



QUEENSLAND GOVERNMENT



Office of the Public Service
DIRECTIVE

(refer Section 34 of the *Public Service Act 1996*)No: **18/97**Supersedes: PSM
Standards 2, 4, 6 & 10**1. TITLE: Performance Management****2. PURPOSE:** To specify the requirements for the implementation of performance management systems.**3. LEGISLATIVE PROVISIONS:** Sections 23(b), 25, 51(2)(g), 51(2)(h) and Part 6 of the *Public Service Act 1996*.**4. EFFECTIVE DATE:** 18 July, 1997**5. DIRECTIVE:**(a) In order to achieve continuous improvement of performance in the delivery of services as detailed in Part 3 of the *Public Service Act 1996*, Chief Executives shall implement a performance management system.(b) To achieve the principles of work performance and personal conduct, detailed in Section 25 of the *Public Service Act 1996*, employees shall actively participate in departmental performance management strategies.

(c) Performance management systems should be linked to strategic plans and be directed toward the achievement of organisational goals and objectives.

(d) Performance management may be applied to the achievement of both individual and team performance objectives.

(e) A performance management system shall include, at a minimum, the following strategies:

- A performance appraisal and development strategy.
- A strategy for acknowledging high levels of performance.
- A strategy for the improvement of unsatisfactory performance.
- A strategy for managing disciplinary action¹.

6. APPLICATION:

Public Service Employees

7. NON APPLICATION: Chief Executive Officers.**8. APPEALS**

Appeals will be subject to the provisions of Directives issued by the Office of the Public Service.

¹ Chief Executives should ensure that, where applicable, the requirements of the *Workplace Relations Act 1997* are met and that the principles of natural justice are followed in accordance with Section 90 of the *Public Service Act 1996*.



Office of the Public Service Commissioner

Supersedes
01/03

NO. 01/0
DIRECTIVE
(refer Section 34 of the Public Service Act 1996)

1. **TITLE:** Recruitment and Selection

2. **PURPOSE:**

To specify the requirements applying to the recruitment and selection of public service employees.

3. **LEGISLATIVE PROVISION:**

Public Service Act 1996 - Sections 24, 33, 34, 51, 77, 78.

4. **APPLICATION:**

(a) This Directive applies to -

- (i) public service officers, including Senior Executive and Senior Officers¹, unless otherwise stated;
- (ii) temporary employees engaged under section 113 of the *Public Service Act 1996*, unless otherwise stated; and
- (iii) general employees engaged under section 112 of the *Public Service Act 1996*, unless otherwise stated.

(b) This Directive does not apply to the recruitment and selection of chief executive officers.

(c) This Directive does not apply to the recruitment and selection of casual employees.

5. **EFFECTIVE DATE:** 5 April 2004

¹ In addition to this Directive, the recruitment and selection of Senior Executive Officers and Senior Officers is also subject to rulings issued by the Public Service Commissioner.

6. DIRECTIVE:

6.1 Selection to be based on merit

- (a) The selection of an eligible person for appointment or secondment as a public service employee must be based on merit alone, as defined in section 78 of the *Public Service Act 1996*, unless otherwise specified in the *Public Service Act*, this Directive, or any other Directive
- (b) Exemptions to appointment on merit are contained in sections 6.12 to 6.16 of this Directive.

6.2 Job descriptions

- (a) A job description must be used for each vacancy detailing as a minimum –
 - purpose of the role;
 - duties and outcomes; and
 - the basis against which the relative merits of applicants are to be assessed.
- (b) In addition, the job description must include where applicable, a statement about –
 - (i) any pre-employment history checking requirements that may be undertaken, and
 - (ii) any probationary period to which the appointment may be subject.
- (c) "Mandatory" qualifications can be included in a job description only when it is essential for the occupant of that role to hold such qualifications in order to comply with an Award provision, or to satisfy legal, accreditation or registration requirements.

6.3 Job evaluation

- (a) Where relevant to the award structure, each job must be evaluated utilising a job evaluation methodology approved by the Public Service Commissioner to determine the relative worth of each job.
- (b) Unless otherwise approved, the job evaluation methodology to be utilised as "approved by the Public Service Commissioner" is the Queensland Public Sector Job Evaluation Management System (JEMS).

6.4 Job vacancies to be advertised in the *Gazette*

- (a) Subject to the provisions of section 77 of the *Public Service Act*, this Directive and other Directives, job vacancies must be advertised as widely as practicable to ensure a competitive pool of applicants for consideration.
- (b) Vacancies for public service officer roles must be advertised in the *Gazette* and on the *Queensland Government Jobs Online* website. As a minimum, vacancies must be advertised for a period of two calendar weeks exclusive of public holidays
- (c) The notification is to include:
 - a vacancy reference number;
 - a job title;
 - the name of the agency;
 - the centre at which the appointee is to be located;
 - the remuneration applicable;
 - the applicable classification level;
 - the closing date and time for receipt of applications;
 - the address to which applications should be forwarded;
 - the type of vacancy - tenured, temporary, full-time, part-time or contract; and
 - any other relevant information.

- (d) There is no need to advertise the following vacancies in the *Gazette* and *Queensland Government Jobs Online*:
- (i) designated to be in a Ministerial office;
 - (ii) subject to an industrial determination by which the salaries duties and designation of the job are modified;
 - (iii) at a base-grade level²;
 - (iv) to be filled in compliance with a progressional scheme or other scheme contained in an award, certified agreement, industrial agreement or determination made under section 149 of the *Industrial Relations Act 1999*;
 - (v) to be filled under a progressional scheme or other scheme subject to an agreement between the relevant industrial organisation of employees and the chief executive and approved by the Public Service Commissioner;
 - (vi) to be filled on a temporary basis where the period will not exceed 12 months;
 - (vii) to be filled on secondment or transfer at level only;
 - (viii) to be filled on secondment to a higher level where the period will not exceed 12 months;
 - (ix) to be filled by the promotion of an officer who has been redeployed within 1 year before the promotion and the promotion is to a classification level that is not higher than the officer's substantive classification level immediately before their redeployment;
 - (x) to the office of a Chief Executive under Part 5, Division 2 of the *Public Service Act*;
 - (xi) a vacancy which has been previously advertised and an appointment made but has subsequently become vacant within a period of three (3) months from the initial date of notification of appointment in the *Gazette*;
 - (xii) to be filled in accordance with sections 6.13 to 6.16 of this Directive.

6.5 Recurring and identical vacancies

- (a) A job advertisement for a vacancy (other than a senior officer or senior executive), may include a note that applications remain current for up to 12 months after initial advertisement where identical and recurring vacancies are expected to become available in this time and re-advertising is determined to be unlikely to vary the quality of the existing applicant pool.
- (b) As a minimum, recurring and identical vacancies must share the same job description, including classification level and geographic region.
- (c) Applications received during the period but after the initial closing date must be assessed for consideration of future vacancies.

6.6 Selection tools

- (a) Selection tools are to be clearly relevant to the responsibilities and requirements of the role and the skills required to competently perform it
- (b) Selection tools must be reliable, valid and culturally appropriate, fair, unbiased and cost-effective to the filling of the vacancy concerned.
- (c) A pool of preferred applicants may be created by applying one selection technique, which must be transparent and reviewable.
- (d) At least one further selection technique and a referee check must be used to determine the preferred applicant from that pool. Over reliance on information obtained from any one selection tool is to be avoided.
- (e) Selection tools include, but are not restricted to: short listing based on information provided in applications, curricula vitae, resumes and written statements from applicants; structured interviews; standardised achievement, aptitude and ability tests; role plays; job simulations; work samples; work performance and job knowledge tests; in-tray exercises; group assessment exercises and activities, and case study presentations.
- (f) Referee checks are to be used for confirmation and verification of an applicant's claims. In this regard they may be used as a moderation assessment tool by a selection panel, however referee checks must not be scored separately as a selection tool.

6.7 Referee checking

- (a) Referee checking must be undertaken for at least the preferred applicant.
- (b) Referee checking includes seeking employment related information about an applicant from present or past supervisors and other people with a direct knowledge of the applicant's work behaviour or performance. Referee checks are also used to explore, clarify and verify information provided by the applicant in their application or at an interview
- (c) Referees are obliged to disclose all information known to them that is relevant to the responsibilities and duties of the advertised vacancy.
- (d) Applicants must be given an opportunity to respond to any unfavourable or adverse referee comments and any such response must be taken into consideration when evaluating the merit of the applicant.
- (e) Referees must be advised of the panel's duty to disclose unfavourable or adverse comments to applicants.

6.8 Selection committees

- (a) A selection committee for job vacancies at the AO8 level and below must contain a minimum of two people and is collectively responsible for:
 - (i) understanding the requirements of the vacancy
 - (ii) understanding the principles of employment equity, anti-discrimination and natural justice and the relevant legislative requirements including this Directive,
 - (iii) having the skills necessary to conduct an objective, valid and fair assessment of each applicant's merit using an appropriate combination of selection tools;
 - (iv) using selection methods that provide for transparent, effective, and bias free decision making;

- (v) conducting an objective, valid and fair assessment of suitability where a registered deployee³ or a surplus Departmental employee has applied for an advertised vacancy at their substantive classification level or below, prior to considering other applicants in accordance with the provisions of relevant Directives and/or guidelines;
- (vi) making a selection recommendation to the chief executive or delegate that is capable of withstanding independent scrutiny and assessment, and
- (vii) ensuring there is no conflict of interest, real or apparent arising from the selection decision.

6.9 Pre-employment checks

- (a) Pre-employment checks of preferred applicants may include checking of criminal history, identity or previous discipline history.
- (b) Pre-employment checks of preferred applicants may be done only in accordance with legislative provisions or Directives issued by the Public Service Commissioner

6.10 Post selection feedback

- (a) All applicants are to be offered a timely opportunity to receive factual, constructive and sensitively conveyed feedback about the selection process from a member of the selection committee.
- (b) Feedback can be provided either verbally or in writing at the discretion of the selection committee member.
- (c) The feedback given is to be based on an accurate and unbiased summary of the reasons for selection or non-selection in terms of the applicant's strengths and areas for improvement against the role-related assessment criteria and gaps identified in comparison with the selected applicant.

6.11 Documentation of decisions

- (a) Documentation of a selection decision must clearly explain the decision making process and be in a form that allows it to be reviewed.
- (b) Selection documents must be maintained for a minimum period of twelve (12) months from the date of gazettal of the appointment.
- (c) Confidentiality of selection documentation is to be maintained.

6.12 Exemptions to appointment on merit

- (a) It is not mandatory that appointments to the following jobs be based on merit.
 - (i) a job that is designated to be in a Ministerial office;
 - (ii) a secondment or transfer at the same classification level;
 - (iii) a job to be filled by the promotion of a registered deployee or a surplus Departmental employee within one year of the deployee being redeployed to a lower classification level, and the promotion is to a classification level that is not higher than the deployee's substantive classification level immediately before their redeployment;
 - (iv) a job that has had its salary, duties and designation modified by an award, certified agreement or industrial agreement;

³ A "registered deployee" is a surplus employee who has been registered with the Office of the Public Service Commissioner
Directive No. 01/04

- (v) a job under a progressional scheme or other scheme contained in an award, certified agreement, industrial agreement or determination made under section 149 of the *Industrial Relations Act 1999*
 - (vi) a secondment to a higher classification level where the period is not to exceed 12 months;
 - (vii) a temporary engagement where the period is not to exceed 12 months; and
 - (viii) a job, promotion, appointment or circumstance as defined in sections 6.13, 6.14, 6.15 and 6.16 of this Directive.
- (b) Paragraph (a) (iii) does not apply to senior executive or senior officer roles.
 - (c) The application of an "exemption to appointment on merit" scheme for a group of jobs under a proposed progressional scheme is subject to an agreement between the relevant industrial organisation of employees and the chief executive and the Public Service Commissioner or the chief executive of the Department of Industrial Relations

6.13 Promotion following job evaluation resulting in a higher classification level.

- (a) This section does not apply to senior officer or senior executive roles.
- (b) A chief executive may decide to apply "exemption to appointment on open merit" to the promotion of a substantive occupant of a job that is evaluated at a higher classification level where all of the following conditions are met:
 - (i) the substantive occupant is a public service officer who was selected for appointment on open merit to the job in accordance with sections 77(1) and 78 of the *Public Service Act*, and the provisions of this Directive or any Directive that applied to appointments at the time the appointment was made; or
 - (ii) the substantive occupant is a tenured general employee selected for employment in the job on open merit in accordance with section 78 of the *Public Service Act*, and the provisions of this Directive or any Directive that applied to such appointments at the time of employment; or
 - (iii) the substantive occupant is a public service officer who was transferred at level to the job, and had been selected for appointment on open merit to the classification level in accordance with the sections 77(1) and 78 of the *Public Service Act*, and the provisions of this Directive or any Directive that applied to appointments at the time the transfer was made; or
 - (iv) the substantive occupant is a tenured general employee who was transferred at level to the job, and had been selected for employment on open merit to the classification level in accordance with the section 78 of the *Public Service Act*, and the provisions of this Directive or any Directive that applied to appointments at the time the transfer was made; and
 - (v) the substantive occupant has undertaken the job in question for a continuous period⁴ of two years or more, during which time the cumulative effect of incremental changes is such that the duties, functions and responsibilities of the job are now assessed as having changed substantially and the employee concerned has been objectively assessed as meeting the agreed performance objectives of the higher classification level that now applies to the job in question; and

⁴ A continuous period includes paid or unpaid leave. However, unpaid leave periods greater than three (3) months do not form part of the continuous period of two years.

- (iv) the promotion supports and facilitates the development of necessary organisational capabilities and achievement of agency business outcomes
- (c) The date of effect of the promotion shall be no earlier than the date of approval of the reclassification.
- (d) An officer who is promoted to a higher classification level in accordance with this section is not eligible for a further promotion under the provisions of this section in the event that the job in question is again evaluated at a higher classification level.
- (e) A tenured general employee who is employed at a higher classification level in accordance with this section is not eligible for further employment under the provisions of this section in the event that the job in question is again evaluated at a higher classification level.
- (f) Notice of any promotion of an officer made in accordance with this section is to be published in the *Gazette*.
- (g) Chief executives are to keep a record of the number, type and classification level of appointments that are made in accordance with this section each financial year. For audit and reporting purposes, these records are to be retained for at least twelve (12) months from the date of approval of promotion

6.14 Promotion following secondment to a higher classification level.

- (a) This section does not apply to senior officer or senior executive roles.
- (b) A chief executive may decide to apply "exemption to appointment on open merit" to promote a public service officer following secondment to a higher classification level⁵, where all of the following conditions are met:
 - (i) the current occupant is a public service officer who was selected for the secondment on open merit to the job in accordance with sections 77(1) and 78 of the *Public Service Act*, and the provisions of this Directive or any Directive that applied to appointments at the time the appointment was made, and
 - (ii) the officer has assumed the full duties and responsibilities of the job in question for a continuous period of two years⁶ or more and has been objectively assessed as meeting the agreed performance objectives of the higher classification level; and
 - (iii) the promotion supports and facilitates the development of necessary organisational capabilities and achievement of agency business outcomes; and
 - (iv) ongoing budgetary provision is available
- (c) Notice of any appointment made in accordance with this section is to be published in the *Gazette*.
- (d) Chief executives are to keep a record of the number, type and classification level of appointments that are made in accordance with this section each financial year. For audit and reporting purposes, these records are to be retained for at least twelve (12) months from the date of approval of promotion

⁵ For the purposes of this section of the Directive, 'secondment' may be taken to include the performance of higher duties

⁶ See previous footnote specifying two year period.

6.15 Appointment of a temporary employee to tenured status at level and appointment of a trainee to tenured base-grade employee status.

- (a) A chief executive may appoint a temporary employee⁷ to tenured status at level, or a trainee⁸ to base-grade in the following circumstances:
- (i) the employee was selected for appointment on open merit⁹ to the job in accordance with sections 77(1) and 78 of the *Public Service Act*, and the provisions of this Directive or any Directive that applied to appointments at the time the appointment was made; and
 - (ii) the employee concerned has been engaged in the job in question for a continuous period of two years¹⁰ (this period of time does not apply to base-grade employees or trainees); and
 - (iii) the employee concerned has been objectively assessed as satisfactorily meeting all of the agreed performance objectives of the role; and
 - (iv) existing registered deployees and surplus Departmental employees have been provided with an opportunity to express an interest in positions (other than base grade positions) in accordance with provisions contained in Directives and guidelines about deployment and redeployment; and
 - (v) the appointment supports and facilitates the development of necessary organisational capabilities and achievement of agency business outcomes; and
 - (vi) there is the likelihood of continuing work being available for the temporary employee or trainee; and
 - (vii) ongoing budgetary provision is available.
- (b) The appointment of a trainee may occur immediately following successful completion of the traineeship to ensure continuity of service.
- (c) Where it is considered that more than one person may meet the requirements of a position to which a permanent appointment is intended, the chief executive officer may give consideration to a closed merit selection process.
- (d) Chief executives are to keep a record of the number, type and classification level of appointments that are made in accordance with this section each financial year. For audit and reporting purposes, these records are to be retained for at least twelve (12) months from the date of approval of promotion.

6.16 A group of jobs that are subject to an agreed closed merit scheme

- (a) A closed merit scheme refers to a merit selection exercise where the applicant pool for a group of vacancies is restricted through limited advertising or notification to a certain group or groups of existing staff in an agency or from within a number of agencies
- (b) A chief executive may consider implementing a closed merit scheme under this section to minimise potential displacement of existing tenured public service employees and/or to minimise, as far as is possible any disruption to the workforce that may result from:

⁷ Requirements concerning the employment of temporary employees are detailed in other Directives and guidelines and are to be referred to in conjunction with the application of this Directive.

⁸ Trainee means a person defined as such in the *Training and Employment Act 2000* or any successor legislation

⁹ Open merit includes base grade administrative employees engaged under the provisions of SOA 200 or any successor SOA or selection activities conducted in accordance with the provisions of section 78 of the *Public Service Act* and trainees engaged in accordance with trainee provisions.

¹⁰ See previous footnote specifying two year period.

- an approved organisational restructure; or
 - machinery of government changes
- (c) All proposals for closed merit schemes must be agreed to by the chief executive and the relevant industrial organisation of employees and have the approval of the Public Service Commissioner or the chief executive of the Department of Industrial Relations.
- (d) Documentation of closed merit schemes agreed to must clearly explain the decision making process, and be in a form that is capable of withstanding independent scrutiny and assessment
- (e) For audit and reporting purposes, documentation is to be retained for at least twelve (12) months from the expiry date of the relevant appeal period applying to the last appointment made under the scheme.
- (f) There is no requirement to consider existing registered employees or surplus departmental employees as part of a closed merit scheme where such consideration would result in the displacement of other tenured employees.
- (g) Closed merit schemes that consider temporary employees will not be approved unless an opportunity has been given for surplus departmental employees and registered employees to be considered on suitability grounds in the first instance.

6.17 Exemption

The Public Service Commissioner may exempt specific jobs or categories of jobs or agencies from specific parts of this Directive.

6.18 Transition

If a position had been advertised, but recruitment and selection action had not been finished, under the Directive superseded by this Directive, namely –

- 01/03 Recruitment and Selection

the action may be finished under that Directive as if it had not been repealed.

Foreword from the Executive Officer

The Honourable Gordon Nuttall MP
Minister for Health
Member for Sandgate
Parliament House
BRISBANE QLD 4000

Dear Minister

The Office of Health Practitioner Registration Boards is pleased to present its fifth Annual Report. As part of its accountability and, consistent with its commitment to the Boards, this Report details the achievements of the Office over the past year and specifies the objectives to be achieved in 2004-2005.

In the year under report, the Office has delivered on the majority of the goals that were documented in the *Annual Report 2002-2003* and a summary in regard to these is provided on pages 4 and 5 of the Report. Of particular note is implementation of the recommendations of the Complaints and Health Assessment and Monitoring Review Project and the commencement of a project to review registration procedures.

The achievements of the Office in the year under report have been made possible by the support and contribution of the Boards and of the staff of the Office. I am appreciative of the support of the Boards and for the efforts of all staff.

It is therefore with a commitment to continuous improvement in the quality of Office services that I provide this *Annual Report 2003-2004* to you.

Jim O'Dempsey
EXECUTIVE OFFICER

Purpose and Responsibilities

The Office of Health Practitioner Registration Boards ('the Office') was established under s. 7, *Health Practitioner Registration Boards (Administration) Act 1999* ('the Act') on 7 February 2000. As an independent statutory body, the Office is responsible under s.8 of the Act to provide the administrative and operational support necessary or convenient to help each of the 13 Health Practitioner Registration Boards ('the Boards') to perform their functions.

Consistent with its legislative responsibilities the Office's purpose, as stated in its *Strategic Plan 2004-2008*, is to provide quality services which enable the Health Practitioner Registration Boards in regulating the professions to: (a) promote and protect the public interest; (b) uphold the standards of practice within the professions; and (c) maintain public confidence in the professions.

In assisting the Boards to meet these objectives the Office provides administrative and operational support through six key services as follows: (a) registration; (b) Board meeting support; (c) complaints management; (d) health assessment and monitoring; (e) professional advice and support; and (f) corporate support.

Constitution of the Office

The Office is constituted under s. 7(2) of the Act and consists of the Executive Officer and staff of the Office. Appendix 1 details the organizational structure of the Office and staff as at 30 June 2004.

The Executive Officer, for the purposes of the *Financial Administration and Audit Act 1997*, is the Chairperson of the Office and is responsible for its efficient and effective administration and operation. In discharging the role, the Executive Officer's responsibilities include:

- The management of the Office including financial management.
- The negotiation of Service Agreements with each of the Boards.
- The implementation of Service Agreements.
- Providing training for Board members on their appointment about their role and the legislative scheme.

The Executive Officer may also perform other functions given to or conferred on the Executive Officer under another Act, including, for example, any Act in the legislative scheme.

Clients of the Office

The Office has a wide range of clients to whom it provides services. The primary clients of the Office are the Boards and their registrants. The 13 Boards to which the Office provides services and the legislation they administer are as detailed in Appendix 2.

In addition to the Boards, the Office provides services to other clients who include:

- The general public, whose health care interests are the reason for the establishment and ongoing operations of the Boards.
- The Minister for Health, for whom the Office regularly provides advice on the operations of the legislative scheme.
- The Director-General and officers of Queensland Health for whom the Office provides advice on the operations of the legislative scheme.
- The Health Rights Commission, through consultation and reporting arrangements, on the management and investigation of complaints about the conduct, competence and health of registrants.
- Health practitioner registration authorities in other states, territories and countries through the exchange of information on the good standing of registrants and policy and practice issues.
- The state and national branches of the various professional associations of health practitioners through the provision of advice.
- Academic institutions whose programs of education prepare graduates eligible to apply for registration in Queensland.
- National councils and organizations established to progress consistent approaches to the regulation of the various health professions.
- The Health Insurance Commission, private health insurance companies and employers which seek details of the registration status of health practitioners.

Ministerial Directions

Section 32, *Health Practitioner Registration Boards (Administration) Act 1999* requires the Office to include in its Annual Report copies of all ministerial directions given to the Executive Officer under s.9(1), s.25(1), s.29(3) or s.38(3) during the financial year. During the year under report the Office received no such directions from the Minister.

Highlights: 2003 - 2004

The period under report has been characterized by a continued focus on implementation of quality improvements and enhancement of client service. Progress and outcomes relevant to each of the Office's key service areas are detailed in the following sections of the Annual Report. The highlights for this half year are summarized below:

- The *Service Agreement 2003-2006* implemented from 1 July 2003.
- Project planning completed for business process review of registration procedures. Project commenced in February 2004 and the final report is due to be completed in September 2004.
- Board meeting support service change proposal considered and endorsed by each Board.
- Recommendations from the Complaints and Health Assessment and Monitoring Review Project considered by each Board and implementation of approved recommendations progressed.
- The corporate identity of each board has been reviewed and a design house contracted to provide long term print design and management services
- Review of use of panel of external investigators demonstrates the strategy has been successful. The Medical Board has agreed to its continued use and all the remaining Boards have endorsed the strategy for future use of the panel.
- Recommendations from the Siggins Miller Review have been fully implemented.
- Project Officer appointed to develop discussion paper on recency of practice. Discussion paper will be placed before Boards for consideration from July 2004 prior to Cabinet approval being sought for its release to stakeholders.
- Review required under section 33 *Health Practitioners Registration Boards (Administration) Act 1999* completed.
- Corporate Governance and Risk Management Strategy developed and implemented.
- Human Resource Management Policy and Procedure Manual implemented including the development and implementation of a Human Resource Management Delegations Manual.
- Diagnostic audit of current safety management systems at the Office undertaken, report considered by senior management and implementation of approved recommendations commenced.
- Staff Development and Training Plan fully implemented.
- Communication Standards and Structure fully implemented.
- Financial Management Practice Manual fully implemented.

- Quality improvements in the financial management and reporting framework fully implemented.
- Internal audit function fully implemented.
- Functional analysis and specification of Version 1 of the Professional Standards Information System completed and design phase commenced.
- Systems hardware plan developed and implemented to enhance system capacity, performance and redundancy.
- On-line services implementation strategy developed and implemented.
- Approved recommendations from the Records Management Evaluation Project implemented.

Service Agreements

The new *Service Agreement 2003-2006* commenced from 1 July 2003. Upon commencement, the number of service areas was decreased from nine to six as follows: (a) Records Management Services and Freedom of Information Services have been included as sub-services of Corporate Support Services; (b) the Statutory Compliance Service has been included as a sub-service within all six primary services; and (c) the Planning and Reporting Service has been included as a sub-service of the Professional Advice and Support Service.

Statistical Data

Appendix 3 -

Table 1 details funds provided to the Office under the Service Agreements for the prospective year and includes a comparison for the 2002-2003 reporting periods.

Registration Services

This service manages all processes associated with application for, and renewal of, registration in accordance with the relevant legislative provisions and the policies of the relevant Board. The service ensures that: (a) initial applications for registration are processed; (b) registrations are renewed annually; (c) all other registration activities such as restorations, and special purpose and conditional registrations are completed; (d) enquiries from applicants for registration and registrants are processed; (e) registers are maintained in accordance with the legislation; and (f) Boards are kept informed of all matters relating to registration services.

This report identifies the objective stated in the *Operational Plan 2003-2004*, the activities undertaken to meet this objective and outcomes achieved.

Objective: To implement the approved recommendations from the Registration Review Project.

During the period from September to October 2003, negotiations were undertaken with the Integrated Service Delivery Unit ("ISDU") of the Department of Innovation and Information Economy, Sport and Recreation. The negotiations were successful in establishing a partnership with the ISDU for a jointly funded project to undertake a full review of the registration processes utilizing the Access Queensland Business Review Methodology.

The project mandate was completed following staff workshops in November 2003 and the objectives detailed in that mandate are to:

- (a) Develop a registration policy and procedure manual which supports consistent application of the provisions in each Board's registration Act.
- (b) Develop a registration delegation manual consistent with the requirements of the relevant provision in each Board's registration Act.
- (c) Establish customer-focused registration processes that are efficient and effective.
- (d) Establish the ability for registrants to apply and to maintain their registration through multiple channels, including on-line.
- (e) Inform the further development of the Registration Information System.
- (f) Inform whether registration process redevelopment requires organizational structural change.

The Project Steering Committee is constituted by Mr O'Dempsey, Mr Connell (Deputy Registrar), Mr Demy-Geroe (Deputy Registrar) and Mr Woolley (ISDU). A full time Project Team was also appointed and is constituted by Mr Posner, Ms Ramsay, Ms Portier and Ms Davey. In addition, ISDU has seconded to the Office, at no cost, Ms Newman who facilitates the Project Team in their use of the Business Process Review methodology.

A Project Plan was completed with the project commencing in February 2004 for completion by May 2004. This completion date was extended to September 2004 primarily because: (a) the scope of the project was revised to include renewal and restoration of registration processes; and (b) the discovery phase of the project identified a total in excess of 130 procedures being utilized for the fourteen key registration processes.

At the time of this report, the Current State Baseline is well advanced and the Service Vision Concept is being completed. When documentation for these two phases of the project has been endorsed by the Steering Committee, the Project Team will complete the detailed design for future registration processing and a service business case. When the service business case has been completed a proposal for change will be prepared for consideration by all thirteen Boards prior to the development of an implementation strategy. It is important to note that a number of prominent issues identified in the Current State Baseline will be addressed in the implementation strategy. These are as follows:

- (a) The Registration Information System: does not meet all legislative requirements; lacks standard business rules governing data entry; contains irrelevant and unnecessary fields of information; does not provide management information reporting; and functions as a repository of information rather than a management information system.

- (b) The processes for registration: are convoluted; require multiple handling of primary documentation; are not supported by professionally designed application forms; and are not supported by documented policies and procedures.
- (c) The current organizational structure does not support the goals for quality registration service provision.

Given these factors, the discovery phase of the project has highlighted many opportunities to improve the delivery of registration services to clients. This includes the implementation of: significantly simplified and generic processes; a reliable registration and renewals management information system; a less silo based organizational structure; and improved accessibility to services through various channels. These initiatives will significantly improve the efficiency and effectiveness of the registration services provided to clients by the Office. They will also give staff the opportunity to develop new knowledge and skills.

In addition to establishing the above noted project, significant development work has been undertaken in designing standard registration management information reports. The initial design for these reports has been reviewed by the Deputy and Assistant Registrars. This review has identified a number of minor modifications and Information Technology staff are currently progressing these changes. It is expected that the standard management information reports will be commenced in the next reporting period.

Strategic Objectives 2004-2005

The forward operations in relation to this key service area have been reviewed. On the basis of that review, the objectives to be achieved in 2004-2005 are:

- 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.
- 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.

Statistical Data:

Appendix 3 - Table 2 details the number of registrants per Board as at 30 June 2004 and includes comparative data from previous years.

Appendix 3 - Table 3 details the number of registrations approved in the period under report.

Board Meeting Support Services

This service provides administrative support for Board and Board Committee meetings, including actions arising from decisions at meetings. The service ensures: (a) preparation of agendas and minutes for meetings of the Boards and, where required, their Committees, and the Combined Meetings of Board Chairpersons; (b) attendance and taking of minutes at Board meetings and, where required, Committee meetings; and (c) preparation of Board correspondence and newsletters.

This report identifies the objective stated in the *Operational Plan 2003-2004*, the activities undertaken to meet the objective and outcomes achieved.

Objective: To develop and implement a service change proposal based on the evaluation report completed in June 2003.

In February 2003 a survey of the members of each of the Boards was undertaken to evaluate the secretariat services and processes utilized by the Office in providing Board meeting support services. The results of the survey demonstrated that all Boards were generally satisfied with the service provided.

While generally satisfied, each Board raised a number of issues to be addressed and provided data to inform new service standards. Submissions addressing these matters were considered by each Board in the first quarter of 2004 and the recommendations made in such submissions were approved by all Boards and subsequently implemented.

Strategic Objectives 2004-2005

The forward operations in relation to this key service area have been reviewed. On the basis of that review, there have been no objectives identified for the 2004-2005 reporting period.

Statistical Data

Appendix 3 - Table 4 details the number and type of meetings serviced by the Office in the period under report.

Complaints Management Services

This service manages all processes associated with complaints made about the conduct of registrants. These processes include: (a) receipt and documentation of complaints; (b) management of investigations and any subsequent disciplinary proceedings; (c) monitoring compliance with conditions and undertakings; (d) management of competence assessments; (e) obtaining formal opinions from, and instructing, solicitors acting for the Boards; and (f) development of education programs for practitioners on ethics and standards of practice.

This report identifies the objectives stated in the *Operational Plan 2003-2004*, the activities undertaken to meet these objectives and outcomes achieved.

Objective: To implement the approved recommendations from the Complaints and Health Assessment and Monitoring Review Project.

During the year under report all Boards considered the Project Report and made decisions in regard to the recommendations ensuing from the review. The Office has progressed the approved recommendations and, in this regard:

- (a) A Delegations Manual for the *Health Practitioners (Professional Standards) Act 1999* was completed, approved by all Boards and implemented.
- (b) Terms of Reference for the Complaints Committees of the Medical, Dental and Psychologists Boards were completed, approved by each Board and implemented.
- (c) Following a competitive tendering process, Inovoke was appointed to develop the Corporate Style Manual and provide long term print design and management services to the Boards. The Chairperson of each Board, or their delegate, have met with Inovoke to brief on the design/redesign of Board logos. At the time of this report, three Boards were yet to finalise their logos. When these are finalized, the Corporate Style Manual will be completed and Inovoke will progress the design and layout of the professional standards policy, information leaflets and the complaints pro forma recommended from the Review.
- (d) A matrix and procedure for the assessment of complaints has been completed and implemented.
- (e) The review of Complaints Unit pro formas (notices, letters, authorizations, etc.) has been commenced and will be progressively completed by 30 June 2005.

Objective: To review the administrative procedures of the Complaints Unit.

During the year under report an initial meeting was held to commence the review, the primary focus of which was the: (a) development of administrative procedures for the complaints assessment process; and (b) review of administrative procedures for telephone inquiries made to the Unit.

The review of these administrative procedures has been completed and the outcomes implemented in the period under report. The review of the remaining procedures will be progressively undertaken at regular meetings of the Unit's administrative staff and the outcomes implemented.

Objective: To review the outcomes of using a panel of external investigators.

During the year under report a review of the panel of contract investigators was prepared for the Medical Board. This panel was established as one component of a three-fold strategy directed toward reducing both the backlog of investigations and the 'turnaround' time for investigations. The review found that:

- (a) One hundred cases had been allocated to the panel during the period from January 2003 to September 2003.
- (b) As at 25 November 2003, 55 investigations had been substantially completed and the remaining 45 investigations were due for completion to the draft report stage by 28 February 2004.

- (c) Of the 30 investigation reports considered by the Medical Board, the average completion time (from allocation to -consideration by the Complaints Advisory Committee) had been approximately 5 months.
- (d) The costs of the completed investigations were within the budget parameters and it was estimated that the full cost for completion of the 100 allocated cases would be approximately \$2,500 above budget.

Given these findings, the Medical Board approved the allocation of an additional 25 cases to the panel both in February and April 2004. In addition, each of the Boards, in considering the Budget Proposal 2004-2005, approved inclusion of an expenditure item for external investigators. The inclusion of such expenditure in the budget will enable all Boards to access the panel of external investigators should this be deemed necessary by the Board to ensure that a future backlog of investigations does not occur.

Objective: To implement Version 1 of the Professional Standards Information System.

During the year under report, the Functional Analysis and Specification for Version 1 of the Professional Standards Information System has been completed and the development phase commenced. Further information in regard to this project is provided in the Information Technology Services section of this report.

Strategic Objectives 2004-2005

The forward operations in relation to this key service area have been reviewed. On the basis of that review, the objectives to be achieved in 2004-2005 are:

- 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.
- 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.
- 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*.
- 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.

Statistical Data

- Appendix 3 - Table 5 details the number of investigations as at 1 July 2003, the number of complaints received during the period under report, the number of investigations commenced during the period under report, the number of investigations completed during the period under report and the number of investigations continuing as at 30 June 2004.
- Appendix 3 - Table 6 details the change in outstanding investigations in percentage terms from 1 July 2002 to 1 July 2004. It should be noted that the three fold strategy to reduce the investigation backlog has been effective. In this regard the number of outstanding investigations as at 1 July 2004 has been reduced by 35.6% when compared to those outstanding as at 1 July 2002. This significant trend is expected to continue.

Health Assessment and Monitoring Services

This service manages all processes dealing with impaired registrants in accordance with Part 7, *Health Practitioners (Professional Standards) Act 1999* ('the Act'). Part 7 of the Act provides the authority for all Boards to manage impaired registrants through a non punitive approach to illness management and to reduce the incidence of concealment of impairment by registrants. Such management includes assessment, monitoring and supervision of impaired registrants. The service ensures: (a) compliance with legislative requirements; (b) protection of the public through appropriate management of registrants who have illnesses that can potentially impact on their ability to practise safely; and (c) assistance to registrants whose career is threatened by illness.

This report identifies the objectives stated in the *Operational Plan 2003-2004*, the activities undertaken to meet these objectives and outcomes achieved.

Objective: To implement the approved recommendations from the Complaints and Health Assessment and Monitoring Review Project.

During the year under report all Boards have considered the Project Report and made decisions in regard to the recommendations ensuing from the review. The Office has progressed the approved recommendations and, in this regard:

- A Delegations Manual for the *Health Practitioners (Professional Standards) Act 1999* was completed, approved by all Boards and implemented.
- Terms of Reference for the Health Assessment and Monitoring Committees of the Medical, Dental and Psychologists Boards were completed, approved by each Board and implemented.
- Following a competitive tendering process, Inovoke was appointed to develop the Corporate Style Manual and provide long term print design and management services to the Boards. The Chairperson of each Board, or their delegate, have met with Inovoke to brief on the design/redesign of Board logos. At the time of this report, three Boards were yet to finalise

their logos. When these are finalized, the Corporate Style Manual will be completed and Inovoke will progress the design and layout of the brochures for the Health Assessment and Monitoring Unit.

- (d) The review of the Health Assessment and Monitoring Unit pro formas (notices, letters, authorizations, etc.) has been completed.

Objective: To implement the plan approved by Cabinet to progress the outcomes of the Siggins Miller Review.

During the year under report the Health Assessment and Monitoring Unit has implemented the Cabinet approved recommendations ensuing from the Siggins Miller Review. This has included:

- (a) Negotiating a Memorandum of Understanding between the Medical Board of Queensland and the Crime and Misconduct Commission ('CMC'). A first draft of the Memorandum is being prepared by the CMC and is expected to be received by the Office by August 2004. On its receipt the Office will convene a meeting with the CMC and Queensland Health (Drugs of Dependence Unit and Audit Branch) with the objective of developing a standard Memorandum of Understanding between the Board(s), the CMC and the above noted Units of Queensland Health.
- (b) A workshop for psychiatrists and psychologists (who specialize in neuropsychology) was conducted in November 2003 to inform these specialist groups about the Health Assessment and Monitoring Unit's role and responsibilities. A future workshop, to be held in north Queensland, is currently being planned to enable psychiatrists and psychologists from that region to attend on a cost effective basis.
- (c) The Office corresponded with the Health Insurance Commission to raise the issue of whether the use of pethidine in doctor's bags should be reviewed. The response received was in the negative.
- (d) The Office sought advice from Crown Law about whether the Boards could delegate their power to modify an existing undertaking. The response received was in the negative and the matter has now been referred to the Legislative Projects Unit, Queensland Health, to progress an amendment to the legislation to enable such delegation.

A final report detailing information on the actions taken to implement the above noted matters will be prepared for the consideration of all Boards when the Memorandum of Understanding with the CMC and Queensland Health has been finalized.

Objective: To implement Version 1 of the Professional Standards Information System.

During the year under report, the Functional Analysis and Specification for Version 1 of the Professional Standards Information System has been completed and the development phase commenced. Further information in regard to this project is provided in the Information Technology Services section of this report.

Strategic Objectives 2004-2005

The forward operations in relation to this key service area have been reviewed. On the basis of that

review, the objectives to be achieved in 2004-2005 are:

- 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; and (b) negotiating and implementing legislative amendments.
- To implement Version 1 of the Professional Standards Module.
- To develop and progressively implement a stakeholder education strategy.
- To enhance administrative procedures and protocols.

Statistical Data

There were a total of 42 new referrals to the service during the period under report, while 33 practitioners were discharged from the program. In addition, 7 investigations were conducted during the period one of which was with the panel of external investigators. Three of these were carried over from 2001-2002 and one was commenced during 2002-2003. Of the seven investigations, five were concluded during the period under report and two remain ongoing. In relation to the latter of these, both investigations are due for completion in the first quarter 2004-2005.

It should be noted that since 2002 the Unit has cleared 16 of the 18 outstanding investigations and has the resources and capacity to investigate any practitioner on the HAM Program who is not complying with the program requirements.

Professional Advice and Support Services

This service utilizes professional knowledge and expertise to provide high level advice and support on matters related to the Board's functions under relevant legislation. Among the services provided by the Office are: (a) advising the Boards on their obligations under statutes and government guidelines; (b) assisting the Boards in negotiating amendments to primary and subordinate legislation; (c) organizing seminars and attending conferences on behalf of the Boards; and (d) representing the Boards in various forums within Queensland, nationally and internationally.

This report identifies the objectives stated in the *Operational Plan 2003-2004*, the activities undertaken to meet the objectives and outcomes achieved.

Objective: To develop a policy position on 'Recency of Practice'.

During the year under report, a project officer was recruited with the appointment commencing in August 2003. The project officer, in consultation with the Executive Officer, has drafted a project plan and a discussion paper. A submission will be made to each Board in July and August 2004 in regard to progressing this project through consultation with stakeholders. Subject to Cabinet approval of the discussion paper, consultation is expected to commence with stakeholders in October to define recency of practice for the purposes of the renewal of registration provisions in each of the registration Acts. Implementation of recency of practice requirements will not commence until they are defined in

the registration Regulations and, at this stage, recency of practice as a requirement for renewal of registration is not expected to commence until May 2006 at the earliest.

Objective: To co-ordinate submissions to the review required under s.33, *Health Practitioner Registration Boards (Administration) Act 1999*.

During the year under report, the Office provided a range of documentation to the Legislative Projects Unit, Queensland Health, to inform the review and co-ordinated meetings between the Chairperson of each Board and the contracted review officer, Mr Gil Brooks. In addition, the Executive Officer and Senior Managers met with Mr Brooks in contributing to the review process.

The review was completed in the period under report and subsequently considered by the Minister for Health who tabled the report in Parliament in April 2004. The formal findings of the review were that:

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.

While the Office was pleased with the outcome noted above, it submitted during the review that there were provisions in the registration Acts and the *Health Practitioners (Professional Standards) Act 1999* which impacted on the efficiency of the administrative and operational services it provided to both the Boards and their clients. In acknowledging that a review of those Acts was outside the scope of this project the Office, in consultation with the Chairperson of each Board and each Board's legal advisors, has progressed this issue by identifying all such provisions and, through a workshop of senior staff, developed a proposal for change. A submission seeking each Board's support of such changes is currently under development and will be placed before each Board for consideration from October 2004.

Objective: To assist Boards with the development of 'Codes of Practice' for Registrants.

During the year under report, the Executive Officer provided comments on a number of drafts of the guidelines for developing Codes of Practice as prepared by the Legislative Projects Unit, Queensland

Health. The guidelines were completed by the Legislative Project Unit during the period under report and subsequently submitted to, and approved by, the Minister. The guidelines are currently being considered by each Board and the Office will await each Board's decision in terms of any assistance they require to progress development of a Code of Practice.

Objective: To redevelop the structure and content of the Annual Reports of the Boards and the Office.

This objective was not progressed during the period under report as there were a number of significant competing workloads. The objective will be progressed in 2005-2006.

Objective: To develop for Board consideration a communication infrastructure to achieve strategic priorities.

During the year under report, the Office progressed a number of prerequisite objectives prior to developing a submission to the Boards in regard to a communication infrastructure. There are two primary prerequisite objectives, being: (a) the development/redevelopment of the corporate images of the Boards and preparation of the Corporate Style Manual; and (b) the development and implementation of an integrated world wide website for the Boards and the Office.

Both these objectives have been substantially achieved and will be completed in the next reporting period.

Objective: To co-ordinate Board specific corporate governance and risk analysis and to undertake Office corporate governance and risk analysis.

During the year under report, the Corporate Governance and Risk Management Strategy was developed and implemented. The implementation strategy is comprised of four specific initiatives. These are as follows:

- (a) Governance and Risk Management Self-Assessment: The Office has undertaken a self-assessment of governance and risk management utilizing the program developed by the Queensland Audit Office. The findings of this self-assessment have been implemented.
- (b) Internal Audit Assessment: The internal auditor will, in early 2005, assess the Office through the *Framework of Organisational Characteristic Questionnaire*.
- (c) Risk Management Policy: The policy has been developed in the period under report and was approved by the Executive Officer in October 2003. A risk assessment workshop was conducted in November 2003 and a risk management plan is currently nearing completion. Upon its completion, the plan will be implemented and monitored.
- (d) Board Self-Assessment: During the period under report the Office, in consultation with JAQ Pty Ltd, developed a governance self-assessment tool for use by the Boards. A submission in relation to the self-assessment was placed before all Boards (with the exception of the Medical Board which undertook the self-assessment in June/July 2003) in late 2003. In considering the submission, all Boards agreed to undertake the self-assessment and to fund the cost for setting up the web-based questionnaire, analysis of Board specific responses and preparation of Board specific reports. The report of this self-assessment has been completed and each Board will consider its results by October 2004.

Strategic Objectives 2004-2005

The forward operations in relation to this key service area have been reviewed. On the basis of that review, the objectives to be achieved in 2004-2005 are:

- 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 specifically addressing newsletters and the release of standards/guidelines developed or adopted by the Boards.
- 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.
- 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.

Corporate Support Services

This service manages all corporate support services of the Office and the Boards including: (a) human resource management; (b) financial management; (c) information technology; (d) records management; and (e) freedom of information processes. In addition to the matters detailed under each sub-service, corporate support services has: (a) developed and implemented policies on corporate cards, purchasing and Qantas Club membership; (b) managed the negotiations and co-ordinated the design for refurbishment of the Office; (c) implemented accumulated time arrangements for the organization; and (d) reviewed the position descriptions for all positions within corporate services and re-designated nine positions.

Human Resource Management Services

This sub-service provides all human resource management services to enable the Office to deliver its services to Boards and their clients. This report identifies the objectives stated in the *Operational Plan 2003-2004*, the activities undertaken to meet these objectives and outcomes achieved.

Objective: To implement the Human Resource Management Policy and Procedure Manual.

The project to develop the Human Resource Management Policy and Procedure Manual was completed in August 2003 and the Manual has been fully implemented during the period under report. Implementation has included staff training workshops which have been conducted for one hour at each of the monthly half day Office closures. In addition, the Office has developed and implemented a Human Resource Management Delegations Manual.

The Executive Officer and senior management also considered, in July 2003, the report of the diagnostic audit of Office workplace health and safety. To progress all corrective actions recommended by the auditor, an interim Workplace Health and Safety Committee was established in August 2003. This Committee met on a number of occasions during the period under report and in November 2003 provided the Executive Officer with a framework and timetable for implementation of the workplace health and safety strategy. A Workplace Health and Safety Committee was constituted in February 2004 and that Committee is now responsible for implementing the strategy.

Objective: To implement the Staff Development and Training Plan.

The Staff Development and Training Plan was approved by the Executive Officer in August 2003. This Plan articulated the direction, priorities and strategies that the Office would pursue during 2003-2004 and was consistent with the priorities detailed in the *Strategic Plan 2003-2007*. During the period under report, staff development and training activities undertaken have included the following:

- Gathering evidence (investigations)
- Code of Conduct training
- Leadership & Innovation
- Equal Employment Opportunity
- Powerpoint Presentations
- Job Analysis & Job Evaluation
- Basic Computer Skills
- Professional Telephone and Enquiry Skills
- Introduction to Public Sector Financial Management
- Internal Controls & Risk Management (Tooher Gale & Associates)
- Financial Management Framework and Managing Budgets & Cost Centres
- Briefing experts (investigations)
- Organisational communication
- Recruitment & Selection
- Induction
- Preparing an Investigation Report
- Preparing and Presenting the Case (Investigations)
- Dealing with Difficult People & Situations
- Situational Leadership Training
- Polished Presentations
- Writing for the Public Sector – Current Conventions, Machinery of Government & Email Etiquette
- Write Smart Departmental Correspondence

Objective: To implement the approved Communication Standards and Structure.

In July 2003 the draft Communication and Client Service Standards were reviewed by all staff at a workshop. Amendments suggested by staff and agreed by management were subsequently incorporated in the Standards, which were approved by the Executive Officer in September 2003. The Standards reflect the Office's commitment to professional and effective communication in the provision of service to our clients. In this regard the Office aims for excellence in client service by: (a) providing professional, inclusive and informative advice; (b) responding promptly to client needs; (c) being courteous, professional and respectful in our communication; and (d) operating efficiently and effectively.

The Standards, which are detailed below, apply within the Office and between the Office and the Boards, their registrants and any others with whom staff of the Office do business. All staff share the responsibility for achieving the Standards and to assist them in this, the Office has provided monthly All of Staff communication workshops during the period under report.

Standard 1 Staff of the Office are responsible to the Executive Officer in provision of services to our client Boards.

- Standard 2* The Office through senior management consults with staff and the Boards in the development and provision of services.
- Standard 3* Staff of the Office respond promptly to all written and verbal enquiries from clients.
- Standard 4* The communication style in verbal, non-verbal contact and by indirect means such as letters, reports and submissions, portrays an image of the Office as a professional organization.
- Standard 5* The privacy of clients and staff is assured.
- Standard 6* Information strategies and techniques are used to provide accurate and complete information.
- Standard 7* All communication demonstrates respect for persons.
- Standard 8* The Office, through its staff, undertakes all its activities in an equitable, efficient and cost-effective manner.

The above noted Standards are supported by a series of individual and organizational model practice statements. In future years the Office's achievement against these standards will be measured through key performance indicator data sourced from our clients.

Strategic Objectives 2004-2005

The forward operations in relation to this key sub-service area have been reviewed. On the basis of that review, the objectives to be achieved in 2004-2005 are:

- 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 re-focus staff development and training.

Financial Management Services

This sub-service includes provision of all financial management services to the Boards to ensure compliance with relevant statutory financial management requirements. The sub-service includes: (a) revenue, accounts receivable and reconciliation; (b) expenditure and accounts payable; (c) administration of payroll; (d) maintenance of assets register; (e) administration of taxation compliance; (f) financial system development and maintenance; and (g) budget preparation and statutory reporting.

This report identifies the objectives stated in the *Operational Plan 2003-2004*, the activities undertaken to meet these objectives and outcomes achieved.

Objective: To implement the Financial Management Practice Manual.

During the year under report the Financial Management Practice Manual has been fully implemented. Such implementation has included staff training, as detailed in the Staff Training and Development objective, and the development of all required policy, procedures and registers including:

- Release of Information to Third Parties Policy
- Salary Overpayments Policy
- Investment Policy
- Travel Policy – Board Members
- Travel Bookings Information Sheet
- Travel Warrant Form – Information Sheet

- Payments – General Policy
- Systems Appraisals Policy
- Fringe Benefits Tax Policy
- Record of Bank Accounts
- Register of Merchant Facility Arrangements
- Reproduction of Financial Records Policy
- Register of Reproduced Financial Records
- Movement of Reproduced Financial Records Register
- Processing Refunds Policy
- Travel Policy (OHPRB)
- Travel Reimbursement/Acquittal Form – Information Sheet
- Procedural Guide to Preparing Annual Financial Reports
- Imprest Advance Accounts Policy
- Register of Accountable Advances
- Register of Accountable Forms
- Register of Legal Documents
- Register of Leases
- Tax Invoice Checklist
- Gift Policy
- Risk Management Policy
- Use of Taxis Policy
- Assets Policy
- Use of Office Motor Vehicles Policy and Guidelines
- Electronic Funds Transfer Policy

Objective: To implement quality improvements in the financial management and reporting framework.

The quality improvements in the financial management and reporting framework have been fully implemented during the year under report. This implementation has achieved the expected outcomes, being as follows: (a) a more effective use of staff resources that were previously consumed by the complex financial management infrastructure; and (b) enhanced corporate governance through the provision of timely, accurate and clear financial management reports.

Objective: To fully implement the internal audit function for compliance and quality outcomes in financial management.

The internal audit function has been fully implemented during the period under report consistent with the *Internal Audit Charter June 2003*, *Internal Audit Strategic Plan 2003-2007*, and *Internal Audit Operational Plan 2003-2004*.

Objective: To develop and implement five year financial modeling.

The model enabling five year financial budget projections has been developed and fully implemented during the year under report. This model significantly enhances corporate governance as it enables the Office and each Board to: (a) consider their medium to long term financial projection in both the development and approval of the annual budget; (b) incorporate a simple, cost effective and regular budget review process during the course of each financial year; and (c) model the cost of proposed initiatives to inform the decision-making process.

Consultancies

Section 95(1)(eb), *Financial Management Standard 1997* requires every public sector agency to include in its Annual Report, information about the agency's expenditure on consultancies. During the year under report, the Office expended the following amounts on consultants:

▪ Management	-
▪ Human resource management	\$2,850
▪ Information technology	-
▪ Finance/accounting	\$31,850
▪ Professional/technical	\$8,302

Strategic Objectives 2004-2005

The forward operations in relation to this key sub-service area have been reviewed. On the basis of that review, the objectives to be achieved in 2004-2005 are:

- To evaluate the internal audit function including the need to establish an internal audit committee.
- To develop and implement financial systems appraisals.
- To implement all requirements of the International Financial Reporting Standards.
- To evaluate the five year financial modelling and its integration with the budget.

Audited Financial Statements

Appendix 4 - Reproduces the Audited Financial Statements 2003-2004.

Information Technology Services

This sub-service develops and maintains technological resources to enable the Office to deliver its services to the Boards and their clients. This report identifies the objectives stated in the *Operational Plan 2003-2004*, the activities undertaken to meet these objectives and outcomes achieved.

Objective: To implement information system best practice in terms of government standards and guidelines.

During the period under report an implementation strategy outlining the start to finish process required was completed. Implementation of this strategy commenced in 2004 and as at 30 June 2004, a range of best practice initiatives have been implemented, as follows:

- (a) Board and Office website maintenance: changes are now implemented via a managed process that includes content authorization by a registration team supervisor or manager and archiving of all pages and files (older versions of files are kept for historical purposes).
- (b) Creation and maintenance of staff user accounts: team supervisors or managers are now required to formally request access to the Office's network resources for their staff. The significant advantage of this initiative is that temporary staff are now automatically deleted from the system when their tenure has expired and, as such, security has been enhanced.
- (c) The recording and maintenance of information technology assets has been streamlined through the adoption of new forms and a new procedure.
- (d) Constant updating of information security processes in terms of industry standards.

Progression of the balance of initiatives from the Best Practice Implementation Strategy was deferred in May 2004 due to the Office's upgrade of its server products. The balance of information technology tools and the training in their use will be acquired early in the next reporting period.

Objective: To implement Version 1 of the professional standards information system.

During the year under report progress has been achieved in the development for implementation of Version 1 of the professional standards information system. Information Technology staff have worked

closely with staff of the Complaints Unit and the Health Assessment and Monitoring Unit to define the requirements of the system and detailed these in a Functional Analysis and Specification document.

The Functional Analysis and Specification is the basis of the development phase which commenced in November 2003 and was expected to be completed in June 2004. However, following successful negotiation with the Queensland Nursing Council, the Office entered into a Memorandum of Understanding for joint development of Version 1. Such joint development was expected to reduce both the development time and cost. While it was expected that Version 1 would be implemented from May 2004, a number of delays ensued due to project staff absences and turnover. It is now expected that implementation will occur from November 2004, at which time the module will be populated with all data available from 1 July 2004. This will ensure the availability of management information reports on the required financial year basis.

Objective: To implement and further develop the Information Systems Policy and Procedure Manual.

During the year under report the Information Systems Policy and Procedure Manual has been fully implemented and amended where changes to the environment have occurred. In addition, six further policies have been developed and implemented. These are as follows:

- Use of Electronic Communications
- Information Security
- Disaster Recovery
- IT Cost Benefit Justification
- Information Technology Asset Management
- Acceptable Use of Electronic Information and Communication Systems

Objective: To develop and implement a systems hardware plan which enhances capacity, performance, physical and logical separation, fault tolerance and disaster recovery.

During the year under report a systems hardware plan has been developed and implemented. As at 30 June 2004 the objectives of the plan have been fully achieved. As a result, the Office is now utilizing the latest technology with the most up to date and secure operating software.

Objective: To ensure proprietary software enhances productivity and client services.

During the year under report no further action has been initiated in relation to redevelopment of the registration Information System ('REGIS'). A prerequisite to such redevelopment is completion of the registration review project. As such, redevelopment of REGIS will be incorporated in the implementation strategy ensuing from the registration review project.

Objective: To develop and implement a project for an integrated world wide web site for the Boards and the Office.

During the year under report, the On-line Services Implementation Strategy was developed and implemented. This strategy is anchored in the full redevelopment of the websites of each Board and the Office with such redevelopment meeting the following business objectives: (a) enhancing and promoting the identity and functions of the Boards; (b) raising public confidence in the Boards through quality information provision; (c) offering contemporary on-line services to the Boards' separate customer groups; and (d) creating administrative cost savings.

The implementation strategy is comprised of three broad phases. These are as follows:

- Establishing a core focus group to determine an effective design for the new websites. This group will be constituted by individuals representing the Assistant Registrars, Administration Officers (Registration), the HAM and Complaints Units, and senior managers.
- Finalising the Corporate Style Guide which will, in relation to this strategy, provide the style foundation for each of the websites.
- Developing options for the new websites at the completion of the design phase.

The core focus group has been established and the design phase commenced from October 2003. The websites are currently being populated with text and, following such, a further submission will be made to each Board to seek approval of the preferred option prior to commencing the website development phase. It is expected that this submission will be made in the next reporting period subject to all Boards having approved their corporate logos.

Objective: To enhance organizational ownership of information systems.

During the year under report future users of Version 1 of the professional standards information system have directly informed the functional analysis, specification and development of the system. It is planned to assess user acceptance of the completed system to inform how best to meet this objective on an ongoing basis.

In addition to this initiative, staff ownership of information systems has been enhanced through: (a) integration of the information technology induction into the corporate induction process; (b) the creation of a series of simple information sheets covering 'how to' aspects of the users' information technology environment; (c) the continued development and support of a User Reference Group; and (d) improved communication to staff at All of Staff meetings.

Strategic Objectives 2004-2005

The forward operations in relation to this key sub-service area have been reviewed. On the basis of that review, the objectives to be achieved in 2004-2005 are:

- 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.
- To evaluate the telephone system and propose costed options for enhancement of client service.
- To continue implementation of the Project for an integrated website for the Boards and the Office.

Records Management Services

This sub-service manages all records on behalf of the Office and the Boards to ensure: (a) efficient access to stored information; (b) storage and release of information is consistent with relevant legislative requirements; and (c) records are accurately, contemporaneously and completely

maintained. This report identifies the objective stated in the *Operational Plan 2003-2004*, the activities undertaken to meet this objective and outcomes achieved.

Objective: To implement the approved recommendations from the Records Management Evaluation Project.

During the year under report implementation has commenced for the approved recommendations from the Records Management Evaluation Project, as follows:

- (a) Timelines have been established for completion of action on all recommendations.
- (b) All actions required to be completed by June 2004 are substantially complete. In this regard: the retention schedule has been reviewed and submitted to State Archives for approval; identification of unrecorded business files for incorporation into the business filing system has commenced; and the business files of all Boards have been culled so that only relevant files remain on site.
- (c) All records management policies and procedures have been reviewed, updated and implemented.

In addition, the Office completed development of a draft Strategic Records Implementation Plan as required under *Information Standard 40*. This Plan was submitted to State Archives in October 2003, subsequently approved and implementation is ongoing.

Objective: To review the role, responsibilities and organization of information management.

During the year under report, the Executive Officer convened a meeting of the Corporate Services Manager, the Information Technology Co-ordinator and Information Co-ordinator to scope the review process. The meeting agreed to the scope of the review. However, due to staff secondments the review will not be further progressed until the 2005 reporting period.

Strategic Objectives 2004-2005

The forward operations in relation to this key sub-service area have been reviewed. On the basis of that review, the objectives to be achieved in 2004-2005 are:

- 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.

Freedom of Information Services

This sub-service manages all processes required under the *Freedom of Information Act 1992* to ensure each Board and the Office meet their obligations and responsibilities under that legislation.

During the period under report, the Office processed 45 applications on behalf of the Boards. In processing such applications, 5837 documents were reviewed for decision-making purposes. Of the 45 applications processed, 34 were made to the Medical Board, one was made to the Chiropractors Board, one was made to the Optometrists Board, two were made to the Dental Board, two were made to the Physiotherapists Board and five were made to the Psychologists Board. Of the 5837 documents reviewed, 5360 documents were either partially or fully disclosed to the applicant.

Five applicants applied for internal review of the access decision to the Office during the period under report. Two applications for external review, including one for amendments to information, were made to the Information Commissioner during this period. At the beginning of the year there were four external review applications awaiting the Information Commissioner's decision. During the period the Information Commissioner finalized five external review applications, thus leaving an outstanding balance of one external review application still under consideration at the end of June.

**Boards to Which the Office Provided Services
in the Period 1 July 2003 – 30 June 2004**

<u>Board</u>	<u>Legislation</u>
Chiropractors Board	<i>Chiropractors Registration Act 2001</i>
Dental Board	<i>Dental Practitioners Registration Act 2001</i>
Dental Technicians and Dental Prosthetists Board	<i>Dental Technicians and Dental Prosthetists Registration Act 2001</i>
Medical Board	<i>Medical Practitioners Registration Act 2001</i>
Medical Radiation Technologists Board	<i>Medical Radiation Technologists Registration Act 2001</i>
Occupational Therapists Board	<i>Occupational Therapists Registration Act 2001</i>
Optometrists Board	<i>Optometrists Registration Act 2001</i>
Osteopaths Board	<i>Osteopaths Registration Act 2001</i>
Pharmacists Board	<i>Pharmacists Registration Act 2001</i>
Physiotherapists Board	<i>Physiotherapists Registration Act 2001</i>
Podiatrists Board	<i>Podiatrists Registration Act 2001</i>
Psychologists Board	<i>Psychologists Registration Act 2001</i>
Speech Pathologists Board	<i>Speech Pathologists Registration Act 2001</i>

Table 1: Funds Provided by the Boards Under the Service Agreements 2002-2003; 2003-2004; 2004-2005

Board	<u>Service Agreement Funding 2002-2003</u>	<u>Service Agreement Funding 2003-2004</u>	<u>Service Agreement Funding 2004-2005</u>
Chiropractors	69928	89002	82853
Dentists	369324	438146	450054
Dental Technicians and Dental Prosthetists	62712	78576	81669
Medical	2401104	2698826	2908127
Medical Radiation Technologists	212300	218716	228712
Occupational Therapists	101476	97626	99170
Optometrists	68912	68508	71827
Osteopaths	37648	36386	29630
Pharmacists	397684	379406	441598
Physiotherapists	215564	168046	176013
Podiatrists	48960	41224	40594
Psychologists	550692	629080	671740
Speech Pathologists	114560	107036	102880
TOTAL	4650864	5050578	5384867

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

Register	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>
Chiropractors*	-	550	568	615
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	8696
Medical Practitioners and Specialists**	3635	3931	4023	4216
Medical Radiation Technologists***	-	-	207	232
Medical Imaging Technologists***	-	-	1350	1505
Nuclear Medicine Technologists***	-	-	64	91
Occupational Therapists	1315	1429	1545	1695
Optometrists	695	726	776	824
Osteopaths*	-	86	80	83
Pharmacists	3456	3590	3712	3893
Physiotherapists	2678	2809	2908	3104
Podiatrists	300	324	343	374
Psychologists	2854	3073	3302	3579
Speech Pathologists	814	837	862	940
TOTAL	27357	28629	31455	33239

* The Chiropractors and Osteopaths Board ceased to exist on 30 April 2002 and two separate Boards, being the Chiropractors Board and the Osteopaths Board, were created on the commencement of their respective registration Acts on 1 May 2002.

** In previous years Medical Specialists who were also registered as Medical Practitioners were included in both categories and, as such, the total number of registrants was overstated. The figures for 2000, 2001 and 2002 have been amended to ensure the total in each category is correct.

*** The Medical Radiation Technologists Board, which was constituted on 12 May 2002, had no registrants as at 30 June 2002 as the Register for the three professions was in its initial development stages.

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

Register	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
Optometrists	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**	-	-	88	88
TOTAL	69	989	4415	5473

* The medical profession is excluded from the legislation for Trans-Tasman Mutual Recognition.

** Mutual recognition and Trans-Tasman Mutual Recognition are currently not applicable as there is no registration of speech pathologists in other Australian States/Territories or in New Zealand.

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 Committees	Total
Chiropractors	12	-	-	-	12
Dental	11	-	60	-	71
Dental Technicians & Dental Prosthetists	8	-	7	-	15
Medical	22	1	64	4	91
Medical Radiation Technologists	13	-	7	-	20
Occupational Therapists	11	5	4	-	20
Optometrists	9	-	-	-	9
Osteopaths	4	-	-	-	4
Pharmacists	9	-	1	3	13
Physiotherapists	10	-	10	1	21
Podiatrists	6	-	-	-	6
Psychologists	12	-	32	3	47
Speech Pathologists	8	-	-	-	8
TOTAL	135	6	185	11	337

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	95	****175
Medical Radiation Technologists	-	-	-	-	-
Occupational Therapists	-	2	1	1	-
Optometrists	-	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	-	-	-	-	-
TOTAL	291	388	91	165	217

* Complaints: for the purposes of this table, the data includes complaints as well as other information received. This is because a Board can determine to investigate a matter on the basis of information received which is not in the form of a complaint.

** Dental Board: The number of open investigations as at 1 July 2003 was reported as 18. However, it has been identified that a further investigation should have been considered open at that time as the 14 day statutory period for the Health Rights Commissioner to comment on the Investigation Report did not expire prior to 30 June 2003.

*** Medical Board: This data includes three matters under the *Medical Act 1939* (now finalized) and 5 matters under the *Medical Practitioners Registration Act 2001*, four of which were finalized in the year under report.

**** Medical Board: As at 30 June 2004 the Panel of External Investigators had completed 41 investigations and completed to draft report stage a further 43 investigations. Sixty three investigations remain ongoing and a further 13 investigations are yet to be referred to the Panel.

***** Psychologists Board: During the period under report, the Board reviewed an investigation and effectively reopened it subject to legal advice on the matter. Until the matter is finally considered, it has not been included in the data.

Other Investigations

In addition to the above noted data, the Health Assessment and Monitoring Unit completed five investigations in 2003-2004. The Complaints Unit also completed eight investigations about alleged breaches of the various registration Acts. In this regard, three investigations were completed for the Chiropractors Board, two investigations were completed for the Dental Technicians and Dental Prosthetists Board, one investigation was completed for the Occupational Therapists Board and two investigations were completed for the Osteopaths Board.

Disciplinary Actions

In addition to the above noted data, the Complaints Unit has managed a significant workload in disciplinary actions as follows:

Chiropractors Board: Two Board level disciplinary matters.

Dental Board: One Health Practitioners Tribunal ('HPT') disciplinary matter.

Dental Technicians and Dental Prosthetists Board: One Board level and one HPT disciplinary matter.

Medical Board: 20 Board level, eight Professional Conduct Review Panel ('PCR') and 40 HPT disciplinary matters.

Physiotherapists Board: One Board level and one HPT disciplinary matter.

Podiatrists Board: One Board level disciplinary matter.

Psychologists Board: 12 Board level; one PCR and nine HPT disciplinary matters.

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

Board	<u>Number of Investigations as at 1/7/02</u>	<u>Number of Investigations as at 1/7/03</u>	<u>Number of Investigations as at 1/7/04</u>	<u>% Change 1/7/02 – 1/7/04</u>
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	-	-	-	-
Optometrists	-	-	-	-
Osteopaths	-	-	1	↑ 100.0%
Pharmacists	28	11	7	↓ 75.0%
Physiotherapists	1	-	-	↓ 100.0%
Podiatrists	5	4	3	↓ 40.0%
Psychologists	20	18	20	-
Speech Pathologists	1	-	-	↓ 100%
TOTAL	337	291	217	↓ 35.6%

Section 30, *Health Practitioner Registration Boards (Administration) Act 1999* establishes that the Office is a statutory body within the meaning of the *Financial Administration and Audit Act 1977*.

Section 46J, *Financial Administration and Audit Act 1977* requires the Office as a statutory body to include in its Annual Report a copy of the Annual Financial Statements which have been audited by the Auditor-General.

A copy of the Audited Annual Financial Statements is included as an insert in this Appendix to meet the requirements as detailed above.

The Audited Annual Financial Statements are constituted by:

- Statement of Financial Performance for the year ended 30 June 2004
- Statement of Financial Position as at 30 June 2004
- Statement of Cash Flows for the year ended 30 June 2004
- Certificate of Office of Health Practitioner Registration Boards
- Independent Audit Report

TABLE OF CONTENTS

Foreword from the Executive Officer	1
Purpose and Responsibilities	2
Constitution of the Office	2
Clients of the Office	3
Highlights: 2003-2004	4
Service Agreements	5
Registration Services	5
Board Meeting Support Services	8
Complaints Management Services	8
Health Assessment and Monitoring Services	11
Professional Advice and Support Services	13
Corporate Support Services	16
Human Resource Management	16
Financial Management	18
Information Technology Services	20
Records Management	22
Freedom of Information Services	23
<u>Appendix 1</u> : Organisational Structure	25
<u>Appendix 2</u> : Client Boards	26
<u>Appendix 3</u> : Data Tables	27
<u>Appendix 4</u> : Audited Financial Statements	31