

Option 3 – Board Specific Separate Administrative Units Model

This is the model that currently operates in Victoria.

The primary advantage of the model is that it permits individual Boards to be truly independent, obtain their own offices, engage their own dedicated staff, or make whatever alternative arrangements for service delivery they deem appropriate.

The main weaknesses of the model include:

- tends to lead to a duplication of effort and differing administrative practices between Boards
- is more costly, the cost being passed on to health practitioners and the end consumer of health services
- creates a silo approach to the provision of regulatory services to health practitioners
- cannot achieve savings resulting from economies of scale
- threatens the viability of smaller Boards.

Option 4 – Dual Entity Model

This is the model that operates in NSW under which the larger Boards set up separate dedicated administrative units and the smaller boards are supported through a single administrative unit, either part of Government, or as in NSW, separate to but closely linked to a Government entity.

The primary advantage of this option is that it permits the larger Boards to become truly independent as in Option 3, but ensures that services are cost effectively delivered to the smaller boards that cannot justify their own offices and dedicated staff.

The weaknesses of the model include:

- tends to lead to a duplication of effort and differing administrative practices between levels of Boards
- is more costly, the cost being passed on to health practitioners and the end consumer of health services

- creates a silo approach based on size to the provision of regulatory services to health practitioners
- cannot achieve savings resulting from economies of scale.

It is also worth noting that unless there is a Board in the group being supported by the single agency that has a fairly significant registrant base (eg the Nurses Board in NSW), the quality of facilities and the number of support resources for the second group will be generally less than that provided to the first group.

9. Observations and Findings

9.1 Observations

The following observations are made as a result of the conduct of the review.

- The HPRB Office established under the Act does meet the objective of the Act of assisting Boards perform their functions
- The services provided by the HPRB Office are superior overall than those provided under the previous model
- The establishment of the HPRB Office has substantially addressed the administrative and support issues identified during the HPRA Review
- The introduction of Service Agreements and the operation of the HPRB Office under those Agreements has been a significant aspect of the new support arrangements
- Although the current Service Agreements are an improvement on the first versions, they are still fairly complex documents and the opportunity to streamline the agreements should be taken during the next renewal process
- There is a need to establish Board specific key performance indicators in the next version of the Service Agreements (a requirement identified in the current versions of the Service Agreements)
- The underlying model of a single independent statutory body providing administrative and operational support to all Health Practitioner Registration Boards does attract savings and operating efficiencies, especially in relation to the operation of smaller Boards
- There is a need for the current model to be continued and the services delivered under it further refined and improved so as to enable the Boards to cost effectively meet their functions
- The current Executive Officer has been critical in the improved services and client focus of the Office and he has assisted the new model to achieve its potential.

9.2 Formal Findings of the Review

As a result of the conduct of the review required under Section 33 of the *Health Practitioner Registration Boards (Administration) Act 1999*, the formal findings of the review are:

- The effectiveness and responsiveness of the HPRB Office established by the Act have resulted in improved administrative and operational support for the Health Practitioner Registration Boards in Queensland

- The operational and support issues identified in the HPRA Review have been substantially addressed, and the identified benefits from adopting this approach have also been substantially achieved
- No requirements for legislative changes to the Act were identified as a result of the review, and there is no pressure from key stakeholders to modify the Act or the current administration and operational support model
- After a reconsideration of the relative merits of alternative means of providing administrative and operational support to the Boards, it is considered that the approach adopted in the Act remains the most relevant to the Queensland environment
- There is no requirement to make any legislative change in relation to the reporting relationship of the Executive Officer, including the proposed performance review arrangements for the position
- The administrative and operational support arrangements established under the Act should be maintained.

10. Recommendations

It is recommended that:

- The formal findings of the review be submitted for consideration by the Minister for Health
-

Attachment 1

Consultation Process

1. Interviews with Board Chairs or their Nominees

Mr John Worrall, Chairperson, Chiropractors Board

Dr Richard Olive, Chairperson, Dental Board

Mr Brian Jeffries, Chairperson, Dental Technicians and Dental Prosthetists Board

Clinical Associate Professor Lloyd Toft, President, Medical Board

Mr Wayne Nuss, Chairperson, Medical Radiation Technologists Board

Mr Jim Carmichael, Deputy Chairperson, Occupational Therapists Board

Mr Ian Kent, Chairperson, Optometrists Board

Mr Mark Keyworth, Chairperson, Osteopaths Board

Mr Peter Brand, Chairperson, Pharmacists Board

Ms Elaine Unkles, Chairperson, Physiotherapists Board

Mr Lloyd Reed, Chairperson, Podiatrists Board

Ms Gina Geffen, Chairperson, Psychologists Board

Ms Meredith Kilminster, Chairperson, Speech Pathologists Board

2. Interviews with Representatives of Professional Associations

Dr Ingrid Tall, President, Australian Medical Association of Queensland

Mr Greg Johnson, Executive Director, Optometrists Association of Australia, Queensland and Northern Territory Division

Mr Kos Sclavos, Branch Pharmacy Guild of Australia, Queensland Branch

3. Other Stakeholders Interviewed

Dr Robert Stable, Director-General, Queensland Health

Mr Bruce Picard, Senior Policy Advisor, Office of the Minister for Health

Mr Jim O'Dempsey, Executive Officer, Office of the Health Practitioner Registration Boards

Ms Fiona Jackson, Complaints Coordinator, Office of the Health Practitioner Registration Boards

Ms Jackie Cunningham, HAM Unit Coordinator, Office of the Health Practitioner Registration Boards

Mr John Lowe, Pharmacy Coordinator, Office of the Health Practitioner Registration Boards

Mr Michael Demy-Geroe, Deputy Registrar of the Medical Board, Office of the Health Practitioner Registration Boards

Mr Geoff Connell, Deputy Registrar, Office of the Health Practitioner Registration Boards

Ms Julie Spencer, Corporate Services Manager, Office of the Health Practitioner Registration Boards

4. Other Stakeholders Consulted

Miss Denise Toovey, President, Association of Dental Prosthetists Queensland Inc

Mr Steve Duncan, President, Association of Private Practising Psychologists

Mr Don Anning, President, Australian Dental Association, Queensland Branch

Ms Linda Hensen, State President, Australian Association of Occupational Therapists – Queensland Inc

Mr Timothy Way, Chairperson, Australian Institute of Radiography (Queensland Branch)

Mr Peter Carter, State President, Australian Osteopathic Association (Queensland Branch)

Mr Robert Thams, President, Australian Physiotherapists Association – Queensland Branch

Ms Catherine Donlevy, President, Australian Podiatry Association (Queensland) Inc

Ms Nicola Burton, Chairperson Queensland Branch, Australian Psychological Society

Dr Ailsa Patterson, President, Chiropractors Association of Australia (Queensland Branch)

Mr Eduardo Gullotta, President, Dental Technicians Association Queensland Inc

Mr Peter Mayne, President, Pharmaceutical Society of Australia

Ms Michaela Jackson, President, Speech Pathologists Association of Australia
(Queensland Branch)

5. Representatives from other Jurisdictions

Ms Anne-Louise Carlton, Manager Policy and Strategic Projects Division,
Practitioner Regulation Unit, Department of Human Services Victoria

Mr Jim Tzannes, Manager, Health Professionals Registrations Boards, NSW
Department of Health

Mr Len Armsby, Department of Human Services Tasmania

Ms Suzanne Hillier, Health Department Western Australia

Mr Rob Smetak, Department of Human Services South Australia

Mr Rhys Ollerenshaw, ACT Health Department

Attachment 2

Interview Issues – Board Chairpersons

REVIEW OF THE *HEALTH PRACTITIONER REGISTRATION BOARDS (ADMINISTRATION) ACT 1999*

INTRODUCTION:

As you know, under section 33 of the *Health Practitioner Registration Boards (Administration) Act 1999* (the HPRB Act) a review of its operations is required.

I raise the following issues for discussion when we meet. In some instances, I request feedback based on a comparison between arrangements in place before the commencement of the HPRB Act and say, over the last 12 months of the HPRB Act being in operation.

I recognise that your response will depend on your knowledge of these prior arrangements.

ISSUES FOR CONSIDERATION:

1. General Assessment of How the Office of the Health Practitioner Registration Boards Provides its Primary Functions

In your assessment, how would you rate the performance of the Office of the Health Practitioner Registration Boards in providing the various administrative and operational functions prescribed in the *Health Practitioner Registration Boards (Administration) Act 1999* (the HPRB Act) in comparison to the previous arrangements?

You may wish to discuss examples of where change is substantive. Please indicate your rating in the following form:

- (a) significantly improved
- (b) improved
- (c) much the same
- (d) not as good
- (e) significantly worse.

Services Provided:

- maintaining the boards' register;
- collecting moneys payable to the board and managing and disbursing board funds;
- providing and maintaining accommodation and equipment for use by the board
- providing secretariat services to the board;
- providing advice to the board about the operation of the legislative scheme, eg about disciplinary processes under the *Health Practitioners (Professional Standards) Act 1999*; and interaction between the *Health Practitioners (Professional Standards) Act 1999* and *Health Rights Commission 1991*;
- helping the board to meet its statutory financial obligations, for example, under the *Financial Administration and Audit Act 1977*;

- exercising powers delegated to the Executive Officer or appropriate staff of the office under the *Health Practitioners (Professional Standards) Act 1999*, a health practitioner registration Act or another Act. For example:-
 - receiving, managing, and investigating complaints
 - establishing and maintaining processes in relation to registrants who may be impaired
 - advising on, and processing applications for registration, for consideration by the health practitioner registration board.

2. Issues Raised during the HPRA Review

In your view, has the administrative framework established by the HPRB Act addressed the concerns raised during the HPRA Review? Specifically:

- (a) the need for an 'arms length' relationship between the administration of the boards and Queensland Health;
- (b) clear reporting and accountability relationships for staff servicing the boards; and
- (c) the need for autonomy and flexibility for the boards in staffing and other organisational decision-making processes.

Does anything need to be considered to improve the way that the Office of the Health Practitioner Registration Boards addresses these issues?

Did your board have any additional issues/concerns with the previous administrative arrangements?

If yes, what were they and are they still relevant?

3. Realisation of Benefits

In your view, has the establishment of the Office of the Health Practitioner Registration Boards achieved the projected benefits? Please give examples where appropriate.

- (a) providing administrative support that is more flexible and responsive to the needs of your board;
- (b) economies of scale (especially for smaller boards);
- (c) consistency in common administrative practices eg processing registration applications and renewals; and
- (d) mutual support for boards during the implementation of the health practitioners legislative scheme.

Does anything need to be considered to better achieve these benefits?

Have there been any additional benefits?

Has the change introduced any process/procedure that in your view is unsatisfactory from the perspective of achieving the primary objective of the HPRB Act – the provision of responsive administrative and operational support to the health practitioner registration boards?

4. Alternative Models for Providing Administrative Support

Do you consider that an alternative model for providing administrative and operational support would be preferable to meeting the needs of your board? Please describe the model and anticipated benefits.

Do you consider that any modifications to the existing model should be made? Please describe changes and benefits that would flow from them.

5. Executive Officer position

The Office of the Health Practitioner Registration Boards provides services to each of the boards under a service agreement. As the head of the Office, the Executive Officer has overall responsibility to the boards for the provision of those services.

As the position of Executive Officer is a statutory appointment, the position's overall accountability is to the Minister for Health.

The Minister for Health has recently approved administrative arrangements for the performance management and review of the Executive officer, which will be undertaken by a 3-member sub-committee of the Chairs of the Boards.

Are these reporting arrangements satisfactory, or are there alternative legislative approaches that might be considered?

6. Legislative Amendments

In your view, are there any amendments to the HPRB Act required to achieve the objectives established for this legislation?

If yes, please provide details.

7. Other Issues

Do you have any comments on the following issues:

- (a) the form and content of the Service Agreement;
- (b) the Service Agreement renewal process; and
- (c) are there any other issues that you want to discuss that are relevant to the outcome of the review?

Gil Brooks
Principal Consultant
Brooks Management Services

Attachment 3

Interview Issues – Professional Associations

REVIEW OF THE *HEALTH PRACTITIONER REGISTRATION BOARDS (ADMINISTRATION) ACT 1999*

INTRODUCTION:

Under section 33 of the *Health Practitioner Registration Boards (Administration) Act 1999* (the HPRB Act) a review of its operations is required.

I raise the following issues for discussion when we meet. In some instances, I request feedback based on a comparison between arrangements in place before the commencement of the HPRB Act and say, over the last 12 months of the HPRB Act being in operation.

I recognise that your response will depend on your knowledge of these prior arrangements.

KEY ISSUES FOR CONSIDERATION:

1. General Assessment of How the Office of the Health Practitioner Registration Boards Provides its Primary Functions

In your assessment, how would you rate the performance of the Office of the Health Practitioner Registration Boards in providing the various administrative and operational functions prescribed in the *Health Practitioner Registration Boards (Administration) Act 1999* (the HPRB Act) in comparison to the previous arrangements? You may wish to discuss examples of where change is substantive.

2. Issues Raised during the HPRA Review

In your view, has the administrative framework established by the HPRB Act addressed the concerns raised during the HPRA Review? Specifically:

- (a) the need for an 'arms length' relationship between the administration of the boards and Queensland Health;
- (b) clear reporting and accountability relationships for staff servicing the boards; and
- (c) the need for autonomy and flexibility for the boards in staffing and other organisational decision-making processes.

Does anything need to be considered to improve the way that the Office of the Health Practitioner Registration Boards addresses these issues?

Did your association have any additional issues/concerns with the previous administrative arrangements?

If yes, what were they and are they still relevant?

3. Realisation of Benefits

In your view, has the establishment of the Office of the Health Practitioner Registration Boards achieved the projected benefits as follows:

- (a) providing administrative support that is more flexible and responsive to the needs of the boards;
- (b) economies of scale (especially for smaller boards);
- (c) consistency in common administrative practices eg processing registration applications and renewals; and
- (d) mutual support for boards during the implementation of the health practitioners legislative scheme.

Please give examples where appropriate.

Does anything need to be considered to better achieve these benefits?

Have there been any additional benefits?

Has the change introduced any process/procedure that in your view is unsatisfactory from the perspective of achieving the primary objective of the HPRB Act – the provision of responsive administrative and operational support to the health practitioner registration boards?

4. Alternative Models for Providing Administrative Support

Do you consider that an alternative model for providing administrative and operational support would be preferable to meeting the needs of the health practitioner registration boards? Please describe the model and anticipated benefits.

Do you consider that any modifications to the existing model should be made? Please describe changes and benefits that would flow from them.

5. Executive Officer position

The Office of the Health Practitioner Registration Boards provides services to each of the boards under a service agreement. As the head of the Office, the Executive Officer has overall responsibility to the boards for the provision of those services.

As the position of Executive Officer is a statutory appointment, the position's overall accountability is to the Minister for Health.

The Minister for Health has recently approved administrative arrangements for the performance management and review of the Executive officer, which will be undertaken by a 3-member sub-committee of the Chairs of the Boards.

Are these reporting arrangements satisfactory, or are there alternative legislative approaches that might be considered?

6. Legislative Amendments

In your view, are there any amendments to the HPRB Act required to achieve the objectives established for this legislation?

If yes, please provide details.

7. Other Issues

Are there any other issues that you want to discuss that are relevant to the outcome of the review?

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