Proposed Staffing Strategy for the Implementation of the National Registration and Accreditation Scheme

Comments on behalf of the Medical Board of South Australia

Further to the meeting held in South Australia on Tuesday 18 November I provide the following response.

1 *Location Issues and effect on staffing*

The transition paper assumes a single office within each State and Territory accommodating all 10 health professional groups. This is not what has been confirmed for South Australia. There has been an understanding up to now that each State or Territory would make the arrangement best suited to its individual circumstances.

For example, it was raised in earlier discussions that Queensland may well require at least 2 separate offices to cover the State effectively (eg Brisbane and Townsville) thereby offer a contact point for new overseas applicants without them having to travel to Brisbane. (Presently the Queensland medical council does not require personal attendances by IMG's upon initial registration)

Alternatively, the States may divide their offices between health professional groups. For example, Medicine and Nursing and Allied Health may occupy their own separate offices.

Therefore, whilst 'economies of scale' may be behind the proposal, this may not suit local circumstances.

2 **Staff retention**

There is mention of a *'concern about staff retention'* being noted, however the model does nothing to reduce this concern. Indeed, all senior staff are either to be made redundant or, if successful in gaining appointment to a position in the new structure, to be placed in a conflict of interest between their existing and new responsibilities as at December 2009, some 6 months prior to the introduction of the new scheme.

There is a suggestion that staff should be retained to 30 June 2010, which tends to acknowledge their significant expertise, but the burden and cost (incentive costs and risks) rest with the present Boards. This places those Boards with lesser resources at a disadvantage in trying to retain their senior and most experienced staff, many of whom undertake a significant amount of the day to day decision making due to small numbers of staff.

The psychological impact on senior staff, to stay and contribute their experience to an organisation which has deemed them unsuitable for ongoing employment is fraught with

risk and a sense of exploitation for those staff. Many will choose to leave to seek future job security at a time when they are needed most due to the serious disruption which will accompany any transition.

The capacity of Boards to retain under these circumstances, no matter what their financial resources, is questionable.

3 **Separation of staff into "Senior" and 'Other'**

Slide 7 of the presentation to the States refers to clause 6.11 the IGA. Clause 6.11 states;

> *'a mechanism will also be developed to give first consideration to existing jurisdictional registration staff to operate the State and Territory presence of national agency'*

Note there is no distinction in the IGA between senior or other staff or positions. This has been added later.

It would appear that the proposed staffing arrangements for 'Senior Staff' is in conflict with clause 6.11 of the IGA.

Senior Staff

The characterizing of 'senior staff' as those earning over $100k package and reporting to the CEO lacks appreciation of the impact of their absence on the day to day determinations made within the regulatory organisations. It will effectively wipe out senior decision makers. This will place a significant increased burden on Board Members as lower level staff are not in a position to make certain higher risk determinations or manage complex enquiries.

As a risk strategy, Committee members in the days prior to the transition and following will need additional detailed information or allow time to scrutinize all presented information more closely rather than relying on senior staff analysis and recommendations.

From MBSA's perspective, the decision effectively removes the total management structure for medical regulation in South Australia should those affected seek alternative employment.

4 ***'Concern that excess staff would cost the profession more in fees after July 2010'***

This comment is caused by concerns about the significant increase in bureaucracy contained within the proposed model. It would seem that in order to meet the costs of this bureaucracy, the experience and expertise at the 'sharp end' of regulation are to be diluted. Jurisdictional office structures will be replaced with National Agency administration staff who would operate at the 'back end' by way of administration support and policy development etc.

The above should cause serious alarm bells for those experienced in health bureaucracies which have become 'top heavy' in administration staff not directly involved

in the actual handling of day to day business which, in the case of regulatory Boards, is registrations, complaints and health matters.

This Board has significant concerns that the proposal will decimate the high standards of medical regulation exercised on a daily basis in this State for at least 6 months (December 2009 to July 2010) and probably longer.

5 ***'Capping' of Staff Salary and effects***

There is a sense of being held to ransom for senior staff who will lose their current salary and conditions, including all untaken sick leave, as a result of this proposal.

In effect, it is possible to set conditions and salary levels to reflect the need to keep registration fees similar to present levels, whilst constructing and funding the significant administrative supports of the Agency and national offices. This may have the effect of appointing less qualified and experienced senior staff which will place a significant burden on the appointed CEO of the Agency and CEO's/Directors of the State office, who will need to oversee to a much higher degree and of a more high risk activity. A very difficult and risk laden outcome if this is what eventuates.

6 ***'Other Staff'***

It is unclear who is covered by 'temporary, casual and contract staff'. MBSA employs the following contractors.

- IT Consultants
- Cleaning services for our leased building
- Public relations consultants
- Web servers
- Printing
- Legal services

In order to budget and plan for 2010 MBSA needs to have firm advice on dates for ceasing to be a legal entity for the purposes of entering and amending contracts.

7 ***'Pay rates indefinitely as a minimum'***

From the above, it is a risk that some staff may be effectively frozen on current wages until there is parity among all employees nationally

8 ***Public Service employment***

It could be assumed from the model that public service staff currently seconded to regulatory Boards may receive preferential treatment under the proposal. This is inequitable if true and is not merit based.

9 ***New National Office.***

Location decision will greatly impact upon the local regulatory staff's capacity to apply. Regardless of location, the capacity for the national office to remove key local expertise places the existing Boards at risk.

10 *Consultation?*

There appears to be a genuine lack of consultation. The paper was presented to South Australian Boards on 18 November 2008. There is an undertaking to consult with the ACTU and relevant unions, seek Board feedback (4 working days after the presentation), and develop a proposal for health ministers for a meeting on 5 December.

Given the need for unions to consult their members, it is difficult to see how the above timetable can be achieved in a way consistent with the proposed consultation process.

11 *Risks*

The proposal as it stands does not provide any surety to senior staff, who are key to delivering the standards of regulation in Australia, beyond December 2009 at the latest. Indeed the insecurity and psychological effect on these persons before this time is not insignificant.

This is occurring at the very time such staff are being called upon to share their expertise with those developing the future scheme.

The capacity of Boards to retain such staff, in particular those with professional qualifications which give them greater portability of employment, is limited.

In addition, the personal and negative emotional impact on all staff is something Boards are observing now and carries its own OH&S considerations.

The risk for government is that the regulation standards are being placed under duress during this process as all staff, in particular senior staff, consider their willingness and capacity to participate in the future model, and are distracted by the process of its development whilst holding their current responsibilities.

One solution to mitigate this risk is for the project implementation team to revisit what was initially considered by Dr Morauta and commit to keeping all staff employed for a 2 year period, on current conditions, post the transition period. To adopt a more medium term approach to this significant change in regulation structure in Australia is not unreasonable.

Also, it is most probable given the following issues that more rather than less staff will be required;

- transition of data to a single register
- training of new staff in multi professional registration
- running effectively 2 separate systems until change over
- relocation disruption
- records and data management issues
- local communications and management of key stakeholders (hospitals, employers, recruiters, etc)
- the need for staff to become familiar with new legislation and standards whilst managing issues under the existing legislation and standards.

By losing the independent expertise of 'Senior Staff – including Registrars, and transferring that responsibility onto the State appointed Committees would appear on its face, reduce the salary budget. However, has there been a costing/budget for the payments for the membership of such Committees?

Given the proposed makeup of these Committees' (see item *6.2.1 of the Registration discussion Paper from NRAIP)* .....the hourly cost of three 'medical' professionals, one lawyer and at least one community rep meeting frequently enough to determine 'routine and non-routine' registration matters may in fact be higher than having an appropriately skilled Registrar and Senior Staff member/s on-site fulltime.

Further the capacity for these committees to be able to provide direction for the office staff on a daily basis would seem to be limited given they are primarily part time committees. Day to day referrals from the more junior staff relating non-routine matters would not be able to be answered immediately.

Generally it is those non-routine matters that are handled by the Registrar and Senior Staff with delegated authority that cause most concern. If there is a reduction in the level of authority of the proposed staffing at the State/Territory level the risks are that critical decisions may be delayed due to:

- no-one being in a position of authority being available immediately
- no-one having the expertise or authority to make a decision immediately
- pressures from the registrant, employer and/or other stakeholder (media) on a junior staff member resulting a breach of policy

Whilst it is anticipated some senior positions will transfer over to the new agency, the need for profession specific knowledge in medicine, and for high level expertise in all areas of the daily functions, (Registration, Conduct, Performance and Health matters) is critical, not easily developed and in need of preserving. The proposed transition arrangements are not supportive of this and create a public risk environment in there present form.

Thank you for the opportunity to provide feedback to the presentation

Yours faithfully

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