 <b>Queensland Government</b>	<b>Service Business Case</b>	<b>ID No.</b>
		<b>2TMP.007</b>

## 1. Executive Summary - Project

### 1.1. Document Purpose

The purpose of this Service Business Case is to report on the costs, benefits and key assumptions associated with the provision of health practitioner registration services by the OHPRB through the Access Queensland integrated service delivery model. It does not provide an evaluation of any aspect of other whole-of-government projects.

### 1.2. Background

The OHPRB administers the registration and compliance activities associated with a range of practicing health practitioners in Queensland. In doing so, the OHPRB supports 13 Boards of Registration, each with differing Policies and Procedures leading to varied levels of efficiency and customer responsiveness.


In October 2003, discussions commenced with the Integrated Service Delivery Unit, Department of Public Works to re-engineer the current process of registering health practitioners (using the AQ BPR Methodology) to provide a better service to clients, through a greater level of integration and consistency of processes between the respective Boards.

The objectives of the Project are to:

1. Present a solution that will improve client accessibility to health practitioner registration services by integrating services within the AQ strategy and service delivery frameworks (e.g. through *Smart Service Queensland*);
2. Provide enhanced registration service delivery, which is seamless (end to end delivery), responsive, efficient and timely for health practitioners;
3. Consider generic business processes and service components that can be applied to other Government services migrating to the Integrated Service Delivery model;
4. Support the Whole-of-Government priority for integrated service delivery;
5. Develop registration policies and procedures which support consistent application of the provisions in each Board's Registration Act;
6. Develop registration delegations consistent with the requirements of the relevant provision in each Board's Registration Act;
7. Establish the ability for registrants to apply for and maintain their registration through multiple channels, including on-line;
8. Inform the further development or replacement of the Registration Information System (REGIS);
9. Inform whether registration process re-development requires organisational structural change;
10. Develop the skills of Project Team members in Project Management and the AQ BPR Methodology – and its practical implementation on a live project.

It is important to note that it is not the objective of the Registration Review Project to reduce the number of permanent staff employed at the OHPRB; rather it is to improve efficiencies in the registration service.

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The Project is being conducted as part of the Queensland Government *Access Queensland (AQ) Initiative*. The vision of the AQ initiative is that:

*The public can expect access to government products and services anywhere and anytime through a variety of channels.*

Further, the aim of the AQ initiative is to provide the Queensland public with a single point of access for government transactions, information, or referrals by facilitating the planning and implementation of new service delivery arrangements through collaboration between government agencies. In the future customers will no longer experience confusion or frustration in determining where to find the information or services they require.

*Smart Service Queensland* is the delivery arm of the *Access Queensland Initiative* and its' role is to manage, and where applicable, co-ordinate such activities to ensure the delivery of generic and partially generic services from participating agencies, through a variety of channels.

This Service Business Case proposes a number of recommendations including but not limited to the development of a new health practitioner regulatory management system, a new registration team organisational structure, changes to Board and legislative provisions governing health practitioner registration in Queensland and significant changes to the OHPRB's registration service processes. It also gives consideration to integrating aspects of 'generic' health practitioner registration service processes with *Smart Service Queensland*.

### 1.3. Preferred Project Overview


The *Detailed Design Report* outlined two main registration review project options available to the OHPRB: These were as follows:

1. Option 1: Retain the current 'status quo' with respect to OHPRB registration team structure, however consider changes to registration team roles and responsibilities. This is not the preferred option.
2. Option 2: Change the OHPRB's registration team processes and organisational structure (i.e to one registration team, as well as the creation of two Board Support Units), and transition some services to Smart Service Queensland. This is the preferred option.

#### *Key Features – Option 2*

- Deliver health practitioner registration information and services in partnership with *SSQ* – allowing OHPRB staff to concentrate on providing specialist rather than generic services.  
Integrate the service delivery for the registration of health practitioners through cost effective channels (e.g. Internet and IVR built into the SII) supported by a single set of streamlined, generic processes
- Develop a new health practitioner regulatory management system that can authenticate and authorise a client
- Request changes to current health practitioner legislation in relation to a number of matters, including changes to application for registration approval delegations
- Restructure the OHPRB registration function – new roles and responsibilities for staff who deliver registration services
- Certain services can be delivered to clients 24 hours X 7 days (365 days per year) using the Internet and IVR channels

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(Note: For those transactions that require specialist intervention (e.g. new applications for health practitioner registration submitted via the internet), the new system will be designed to capture as much of the service requirement as possible at the first point of contact (reducing data entry for OHPRB staff). Clients will be issued with a:

- print out of their completed application; and
- a system generated reference number (while the transaction is held in the system) awaiting the receipt of appropriate documentation (e.g. academic transcripts, curriculum vitae's etc.) for specialist assessment.)
- Timely and accurate information
- Sharing of information between Government Agencies (OHPRB and SSQ)
- Achievement of a generic government registration model.

#### *Option 2 - Advantages*

- Increased process efficiencies for the OHPRB (e.g. significantly reduced duplication of tasks, less data entry, single set of processes for all Boards etc.
- Major OHPRB staff benefits – more interesting roles, less frustration from an improved information system and streamlined processes
- Deployment of human resources to other current and/or new services to enhance OHPRB support to the Boards
- Enhanced compliance with service and legislative requirements
- The ability for the OHPRB to manage growth in the client base
- The ability for the OHPRB to manage increases in the costs of service provision in the longer term.
- Major client benefits (e.g. easier access to registration services, improvements in service cycle times, improved information etc.)
- This option is aligned with the Access Queensland Vision of anywhere, anytime service through the channel of customer choice.
- World-class practice

#### *Option 2 - Disadvantages*

There will be additional transition costs required to integrate the registration process with the Service Integrated Infrastructure and for it to be provided through *Smart Service Queensland*. Some of these costs will be offset by benefits including increased process efficiencies and the sharing of information between Government Agencies. However by delaying the implementation of the key initiatives outlined in this Service Business Case, the OHPRB's capacity to realise the identified financial and social benefits will diminish.

***Option 2 is the preferred project solution and is the one analysed in significantly more detail throughout the remainder of this document.***

### **1.3.1. Benefits**

The significant benefits that can be derived from implementing the proposed solution are as follows:

#### OHPRB

- Reduction in channel costs – promoting less expensive channels (cost reduction)
- Reduction in paper and printing costs – e.g. sending renewal/restoration notices out via email rather than mail (cost reduction or elimination)
- Reduction in handling costs of processing and reduction in error correction activities (cost reduction)
- Reduction in direct labour costs deployed to manual processing systems (cost reduction)

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- Reduction in system maintenance costs from use of a common system – e.g. Service Integration Infrastructure, Integrated Receipting System etc. (cost reduction)
- Reduction in maintenance obligations for non-proprietary software (eg. responsibility for updating SII and IRS will not rest solely with OHPRB)
- Will provide opportunities for elimination of legacy systems – for example, REGIS, bring up systems, graduate interview database etc (cost reduction and asset management)
- Reduction in system development costs of new application/web based system for the OHPRB from common functional design, either capital or Business Process Review reduction (cost reduction)
- Maintenance of a single health practitioner registration management system will improve asset management outcomes for the OHPRB (asset management)
- Provides opportunity for OHPRB staff to move to greater value-add activities (productivity improvement)
- Standardised registration processes will facilitate greater flexibility in service delivery options
- Greater customer reach available
- Improved customer goodwill


#### Staff

- Improved career opportunities for OHPRB staff through the provision of skills acquisition
- Improved career mobility
- OHPRB staff able to focus more on core and value added activities
- Will improve utilisation of OHPRB staff for core activities (recruitment/ promotion initiatives and productivity improvement)
- Increased skills acquisition by SSQ integrated contact centre personnel to deliver cross-agency information and services. This particularly applies to the skills to effectively search for information and manage customer contacts

#### Customers

- Provide customers with multi-channel access to integrated, simplified and timely health practitioner registration services and information (particularly those in rural communities and overseas)
- Improved consistency in service quality within and across locations and agencies – e.g. OHPRB and SSQ
- Access to some OHPRB services 24 hours/day & 7 days/week
- Ability to authenticate themselves to conduct a transaction anytime any where without assistance or intervention from OHPRB staff
- Improves customer productivity (one place, one approach) (customer benefits)
- Better communication with OHPRB available (customer benefits)
- Better information from OHPRB available (customer benefits)
- Building of customer capabilities to use the new channels such as the internet and IVR
- More informed customers in new service delivery options

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#### Environment

- Promotes tighter control in the OHPRB (audit) environment (governance management improvements)

#### Government

- Improved information for decision-making and share customer data where services are integrated.
- Manages statutory and regulatory obligations via common approaches and provides ability to roll out required policy or process changes more quickly (governance management)
- Provides a service delivery strategy comparable with private sector offerings (strategy achievement)
- Seamless approach provides a single face to customers and stakeholders (Whole of Government).
- Increased effectiveness in timeliness, accuracy and management information across multiple Agencies – OHPRB and SSQ
- Better service to community (strategy achievement)
- Supports regional communities (strategy achievement)
- Provides avenue for improved communication with customers (strategy achievement)
- Cross promotion and information support (WOG)
- Potential for a single audit procedure for all participating agencies (governance management)
- Potential to maximise the infrastructure capacity of agencies (productivity improvements)
- Promotes Information Communication Technology (ICT) leadership by the State Government (strategy achievement)
- A generic 'registration' based application could potentially become a catalyst for further technology advances and business changes (Whole-of-Government).
- Reduced infrastructure development cost (Whole of Government)
- Ability to easily incorporate other registration services into the process (professions registrations) – i.e. brings consistency across agencies in handling similar activities
- A more flexible and highly skilled workforce
- Focuses on customers and whole of government service not agency allegiance

*It is imperative to note that the computer system costed in this Service Business Case contains not only functionality pertaining to the OHPRB registration function, but also additional functionality for the Health Assessments and Complaints functions of the organisation*


*As a result, additional tangible benefits (e.g. process timings) and intangible benefits (client satisfaction) will be derived by these OHPRB organisational areas and their clients as a result of the extra functionality provided by the system when implemented.*

*These benefits however have not been specifically defined in the Benefits section of this document, or quantified in the Financial Analysis Section of the Service Business Case, as they fall outside the scope of the Registration Review Project.*

The key success of this project will be attributable to the synergies between:

- maintaining personalised service

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- reducing the processing time associated with OHPRB's registration services (e.g. applications for registration, processing refunds etc.)
- channel migration

Further, the key success of reducing cost for this project and transitioning it to *Smart Service Queensland* is to increase the number of customers using the Internet and IVR channels for requesting information, and applying for registration, paying renewals and restorations.

### 1.3.2. Financial Analysis

#### 1.3.2.1 Operating Budget Analysis

A detailed analysis has identified that by implementing the recommended service delivery changes associated with the proposed solution, the OHPRB could realise a gross benefit of \$5.1 million and a net benefit of \$582,348 over 10 years.

To bring this service in line with other Government Agencies and best practice, and to deliver an enhanced registration service to clients, an outlay of \$2.7 million over 10 years is required (of which an estimated \$850,000 is for capital infrastructure).

This outlay includes the development and ongoing maintenance of a new Health Practitioner Regulatory Management System, which pertains not only to the OHPRB registration function, but also other organisational functions such as Complaints and Health Assessments and Monitoring. It also includes communication, change management and marketing activities, as well as the cost of a Project Manager (to oversee the development of the new system) and a Business Improvement Analyst.

Consequently the benefit of the enhanced registration service after this investment has been made, is \$2.3 million over 10 years.

The proposed solution also recommends the transitioning of some generic services to *Smart Service Queensland* (e.g. renewals, restorations, general enquiries). Whilst the charge to deliver these services through the *SSQ* Fee for Service Model will be \$3.9 million over 10 years, there will be a \$2.1 million labour benefit for the OHPRB (see Section 3.3.1.2 for a more detailed analysis of this figure). Although there is a \$1.8 million difference between labour savings and the Fee for Service, it should be noted that the Fee for Service does cover off a number of tasks associated with the transition of services that the OHPRB will no longer be required to undertake. This includes recruitment, accommodation, IT infrastructure (e.g. computers) and office refit savings for those *SSQ* staff who deliver registration services on behalf of the OHPRB.

There are also many social benefits that will be derived from transitioning services to *SSQ*. The NOIE report estimates savings of approximately \$20/hour are achieved for the client, when they save time by being able to access more efficient services, leading to their increased personal satisfaction. In the specific context of this project, clients will save time in accessing health practitioner registration services as a result of more efficient processes, and the introduction of new channels.

**In summary, the proposed service change will result in a \$582,348 net benefit for the OHPRB across all Boards over a 10 year period (subject to investing in the initiatives outlined in this Service Business Case, and realising the benefits as estimated.).**

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### 1.3.2.2 Operating Budget Analysis – Registration Team Staffing

During the Detailed Design phase, the Project Team designed a new set of integrated registration related processes for the OHPRB. These were entered into the individual Board costing models, in addition to:

- the estimated timeframes and indicative roles associated with each task for each process; and
- the following future estimated labour benefit migration rates

Year	1	2	3	4	5	6	7	8	9	10
Labour	0%	25%	30%	50%	75%	75%	75%	75%	75%	75%

The costing models determined that over the next 10 years, the implementation of the proposed solution will lead to a progressive reduction in the number of full time equivalent staff that will be needed to provide registration services at the OHPRB – i.e.:

- from 18.15 full time equivalents (see \*1 in Table 1 below)
- to 4.27 full time equivalents (see \*2 in Table 1 below)

Note: These figures do not include roles such as the Project Manager and Business Improvement Analyst (needed for the implementation project) as they are not specifically tasked to deliver registration services to clients.

**Table 1: Proposed Solution: Registration Team Staffing (10 year implementation projection)**

Staffing (FTE)	AO1	AO2	AO3	AO4	AO5	AO6	AO7	AO8	Total FTE
Current OHPRB Registration Staff	0.50	7.36	8.51	0.00	1.16	0.00	0.63	0.00	18.15 *1
Future OHPRB Registration Staff	0.00	2.51	0.00	0.59	0.07	0.00	1.11	0.00	4.27 *2
Future SSQ Staff	0.00	2.12	0.00	0.18	0.00	0.00	0.00	0.00	2.30 *3
Variation in Registration Staffing ^	(0.50)	(6.97)	(8.51)	0.41	(1.09)	0.00	0.48	0.00	(16.18) *4


The numbers in the above table are not percentages but actual FTE Numbers

^Calculated as current OHPRB registration staff – future OHPRB registration staff) + future SSQ staff)

It should be noted that the reengineering of the OHPRB registration processes will result in a number of *process timing benefits*. For example, it currently takes 22 minutes to process a refund associated with a surrender of registration. In the future, it will take approximately 10 minutes. Similarly, it currently takes 36 minutes to process a straightforward application for general registration; whilst with the new process, this will be reduced to approximately 15-18 minutes. This means fewer OHPRB staff will be needed to process applications / requests in the future.

The new processes (which have been an input to estimating the numbers of future registration staff required) have been based on a number of assumptions including:

- The implementation of a new health practitioner regulatory management system that meets Board, legislative and business requirements (resulting in staff having to do less data entry, return less incomplete applications etc.)
- Clients having the ability to selectively self serve registration services through new, more cost effective channels, such as the internet and IVR (reducing the number of applications / requests that staff will have to process).
- Authorised staff are granted delegated power to approve 'straightforward' applications for registration.
- Staff have access to improved registration related training.
- Standard Operating Procedures are developed for staff to use as the basis of processing registration related transactions

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The Financial Analysis presented in the Service Business Case supports the fundamental principle of the endorsed Access Queensland initiative, which provides an opportunity for part of the OHPRB registration service to be delivered through *Smart Service Queensland* channels. This will result in a \$2.1 million labour benefit for the OHPRB over 10 years, offset by a SSQ fee for service of \$3.9 million over the same period. Again, these figures has been calculated by the Board costing models, as a result of the summation of work effort allocated to OHPRB and SSQ staff (in accordance with the new registration processes designed by the Project Team).

Generic registration tasks to be performed by *SSQ* (e.g. renewals, restorations, general enquiries etc.) will require an estimated 2.3 FTE staff.

(See \*3 in Table 1 above).

The overall variation to registration staff is 16.18 FTE's.

(See \*4 in Table 1 above.)

### 1.3.2.3 Cost Benefit To Government

In accordance with Treasury Department requirements, the financial analysis presented in this Service Business Case also considers the project from another perspective – the Cost Benefit to Government, which is measured by Net Present Value.

The NPV brings the 10 year cash flow savings (i.e. cash outflows in comparison to cash inflows) and aligns these into a today or current amount. That is, the calculation is a ten year comparison between the cost of delivering the OHPRB registration service based on estimates in the *Current State Baseline*, with the future cost required to deliver the redesigned service.

When calculating the labour and non labour costs for the NPV, it should be noted that these costs are exclusive of any rates of inflation.

In addition, the costs associated with the implementation of the project are realised in the NPV calculation. The implementation cost of the project for the OHPRB is currently \$2.7 million over 10 years, of which \$850,000 is for capital investment.

The table below outlines the net present value for the proposed solution:

**Table 2: Comparison of Proposed Option Relative to "Status Quo" Case**

Cost Categories	Option 1 – Status Quo	Option 2		
		Net Present Value		
		4%	6%	8%
Net Present Value (10 year) - High Cost	No benefit	(1,961,379)	(1,932,806)	(1,907,399)
Net Present Value (10 year) - Most Likely	No benefit	(1,556,380)	(1,553,201) *1	(1,549,954)
Net Present Value (10 year) - Low Cost	No benefit	(1,141,301)	(1,160,075)	(1,176,327)
<b>Rank</b>	<b>2</b>	<b>1</b>		

The NPV for all Boards shows that the most likely cost at a 6% discount rate over 10 years will be (1,553,201) – see \*1. The NPV of individual Boards can be located in Appendix 7: Cost-Benefit (NPV) Analysis .

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As a consequence of the necessary inclusion of the capital costs, the outcome of the NPV calculation has been affected. Consequently, the result must not be taken as a negative response in isolation, and deter the OHPRB from progressing the project.

Rather, the full evaluation of the proposed new service delivery framework must also include the budget analysis presented in Section 3.3.1, as well as the non financial benefits for the service (e.g. better service delivery to OHPRB clients) that are explained throughout this Service Business Case.

#### 1.3.2.4 Analysis of Project Implementation Costs

The following is a summary of the estimated costs identified to implement the proposed solution:

ITEM	DESCRIPTION	Total - OHPRB
Infrastructure	Hardware/Software (One off cost)  <i>Note: This estimated cost includes all functions for the new Health Practitioner Regulatory Management System – i.e. Registration, Complaints and Health Assessments</i>	\$850,000
IT Implementation Costs	Project Management Costs (One off cost)  (This cost will be higher if an external contractor is appointed to this position).	\$100,000
Other Detailed Design Costs	Change Management, Training (e.g. system, processes, induction) and Marketing and Communications  One off cost	\$150,000
<b>TOTAL (Confidence Factor +/- 30%)</b>		<b>\$1,100,000</b>
Ongoing System Maintenance	Cost per year over nine years (Occurs after implementation – i.e. from year 2) @ 15%. (i.e. 15% * \$850,000)	\$127,500
Other Implementation Costs	Business Improvement Analyst (Cost per year over 5 years)	\$100,000
	IVR Interface – SSQ to OHPRB (One off cost)	\$50,000

#### Project Costing Assumptions

##### **Resources:**


Suitable resources, including skilled personnel are available for the duration of the project.

##### **Infrastructure/Systems:**

A detailed costing of the proposed new Health Practitioner Regulatory Management System has not been included in this Service Business Case. Instead, a high level estimate of hardware / software (incorporating registration, complaints and health assessment requirements) / project management / ongoing maintenance costs has been provided, based on AQ knowledge / learnings from other similar size/level of complexity projects. Further, estimated costs are based on a variance of +/-30% given the high level view of the project at this stage.

It should be noted that a *Systems Requirements Specification* for the new system has been produced during the Detailed Design Phase. In addition, an *Expression of Interest* document was released to the market in November, 2004 to gather high level vendor quotes and organisational capability for the new system. An industry briefing session was also held in December, 2004. Estimated costs and the variance will therefore be revised as more detailed system information and deliverables for the project are received / produced in later phases of the project.

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In addition, the OHPRB is an early adopter of SII technology and there will be minimal components available for reuse for this project. Statistical data for the deliverables of this project will be recorded to assist future projects in estimating costs. The efficiencies, and the learning curve associated with using the SII toolkit will become more apparent with its use.

Risks/issues that may impact infrastructure / systems costing assumptions include:

- Persons using the SII toolkit should have a working knowledge of the JBuilder development environment and the J2EE framework.
- The SII toolkit will provide the appropriate level of richness to satisfy presentation and functionality requirements.
- Estimated costs do not include integration to any other system unless specified in the *Detailed Design Report*.

It should be noted the complete Project Financial Analysis can be located in Section 3.3 of this report.

### 1.3.3. Channels

A key feature of the project solution outlined in the *Detailed Design Report* is the implementation of an **integrated service delivery partnership** between the OHPRB and *Smart Service Queensland*. In effect, OHPRB clients in the future will be able to access health practitioner registration services through an expanded suite of channels, including:

- Counter – OHPRB and *SSQ*
- Telephone – OHPRB and Integrated Contact Centre – *SSQ*
- Internet - By providing access through the government gateway to information, on line application registration forms, on line renewals and restorations, and payments etc.)
- Mail - OHPRB
- Fax - This channel is expected to remain important to a small number of clients in the foreseeable future, hence clients will continue to be able to access services through this channel, however it will not be actively marketed or encouraged).
- E-mail - Was identified through client consultation during the Discovery Phase as a useful, cost effective tool for communication to and from clients (e.g. sending out renewal notices, renewal reminders etc.) This channel will continue to be utilised by the OHPRB in the future, more so from the point of receiving and replying to client enquiries, rather than as a primary channel used for the receipt of applications (e.g. for registration, renewals, restorations etc.)
- Interactive Voice Response (IVR) – This is the channel which health practitioners will be able to use via a touch-tone telephone to interact with the OHPRB database to pay their renewals / restorations etc instantly, without any other form of human interaction.

It should be noted that a number of non-generic services have been identified within this project (including but not limited to processing applications for health practitioner registrations, producing some types of Board documentation – e.g. a certificate of identity). These services typically require a more comprehensive advice role than can be provided through *Smart Service Queensland*; such advice requires specialist OHPRB registration staff assistance. Consequently, the complexities of these tasks will inhibit them being provided through *Smart Service Queensland*.

#### 1.3.3.1 Predicted Channel Volumes

The table below displays a summary of the anticipated future channel volume % for each channel as a result of implementing the proposed solution:

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**Table 3: Channel Volume % (All Boards)- Current to Future Comparison (10 year projection)**

Channel	Current Channel Volume %	Future Channel Volume % (10 year projection)	% Change
Counter	3%	2%	-1%
Face to Face (graduate visits / process)	1%	1%	-
Telephone	30%	30%	-
Mail	51%	13%	-38%
Fax	12%	2%	-10%
Email	4%	0%^	-4%
Internet	0%	29%	+29%
IVR	0%	24%	+24%

^ Refer to the description about Email

#### 1.3.3.2 Predicted Channel Costs

Over the next 4 years, it is estimated that there will be an average 4-5% increase in health practitioner registrations across all Boards. This increase is one of the change drivers for the introduction of a more efficient process, so that the OHPRB will be able to manage growth in its client base, and have the ability to manage increases in the costs of service provision to that client base in the longer term.

The volume of anticipated new registrations by 2008 is shown in Appendix 4: Future Estimated Registrant Growth. This increase is likely to lead to proportionate increases in other OHPRB services such as change of details, renewals, restorations, requests for board documentation etc.


Implementing the recommended option will not only gives clients a better registration service, but the redesigned processes and new channel migration strategies will reduce the overall cost of providing this service. Details of future channel costs / unit have been calculated as follows:

**Table 4: Predicted Channel Costs (10 year projection)**

Channel	Current Cost / Unit	Future Cost / Unit (10 year projection)
Counter	\$35.26	\$47.15
Face to Face (graduate visits / process)	\$26.53	\$14.94
Telephone	\$25.15	\$15.70
Mail	\$22.58	\$20.79
Fax	\$13.14	\$11.47
Email	\$42.57	-
Internet		\$1.71
IVR		\$1.92
<b>TOTAL</b>	<b>\$23.45</b>	<b>\$9.49</b>

The reduction in channel costs/unit are directly attributable to:

- Clients having the ability to self serve selected registration services
- More efficient processes
- An IT system that meets board, legislative and business needs
- Staff better trained to answer enquiries / process applications and requests

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Complete channel details for each Board can be located in Appendix 9: Current to Future Channel Usage – All Boards

In addition, information about the service delivery channels recommended through the implementation of the proposed solution can be located in Section 3.1.4.

#### 1.3.4. Reusability

One of the core principles of the Access Queensland initiative is the identification of generic government services – i.e. the ability to build a solution for the delivery of a generic integrated service (e.g. registration, licensing etc.), and then reuse the solution to deliver similar future services. The main focus of reusability is the software of the service application. However, reusability of other items are also considered – such as training material, change management tools, communication documents etc. The intention of reusability, is to avoid the duplication of effort and investment in resources.

The following components have been identified as reusable components in the implementation of this OHPRB registration project:

- Service Information Infrastructure (SII) – The SII is the hardware, software and middleware which enables integrated service delivery.
- *Smart Service Queensland* Integrated Contact Centre (ICC) - The Integrated Contact Centre (ICC) is a key entry point for customers of the Queensland Government requiring access to generic services and information. It aims to provide a consistently high-quality customer experience by enabling 'single point, multiple transaction' access for customers. Services can be accessed by telephoning 13 13 04.
- Integrated Receipting System (IRS) – The IRS is a receipting solution for integrated services delivered through *Smart Service Queensland*. A unique feature of the IRS is that it generates an integrated receipt for services from different Agencies.
- Government Gateway – The Government Gateway provides Agencies with an ability to interconnect with each other, and provides shared infrastructure across the whole of Queensland Government – e.g. SII, Qld Government website [www.qld.gov.au](http://www.qld.gov.au) etc.
- Outcomes of the Department of Public Works ISD Authentication Project (refer Section 3.1.5 - Authentication and information sharing across government)


It should be noted that further opportunities for the reusability of existing registration systems in Government will be explored in future phases of the project.

#### 1.3.5. Implementation Strategy

There are a number of different facets to the implementation of the initiatives recommended by the proposed solution that impact on the operational budget of the OHPRB, as well as how the project will be staffed as the project progresses (and the different skill sets that will be required). These include:

- development and implementation of a new Health Practitioner Regulatory Management System
- a staged transition of health practitioner registration services from the current mail-dominant approach to a joint service delivery approach with *Smart Service Queensland* (with an ongoing monitoring of channel volumes and customer needs)
- implementation of a single registration team and board support unit organisational structure
- the need to request legislative change from the LPU
- the implementation of the new, single set of registration processes

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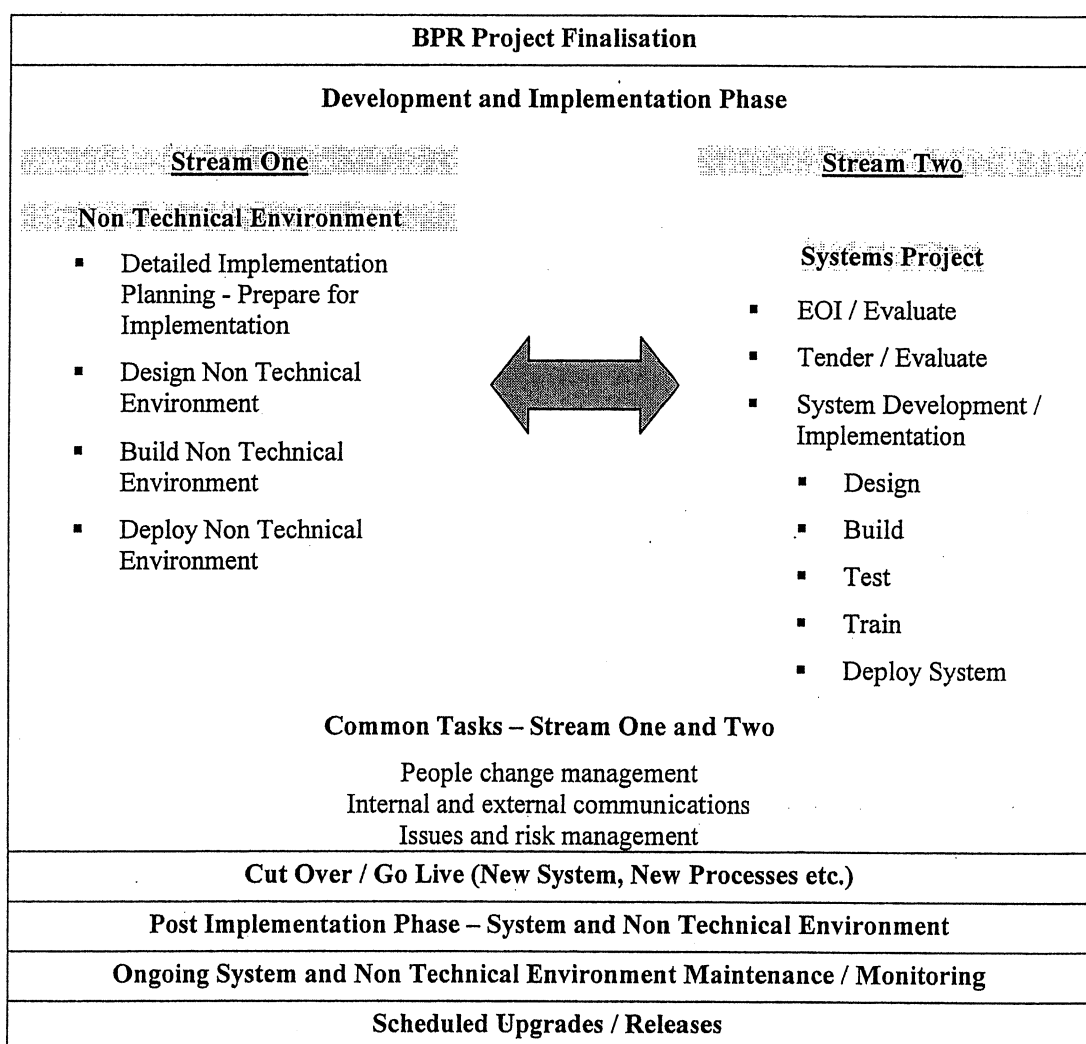
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- development and implementation of registration related standard operating procedures, redevelopment of new Application for Registration forms and application guidelines etc.
- marketing and communication of project initiatives to Boards and key stakeholders (including registrants).

These facets can be divided into two streams of project activities that need to be actioned concurrently – *Systems Environment* (e.g. to develop and implement the new system) and the *Non Technical Environment* (to implement the new structure, processes, channels etc.).

Although the nature of deliverables produced by each are vastly different, they have common ground in regards content and process, hence it will be imperative from the outset, for both streams to work closely together.

A diagrammatic representation of the proposed implementation strategy for the project is as follows:



Work has already commenced on the procurement approach associated with the systems environment stream, and it is planned for development or customisation of the new system to commence in July, 2005. Implementation is anticipated on 1 January, 2007.

It is envisaged the Non Technical Environment Stream will commence in March / April, 2005.

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High level details of the tasks to be undertaken during the implementation of this project can be located in Section 4.4.4.

### 1.3.6. Change Management

One of the major challenges in implementing the approved Service Delivery Vision (Stage 3) is ensuring a smooth transition from a wholly managed and controlled service (by OHPRB) to a shared approach with *Smart Service Queensland*.

It will therefore be critically important that all impacts of any changes are clearly identified, and appropriate strategies to manage those impacts are developed. These must be openly and clearly communicated in particular to all OHPRB staff and stakeholders (e.g. Boards) who will be impacted by changes brought about by the project.

The following factors should underpin the broad Change Strategies:

- A business driven project with high user involvement
- Consistent and open communications
- Streamlining of work processes to promote increased performance levels
- A whole job training approach with a focus on business events

The successful management of staff issues throughout the change from existing processes to the new service delivery environment is critical to realising the cost benefits of the BPR process. In the first instance, this change must be 'owned' and driven predominately by the two current Deputy Registrars and proposed Registration Manager who will be required to positively and visibly support the proposed outcomes, and lead, direct and support staff into the new ways of doing things.

Approximately twenty staff in current registration teams will be directly affected by the introduction of the new processes, new system etc. Staff from all other areas of the OHPRB (including Health Assessments, Complaints and Corporate Services functions) will also be impacted as a result of the development of the new Health Practitioner Regulatory Management System, and will require systems training and a high level understanding of the new registration processes.


As a result of efficiencies made within the processes, the implementation of the new system, changes to governance and the predicted channel migration to the internet, IVR and *Smart Service Queensland*, the OHPRB will see a dramatic change in the workload of registration teams. This will include (amongst other things) a:

- reduction in data entry, filing and paper based processing tasks,
- reduction in attending to generic services (e.g. basic enquiries, renewals etc.); and
- as a result of the new, more reliable and user friendly computer system, less need to constantly manually locate and refer to paper based files.

These changes will free up OHPRB registration staff in the future to focus on more specialised health practitioner registration services, or alternatively undertake other roles in different functional areas of the organisation (e.g. marketing, assist with health practitioner health assessment monitoring activities etc). OHPRB support including training, communication, career enhancement, job development opportunities, and reinforcing the whole of government ethos that job security is guaranteed is critical for the success of this project.

It is anticipated the people impact of the project in the HAM and Complaints Unit will be minimal, with staff having access to the new system that will value add to their current duties. In contrast, staff in the IT section will experience considerable change as a result of the implementation of the new system. This includes acquiring new technical skills to administer and maintain it.

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The following strategies for managing change at the OHPRB throughout the implementation of this project aim to realistically assess the magnitude of the change impact for this particular project. Specifically, they include:

- regular project updates (including but not limited to):
  - to the project website (and to the list of published Frequently Asked Questions)
  - at 'All of Staff' meeting briefings
  - having a standing 'project' agenda item at registration team meetings – Medical and Non Medical Teams
- new service delivery process and practices workshops;
- training (core and technical modules);
- career development programs; and;
- support tools and processes.

The development of a comprehensive change management and transitional strategy (including training, communication, career enhancement, job development opportunities, and reinforcing the whole of government ethos) will be developed as part of the Detailed Implementation Planning phase of the Project.

*It is important to note that it is not the objective of the Registration Review Project to reduce the number of permanent staff employed at the OHPRB; rather to improve efficiencies in the registration service. The analysis presented above is based on the creation of one Registrations Unit as well as the creation of Board Support Units. This option will allow for a reduction in current registration staff for utilisation within other existing service areas and potential new services of the OHPRB.*

*In addition, actual job titles, detailed roles and responsibilities, classification levels and the number of positions will not be decided upon until consultation with OHPRB staff and Unions has taken place during Detailed Implementation Planning, and positions are evaluated under JEMS.*

Further details regarding change management, and the OHPRB's organisational preparedness to undertake this project can be located in Sections 4.4.5 and 4.4.8.

### 1.3.7. Marketing and Communications Strategy

The OHPRB will need to develop and deploy a detailed *Marketing and Communications Strategy*, to assist in communicating key information about the new service delivery to diverse groups, including staff, Boards, stakeholders (e.g. Health Insurance Commission, Interstate Health Registration Board Administrators etc.) and clients.

The aim of the strategy is to create an environment that supports the implementation of the Project; consequently it must be designed to cater for both an internal and external audience base. Given the nature and extent of the marketing that will be required for this project, it is recommended the OHPRB engage the services of a marketing/communications officer to assist with these activities.

#### Desired outcomes:

The internal component of the Marketing and Communications Strategy is aimed to result in OHPRB staff:

- understanding the AQ initiative as a significant positive development in Government service delivery
- understanding the change management issues at the agency and whole-of-government levels
- creating a climate of acceptance for change; and;
- developing a sense of ownership of the project.

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The external component of the Marketing and Communications Strategy is aimed to result in OHPRB Boards, stakeholders and clients:

- developing support for the change to the new approach to delivering registration services
- receiving information that enables them to understand how the change in service delivery channels directly benefits them
- having easy access to information on how to obtain the registration services they require at any time during implementation of the new service delivery channels
- developing a positive understanding of this set of service delivery changes as a part of a wider initiative (AQ) that will result in a significant positive development in Government service delivery for customers.

### 1.3.8. Key Risks

The key risks to this project are as follows:

- funding for the project is rejected, partially approved or delayed
- high costs of providing the service through *Smart Service Queensland*
- not realising the benefits identified in the BPR process review
- the estimated channel uptake rates not being realised
- the new system being developed does not meet Board, legislative or business requirements
- not having a robust authentication module available for clients to conduct their own transactions
- the impact of the AQ initiative on people's roles and perception of lack of job security
- changed roles and working conditions may have industrial implications; and

A complete risk assessment that details all the risk factors, risk mitigation strategies, responsibilities and risk gradings can be located in Appendix 2: Risk Analysis

## 1.4. RECOMMENDATION

This Service Business Case identifies that by implementing the recommended service delivery changes associated with the proposed solution, the OHPRB could over 10 years, realise a gross benefit of \$5.1 million and a net benefit of \$582,348 after meeting implementation costs and the net effect of SSQ fee for service costs. It is therefore recommended that:

- The project proceeds to Detailed Implementation Planning.
- Review the Initial Service Business Case following the Detailed Implementation Planning phase to insure its' continued viability.

**It is further recommended that the OHPRB/ISD Unit, Department of Public Works:**

- Implement the recommended option to integrate selected generic registration services through *Smart Service Queensland's* cost-effective channels, supported by streamlined processes.
- Implement the project and services as per the implementation plan in Section 4.4.4.
- Ensure the recommended key success strategies are deployed in the implementation of the proposed solution; and
- Ensure that the identified opportunities for further improvement are considered for subsequent ISD Projects.

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Contribution by Each Board on the Basis of Registrant Numbers  
to Develop An Information System

Board	Registrants as at 31/12/04	% of Total Registrants	Total Contribution to Develop	Annual Cost (X5)
			\$	\$
Chiropractors	616	1.81	22,625	4,525
Dental	3050	9.01	112,625	22,525
Dental Technicians & Dental Prosthetists	830	2.45	30,625	6,125
Medical	12834	37.92	474,000	94,800
Medical Radiation Technologists	1857	5.49	68,625	13,725
Occupational Therapists	1717	5.07	63,375	12,675
Optometrists	825	2.44	30,500	6,100
Osteopaths	93	0.27	3,375	675
Pharmacists	3970	11.73	146,625	29,325
Physiotherapists	3106	9.18	114,750	22,950
Podiatrists	392	1.16	14,500	2,900
Psychologists	3619	10.69	133,625	26,725
Speech Pathologists	940	2.78	34,750	6,950
<b>TOTAL</b>	<b><u>33849</u></b>	<b><u>100</u></b>	<b><u>1,250,000</u></b>	<b><u>1,250,000</u></b>

## Loan Repayment Schedule and Interest 2006-2010

	1 Year		2 Year		3 Year		4 Year		5 Year		Interest Earned 5.50%	Total
	30-Jun-06	Interest Earned 5.50%	30-Jun-07	Interest Earned 5.50%	30-Jun-08	Interest Earned 5.50%	30-Jun-09	Interest Earned 5.50%	30-Jun-10	Interest Earned 5.50%		
Chiro	616	1.82	22748	22748	18198	13649	9099	4550				
Dental	3050	9.01	112633	112633	90106	67580	45053	22527				
DTDP	830	2.45	30651	30651	24521	18390	12260	6130				
Medical	12834	37.92	473943	473943	379154	284366	189577	94789				
MRT	1857	5.49	68577	68577	54861	41146	27431	13715				
OT	1717	5.07	63407	63407	50725	38044	25363	12681				
Optom	825	2.44	30466	30466	24373	18280	12186	6093				
Osteo	93	0.27	3434	3434	2747	2061	1374	687				
Pharmacy	3970	11.73	146607	146607	117286	87964	58643	29321				
Physio	3106	9.18	114701	114701	91760	68820	45880	22940				
Pod	392	1.16	14476	14476	11581	8686	5790	2895				
Psych	3619	10.69	133645	133645	106916	80187	53458	26729				
Speech	940	2.78	34713	34713	27770	20828	13885	6943				
	33849	100	1250000	1250000	1000000	750000	500000	250000				

	1 Year		2 Year		3 Year		4 Year		5 Year		Interest Earned 5.50%	Total
	30-Jun-06	Interest Earned 5.50%	30-Jun-07	Interest Earned 5.50%	30-Jun-08	Interest Earned 5.50%	30-Jun-09	Interest Earned 5.50%	30-Jun-10	Interest Earned 5.50%		
Chiro	22748	1251	18198	1001	13649	751	9099	500	4550	250	3753	
Dental	112633	6195	90106	4956	67580	3717	45053	2478	22527	1239	18584	
DTDP	30651	1686	24521	1349	18390	1011	12260	674	6130	337	5057	
Medical	473943	26067	379154	20853	284366	15640	189577	10427	94789	5213	78201	
MRT	68577	3772	54861	3017	41146	2263	27431	1509	13715	754	11315	
OT	63407	3487	50725	2790	38044	2092	25363	1395	12681	697	10462	
Optom	30466	1676	24373	1341	18280	1005	12186	670	6093	335	5027	
Osteo	3434	189	2747	151	2061	113	1374	76	687	38	567	
Pharmacy	146607	8063	117286	6451	87964	4838	58643	3225	29321	1613	24190	
Physio	114701	6309	91760	5047	68820	3785	45880	2523	22940	1262	18926	
Pod	14476	796	11581	637	8686	478	5790	318	2895	159	2389	
Psych	133645	7350	106916	5880	80187	4410	53458	2940	26729	1470	22051	
Speech	34713	1909	27770	1527	20828	1146	13885	764	6943	382	5728	
	1250000	68750	1000000	55000	750000	41250	500000	27500	250000	13750	206250	