

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

This is the annexure marked "**JPO-9**" mentioned and referred to in the Statement of **JAMES PATRICK O'DEMPSEY** dated this 17<sup>th</sup> day of May 2005.

# Induction Workshop

*Medical Board of Queensland*

7 December 2004



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## Introduction and Objectives

The aim is to promote your understanding of five key matters.

- The legislative scheme (both primary and secondary).
- Role and function of the Board.
- Role and responsibilities of members.
- Role and functions of the Office.
- The budget process and content.

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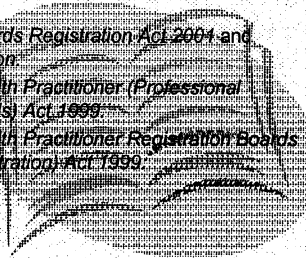
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## The Legislative Scheme

There are three key Acts and a raft of secondary legislation.

- The *Boards Registration Act 2004* and *Regulation*.
- The *Health Practitioner (Professional Standards) Act 1999*.
- The *Health Practitioner Registration Boards (Administration) Act 1999*.



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## Secondary Legislation

### Crime and Misconduct (Confession) Act 2001 and Public Sector (Confession) Act 1994

- I am required to refer matters to the Commission where any action against members or Office staff may involve misconduct.
- A code of conduct for Board members has been developed.
- This code is not yet a matter of paper, it has been applied during the last three years.

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## Secondary Legislation

### Financial Administration and Audit Act 1977 and Financial Management Standard 1997

- This act and regulation govern the financial management and reporting requirements of the departments and statutory authorities.
- The act requires each agency to have an approved FMPPM.
- This manual establishes the control and accountability systems within the operations of the Board and the Office to meet best practice in governance.
- Public – v – registrant funds.

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## Secondary Legislation

### Freedom of Information Act 1992

- This Act gives everybody a legally enforceable right to access documents held by the Office on behalf of the Board.
- The FOI decision maker is Mr Posner, Information Coordinator.
- The Executive Officer is the decision maker for internal reviews.
- 45 applications – 5,837 documents – 5,360 released – 5 applications for internal review – 2 for external review.

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## Secondary Legislation

### Judicial Review Act 1991

- This Act gives the public the right to request the reasons for a decision which adversely affects them and to seek a review of the decision in the Supreme Court.
- Adverse decisions require information notice under registration Act – same form as statement of reasons.
- Appeal rights – v – judicial review.

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## Secondary Legislation

### Statutory Bodies Financial Arrangements Act 1982

- This Act establishes the boundaries on the investment, and borrowing activities available to the Board.
- An investment policy consistent with this legislation has been approved by the Board.
- Policy maximises interest revenue while maintaining access to funds.

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## Secondary Legislation

### Mutual Recognition Act 1992

- This Act provides for the registration of applicants who hold current registration in another participating jurisdiction.
- All States and Territories in Australia are participating jurisdictions.
- The *Trans Tasman Mutual Recognition Act 1999* does not apply to the medical profession.
- AHMAC Working Party established to simplify mutual recognition – deemed registration, consistent categories of registration, Australian Index of Medical Practitioners – competency-based renewal – consistent public access.

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## Board Role and Function

- The Board is established under s9 of the *Registration Act 2001*.
- Primary purpose of the Board is to achieve the objectives of the Act (s7), which are:
  - To protect the public by ensuring health care is delivered by registrants in a professional, safe and competent way.*
  - To uphold the standards of practice within the profession.*
  - To maintain public confidence in the profession.*

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## Board Role and Function

In performing its role the Board has certain characteristics, which are:

- Board is a body corporate which may sue and be sued in its corporate name (s9).
- Board does not represent the State (s10).
- Board is limited in its role to the functions detailed in s11 of the Act.
- In performing these functions the Board must act independently, impartially and in the public interest (s12).

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## Board Role and Function

- 'Public interest' is a commonly used term and we all have a general sense of its meaning.
- The public could be described as all actual and potential users of health care services.
- 'Public interest' is best described as all such individual users and potential users pooling together their personal interests and acting together to pursue quality professional services to their mutual advantage.

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## Board Role and Function

- The results of this pursuit is legislation which assures them of safe and competent professional practice.
- Maintaining the public trust is essential for any profession that wants to keep the privilege of self-regulation.
- Self-regulation in this sense means that, with effective public input, professional groups govern themselves.
- Self-regulation is not a right but a privilege.

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## Board Role and Function

- Society, in effect, contracts with the profession to regulate its own members in order to protect the public from harm.
- This contract means that the profession is bound by the ethical principle of 'doing no harm'.
- In addition to this the Board should also be concerned with 'doing good'.
- This requires the Board to take proactive steps to encourage quality practice not just minimally safe care.

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## Board Role and Function

In meeting the objectives of the Act the Board has a number of functions detailed in s.11 of the Act.

These functions and related services are as follows:

- Registering applicants for general or specialist registration who are qualified and competent to practise (divisions 1, 5 and 9).
- Annually renewing the registration of those registrants who have recency of practice (divisions 1 and 9).

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## Registration Services

Part 3 of the Act

- Restoring the registration of those who fail to renew their registration (divisions 5 and 9).
- Canceling the registration of registrants under limited circumstances (divisions 6 and 9).

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## Registration Services

- Reviewing conditions of registrants (divisions 7-8 and 9).
- Registering special purpose applicants for:
  - postgraduate study or training (s.132)
  - supervised training to prepare for clinical examination (s.133)
  - medical teaching or research (s.134)
  - practice in an area of need (s.135)
  - study or training to obtain a qualification in a specialty (s.136)
  - practice in the public interest (s.137)
  - practice in general practice (s.138)

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## Registration Services

- Renewing special purpose registration for those who continue to meet the qualification and fitness to practise requirement (division 10).
- Registering those who are eligible for non-practising registration.
- Non-practising registration is defined as meaning the cessation of all medical practice activities including, but not limited to, the writing of remunerated or unremunerated prescriptions or specialist referrals.
- Establishing and maintaining a register – RCGIS (Part 9).

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## Practice Standard Services

- Developing or adopting programs for the continuing professional education of registrants (s11 and s266).
- Developing or adopting training programs in the practice of the profession (s11).



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## Practice Standard Services

- Informing registrants and the public about the operation of the legislative scheme (s11 and Part 4):
  - restricted titles and holding out
  - notification of business names
  - advertising
  - registrant's authority
- Accrediting extra training programs: Delegated to Post Graduate Medical Education Foundation
- Developing codes of practice to provide guidance to registrants (ss74-117 of the Act 1999)

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## Professional Standard Services

Structure for dealing with professional standards established in *Health Practitioner (Professional Standards) Act 1999* (246 pages and 404 provisions).

This Act has the same objectives as the Registration Act with two additions, being:

- *To provide a uniform system to deal with complaints, investigation and disciplinary proceedings relating to registrants, and the management of impaired registrants.*

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### Professional Standard Services

- To provide a system to deal with complaints about registrants that is complementary to the Health Rights Commission Act 1991.

The Act provides a range of functions to the Board which are as follows:

- To receive complaints about its registrants and, if appropriate, refer the complaints to the Commissioner (assessment; s.48; s.51; s.53; s.54; s.63).

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### Professional Standard Services

- To consult and cooperate with the Commission in investigating and disciplining its registrants and in relation to complaints about impaired registrants.
- To immediately suspend, or impose conditions on, the registration of its registrants if the registrants pose an imminent threat to the well being of vulnerable persons (s.59).

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### Professional Standard Services

- To conduct investigations, whether because of complaints or on its own initiative, about the conduct and practice of its registrants.
- To deal with disciplinary matters relating to its registrants that can be satisfactorily addressed through advising, cautioning and reprimanding (Board level disciplinary action by Committee or by correspondence).



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### Professional Standard Services

- To bring disciplinary proceedings in relation to its registrants before panels or the tribunal (second and third tiers of disciplinary bodies).
- To implement orders of panels or the tribunal relating to the Board's registrants.
- To establish health assessment committees to assess the health of registrants who may be impaired and make decisions about impaired registrants.

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### Professional Standard Services

- To monitor its registrants' compliance with conditions imposed or other disciplinary action taken, or undertakings entered into, under this Act.
- To cancel or suspend, or impose conditions on, its registrants' registration as a result of action taken under foreign law.

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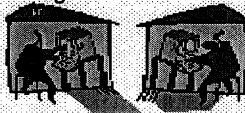
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### Professional Standard Services

- To consult and cooperate with other Boards, foreign regulatory authorities and other relevant entities about the investigation and disciplining of its registrants and the management of its registrants who are impaired.
- To exercise other functions given to the Board under this Act.



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## Member Roles and Responsibilities

In this section of the workshop I will address the role of members, confidentiality requirements, conflict of interest requirements, delegations, representation issues and approaches to members.

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## Members Roles and Responsibilities

- The **role of the chairperson** is to lead and direct Board activities.
- Responsibilities of the chairperson include the following:
  - Setting the Board agenda in consultation with the executive officer and / or assistant registrar.

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## Members Roles and Responsibilities

- Facilitating the flow of information and discussion at the Board meeting.
- Conducting Board meetings and other business.
- Ensuring the Board operates efficiently and effectively.
- Liaising with, and reporting to, the Minister.
- Reviewing Board performance.
- Supporting Board members in their performance.



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### Members Roles and Responsibilities

- The **collective role** of the Board is predominately to:
  - (a) set corporate direction and goals
  - (b) oversee the plans of Office staff to achieve these goals
  - (c) review progress at regular intervals; and
  - (d) make those decisions required under the legislation.

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### Members Roles and Responsibilities

- **Members are required to:**
  - Familiarise themselves with their legal and statutory obligations
  - Take reasonable steps to ensure that they are informed about the business of the Board to make informed decisions.
  - To be collectively responsible for Board decisions and to support and adhere to all such decisions.

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### Members Roles and Responsibilities

- To exercise a dissenting view on particular decisions and have that view appropriately minuted.
- Cannot be absent without the Boards permission from three consecutive meetings.

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## Members Roles and Responsibilities

- **Confidentiality requirements** are quite stringent.
- S196 of the Registration Act places a legal onus on members not to disclose information gained as a member unless the disclosure is provided for in this section.
- The maximum penalty should a member be found guilty of breaching this provision is 100 penalty units (currently \$7500).

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## Members Roles and Responsibilities

- S35 of the Registration Acts establishes a legal onus for members to **disclose their interests** in a matter being considered or about to be considered by a Board or a committee.
- It is clear from this section that the government expects that members are required to declare their conflicts and for the Board to make an informed decision about whether the member can take part in making any decision about the matter.

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## Members Roles and Responsibilities

- S14 of the *Registration Acts 2001* and s12 of the *Health Practitioners (Professional Standards) Act 1999* enables the Board to delegate some of its powers and restricts the delegation of others.
- Delegation manuals have been developed under the *Financial Administration and Audit Act 1977* and the *Health Practitioners (Professional Standards) Act 1999*.
- Work is underway in developing a delegation manual for the thirteen registration Acts.

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### Members Roles and Responsibilities

- In being appointed to the Board, members do not and **cannot represent** particular interest groups or government (ss10 and 12).
- The *Fireman's Decision* clearly articulates the duties of members.
- This decision, by Justice Street, made a number of comments which informed the duties of all members. These are as follows:

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### Members Roles and Responsibilities

- A member will be derelict in their duty if they use their membership as a means to promote the particular interests of any group which nominated them.
- The object of providing for interested professional or consumer groups to nominate members is three fold:
  - (a) One can be confident that an interested group will select a person whose personal attributes equip them for membership.

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### Members Roles and Responsibilities

- (b) it promotes the confidence of that group in the Board.
- (c) it ensures that the Board as a single entity has available in its deliberations the views of the nominating groups.
- The presence of the second and third elements necessitates the highest standards of integrity in a member, both in thoughts and actions.

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## Members Roles and Responsibilities

- The consideration which must govern each member in Board affairs is the advancement of the public purpose for which Parliament has established it.
- A member must never lose sight of this governing consideration.
- In accepting membership on the Board, a person accepts the burdens and obligations of serving the community through the Board.

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## Members Roles and Responsibilities

- This demands constant vigilance by the member to ensure that they do not in the smallest degree compromise or surrender the integrity and independence they must bring to Board affairs.
- There will always be differences in the opinions, approaches and philosophies of members.
- The predominating element which each individual must constantly bear in mind is the promotion of the public interest and the interests of the Board.

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## Members Roles and Responsibilities

- Approaches to members made by registrants who are subject to a complaint or an investigation are problematic.
- Legal advice on such approaches has indicated that generally these are neither desirable nor appropriate given that:
  - (a) it could place the member in a potential position of compromise.
  - (b) the process for dealing with complaints and investigations is clearly set out the HPPS Act 1999 and is a statutory requirement.

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## Members Roles and Responsibilities

- Given this advice:

(a) where such approaches are made to members on matters not related to complaints/investigations, the Board should be provided with any relevant information conveyed.

(b) where such approaches are made to members on matters related to complaints/investigations, the member should advise the person that it would be a breach of the legislation to discuss the matter with them.

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## Members Roles and Responsibilities

- Members are appointed on terms established by Governor in Council.

• Remuneration is established in schedule B of the appointing instrument (a copy of which has been circulated).

• Travel allowances for vehicles are as per directive 07/03 ( a copy of which has been circulated).

• Accommodation including meals and business phone calls is as per directive 03/04 (a copy of which has been circulated).

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## Members Roles and Responsibilities

- Please note that purchase of alcohol is strictly prohibited under the relevant directive.

• Frequent flyer points obtained on Board business may only be redeemed for Board business (a copy of the guidelines for frequent flyer schemes has been circulated).

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### Office Role and Functions

- The Office is established under the *Health Practitioner Registration Boards (Administration) Act 1999*.
- The Office is a statutory authority directly responsible to the Minister for Health.
- The Office is established to provide the administrative and operation support necessary or convenient to help all thirteen Boards to perform their functions.

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### Office Role and Functions

- S22 of the Act establishes that the Office must provide this support under a Service Agreement which must include the following:
  - (a) details of the services to be provided
  - (b) the amount payable by the Board for these services
  - (c) how the amount payable is to be calculated
  - (d) how the amount payable is to be paid

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### Office Role and Functions

- (e) an arrangement by which the Executive Officer reports to the Board for monies collected, managed and disbursed for the Board.
- (f) an arrangement by which the Executive Officer reports to the Board about the Office's performance under the Agreement.
- (g) the term of the Agreement and how it may be varied.

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### Office Role and Functions

- The Office is a public service agency under the *Public Service Act 1998* and the Executive Officer is the Chief Executive Officer for the purpose of this legislation.
- The Executive Officer has the following responsibilities:
  - (a) ensuring observance of all legislation within the legislative scheme.
  - (b) maintaining proper internal controls and management information systems.

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### Office Role and Functions

- (c) managing the budget of the Office and the Board.
- (d) operational, administrative and marketing functions.
- (e) communication to and from the organisation.

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### Office Role and Functions

- The services provided by the Office are detailed in the Service Agreement which is available on request.
- Broadly these services are:
  - (a) Registration services
  - (b) Complaints management services
  - (c) Health Assessment and Monitoring services

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## Office Role and Functions

- (d) Board meeting support services
- (e) Professional advice and support services
- (f) Corporate support services

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## Office Role and Functions

- Under s23 of the Act the Board must obtain all its administrative and operational support from the Office unless it can be demonstrated that the Office is incapable of providing the service.
- Under s33 of the Act a statutory review of the functioning of the legislation was recently undertaken by the Minister.

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## Budget Process and Content

- All amounts received by the Board are paid in to its funds and must only be applied for the purposes of the legislation (s38).
- The budget is made up of three parts being direct Board costs, salary related Service Agreement costs and non-salary related Service Agreement costs.
- The budget is based on recurrent activities and the Operational Plan for each year.

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## Budget Process and Content

- Monthly financial statements including a budget variance report are provided to the Board
- The major source of revenue is the Annual Registration Renewal Fee.

## Budget Process and Content

Table 1: Comparison of Forecast with Actual Outcomes

Line Item	Forecast	Actual
<b>Fee Income</b>	<b>438491</b>	<b>428994</b>
Interest Income	148260	159103
Information Provision Income	23492	34380
Other Income	20000	-
Professional Standards Income	110384	20434
Sundry Income	24095	28211
Grant Income	-	-
<b>TOTAL OPERATING INCOME</b>	<b>457252</b>	<b>4574091</b>
<b>Administration Expenses</b>	<b>160401</b>	<b>164180</b>
Board Member Expenses	62269	69169
Conference Expenses - Board	27131	41881
Conference Expenses - Staff	11889	12507
Function Costs	3272	2793
Office	29864	26844
Health Assessment Expenses	73535	73951
Investigation Expenses	257795	269238
Legal Expenses	384120	216626
<b>TOTAL BOARD RELATED EXPENSES</b>	<b>1478928</b>	<b>1663723</b>
Non-staff/ Service Agreement Expenditure	632264	687463
Salary/Service Agreement Expenditure	2068574	2054121
<b>TOTAL SERVICE AGREEMENT EXPENDITURE</b>	<b>2688238</b>	<b>2641584</b>
<b>TOTAL OPERATING EXPENDITURE</b>	<b>4176856</b>	<b>4305337</b>
<b>OPERATING SURPLUS (DEFICIT)</b>	<b>395726</b>	<b>268724</b>

## Budget Process and Content

Table 2: Five Year Projected Surplus/Deficit Comparison on Profit and Loss Statement

Description	2004-06	2005-06	2006-07	2007-08	2008-09	2009-10
2004 Forecast Surplus (Deficit)	2380170	952072	1527462	2130869	2769007	3425299
2004 Actual Surplus (Deficit)	2403272	969839	1536626	2143137	2781787	3438368

Table 3: Five Year Projected Retained Surplus/Deficit Comparison on Balance Sheet

Description	2004-06	2005-06	2006-07	2007-08	2008-09	2009-10
Forecast Retained Surplus (Deficit)	3637220	4489292	8016783	8147423	10916430	14341628
Actuals Retained Surplus (Deficit)	3829076	4793016	8332640	8478777	11257564	14695921

**Operational Objectives  
2004-2005**

*Registration Services*

To implement the approved Plan from the Business Process Review of registration services.

To develop and implement a strategy for monitoring compliance with conditions imposed under the registration Acts. (NB: Does not include probationary conditions)

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**Operational Objectives  
2004-2005**

*Registration Services*

To jointly develop and implement standard processes for dealing with breaches of the registration Acts.

To develop and implement an information kit for new medical registrants.

To progress the AHMAC Working Party initiative for enhancements in mutual recognition.

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**Operational Objectives  
2004-2005**

*Professional Standards Services*

To finalise implementation of the approved recommendations from the Complaints and HAM Review Project as follows:

- (a) final drafting, design and printing of policy information sheets and complaints brochure;
- (b) develop expert witness register; and
- (c) complete all required templates.

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**Operational Objectives  
2004-2005**

*Professional Standards Services*

To implement Version 1 of the Professional Standards Module.

To finalise the review of administrative procedures and protocols.

To improve our processes and co-operation through effective communication with related organisations.

To review the role and responsibilities of investigators.

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**Operational Objectives  
2004-2005**

*Professional Standards Services*

To develop and implement processes and protocols (including an information package) for Board level disciplinary hearings.

To develop and implement a strategy for monitoring compliance with undertakings, conditions, and suspensions initiated under the *Health Practitioners (Professional Standards) Act 1999*.

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**Operational Objectives  
2004-2005**

*Professional Standards Services*

To develop and progressively implement a stakeholder education strategy.

To finalise the reduction of the investigation backlog and to establish an ongoing strategy for management of future caseloads.

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**Operational Objectives  
2004-2005**

*Health Assessment and Monitoring Services*

To finalise implementation of the approved recommendations from the Complaints and HAM Review Project as follows: (a) final drafting, design and printing of policy information sheets and HAM brochures; (b) negotiating and implementing legislative amendments.

To implement Version 1 of the Professional Standards Module.

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**Operational Objectives  
2004-2005**

*Health Assessment and Monitoring Services*

To develop and progressively implement a stakeholder education strategy.

To enhance administrative procedures and protocols.

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**Operational Objectives  
2004-2005**

*Policy Development and Statutory Compliance*

To finalise development of a policy position on 'Recency of Practice' and prepare an implementation strategy.

To finalise development of an integrated communication strategy for all Boards, including addressing newsletters and the release of standards/guidelines developed or adopted by the Boards.

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**Operational Objectives  
2004-2005**

***Policy Development and Statutory Compliance***

To assist the Boards in implementing any requirements identified from the Board governance self-assessment.

To inform, negotiate and implement amendments to the *Health Practitioners (Professional Standards) Act 1999* and the registration Acts.

To inform, negotiate and implement a realistic policy for fees established under the Regulations of each registration Act.

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**Operational Objectives  
2004-2005**

***Policy Development and Statutory Compliance***

To schedule and undertake reviews of service standard measures.

To commence a review of services to ensure they are accessible to all ethnic communities.

To continue to develop and implement strategies to improve the work environment and enhance intra Office communication.

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**Operational Objectives  
2004-2005**

***Corporate Support Services – Human  
Resource Management***

To develop a procedure manual for each position in the Corporate Services Unit.

To review and enhance the induction policy and procedures (with a specific focus on induction in each Unit).

To refine and focus staff development and training.

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**Operational Objectives  
2004-2005**

*Corporate Support Services – Financial  
Management*

To evaluate the internal audit function including the need to establish an internal audit committee.

To develop and implement financial systems appraisals.

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**Operational Objectives  
2004-2005**

*Corporate Support Services – Financial  
Management*

To implement all requirements of the International Financial Reporting Standards.

To evaluate the five year financial modelling and its integration with the budget.

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**Operational Objectives  
2004-2005**

*Corporate Support Services – Records  
Management*

To finalise implementation of the approved recommendations from the records management evaluation project.

To finalise the review of the role, responsibilities and organisation of information management.

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## Operational Objectives 2004-2005

### *Corporate Support Services – Information Technology*

To implement the approved recommendations relating to REGIS from the Business Process Review of registration services.

To establish a portal server to enable delivery of on-line corporate services.

To develop and implement policy and procedures for archiving of electronic documents.

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## Operational Objectives 2004-2005

### *Corporate Support Services – Information Technology*

To evaluate the telephone system and propose costed options for enhancement of client services.

To continue implementation of the Project for an integrated website for the Boards and the Office.

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## Statistics 2003-2004

**Table 1: Funds Provided by the Boards Under the Service Agreements  
2003-2003; 2003-2004; 2004-2004**

Board	Service Agreement Funding 2003-2003	Service Agreement Funding 2003-2004	Service Agreement Funding 2004-2004
Chiropractors	66928	80022	82953
Dental	369234	438140	460254
Dental Technicians and Dental Prosthetists	82712	78575	81950
Medical	2401104	2668828	2908127
Medical Radiation Technologists	212300	218718	228712
Occupational Therapists	101478	87829	96170
Osteopaths	68912	68509	71627
Optometrists	37848	38386	29630
Pharmacists	367684	378406	441586
Physiotherapists	216554	188040	176213
Podiatrists	48960	41224	40584
Psychologists	653662	620080	671740
Speech Pathologists	114580	107026	102880
<b>TOTAL</b>	<b>4800884</b>	<b>5080873</b>	<b>5354867</b>

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## Statistics 2003-2004

Table 2: Number of Registrants as at 30 June 2001, 2002, 2003 and 2004

Registrar	2001	2002	2003	2004
Chiropractors*	-	550	568	616
Chiropractors and Osteopaths*	575	-	-	-
Dentists	1970	2017	2141	2282
Dental Specialists	212	226	235	257
Dental Technicians	626	658	684	709
Dental Prosthetists	146	142	143	144
Medical Practitioners**	8081	8231	8512	8996
Medical Practitioners and Specialists**	3535	3631	4023	4216
Radiation Therapists***	-	-	207	232
Medical Imaging Technologists***	-	-	1350	1505
Nuclear Medicine Technologists***	-	-	64	91
Occupational Therapists	1316	1429	1545	1695
Optomeltrists	695	726	778	824
Osteopaths*	-	86	80	63
Pharmacists	3456	3590	3712	3893
Physiotherapists	2078	2009	2008	2104
Podiatrists	300	324	343	374
Psychologists	2854	3073	3302	3579
Speech Pathologists	814	837	862	940
<b>TOTAL</b>	<b>27357</b>	<b>28629</b>	<b>31455</b>	<b>33238</b>

## Statistics 2003-2004

Table 3: New Registrations Approved in the Period 1 July 2003 - 30 June 2004

Registrar	Trans-Tasman Mutual Recognition	Mutual Recognition (Australia)	Non Mutual Recognition	Total
Chiropractors	-	45	31	76
Dentists	18	99	118	235
Dental Specialists	1	5	7	13
Dental Technicians	-	8	52	60
Dental Prosthetists	-	-	1	1
Medical Practitioners and Specialists	-	436	2942	3378
Medical Imaging Technologists	7	11	214	232
Nuclear Medicine Technologists	-	-	25	25
Radiation Therapists	1	1	32	34
Occupational Therapists	7	16	166	189
Optomeltrists	5	36	32	73
Osteopaths	-	7	6	13
Pharmacists	8	142	188	338
Physiotherapists	20	104	156	280
Podiatrists	-	15	27	42
Psychologists	2	64	330	396
Speech Pathologists**	-	-	86	86
<b>TOTAL</b>	<b>69</b>	<b>989</b>	<b>4415</b>	<b>5473</b>

## Statistics 2003-2004

Table 4: Number and Type of Meetings Serviced by the Office in the Period 1 July 2003 - 30 June 2004

Board	Ordinary Board Meetings	Special Board Meetings	Committee Meetings	Disciplinary Proceedings by Board/Board Committee	Total
Chiropractors	12	-	-	-	12
Dental	11	-	60	-	71
Dental Technicians & Dental Prosthetists	8	-	7	-	15
Medical	22	1	64	4	91
Medical Practitioner Technologists	13	-	7	-	20
Occupational Therapists	11	0	4	-	20
Optomeltrists	9	-	4	-	9
Osteopaths	4	-	-	-	4
Pharmacists	9	-	1	3	13
Physiotherapists	10	-	10	1	21
Podiatrists	8	-	-	-	8
Psychologists	12	-	32	3	47
Speech Pathologists	8	-	-	-	8
<b>TOTAL</b>	<b>135</b>	<b>6</b>	<b>185</b>	<b>11</b>	<b>337</b>

## Statistics 2003-2004

Table 5: Complaints\* and Investigations pursuant to Health Practitioners (Professional Standards) Act 1999 as at 30 June 2004

Board	Number of Investigations as at 1/7/03	Number of Complaints Received to 30/06/04	Number of Investigations Commenced to 30/06/04	Number of Investigations Completed to 30/06/04	Number of Investigations as at 30/06/04
Chiropractors	5	13	2	3	4
Dental**	19	33	5	18	6
Dental Technicians and Dental Prosthetists	1	6	-	-	1
Medical***	233	232	37	96	****175
Medical Radiation Technologists	-	-	-	-	-
Occupational Therapists	-	2	1	1	-
Optomists	-	1	-	-	-
Osteopaths	-	-	1	-	1
Pharmacists	11	50	30	34	7
Physiotherapists	-	4	2	2	-
Podiatrists	4	1	-	1	3
Psychologists****	18	45	13	11	20
Speech Pathologists	-	-	-	-	-
<b>TOTAL</b>	<b>291</b>	<b>388</b>	<b>81</b>	<b>185</b>	<b>217</b>

## Statistics 2003-2004

Table 6: Comparison of Outstanding Investigations 1 July 2002-1 July 2004

Board	Number of Investigations as at 1/7/02	Number of Investigations as at 1/7/03	Number of Investigations as at 1/7/04	% Change 1/7/02 - 1/7/04
Chiropractors	14	5	4	↓ 71.4%
Dental	27	19	6	↓ 77.8%
Dental Technicians and Dental Prosthetists	4	1	1	↓ 75.8%
Medical	237	233	175	↓ 26.0%
Medical Radiation Technologists	-	-	-	-
Occupational Therapists	-	-	-	-
Optomists	-	-	-	-
Osteopaths	-	-	1	↑ 100.0%
Pharmacists	28	11	7	↓ 75.0%
Physiotherapists	1	-	-	↓ 100.0%
Podiatrists	5	4	3	↓ 40.0%
Psychologists	20	18	20	↑ 100%
Speech Pathologists	1	-	-	↓ 100%
<b>TOTAL</b>	<b>337</b>	<b>291</b>	<b>217</b>	<b>↓ 35.6%</b>

