Final Report for the Medical Board of Queensland and Office of the Medical Board of Queensland

for period 1 July 2009 to 30 June 2010

Our vision

To be recognised as a contemporary regulatory authority that upholds the highest standards of medical practice in the interests of the public and the profession

Our values

- Clear and timely communication
- Independent and transparent decision making
- Strong stakeholder relationships
- Innovation and continuous improvement
- Efficient management of resources

150th Anniversary
The Medical Board of Queensland began on 18 February 1860. In 2010 the Board celebrated 150 years.

The Queensland Government is committed to providing accessible services to Queenslanders from all culturally and linguistically diverse backgrounds. If you need an interpreter, please contact the Translating and Interpreting Service (TIS National) on 131 450 and ask to be connected with Queensland Health on (07) 3234 1135.

Copies of this publication can be obtained at www.health.qld.gov.au, phone (07) 3234 1135, fax (07) 3234 1909.

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ISSN 1838-6482 Office of the Medical Board of Queensland

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Foreword

23 november 2010

The Honourable Paul Lucas MP
Deputy Premier and Minister for Health
Parliament House
BRISBANE QLD 4000

Dear Deputy Premier

I am pleased to present the Final Report of the former Medical Board of Queensland ("Board") and the former Office of the Medical Board of Queensland ("Office") for the 2009/2010 financial year. The report outlines the activities and achievements of the former Board and Office, repealed with effect 1 July 2010.

I certify that this Final Report complies with:

- the prescribed requirements of the Financial Accountability Act 2009 and the Financial and Performance Management Standard 2009
- the *Medical Practitioners Registration Act 2001* and the *Health Practitioners (Professional Standards) Act 1999,* and
- the detailed requirements set out in the Annual Report Requirements for Queensland Government Agencies.

A checklist outlining the annual reporting requirements can be accessed at www.health.qld.gov.au

I would also like to take this opportunity to thank the Board members and the staff of the Office of the Medical Board for their continuing support and dedicated service to the public and the medical profession.

Yours sincerely

Dr E Mary Cohn

Former Chairperson
Former Medical Board of Queensland Medical Board of Queensland

Report from the Chairperson and the Executive Officer

2010 marks the culmination of 150 years of medical registration in Queensland. In 1860, the Queensland Governor-in-Council appointed the first Medical Board of Queensland (the Board). In the Board's first year Queensland had just 18 registered doctors, whereas in 2010 the Board ensured Queenslanders had access to over 18,000 safe and competent doctors.

The Board has evolved substantially in 150 years, from its initial function of granting certificates to medical gentlemen, to the Board's current role upholding the standards of practice within the medical profession by:

- deciding who is qualified and fit to practice medicine;
- promoting good medical practice;
- dealing with concerns about medical practitioners' conduct, professional performance, or their health, if this impacts on their ability to practice

2010 also marks the end of an era for the Board, with its cessation on 30 June making way for the National Registration and Accreditation Scheme. Although the 2009-10 financial year was full of preparation for this significant change, the Board continued to ensure the safe and competent delivery of medical services in Queensland. The highlights for the year included:

Towards Q2

The Board contributed to the Government's Q2 aim: Healthy – Making Queenslanders Australia's healthiest people by having included in their legislative goals the protection of the public by ensuring health care is delivered in a professional, safe and competent way, upholding standards of practice within the profession, and maintaining public confidence.

Changes to the *Medical Practitioners Registration Act 2001*

Significant changes to the *Medical Practitioners Registration Act 2001* came into force on 1 January 2010. These changes to the Act included the introduction of reportable misconduct and a new registration type, Limited Registration for retired practitioners. These changes were made ahead of the move to national registration and reportable misconduct laws – whereby a doctor is mandated to report their colleagues' misconduct to the Board – received strong public and media attention. The Board worked to communicate these legislative changes to doctors through media and external publications, changes to the Board's website, letters and printed f yers that were mailed directly to all registrants.

Cessation of the Health Practitioners Tribunal

On 1 December 2009, the Health Practitioners Tribunal – the Board's longstanding public legal tribunal for disciplinary matters – amalgamated with 23 other state tribunals to form the Queensland Civil and Administrative Tribunal (QCAT). Matters that had begun in the Health Practitioners Tribunal prior to the commencement of QCAT were finalised in 2010, while matters arising after 1 December 2009, were referred to QCAT.

Online issue of CORS

The Board's online services (available via the Board's website) were extended to include Certificate of Registration Status (CORS) issuance. Doctors were able to use the online service to request a CORS certificate needed when an application is made to another state medical board. To request a certificate doctors were required to enter their details online, a process which has resulted in saved time for registrants and office staff.

Pre Employment Structured Clinical Interviews

In November 2009, the Board together with the Australian College of Rural and Remote Medicine (ACRRM) began conducting Pre Employment Structured Clinical Interviews (PESCIs) as a component of registration for International Medical Graduates seeking special purpose registration. ACRRM was authorised to conduct these interviews on the Board's behalf. As this initiative has been successful, ACRRM increased their monthly panel interviews in May and June 2010 to keep up with demand. The PESCI assessments have provided the Board with an accurate picture of applicants' skill-levels and the Board has been better equipped to accept or decline applications for special-purpose registration.

Improved monitoring of disciplined doctors

Throughout the year the Board sought to improve monitoring of registrants known to the Professional Standards Unit. Doctors who have conditions on their registration, or have entered into undertakings with the Board require monitoring or supervision of their registration to ensure they are safe to practice. The Board re-focused office resources to ensure at least one fulltime staff member is dedicated to this task. Although monitoring remained under the banner of Professional Standards, physical office space away from assessors and investigators was allocated to monitoring.

150th Anniversary

The Board celebrated its 150th anniversary on 1 June, at the Queensland Terrace of the State Library. The event was attended by past and current Board and Committee members, the Deputy Premier, Judge Fleur Kingham Deputy President of QCAT, representatives from the AMAQ, the colleges and universities, chairs of other health practitioner boards, and representatives from the Australian Health Practitioner Regulation Agency. The guests were entertained by the St Peters String Quartet and the guests watched historical video interviews from Dr Diana Lange (Past Board President 1992-1997), Professor Tess Cramond (Past Board member 1994-1999), Associate Clinical Professor Lloyd Toft (Past Board President/Chair 1997-2004) and Dr Mary Cohn (Board Chair 2004-2010).

Queensland medical students' graduations

In December 2009, members of the Board attended the inaugural graduation ceremony for students from Bond University's medical school. The Board also attended graduation ceremonies at Griffith University, University of Queensland, and James Cook University for 591 students. This was Queensland's largest cohort of Bachelor of Medicine Bachelor of Surgery graduates and equally the largest numbers of intern registrations were granted by the Board.

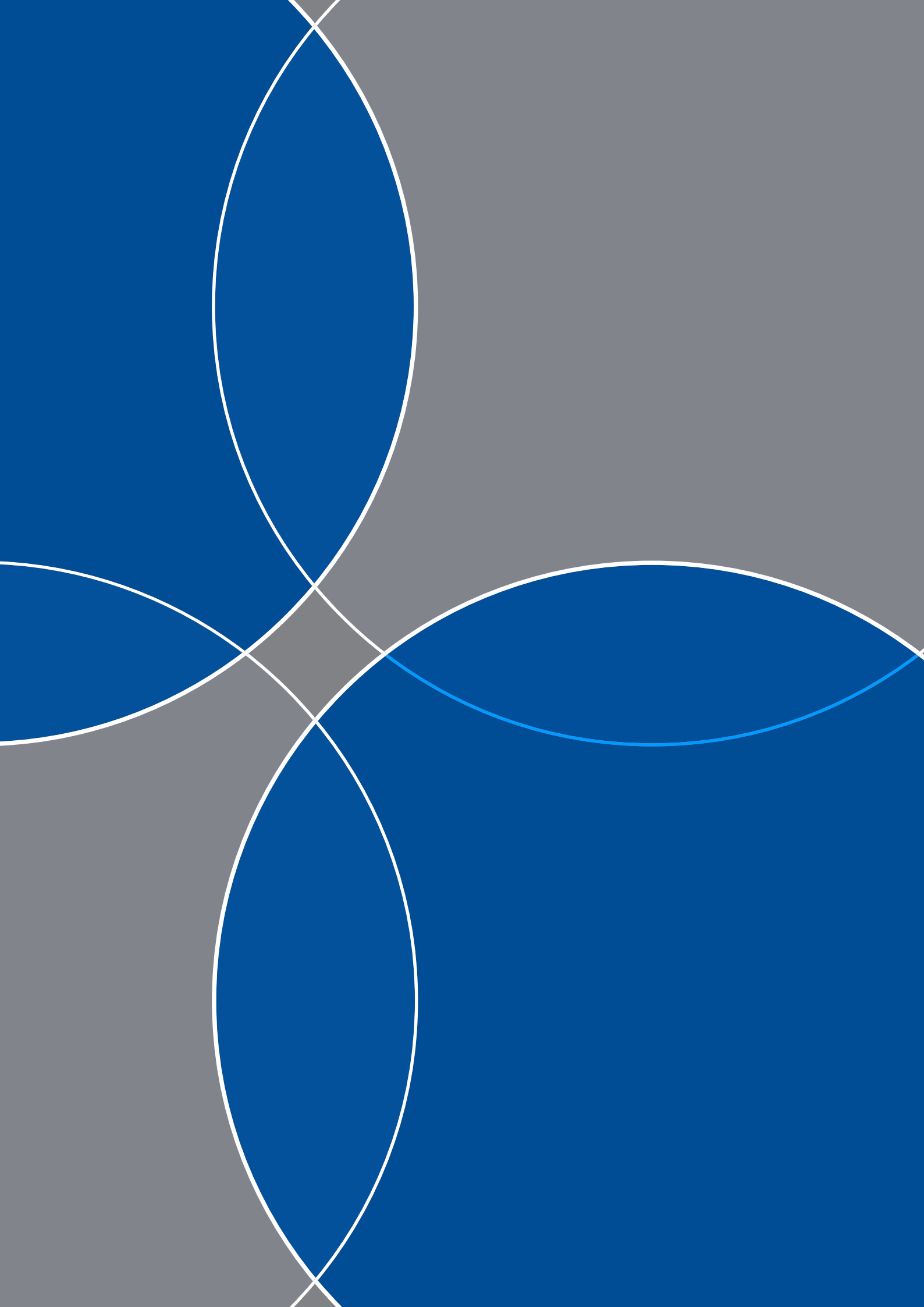
Machinery of Government changes

As a result of the Intergovernmental Agreement to establish a single national scheme, the *Medical Practitioners Registration Act 2001* is repealed with effect from 1 July 2010. The functions of the former Board were transferred to the Medical Board of Australia. Subsequently, this is the final report for the Medical Board of Queensland.

Thanks

The members of the Board and its committees are sincerely thanked. At the end of the day the achievements over the last year would not have been possible without their invaluable commitment to the medical profession in this state. Office of the Medical Board of Queensland staff must also be acknowledged for their dedication and hard work during both a busy year and time of change. Staff loyalty to serving the Board throughout this time has been appreciated.

As the Medical Board of Queensland concludes, well wishes for the future go to staff, Board and committee members.



Medical Board of Queensland

The Board's main objective was to protect the public by ensuring doctors delivered health care in a professional, safe and competent way. It also aimed to uphold the standards of practice and maintained public confidence in the medical profession.

The Board fulfilled this by:

- registering suitably qualified doctors and specialists *(Medical Practitioners Registration Act 2001)* and maintaining a register
- promoting good medical practice
- administering the provisions of the *Health Practitioners (Professional Standards) Act 1999* that deal with complaints, investigations and disciplinary proceedings involving general practitioners and specialists, and the management of impaired doctors

The Board was established under Part 2 of the *Medical Practitioners Registration Act 2001.*

The Board met 22 times in the 2009-10 financial year.

Membership

The Board was comprised of six to 10 members recommended by the Minister for Health and appointed by the Governor in Council for a period of up to four years, and the Chief Health Officer.

The appointed members can include up to six registered medical practitioners, one medical practitioner nominated by Queensland's educational institutions, a lawyer and two members of the public with an interest in, and knowledge of, consumer health issues, who have never held registration as a medical practitioner or nurse.

Medical Practitioners

- Dr Mary Cohn MB BS (Qld) Master Fam Med (Monash) (Chairperson)
- Dr Christopher Kennedy OAM MBBS (Adel) MPH&TM Dip DRCOG Dip Health Admin FRACGP FRACMA (Deputy Chairperson)
- Dr Susan Harbison MB BS (Qld) DPD (Cardiff)
- Dr Marian Sullivan MB BS (Qld) FRANZCP
- Dr Peter Woodruff MB BS (Adel) FRCS (Edin) CH M (Aberd) FACS FRACS
- Professor Tarun Sen Gupta MB BS(Qld) FRACGP FACRRM PhD
- Dr Jeannette Young MB BS (Syd) MBA (Macquarie) FRACMA AFACHSE Chief Health Officer

Public Members

- Mr Michael Clare MBA GradCertMgt

Lawyer

- Ms Fiona Chapman – BA LLB GDipCommun (Qld)

Medical Board of Queensland

Board Members

Dr Mary Cohn
Chair

Dr Mary Cohn completed her Bachelor of Medicine Bachelor of Surgery (MB BS) at the University of Queensland in 1968.

She received Fellowship of the Australian Medical Association in 1998 and went on to successfully complete a Master of Family Medicine in Monash in 1999.

Dr Cohn has been a member Medical Board of Queensland since April 1998. Between 2003 and 2004 she filled the position of Deputy Chair before being elected Chair in 2004, a position she still holds.

In 2007 Dr Cohn received the Citation of the Queensland Branch of the Australian Medical Association.

She is the Director of the Australian Medical Council and has been the Deputy Director of the Professional Services Review committee since 1997.

In 2009, the Medical Board of Australia appointed Dr Cohn as a practitioner member from Queensland.

Dr Cohn currently works as a general practitioner and has done so for the last 30 years. Her interests include playing golf and spending time with her grandchildren.

Dr Christopher Kennedy
Deputy Chair

Dr Christopher Kennedy qualified from Adelaide University in 1968 and achieved Fellowship of the Royal Australian College of General Practitioners during the six years he spent working on the eastern islands of Papua New Guinea.

Dr Kennedy worked as a rural doctor for 6 years before becoming a Fellow of the Royal Australasian College of Medical Administrators and working full-time as Director of Medical Services at the Queen Elizabeth Hospital in South Australia. He then ventured north once more to fulfil a combination of roles which, over the years, included hospital and district health manager, lecturer, health consultant in developing countries and manager of GP training (Tropical Medical Training Ltd).

In 2004 Dr Kennedy began his term as deputy Chair of the Medical Board of Queensland, and is also a member of the Health Assessment and Monitoring Committee.

Dr Kennedy was a director of Tropical Medical Training Ltd from 2006-2010 and is a life member of Royal Australian College of General Practitioners.

In 2010, Dr Kennedy was honoured with an Order of Australia Medal for service to medical administration and education in north Queensland.

Dr Sue Harbison

Dr Harbison completed her medical studies at the University of Queensland. Since completing her studies, she has worked in General Practice.

Dr Harbison has been on the Complaints Advisory Committee of the Medical Board for eight years and has been the chair of the committee since 2006.

Dr Harbison is a member of the Australian Medical Association, The Royal Australian College of General Practitioners, the Queensland Medical Women's Society (QMWS) the Northside Medical Association and the local Division of General Practice - GP Partners.

Dr Marian Sullivan

Dr Marian Sullivan is a psychiatrist. She is in private practice but also has an appointment with the Royal Children's Hospital where she provides consultation through teleconferencing to central Queensland.

Throughout her career she has taught medical students and registrars and served on a number of bi-national training accreditation committees.

Dr Sullivan has been a member of the Medical Board of Queensland since 2005 and sits as the Chair of the Health Assessment and Monitoring Committee.

Her interests include doctor's health and child and adolescent psychiatry.

Dr Peter Woodruff

Dr Peter Woodruff was a Harvard Surgical Fellow in Boston and completed his surgical training in Aberdeen, Scotland acquiring a Master of Surgery degree.

Throughout his career Dr Woodruff has contributed to the Royal Australasian College of Surgeons in roles ranging from State Chairman to Australasian Treasurer and then Vice-President. As well as sitting on the Medical Board of Queensland Dr Woodruff has served as President of the Australian and New Zealand Society of Vascular Surgeons. He is currently President of the Australian Council on Healthcare Standards and was recently admitted to the role of Fellow of the Australian Medical Association.

Dr Woodruff's field of expertise is vascular and renal transplant surgery.

Professor Tarun Sen Gupta

Professor Ta Sen Gupta completed his medical training at The University of Queensland. Between 1987 and 1993 he worked as a Medical Superintendent with the Right to Private Practice in Richmond, Queensland.

Prof. Sen Gupta is currently the Professor of Health Professional Education at James Cook University and is also the University's Director of Medical Education. He is co-Director of the Queensland Health Rural Generalist program and is heavily involved in assessment at both undergraduate and postgraduate levels.

He was appointed to the Medical Board of Queensland in 2006 and chairs the education committee. Prof Sen Gupta holds a PhD in Medical Education, was awarded Fellowship of the Australian College of Rural and Remote Medicine and the Royal Australia College of General Practitioners.

He is interested in rural medicine, distance education, small group teaching and problem based learning.

Dr Jeannette Young

Dr Jeannette Young is the Chief Health Officer for Queensland, a role she has filled since August 2005. Prior to this she held the position of Executive Director of Medical Services at the Princess Alexandra Hospital.

Today she is responsible for such matters as disaster planning and response, retrieval services, licensing of Private Hospitals, organ and tissue donation services, offender health services, population health services and mental health policy and legislation.

Along with sitting on the Medical Board of Queensland Dr Young is a member of numerous State and National committees and Boards, some of which include the Queensland Institute of Medical Research Council, the NHMRC and the Australian Health Protection Committee.

Mr Michael Clare

Michael Clare is a former senior public servant who has 27 years of experience working with Queensland Health. During the 1990s, this organisation commenced a major program of legislative reform aimed at updating and modernising its legislative base. Mr Clare played a key role in several of these legislative reviews and policy development projects. A major contribution included the review of health practitioner registration legislation.

Since leaving the public sector, Mr Clare has worked with several non-profit community mental health organisations including the Schizophrenia Fellowship (now known as the Mental Illness Fellowship of Queensland), Richmond Fellowship Queensland and the Bayside Initiatives Group Inc. (BIG).

Currently he works for Lifeline Community Care Queensland in the area of disability support. Michael has been a public member of the Medical Board of Queensland since 2002 and serves on the Board's Registration Advisory Committee.

Ms Fiona Chapman

Fiona Chapman is a solicitor in private practice in Brisbane. She has a Bachelor of Laws and Bachelor of Arts from the University of Queensland as well as a Graduate Diploma in Communication from the Queensland University of Technology.

Ms Chapman works as Special Counsel for Thynne & Macartney Lawyers. She specialises in medical and dental negligence and has over 11 years experience in professional indemnity claims.

Ms Chapman previously sat on the Cases Committee for the Australian Dental Association. She currently sits on the Medical Board of Queensland and the Complaints Advisory Committee. Fiona is a member of the Medico-Legal Society, the Australian Professional Indemnity Group and the Queensland Women's Lawyers Association.

150 Years of the Medical Board of Queensland

Dr George Fullerton
First Board President 1860-1861
John Oxley Library

Dr Ernest Sandford Jackson
President 1913-1920
John Oxley Library

1860-1920

18 February 1860 using the provision of adopted legislation, the *Medical Practitioners' Act 1855* (NSW), the Queensland Governor-in-Council appointed the first Medical Board of Queensland. Dr George Fullerton was president, Drs Kearsey Cannan, William Hobbs, Hugh Bell and Frederick Barton were members, and Dr A. C. Kemball was the honorary secretary. The first meeting of the Medical board of Queensland was held 8 March 1860. For the first 20 years, the Board meetings were held in a room in the Immigration Department in William Street, Brisbane.

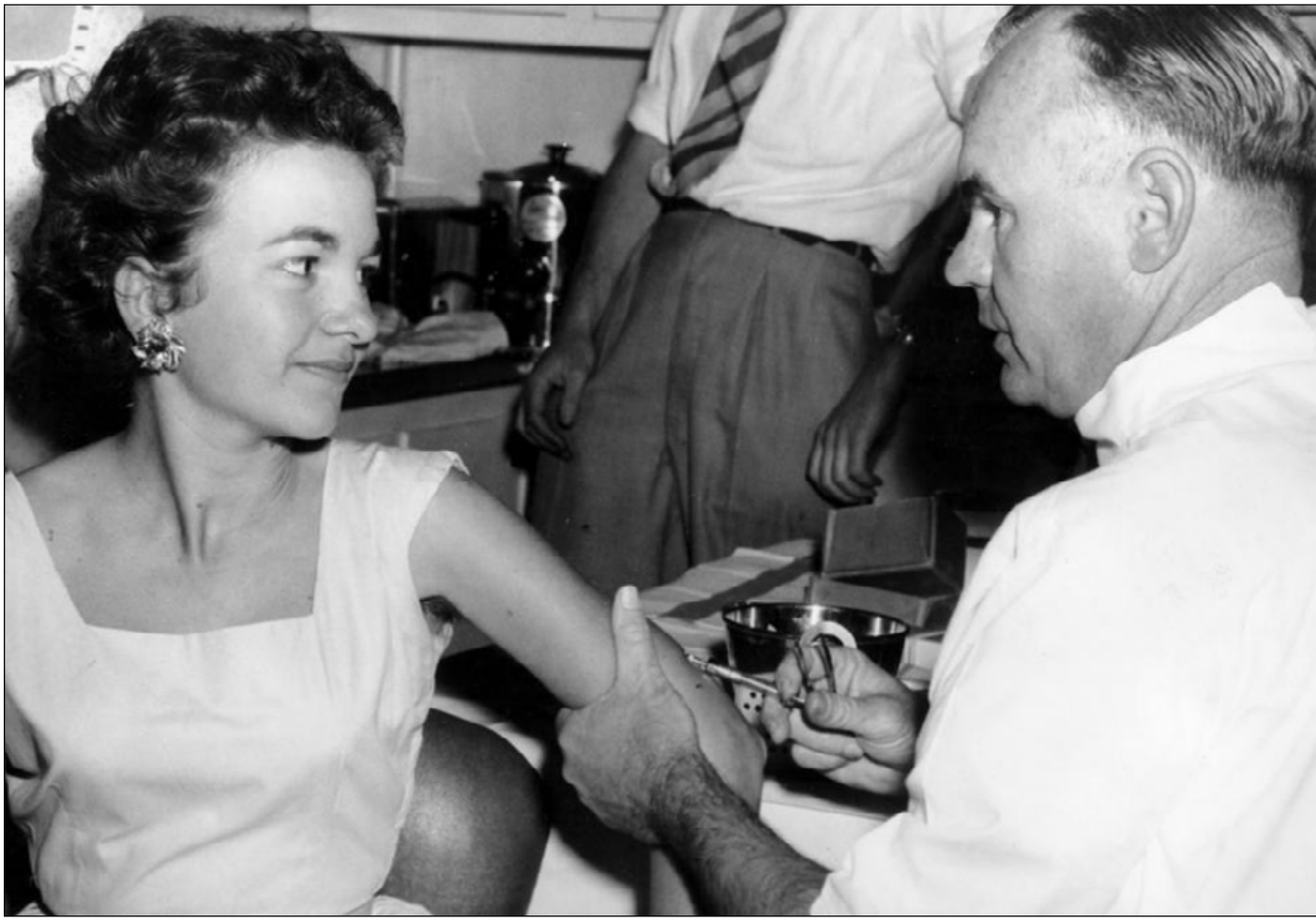
7 May 1860 the Board registered its first doctor James B. Tymons and on 4 June Samuel Aldred was registered. These two were the only new practitioners registered by Board in 1860; however, the names of sixteen medical practitioners who resided in Queensland and previously registered by the New South Wales Medical Board, were entered on the Queensland register that year.

In **1861** the first, Queensland Medical Act was passed. When introducing the Bill, Dr George Fullerton, President of the Medical Board of Queensland and member of the Legislative Council, said that it was Parliament's duty to pass the Bill 'to protect the public from quacks and unskilful vendors of medicine who were more injurious to the community than robbers and assassins' (Brisbane Courier , 17 May 1861).While the Act allowed the Board to register doctors and pharmacists and to punish fraudulent registration by imprisonment, the Board could not suspend or remove a medical practitioner's name from the register.

In **1891** Dr Lilian Cooper became the first female doctor, registered in Queensland. A decade later, Dr Eleanor Greenham was the first Queensland-born woman to graduate Medicine (Sydney University). She was registered on 2 May 1901 and was the second female medical practitioner in Queensland.

President from 1913 – 1920, Dr Ernest Sandford Jackson was the first Medical Board of Queensland President to graduate from an Australian university(University of Melbourne in 1881). He was a member of the Board from 1895.

Dr Lillian Cooper
Qld's first female doctor registered 1891
John Oxley Library



Dr Ross Patrick (President 1969-1978) giving Salk Vaccination in 1958. John Oxley Library

1925-1966

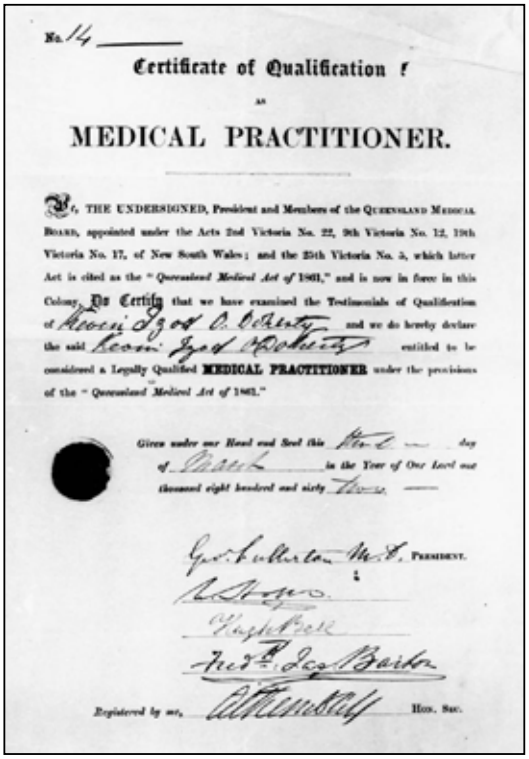
In **1925** changes to the Medical Act allowed the Board to remove names from the register and listed the offences which could result in deregistration. This breakthrough Act provided for an annual licence fee, the establishment of anatomy schools, the secretary was renamed registrar and a medical course that was three years in duration was not accepted as adequate.

1933 amendments to the Act provided for a seven member board. Four members were appointed by the government and the remaining three by the profession. The Board's President was one of the government appointees and the registrar was a public servant. Supporting the amendments in Parliament, the Home Secretary, E. M. Hanlon, said the professional boards had generally been functioning in their own interest and that '…[B]y having the majority of the representatives on the boards appointed by the government… the public interests would be paramount.'

1939 amendments to the Medical Act included four significant innovations: the Director General of Health and Medical Services would be the Board's President; 12 months compulsory hospital service in surgery, medicine and obstetrics was required before registration as medical practitioners; registration of medical specialists; and the establishment of the Medical Assessment Tribunal comprised of a Supreme court Judge and two medical assessors.

1966 amendments to the Act included a specific registration type for overseas doctors who were invited to Queensland by universities or major hospitals, to conduct teaching or research.

Dr K.I. Doherty's registration certificate 3 March 1862
John Oxley Library



No. 14

Certificate of Qualification

as

MEDICAL PRACTITIONER.

We, THE UNDERSIGNED, President and Members of the QUEENSLAND MEDICAL BOARD, appointed under the Acts 2nd Victoria No. 22, 9th Victoria No. 12, 19th Victoria No. 17, of New South Wales; and the 25th Victoria No. 3, which latter Act is cited as the "*Queensland Medical Act of* 1861," and is now in force in this Colony, Do Certify that we have examined the Testimonials of Qualification of Roosi Joseph O. Doherty and we do hereby declare the said Roosi Joseph O'Doherty entitled to be considered a Legally Qualified MEDICAL PRACTITIONER under the provisions of the "*Queensland Medical Act of* 1861."

Given under our Hand and Seal this [illegible] day of [illegible] in the Year of Our Lord one thousand eight hundred and sixty three

Geo. Fulberton M.D. PRESIDENT.

Registered by me, [illegible] HON. SEC.

150 Years of the Medical Board of Queensland

1978-1997

In **1978** despite continued efforts by the then Premier Sir Joh Bjelke-Peterson, the Medical Board of Queensland declined to register Czechoslovakian Milan Brych. The Premier believed Brych had the ability to medically cure cancer and pushed for Brych to open a cancer clinic in Brisbane. However the Board made no provision for Brych who was found to have a poor medical knowledge. In 1982, Milan Brych faced 18 charges in California (United States) including criminal conspiracy, grand theft by false pretence and feloniously practicing medicine without a licence. He was jailed in Los Angeles for six years.


Brych's ideas damned as 'primitive nonsense'

Brych's ideas damned as 'primitive nonsense'
Courier Mail, 8 March, 1978.

In **October 1991**, Dr Diana Lange became the first woman President of the Medical Board of Queensland. She served in this role until February 1997. Dr Lange was also Queensland's inaugural Chief Health Officer from 1991 – 1999. Dr E. Mary Cohn, the final President of the Board, held the position from 2003 – 2010. Other women, including Professor Tess Cramond, Dr Mary Mahoney, Dr Glenda Powell, A/Prof. Beverly Raasch, Dr Marian Sullivan, Dr Jeannette Young and Dr Sue Harbison have served as members of the Board.

1992 amendments to the Act included the insertion of the meaning of "competent to practice medicine" and "impairment". These new meanings lead the way for the Health Assessment and Monitoring Program.

1996 Medical Act amendments ended the 57 year old provision (1939) that the Director General of Health and Medical Services/Chief Health Officer must also be the President of the Medical Board of Queensland. Legislatively the Chief Health Officer remained a member of the Board but, according to Health Minister Mike Horan, this change was necessary because it removed the potential conf ict of interest and ensured the Medical Board's independence from the Department.

1997 Clinical A/Prof. Lloyd Toft was appointed as President of the Medical Board of Queensland and was the first President since the 1939 Act who was not the Director-General of Health Services/Chief Medical Officer.


Medical Board of Queensland 1995

Past Board Presidents:
Dr Ross Patrick (1969-1978), Dr Peter Livingstone (1978-1989), Dr Diana Lange (1991-1997), Dr Ian Wilkey (1989-1991), Clinical A/Prof. Lloyd Toft (1997-2004)

Medical Board of Queensland 1999

Medical Board of Queensland 2009

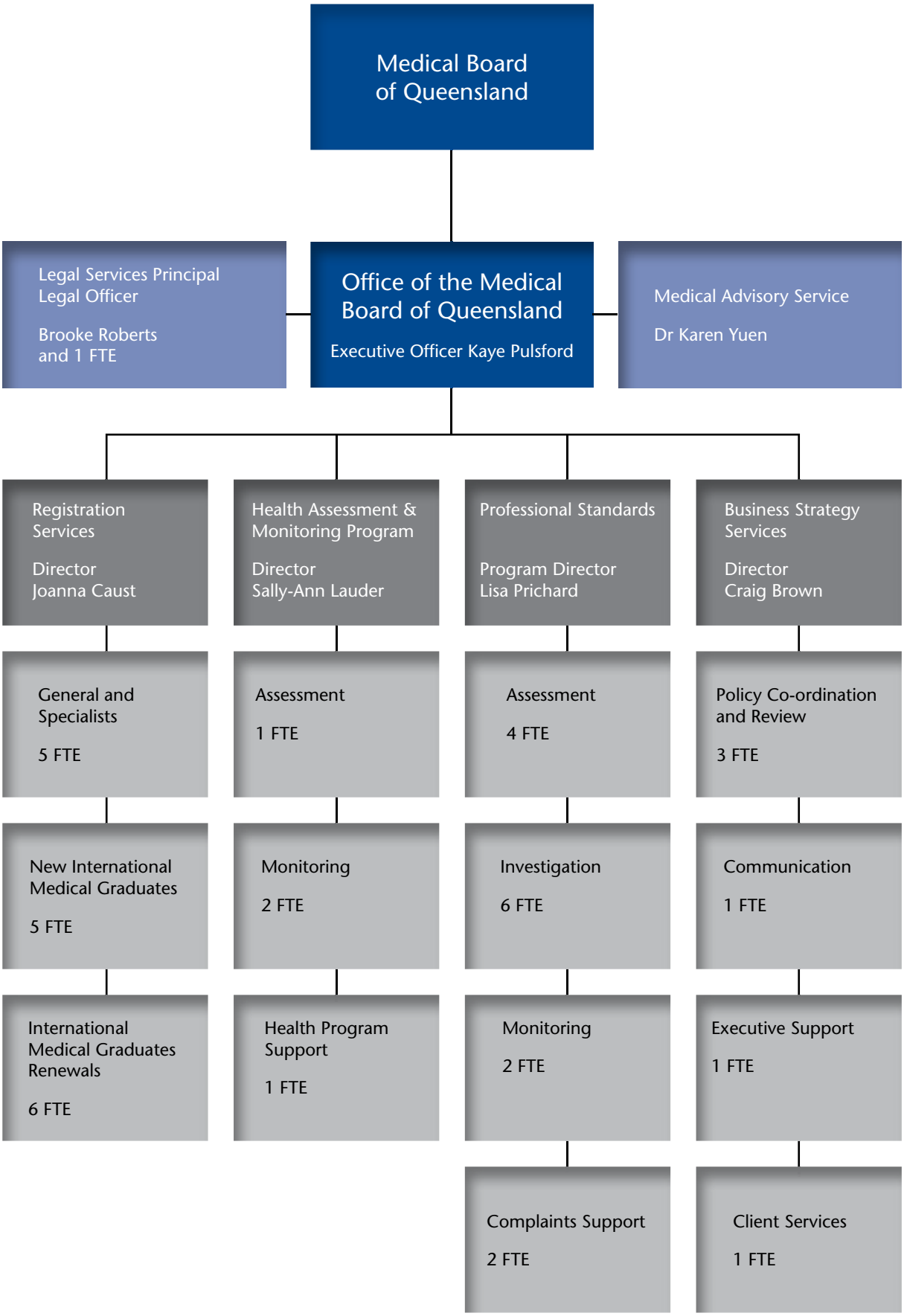
1999-2010

1999 the *Health Practitioners (Professional Standards) Act* was introduced and included the introduction of the Health Practitioners Tribunal in the District Court, which replaced the Medical Assessment Tribunal in the Supreme Court. In 2009 the Health Practitioners Tribunal was replaced by the Queensland Civil and Administrative Tribunal.

1 March 2002 the *Medical Practitioners Registration Act 2001* commenced, replacing the *Medical Act 1939*. The Act included changes to the Board structure providing for six to ten members plus Queensland Chief Health Officer, a public member who has an interest in consumer health, a lawyer, one representative of educational institutions and the Board was lead by a Chairperson (change from a President).

2006 Administration for the Medical Board is separated from the other health practitioner boards. The Office of the Medical Board was created and included the appointment of an Executive Officer and new Board members. Then Premier Peter Beattie said when announcing the new office "The Medical Registration Board is by far the most complex and important of the boards and requires greater support and a dedicated team."

1 July 2010 the Medical Board of Queensland will cease and the Medical Board of Australia take responsibility for the registration of doctors.


Medical Board of Queensland
Office of the Medical Board of Queensland
Executive Officer Kaye Pulsford
Legal Services Principal Legal Officer
Brooke Roberts and 1 FTE
Medical Advisory Service
Dr Karen Yuen
Registration Services
Director Joanna Caust
Health Assessment & Monitoring Program
Director Sally-Ann Lauder
Professional Standards
Program Director Lisa Prichard
Business Strategy Services
Director Craig Brown
General and Specialists
5 FTE
Assessment
1 FTE
Assessment
4 FTE
Policy Co-ordination and Review
3 FTE
New International Medical Graduates
5 FTE
Monitoring
2 FTE
Investigation
6 FTE
Communication
1 FTE
International Medical Graduates Renewals
6 FTE
Health Program Support
1 FTE
Monitoring
2 FTE
Executive Support
1 FTE
Complaints Support
2 FTE
Client Services
1 FTE

Office of the Medical Board of Queensland

The Office provided administrative and operational support to the former Medical Board of Queensland through four program areas: registrations, professional standards, health assessment and monitoring, and business services.

The Office of the Medical Board:

- assisted the Board to perform its legislative responsibility to protect the public by regulating the standards of practice of the medical profession and maintaining confidence in the profession
- consulted and liaised with local, state, national and international agencies involved in training, accreditation, regulation and service provision in the health industry
- provided the Minister and the Board with authoritative policy advice on national and international developments in occupational regulation and regulation of the medical professional.

Former Executive Officer Kaye Pulsford headed the Office and was responsible for its efficient and effective administration and operation.

The cost of administrative services provided to the Board between 1 July 2009 and 30 June 2010 was $6,928,208.

Registrations

Principal activities include determining applications for registration, maintaining the medical register, issuing certificates of registration and certificates of registration status and advising on registration policy.

To practise medicine in Queensland, all doctors must be registered by the Board and renew their registration annually. Registration ensures a doctor has appropriate qualifications and experience and has met the fitness to practise requirements.

QUICK REGISTRANTS FACTS

- 18,417 doctors were registered to practice in Queensland (as at 30 June 2010)
- 1,222 were special purpose registrants
- 5,839 were specialist registrants

Registration Advisory Committee (Board)

The Registration Advisory Committee assists the Board by considering registration policy issues and assessing and deciding registration applications. However, the committee does not have the power to refuse registration applications, cancel registration or remove conditions. These responsibilities, with the exception of the removal of internship conditions, remain with the Board. This committee met 27 times in the 2009-10 financial year.

Membership

Dr J Young (Chairperson)

Dr M Cohn

Dr K Yuen (non-board member)

Dr M Cleary (non-board member)

Registration Services Program (Office)

This area manages client services associated with applications in accordance with relevant legislation. These activities are undertaken by 17 staff including Ms Joanna Caust, Director, a principal registration officer, two senior registration officers and 13 registration officers.

Key achievements

- Implemented Pre-Employment Structured Clinical Interviews (PESCI) for international medical graduates (IMGs) seeking registration. This process was accredited by the Australian Medical Council and conducted by the Australian College of Rural and Remote Medicine on behalf of the Board.
- Increased the level of monitoring of supervised practice plans, practice conditions and assessment reports for special purpose registrants seeking renewal of their registration.
- Enforced compliance with the requirement for all special purpose registrants to progress towards general and/or specialist registration. Assessment results obtained through this process were also considered when assessing applications for renewal of special purpose registration.
- Maintained a high standard of medical regulation.
- Liaised with employers, recruiters, the Australian Medical Council and other State and Territory Medical Boards to improve application processes.
- Expanded the range of on-line services available to clients, provided access to fillable application forms and reduced waiting time for the processing of new applications.
- Aligned internal processes with national registration process to ensure a seamless transition on 1 July 2010.
- Continued to build effective relationships with external stakeholders through the provision of timely and accurate advice.

Total registrations for past five years – category (as at 30 June 2010)

Registration category	2005	2006	2007	2008	2009	2010
General registration only	7,494	8,030	8447	8983	9601	10,055
Specialist registration[1]	4372	4704	5083	5445	5777	5,839
Special Purpose registrations						
• Postgraduate training (S132)	157	205	320	339	168	109
• AMC training (S133)	30	44	45	55	47	37
• Teaching/research (S134)	20	9	7	11	10	5
• Area of need (S135)	1148	1212	1334	1392	1351	932
• Area of need deemed specialists (S135 & 143A)	87	99	146	149	176	128
• Specialist training (S136)	2	7	11	6	19	33
• Public interest (S137)	2	1	0	0	0	0
General practice (S138)	213	274	340	412	517	548
Non-practising	124	122	119	122	166	314
Limited Registration	0	0	0	0	0	425
Total [2]	**13,649**	**14,717**	**15,852**	**16,914**	**17,832**	**18,425**

Notes
1 Specialist registration includes those registrants who hold specialist registration only; or who hold general and specialist registration.
2 Some registrants hold more than one category of registration/

Registrations – gender, age and location of doctors (as at June 30 2010)

Gender	<25	25-34	35-44	45-54	55 and over
Male	29	2134	3006	2913	4036
Female	29	1956	1873	1455	986

Registered address	Total	%
Brisbane	7635	41
South-East Queensland (excluding Brisbane)	4962	27
Queensland (excluding South East Queensland)	2889	16
Outside Queensland	2931	16

General and Specialist Applicants – source and pathway of new applicants (as at 30 June 2010)

Source and Pathway to Registration	Number
Queensland Graduate	485
New Zealand Graduate	46
Interstate – Mutual Recognition	569
Interstate – Not Mutual Recognition	68
Overseas – AMC Certificate	11
Overseas – Competent Authority	318
Overseas – Standard Pathway	242
Overseas – Specialist Pathway	100
Overseas – Path not specified	12
Total	**1851**

Specialist registrants - area of specialty (as at 30 June 2010)

Specialty	Number
Anaesthetics	894
Diagnostic Radiology	593
Psychiatry	576
Internal Medicine	478
General Surgery	430
Obstetrics & Gynaecology	406
Paediatrics	336
Emergency Medicine	298
Orthopaedics	286
Cardiology	219
Ophthalmology	178
Pathology	172
Intensive Care	148
Gastroenterology	122
Thoracic Medicine	101
Otolaryngology - Head and Neck Surgery	94
Dermatology	82
Urology	82
Nuclear Medicine	75
Anatomical Pathology	87
Endocrinology	79
Medical Administration	79
Renal Medicine	69
Plastic & Reconstructive Surgery	67
Neurology	66
Public Health Medicine	62
Radiation Oncology	61
Others [1]	695
Total [2,3]	**6,835**

Notes
1 Others includes 23 recognised specialties, each of which had less than 60 doctors registered.
2 Some registrants have multiple specialties
3 Does not include deemed specialists (i.e. international medical graduates with special purpose registration).w

Professional Standards

Principal activities include assessing and investigating complaints about the professional conduct of medical practitioners, monitoring medical practitioners whose registration is subject to conditions or undertakings arising from disciplinary action, and developing policy on the complaints, assessment and investigation process.

QUICK PROFESSIONAL STANDARDS FACTS

- 508 complaints were received
- 469 complaints were assessed
- 82 investigations were completed
- Complaints were received about less than 2.7% per cent of registered doctors

Complaints Advisory Committee (Board)

The Complaints Advisory Committee assists the Board by assessing complaints, overseeing investigations of complaints and by providing direction and advice to complaint investigators.

The Complaints Advisory Committee met 22 times in the 2009-10 financial year.

Membership

Dr Susan Harbison (Chairperson)

Dr Peter Woodruff

Mr Michael Clare

Ms Fiona Chapman

Dr David Henderson

(non board member)

Dr Ted Ringrose

(non board member)

The Board works closely with the Health Quality and Complaints Commission (HQCC) to manage complaints about medical practitioners. A complaint can be made to either body as the Board and the HQCC consult on the initial assessment of complaints. The Board regulates medical practitioners' conduct whilst the HQCC has a greater focus on systemic health issues, and providing consumers with assistance resolving and conciliating their complaints. Board investigations are provided to the HQCC for independent review and comment.

Professional Standards Program (Office)

The Professional Standards Program is managed by the Director, Ms Lisa Pritchard. The program area manages processes associated with complaints and referrals made to the Board. Information received about the conduct or performance of medical practitioners is initially assessed within 48 hours of receipt to ascertain whether any immediate action is required to limit their practice. Complaints are prioritised for further assessment, and where necessary, investigated by officers. Assessment and investigation reports and recommendations are provided to the Board, or Complaints Advisory Committee, as appropriate for decision.

The program area has 15 full-time employee positions, which at the commencement of the financial year included six complaint investigators, four complaint assessors, two compliance and monitoring officers and two program and administration support officers.

Key achievements

- 35% increase in the number of complaints assessed on the previous reporting year.
- Robust assessment and alternative pathways to managing complaints, focussing on improving medical practitioners' behaviour and performance:

o Issuing warnings or negotiating undertakings ensured the Board's responses to complaints were measured and appropriate. Warnings were issued to 14 medical practitioners who displayed lower levels of unsatisfactory professional conduct.

o The Board's investigation resources were directed to investigating those serious allegations relating to medical practitioners' conduct, which may lead to formal disciplinary proceedings. 63 matters were referred for investigation.

- Successful introduction of new mandatory reporting of reportable misconduct provisions.
- Introduction of administrative tool to prioritise complaint assessments and investigations.
- Improved information and reporting resources to facilitate reporting of concerns about medical practitioners' conduct.
- Consolidated relationships with key partners concerned with regulation, conduct and performance of medical practitioners. Ensuing benefits include improved information exchange and consultation, and robust platforms for negotiation, enabling the effective use of alternative pathways to managing complaints.
- Strengthened, more rigorous monitoring of medical practitioners' compliance with undertakings and conditions imposed on their registration.

Overview of statistics

- 28% increase in complaints received on 2008-09.
- Around 16% of complaints were lodged by registrants, colleagues and professional bodies representing an increase of 10% on 2008-09 complaints
- Patients and patient representatives were the most common source of complaints (44%) made to the Board. 12.5% of new complaints were received from the Health Quality and Complaints Commission.
- Allegations of inadequate or incorrect treatment were the most common allegations representing 13% of complaints received. This is consistent with the last two reporting years. 64 (12.5%) allegations of poor communication is an increase from 2008-09. This continues to be the second most frequent area of complaint.
- Resources were shifted to address the changing priorities. As the number of referrals to investigation decreased, and the number of new complaints increased
- 82 investigations were completed. This is a decrease of 32% from 2008-09 and is attributed to the shift of resources away from investigation to the assessment of complaints. 35% of investigations completed resulted in referrals for disciplinary proceedings, and 5 complaints were assessed and referred direct for disciplinary proceedings without requiring further investigations.

Complaints

New referrals - Source of complaint (between 1 July 2009 and 26 June 2010)

SOURCE	NUMBER
Patient / Patient representative	222
Other – inc QPS, Coroner, MP/Minister, Employer other than QH	82
HQCC	63
Registrant	32
Professional Body	32
Queensland Health (inc DDU)	28
Medical Colleague	19
Allied Health Professional	18
Registration Board	12
TOTAL	**508**

New referrals - Primary allegation of complaint (between 1 July 2009 and 26 June 2010)

PRIMARY ALLEGATION IN COMPLAINT	NUMBER
Treatment – inadequate / incorrect	67
Communication – incorrect / misleading / insensitive / rude / nil / No/insufficient information	64
Diagnosis - inadequate/incomplete/incorrect/nil	49
Inappropriate professional conduct	39
Adverse treatment outcomes	33
Over / Illegal / incorrect prescribing	27
Competence	20
Inappropriate examination/treatment/care	14
Holding out / misrepresentation	14
Medico-legal report - inadequate/incorrect /nil communication	13
Sexual assault	9
Breach of confidentiality / Personal privacy	9
Delay in admission / Refusal to treat	8
Clinical / Commercial advertising	8
Medical certificates	8
Fees	6
Sexual relationship / Inappropriate relationship	5
Medical records – quality / incomplete / nil /	5
Standard of care - facilities / hygiene	5
Falsification/fabrication/plagiarism	5
Conviction / offence under legislation / Statutory compliance	5
Sexual harassment	4
Delay in attending / treatment	4
Administration/ Administrative practice	4
Experimental treatments/ Innovative treatment	3
Access to records/ reports	3
Medico-legal examination - rough/inadequate	3
Dissatisfaction with process/outcome	3
Other	71
TOTAL	**508**

New referrals – registration type (between 1 July 2009 and 26 June 2010)

Registration type	Number of complaints [1]
General	191
General & Specialist	198
Specialist	26
Special purpose	91
Non-practising	2
TOTAL	**508**

Note

1 Some medical practitioners have been the subject of multiple complaints

Assessment outcomes (1 July 2009 and 26 June 2010)

At the commencement of the financial year there were 166 complaints on hand. Between 1 July 2009 and 26 June 2010 a further 508 complaints were received. During this period 469 complaints were assessed.

OUTCOME	NUMBER
Closed after assessment*	229
Referred Health Quality and Complaints Commission	165
Referred for Investigation	63
Referred to other entity	7
Disciplinary proceedings commenced	5
TOTAL	**469**
Continue to be assessed	205

* Includes

153 complaints - no/insufficient evidence

25 complaints - adequately dealt with by other means eg. Warning issued or undertakings given by medical practitioner.

Investigations

Investigations - (between 1 July 2009 and 30 June 2010)

At the commencement of the financial year there were 120 investigations on hand. The Complaints Advisory Committee referred a further 63 new matters for investigation in 2009-10.

A total of 82 investigations were completed during the reporting year and 101 investigations were ongoing at 30 June 2010.

Investigation costs

The total cost of investigations undertaken by the Board during 2009-10 was $372,015. A total of $2652 was expended on investigation activity on 5 investigations pursuant to the *Medical Practitioners Registration Act 2001* and the remaining $369,363 was expended undertaking investigations pursuant to the *Health Practitioners (Professional Standards) Act 1999*.

Investigations – primary allegation (between 1 July 2009 and 30 June 2010)

NATURE OF ALLEGATION	NUMBER
Sexual assault	10
Competence	9
Treatment inadequate / incorrect	9
Over/illegal prescribing	6
inappropriate professional conduct	4
Diagnosis incorrect/inadequate/incomplete	4
inappropriate examination/treatment	3
sexual / inappropriate relationship	3
Adverse treatment outcome	3
sexual harassment	2
Breach of confidentiality	2
holding out/misrepresentation	2
Conviction/offence under legislation	1
inappropriate discharge	1
medical records – quality	1
falsification/fabrication	1
experimental treatments	1
breach of conditions	1
TOTAL	**63**

Investigations – outcomes (between 1 July 2009 and 30 June 2010)

Of the 82 investigations completed 29 resulted in discipline and 1 matter was referred for prosecution.

Outcome	Number
No further action taken	47
Referred to another program or agency	5
Board disciplinary proceedings commenced	16
Panel disciplinary proceedings commenced	1
Tribunal disciplinary proceedings commenced	12
Magistrates Court prosecution commenced	1
TOTAL	**82**

Monitoring of conditions and undertakings
(between 1 July 2009 and 30 June 2010)

As at 1 July 2009, 71 (0.4 per cent) registrants were being monitored as a result of their registration being suspended or cancelled (11 registrants) or being subject to conditions or undertakings (60 registrants).

Monitoring commenced on the registration of 29 registrants in 2009-10.

Monitoring was completed on the registration of 20 registrants in 2009-10

As at 30 June 2010 80 registrants are subject to monitoring of the following restrictions on registration:

Restriction on registration being monitored	Number
Conditions imposed	35
Undertakings entered into	26
Restrictions adopted through mutual recognition provisions	10
Cancellation of registration	4
Suspension of registration	3
Unregistered	2
TOTAL	**80**

Registration type	Number
General	39
General & Specialist	22
Specialist	4
Special purpose	9
Not currently registered	6
TOTAL	**80**

Disciplinary and legal proceedings relating to doctors

Principal activities include managing disciplinary proceedings before the Board, Professional Conduct Review Panel and Queensland Civil and Administrative Tribunal (previously Health Practitioners Tribunal), summary prosecutions, judicial review proceedings and general litigation.

KEY DISCIPLINARY STATISTICS

- 22 medical practitioners were the subject of completed disciplinary action
- Two medical practitioners had their registration cancelled
- One medical practitioner had their registration suspended
- The majority of medical practitioners disciplined received an advice, caution or reprimand from the Board/ Disciplinary Committee.

Disciplinary bodies (Board)

The disciplinary process follows an investigation when the Board decides there appears to be grounds for disciplinary action against a doctor. Depending on the nature of a matter, disciplinary proceedings are conducted by one of three disciplinary bodies including:

- the Board or a Disciplinary Committee comprised of members of the Board which deals with less serious matters that can be addressed by advising, cautioning, or reprimanding the medical practitioner; the Board may also enter into an undertaking with the medical practitioner about his/her professional conduct or practice;
- a Professional Conduct Review Panel which has the same powers as the Board with the additional ability to impose conditions on the medical practitioner's registration; and
- the Queensland Civil and Administrative Tribunal (previously Health Practitioners Tribunal) commenced operation on 1 December 2009 amalgamating various Queensland Tribunals including the Health Practitioners Tribunal. QCAT hears the most serious disciplinary matters likely to result in suspension or cancellation of a medical practitioner's registration; the Tribunal has power to impose the full range of sanctions including imposition of a fine.

Legal Service (Office)

Headed by Brooke Roberts, Principal Legal Officer, the Legal service conducts, or instructs external legal providers, in disciplinary proceedings, summary prosecutions, judicial review matters and general litigation as well as providing general legal advice and support to the Board and Office. The Legal service is supported by one Legal Officer position.

Approximately $1,758,885 was expended by the Board for external legal services in the year ending 30 June 2010. The majority of this amount relates to proceedings conducted before the Health Practitioners Tribunal/QCAT. The in-house Legal service prepares and assists with all disciplinary proceedings before the Board/Disciplinary Committee and absorbs the costs of disciplinary action in this forum.

Key achievements

- Developed a debt recovery policy and process to ensure optimal recovery of legal and investigation costs in a cost efficient manner
- Increased legal cost recovery activity resulting in receipt of $438,448 in legal and investigation costs. This figure represents double the budgeted figure anticipated by reference to amounts recovered in previous years.
- Proactive management of external legal providers resulting in more effective, expeditious and cost effective carriage of litigation
- Developed and retained specialist legal knowledge and skills within the Office. The dedicated in-house legal unit resulted in an approximate 30 per cent saving of costs associated with external legal providers.

Primary allegation in complaints – disciplinary proceedings (between 1 July 2009 and 30 June 2010)

Primary Allegation	Tribunal	Panel	Board
Adverse treatment outcomes	1	1	3
Inappropriate professional conduct	-	-	1
Experimental/innovative treatments	5	-	-
Sexual misconduct	2	-	-
Inappropriate/inadequate Treatment	8	5	11
Sexual relationship	5	-	-
Competence	1	-	1
Unprofessional/unethical action	2	-	2
Statutory breaches	2	-	1
Standard of care	-	-	-
Prescribing	3	-	5
Acts of dishonesty	2	-	-
Diagnosis incorrect/incomplete	1	-	1
Breach of confidentiality	-	-	2
Administration	3	-	-
Conviction of Indictable Offence	1	-	-
Impairment	2	-	-

Outcomes of disciplinary proceedings – disciplinary action (between 1 July 2009 and 30 June 2010)

	Tribunal	Panel	Board	Total
Cancellation	2	-	-	2
Suspension	1	-	-	1
Conditions/undertakings	6	-	-	6
Advice/Caution/Reprimand	2	-	14	16
No further action	2	-	3	5
Other	2	-	-	2
Ongoing	23[1]	6	10	39
Total	38	6	27	71

Note
[1] Includes 10 completed tribunal matters with costs outstanding

Health Assessment and Monitoring

Principal activities include assessing doctors, whose health conditions could affect their fitness to practise, establishing monitoring programs that may include return to work programs, providing expert advice and support to assist doctors to remain in the workforce and promoting doctor's health.

Like any member of our community medical practitioners may be affected by physical or mental illness, a condition or disorder, or substance abuse or dependence. A primary responsibility of the Board is to protect the public by monitoring doctors whose health affects, or is likely to affect, their ability to practice medicine safely.

The goal of the Health Assessment and Monitoring Program is to intervene with expert advice and assistance to help practitioners stay in the workforce, provided it can be done safely. The focus of the program is support and recovery for medical practitioners, and is separate from the Board's disciplinary procedures.

QUICK HEALTH ASSESSMENT AND MONITORING FACTS

- 4% per cent decrease in referrals
- 10% per cent increase in registrants who were being monitored
- Each month an average of 85 registrants were monitored
- Of the 70 doctors referred to the program, 22 were found to be 'impaired' while seven were having their assessments finalised
- 28 were discharged from the program, while three returned

Health Assessment and Monitoring Committee (Board)

The Health Assessment and Monitoring Committee work towards protecting the public through appropriate management of doctors found to be 'impaired'. The Committee is responsible for reviewing the evidence and making decisions in relation to a medical practitioner's impairment. They also decide on the best program to assist impaired doctors whose careers may be threatened by illness or addiction. The Committee met 11 times in the 2009-10 financial year.

Membership

Dr M Sullivan (Chairperson)
Dr M Cohn
Dr C Kennedy
Dr G Chew
A/Professor M Parker

Health Assessment and Monitoring Program (Office)

The Health Assessment and Monitoring Program is managed by the Director, Ms Sally-Ann Lauder. The program manages the processes associated with impaired doctors and ensures complaints, or information received about doctors, are documented and assessed. The team negotiates health assessments and undertakings where appropriate and monitors the compliance with undertakings and/ or conditions on a doctor's registration.

The monitoring program involves the regular review and follow-up of a doctor's health. Doctors voluntarily enter into undertakings with the Board which may include supervision requirements, restrictions on hours of work, attending treatment by a psychiatrist and/or GP, as well as urine drug screening, alcohol breath-testing and blood testing.

During the 2009-10 period, the cost of health assessments for new referrals conducted under the *Health Practitioner's (Professional Standards) Act 1999* was $106,623.89. This was a 31 per cent increase on the 2008-09 financial year. Additionally, the cost of assessments for doctors who require on-going monitoring was $57,468. The costs associated with monitoring are reimbursed to the Board by the registrants. As at end of June 2010 $45,266 had been reimbursed.

Key achievements

- Continued to improve response time and action of new referrals
- Completion of two research projects available on the Medical Board website:
    - o List of articles, books and reports relating to the health and wellbeing of doctors, including evidence-based treatment and rehabilitation for practitioners.
    - o Resources related to doctors health especially for mental health and substance abuse disorders. Resources include information available from a variety of media; contact details, including websites for treatment facilities and organizations that provide counseling and support across Queensland.
- All registrants who were being monitored by the program had comprehensive monitoring plans.
- Increased awareness and confidence in the program as evidenced through stakeholder feedback.

Overview of statistics

- Mental health was the leading cause of 'impairment' diagnoses.
- Most of the referrals to the program were self referrals.
- People aged between 31 and 50 made up the largest group of referrals by age.
- There were more males than females referred to the program.
- There was a decrease in the number of referrals to the program since the last financial year, however the number of females referred increased slightly.
- Supervised practice continued to be the main method used for monitoring impaired doctors.

Health Assessment And Monitoring

Referral – nature (between 1 July 2009 and 30 June 2010)

Impairment	2008-09	2009-10
Alcohol	1	3
Drug Use		
• Prescription	4	3
• Other (Illicit)	4	0
• Both	1	1
Mental Disorders	35	43
Dual Diagnosis	9	6
Cognitive Impairment	3	4
Other (eg physical incapacity, complaints etc)	16	10

Referral - age and gender (between 1 July 2009 and 30 June 2010)

			2008-09			2009-10
Age	Male	Female	Total	Male	Female	Total
< 30	6	8	14	6	5	11
31-40	9	7	16	8	11	19
41 – 50	6	4	10	13	4	17
51-60	13	3	16	7	3	10
61-70	11	0	11	6	3	9
>71	5	0	5	2	1	3
Unknown	1	0	1	1		1
Total	**51**	**22**	**73**	**43**	**27**	**70**

Referral - source

Source	2005-06	2006-07	2007-08	2008-09	2009-10
Self [1]	13	37	24	26	39
Colleagues	3	1	11	5	5
Treating Practitioners	5	1	4	5	6
Employers	5	10	5	19	14
Patients [2]	1	-	2	10	0
Other agencies	9	4	4	2	5
Others [3]	8	4	5	6	1
Total	**44**	**57**	**55**	**73**	**70**

Note:

1 Self – includes unprompted referral, mandatory disclosure and other health related information received from registrants
2 Patients – includes families and friends of patients
3 Others – includes other health professionals

Results of health assessments and investigations (as at 30 June 2010)

Finding	2005-06	2006-07	2007-08	2008-09	2009-10
Impairment	14	14	11	11	20
No further action	30	39	23	37	30
Other action	0	0	2	9	13
Under assessment/ investigation	0	4	19	16	7
Total	44	57	55	73	70

Health impairment diagnosis (as at 30 June 2010)

Impairment	2005-06	2006-07	2007-08	2008-09	2009-10
Alcohol	3	1	2	0	0
Drug Use	6	7	5	3	2
Mental Disorder	8	7	11	6	10
Dual Diagnosis	4	2	5	2	4
Cognitive Impairment	-	-	-	0	2
Other (eg physical incapacity, complaints etc)	1	0	0	0	2

Methods by which impaired doctors were monitored (as at 30 June 2010)

Activity	2007-08	2008-09	2009-10
Urine drug screening	21	26	17
Breath-testing	3	5	5
Hair-testing	2	5	6
Supervised practice	22	50	49
Blood testing	-	15	10
Undertaking not to practice	8	3	11
Not currently in practicing in Qld	10	19	2

Areas that Need Doctors

Employers who have been unable to fill a vacant position with suitably qualified Australian doctors can seek Area of Need certification for the position. If an area of need is declared employers are able to employ an international medical graduate (IMG) who has had suitable training and experience for the position. The Executive Officer has been delegated the responsibility to manage this process on behalf of the Minister for Health.

Type of positions approved (between 1 July 2009 and 30 June 2010)

General Practitioners	134
Junior Medical Officer (Private Hospitals only) [1]	4
Senior Medical Officer (Hospitals)	19
Medical Officer/ Medical Superintendent - Right of Private Practice (Hospitals)	3
Deemed Specialists (Hospitals)	115
Director (Hospitals)	2
Sub-total Hospitals	143
Total[2]	**277**

Notes
[1] Junior Medical Officer positions in Queensland Health facilities are not included in this table.
[2] Approval of a position does not guarantee a position will be filled.

Main Area of Need locations – General Practitioners (between 1 July 2009 and 30 June 2010)

Southport	7
Springfield	6
Beaudesert	4
Gladstone	4
Kallangur	4

Main Area of Need locations – hospitals (between 1 July 2009 and 30 June 2010)

Bundaberg	13
Toowoomba	12
Rockhampton	11
Logan	9
Townsville	9

Main Area of Need – specialties (between 1 July 2009 and 30 June 2010)

Psychiatry	16
Diagnostic Radiology	14
Internal Medicine	12
Anaesthetics	11
Radiology	10

Educating Doctors

Principal activities include assisting with matters relating to internship training and the accreditation of internship facilities.

Education Committee

The Committee provides advice to the Board in relation to its educational functions and liaises with Queensland Health and the Postgraduate Medical Education Council of Queensland on the education and training of junior doctors.

It also liaises with the Confederation of Postgraduate Medical Education Councils and the Australian Medical Council about the development of national training standards. This committee met three times in the 2009-10 financial year.

Membership

Professor T Sen Gupta (Chairperson)
Dr M Cohn
Dr J Young

The Board is represented on the Postgraduate Medical Education Council of Queensland by Professor Sen Gupta.

Funding to support the education of doctors was provided as follows:

- $230,000 grant paid to the Postgraduate Medical Education Council of Queensland for the accreditation of internship training programs
- $92,324 paid to the Australian Medical Council to support its activities as a standards accreditation authority.

Key achievements

- Improved communication with the Postgraduate Medical Education Council of Queensland and Queensland Health to enable adequate planning to occur to accommodate the increasing number of medical graduates requiring placement in accredited intern training programs.
- Approved accreditation of internship terms in respect to eight health facilities, three of which received accreditation for the first time.
- Approved accreditation of additions or modifications to accredited intern programs at eight health facilities.
- Developed supervised practice plan guidelines and orientation checklist to assist assessors and supervisors of registrants.

Business Strategy Services

Principal activities include ensuring the Board and the Office meet corporate governance and reporting requirements; managing the provision of efficient and timely finance, human resource, information management and IT services; developing new policies to support national standards; researching and analysing policy proposals and negotiating amendments to statutes and subordinate legislation.

Business Strategy Services

Headed by Craig Brown, Director, this area provides comprehensive business support to the Board and other programs on areas such as policy development and review, communications and marketing, client service initiatives and business improvement strategies.

This area also provides secretariat support for Board meetings, front-of-office telephone and counter support and assistance to the Executive Officer.

Corporate services for the Office are provided through a service agreement with the Office of Health Practitioner Registration Boards (OHPRB).

Key achievements

- Developed and implemented the pre-employment structured clinical interview (PESCI) process for international medical graduates seeking non-specialist special purpose registration
- Enhanced existing on-line services with the development of an on-line module for requests for Certificates of Registration Status
- Enhanced the Office's software and reporting functions in the Registrations and Professional Standards programs to improve data quality prior to the transition to national regulation
- Developed communication fact sheets and other documents for the Professional Standards, Health Assessment and Monitoring and Registrations programs
- Transitioned retired practitioners (where possible) to Limited Registration to ensure they continue to have certain prescribing and referral rights from 1 July 2010
- Developed a Complaints Management Systems Policy and internal processes to allow clients to provide feedback on services provided by the Office of the Medical Board
- Worked together with Board members, Office staff and other State and Territory Medical Boards to provide consistent feedback on the new legislative proposals and standards for national regulation
- Developed the Internship completion requirements for Australian and New Zealand graduates policy which details the factors which may be taken into account by the Board when making a decision about the removal of internship conditions on a doctor's general registration.

Internal Accountabilities

Ministerial directions

The Board/Office did not receive any Ministerial directions or authorisations during the year.

Expenditure on consultancies

The Board/Office did not expend any money on consultants during the year.

Overseas travel

The Board/Office did not undertake overseas travel during the year.

Codes of conduct

In line with Queensland government requirements, our codes of conduct are based on five principles:

- respect for the law and system of government
- respect for persons
- integrity
- diligence
- economy and efficiency

The codes of conduct apply to Board members, committee members, Office employees and members of working parties.

External Accountabilities

External audit

In addition to an internal audit, the Board and Office are subject to an independent external audit by the Queensland Audit Office. The audit report and unqualified certificate are included at the back of the financial statements in this report.

Right to Information

The Board and Office received 42 applications for access to documents under the *Information Privacy Act 2009* and 7 under the *Right to Information Act 2009* this financial year.

The Right to Information Act 2009 and the *Information Privacy Act 2009* replaced the *Freedom of Information Act 1992* on 1 July 2009.

Written applications for information should be forwarded to:

State Manager, Queensland
Australian Health Practitioner Regulation Agency
GPO Box 9958
Brisbane, QLD 4001

Judicial Review Act 1991

The Board did not receive any requests for 'statements of reason' regarding administrative decisions made during the year.

Legislation and standards

The Board is a self-funding statutory body which reports to Parliament through the Minister for Health. The operations of the Board and Office are managed in accordance with the:

- *Medical Practitioners Registration Act 2001*
- *Medical Practitioners Registration Regulation 2002*
- *Health Practitioners (Professional Standards) Act 1999*
- *Medical Board (Administration) Act 2006*

Medical Board of Queensland

Final Financial Report

for the year ended 30 June 2010

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THE MEDICAL BOARD OF QUEENSLAND

STATEMENT OF COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2010

	NOTE	2010 $	2009 $
Revenue			
Registration and other fees	2	8,537,998	8,672,796
Legal cost recoveries		438,448	356,067
Interest revenue		162,762	273,114
Other revenue	3	221,327	250,720
Total Revenue		9,360,535	9,552,697
Expenses			
Administration expenses	4	2,620,422	2,465,173
Service agreement expenditure	5	6,086,135	5,562,629
Grants - Australian Medical Council		92,324	92,324
Grants - Postgraduate Medical Council of Queensland		230,000	289,000
Grants - Others		898	-
Loss on transfer of net assets to AHPRA	18	7,579,300	-
Total Expenses		16,609,079	8,409,126
Operating Result		**(7,248,544)**	**1,143,571**
Total Comprehensive Income		**(7,248,544)**	**1,143,571**

The accompanying notes form part of these financial statements.

THE MEDICAL BOARD OF QUEENSLAND

STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2010

	NOTE	2010 $	2009 $
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	6	-	7,215,504
Trade and other receivables	7	-	344,576
Other current assets	8	-	4,573
TOTAL CURRENT ASSETS		-	7,564,653
TOTAL ASSETS		-	7,564,653
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	9	-	316,109
TOTAL CURRENT LIABILITIES		-	316,109
TOTAL LIABILITIES		-	316,109
NET ASSETS		-	7,248,544
EQUITY			
Accumulated surplus / (deficit)		-	7,248,544
TOTAL EQUITY		-	7,248,544

The accompanying notes form part of these financial statements.

THE MEDICAL BOARD OF QUEENSLAND

STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2010

	2010 $	2009 $
ACCUMULATED SURPLUS		
BALANCE AT BEGINNING OF THE YEAR	7,248,544	6,104,973
Operating Result	(7,248,544)	1,143,571
BALANCE AT END OF THE YEAR	-	7,248,544

The accompanying notes form part of these financial statements.

THE MEDICAL BOARD OF QUEENSLAND

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2010

	NOTE	2010 $	2009 $
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts			
Receipts from customers		9,465,679	9,742,100
Interest received		164,101	276,444
GST input tax credits from ATO		832,757	825,526
		10,462,537	10,844,070
Payments			
Supplies and services		(9,869,814)	(9,580,495)
		(9,869,814)	(9,580,495)
NET CASH PROVIDED BY OPERATING ACTIVITIES	12	592,723	1,263,575
Net increase / (decrease) in cash held		592,723	1,263,575
Cash at the beginning of the year		7,215,504	5,951,929
Transfer of cash to AHPRA	18	(7,808,227)	-
CASH AT THE END OF THE YEAR	13	-	7,215,504

The accompanying notes form part of these financial statements.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2010

OBJECTIVES OF THE BOARD

The Medical Board of Queensland is constituted under Part 2 of the *Medical Practitioners Registration Act 2001* as a body corporate with perpetual succession. The Board is subject to the provisions of the *Medical Practitioners Registration Act 2001*, the *Health Practitioners (Professional Standards) Act 1999*, the *Financial Accountability Act 2009 and the Financial and Performance Management Standards 2009.*

The principal objectives of the Board are to protect the public by ensuring health care is delivered by registered practitioners in a professional, safe and competent way; upholding standards of practice within the profession; and maintaining public confidence in the profession.

On 26 March 2008 the Council of Australian Governments executed an Intergovernmental Agreement to establish a single national scheme encompassing the registration and accreditation functions for 10 health professions including medical, to commence 1 July 2010.

As a result of this agreement, legislation titled *Health Legislation (Health Practitioner Regulation National Law) Amendment Act 2010* was enacted and assented to by the Queensland Parliament on 21 April 2010. As per section 123 of this act the *Medical Practitioners Registration Act 2001* is repealed with effect from 1 July 2010.

The Australian Health Practitioners Regulation Agency (AHPRA) is the National Agency responsible for regulation of the health professions in Australia from 1 July 2010. The services, assets and liabilities of the Medical Board of Queensland were transitioned through AHPRA to the Medical Board of Australia, established under the *Health Practitioner Regulation National Law Act 2008.* To effect this transfer the Medical Board of Queensland and AHPRA entered into a Services, Assets and Liabilities Transfer (SALT) Agreement.

Consequently, this is the final financial report of the Medical Board of Queensland.

NOTE 1 SIGNIFICANT ACCOUNTING POLICIES

(a) Basis of accounting

The financial report is a general purpose financial report that has been prepared in accordance with the *Financial Accountability Act 2009,* the *Financial and Performance Management Standards 2009* and Australian Accounting Standards (including Australian Interpretations).

As stated above, the Medical Board of Queensland was abolished on 1 July 2010. Consequently it is no longer a going concern and the going concern basis of accounting is not applicable.

Under the arrangements for the discontinuing of the former Medical Board of Queensland, the net assets were transferred to the Medical Board of Australia on 30 June 2010 for nil consideration and no additional liabilities arose from discontinuance. The book value of the net assets transferred to the Medical Board of Australia of $7,759,300 has been recognised as an expense in the Statement of Comprehensive Income. Detailed disclosures of the balances transferred to Medical Board of Australia are included in Note 18. As a consequence, the Board has no assets or liabilities to disclose in the Statement of Financial Position as at 30 June 2010.

The financial report has been prepared under the historical cost convention except where stated.

The accounting policies set out as follows, have been consistently applied to all years presented.

NOTE 1 SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

(b) Revenue

Registration fees
Revenue from annual registration fees and other fees are recognised on receipt. Application fees and registration fees are levied in accordance with the *Medical Practitioners Registration Regulation 2002*. Under this legislation, the registration period finishes at 30 June each year for general and specialist registrants. Registrants who do not renew their registration are removed from the Board's register.

Interest revenue
Interest revenue is recognised on a time proportionate basis that takes into account the effective yield on the financial asset.

Grant revenue
Grants that are non-reciprocal in nature are recognised as revenue in the year in which the Board obtains control over them.

(c) Employee benefits

Employee benefits are recognised in the Office of the Medical Board (OMB) financial statements. The Board receives all administrative and operational support from the OMB and pays for this support on a bi-annual basis.

(d) Accommodation

The Board was located in premises rented by the OMB from the Department of Public Works. Accommodation costs are paid by the OMB and reimbursed by the Board through a service agreement.

(e) Cash and cash equivalents

For financial reporting purposes, cash includes all cash at bank, on hand and deposits at call with financial institutions.

(f) Trade and other receivables

Trade and other receivables are recognised at the amounts due at the time of service delivery. The terms of trade are 60 days from the date of invoice. Collectability of debtors is reviewed on an ongoing basis. A provision for impairment is raised where doubt as to collection exists. Debts which are known to be uncollectable are written off.

(g) Trade and other payables

Trade and other payables are recognised as liabilities for goods and services provided to the Board prior to the end of the financial year and which are unpaid. The amounts are non-interest bearing, unsecured and are normally paid within 30 days of recognition.

NOTE 1 SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

(h) Taxation

The activities of the Board are exempt from Commonwealth taxation except for Fringe Benefits Tax (FBT) and Goods and Services Tax (GST). GST credits receivable from and GST payable to the Australian Taxation Office are recognised.

(i) Insurance

The Board has a Directors and Officers liability insurance for the Board Members.

(j) Goods and services tax

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Tax Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the Statement of Financial Position are shown inclusive of GST.

(k) Roundings and comparatives

Amounts included in the financial statements are in Australian dollars and have been rounded to the nearest dollar. Where required by Accounting Standards, comparative figures have been adjusted to conform to changes in presentation for the current financial year.

(l) Judgements

The Board has made no estimates, assumptions or judgements which may cause material adjustments to the carrying amounts of assets and liabilities transferred to the new Board.

(m) Issuance of financial statements

The financial statements are authorised for issue by the former Chairperson and the former Executive Officer at the date of signing the Certificate of the former Medical Board of Queensland.

(n) Financial instruments

The Board does not enter into transactions for speculative purposes, nor for hedging. Apart from cash and cash equivalents, the Board holds no financial assets classified at fair value through profit or loss. All other disclosures relating to the measurement and financial risk management of financial instruments held by the Board are included in Note 17.

NOTE 2 REGISTRATION & OTHER FEES

	2010 $	2009 $
Annual registration fees	7,731,561	7,774,145
Restoration fees	163,981	284,710
Application fees	642,456	613,941
	8,537,998	8,672,796

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2010

NOTE 3 OTHER REVENUE	2010 $	2009 $
FOI application fees and photocopying charges	5,977	31,713
Fines	2,000	2,000
Sale of registers and labels	250	2,450
Sundry revenue	213,100	214,557
	221,327	250,720

NOTE 4 ADMINISTRATION EXPENSES		
Legal expenses	1,758,885	1,821,187
Health assessment expenses	167,074	152,574
Investigation expenses	372,015	148,649
Board members remuneration & expenses	134,315	162,307
General operating expenses	148,808	152,469
Conference expenses - Board	28,722	22,842
Conference expenses - Staff	335	137
Function costs	10,252	5,008
Bad and doubtful debts expense	16	-
	2,620,422	2,465,173

NOTE 5 SERVICE AGREEMENT EXPENDITURE		
Service agreement - Salaries	5,042,224	4,492,303
Service agreement - Non-salaries	1,043,911	1,070,326
	6,086,135	5,562,629

NOTE 6 CASH AND CASH EQUIVALENTS		
Cash at bank	-	986,783
At call deposits	-	6,228,721
	-	7,215,504

NOTE 7 TRADE AND OTHER RECEIVABLES		
Trade receivables	-	31,890
Less: provision for impairment	-	(18,593)
Accrued interest	-	1,339
Receivable from OMB	-	299,535
Other debtors	-	30,405
	-	344,576

NOTE 8 OTHER CURRENT ASSETS	2010 $	2009 $
Prepayment of insurance	-	4,573

NOTE 9 TRADE AND OTHER PAYABLES		
Payable to OMB	-	148,406
Trade payables	-	167,703
	-	316,109

NOTE 10 KEY MANAGEMENT PERSONNEL COMPENSATION

Names of board members who have held office during the financial year are:

Fiona Chapman
Dr Mary Cohn
Michael Clare
Ass. Prof. Tarun Sen Gupta
Dr Susan Harbison
Dr Christopher Kennedy
Dr Marian Sullivan
Dr Peter Woodruff
Dr Jeannette Young

Remuneration of Key management personnel for the year ended 30 June 2010

Key management personnel comprise the members of the Board whom have authority and responsibility for planning, directing and controlling the activities of the Board. The remuneration paid to the Board Members are in the nature of short-term employee benefits and consist of meeting fees which are set by Governor in Council. In addition, Board Members may be reimbursed travel and accommodation costs incurred in the course of their duties as members of the Board.

Total short-term employee benefits paid, to all Board Members during the year was $96,292 (2009: $108,676). No other benefits were paid to or accrued by Board Members. Board Members who are Queensland Government employees do not receive any remuneration.

Transactions with Board Members as Registrants

The Board Members who are Registrants, paid registration fees to the Board which are within normal Registrants' relationships, on terms and conditions no more favourable than those which it is reasonable to expect would have been adopted if dealing with the Board Member at arm's length, in the same circumstances.

NOTE 11 COMMITMENTS

The Board had no commitments at 30 June 2010.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2010

NOTE 12 CASH FLOW INFORMATION	2010 $	2009 $
Reconciliation of Operating result (used in) / provided by operating activities:		
Operating Result	(7,248,544)	1,143,571
Adjustments for non-cash items:		
Transfer of net assets to new Board	7,579,300	-
Change in assets and liabilities*		
(Increase) / Decrease in receivables	144,509	(33,822)
(Increase) / Decrease in prepayments	4,573	(4,573)
Increase / (Decrease) in payables	112,885	158,399
Net cash (used in) / provided by operating activities	592,723	1,263,575

*Changes in assets and liabilities per Note 18 Transfer of Net Assets to the Medical Board of Australia.

NOTE 13 RECONCILIATION OF CASH AND CASH EQUIVALENTS

For the purpose of the Statement of Cash Flows the Board considers cash to include cash on hand and at bank, and liquid investments. Cash at the end of the reporting period is reconciled to the related items in the Statement of Financial Position as follows:

Cash at bank	-	986,783
At call deposits	-	6,228,721
	-	7,215,504

NOTE 14 RELATED PARTY TRANSACTIONS

The Office of the Medical Board (OMB), an independent statutory body was established to provide administrative and operational support to the Board. A service agreement has been signed between the two entities. During the year the Board paid $6,086,135 (2009: $5,562,629) to OMB towards cost of services rendered under this agreement.

NOTE 15 CORPORATE INFORMATION

Principal Place of Business and Registered Office:
Level 8, Forestry House, 160 Mary Street, BRISBANE QLD 4000

No of Employees: 2010: Nil (2009: Nil)

NOTE 16 AUDITOR'S REMUNERATION

The auditor's remuneration is not directly paid by the Board. Remuneration is paid through a service level agreement with the Office of the Medical Board of Queensland (the service provider). For details of auditor's remuneration for the year ended 30 June 2010 refer to OMB's Financial Statements.

NOTE 17 FINANCIAL INSTRUMENTS

The main risks arising from the Board's financial instruments are interest rate risk, credit risk and liquidity risk. The Board uses different methods to measure different types of risk to which it is exposed. These methods include sensitivity analysis in the case of interest rate risks and ageing analysis for credit risk. The Board reviews and agrees policies for managing each of these risks to maintain a consistent level of quality across the Board which includes the minimisation of risk. The policies for managing each of the Board's risks are summarised below and remain unchanged from the prior year.

The Board holds the following financial instruments:

	2010 $	2009 $
Financial assets		
Cash and cash equivalents	-	7,215,504
Trade and other receivables	-	344,576
	-	7,560,080
Financial liabilities		
Trade and other payables	-	316,109

Credit risk
Credit risk is the risk of financial loss to the Board if a party or counterparty to a financial instrument fails to meet its contractual obligations, and arises principally from the Board's receivables.

The maximum exposure to credit risk at the reporting date is the carrying amount of the financial assets as summarised above.

Management has a credit policy in place and the exposure to credit risk is monitored on an ongoing basis. Credit evaluations are performed on all suppliers requiring credit over a certain amount. The Board does not require collateral in respect of financial assets. Investments are allowed only in liquid securities and only with counterparties that have a credit rating equal to or better than an approved rating. There are no significant concentrations of credit risk within the Board.

The ageing of the Board's trade receivables at the reporting date was:

	2010 $ Gross	2009 $ Gross
Not past due (current)	-	329,162
Past due (30 day ageing)	-	735
Past due (31 - 60 day ageing)	-	-
Past due (60+ day ageing)	-	33,272
	-	363,169
Impairment	-	(18,593)
	-	344,576

Based on historic default rates, the Board believes that no impairment allowance is necessary in respect of receivables not past due or past due by up to 60 days. For those receivables outstanding more than 60 days each debtor has been individually analysed and a provision for impairment established accordingly as necessary.

NOTE 17 FINANCIAL INSTRUMENTS (CONTINUED)

Liquidity risk
Liquidity risk is the risk that the Board will not be able to meet its financial obligations as they fall due. Prudent liquidity risk management implies maintaining sufficient cash and marketable securities and the availability of funding through an adequate amount of committed credit facilities. The Board aims to maintain flexibility in funding by keeping sufficient committed credit lines available to meet the Board's requirements.

The following are the contractual maturities of financial liabilities, including estimated interest payments and excluding the impact of netting agreements:

30 June 2010		2010 Payable in			
	Note	<1 year $	1-5 years $	>5 years $	Total $
Non-derivative financial liabilities					
Trade and other payables	-	-	-	-	-

30 June 2009		2009 Payable in			
	Note	<1 year $	1-5 years $	>5 years $	Total $
Non-derivative financial liabilities					
Trade and other payables	9	316,109	-	-	316,109

Market risk
(a) Foreign exchange risk
Foreign exchange risk arises when future commercial transactions and recognised assets and liabilities are denominated in a currency that is not the entity's functional currency. The Board is not exposed to foreign exchange risk.

(b) Interest rate risk
The Board manages its exposure to interest rate fluctuation by continuously monitoring its debt and interest cover ratio to ensure any significant movement would not have a material impact on the performance of the Board. The Board does not engage in any transactions which are of a speculative nature.

At the reporting date the interest rate profile of the Board's interest-bearing financial instruments was:

	30 June 2010		30 June 2009	
	Effective interest rate	Balance $	Effective interest rate	Balance $
Variable rate instruments				
Cash assets	1.95%	-	3.35%	7,215,504

Interest rate sensitivity
The Board has quantified the impact of a +/-50 basis points change in interest rates on the 30 June 2010 and 30 June 2009 cash balances and determined that there would be no material impact on the surplus for those years.

Fair values
The carrying values of financial assets and liabilities are assumed to approximate their fair values due to their relatively short-term nature.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2010

NOTE 18 TRANSFER OF NET ASSETS TO THE MEDICAL BOARD OF AUSTRALIA

As referred to in Note 1(a) the Medical Board of Queensland was abolished and net assets were transferred to the Medical Board of Australia on 30 June 2010, through the Australian Health Practitioners Regulation Agency (AHPRA), for nil consideration as at that date. Prior to making any accounting adjustments relating to the transfer, the book values of the assets and liabilities transferred were recorded in the Medical Board of Queensland as follows:

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2010	2010 $	2009 $
CURRENT ASSETS		
Cash and cash equivalents	7,808,227	7,215,504
Trade and other receivables	200,067	344,576
Other current assets	-	4,573
TOTAL CURRENT ASSETS	8,008,294	7,564,653
TOTAL ASSETS	8,008,294	7,564,653
CURRENT LIABILITIES		
Trade and other payables	428,994	316,109
TOTAL CURRENT LIABILITIES	428,994	316,109
TOTAL LIABILITIES	428,994	316,109
NET ASSETS	7,579,300	7,248,544
EQUITY		
Accumulated surplus / (deficit)	7,579,300	7,248,544
TOTAL EQUITY	7,579,300	7,248,544

THE MEDICAL BOARD OF QUEENSLAND

CERTIFICATE OF THE FORMER MEDICAL BOARD OF QUEENSLAND

This final general purpose financial report has been prepared pursuant to section 62(1)(a) of the *Financial Accountabilty Act 2009* (the Act), relevant sections of the *Financial and Performance Management Standard 2009* and other prescribed requirements. In accordance with section 62(1)(b) of the Act we certify that in our opinion:

(a) the prescribed requirements for establishing and keeping the accounts have been complied with in all material respects; and

(b) the final financial statements have been drawn up to present a true and fair view, in accordance with prescribed accounting standards, of the transactions of the abolished Medical Board of Queensland for the final financial year ended 30 June 2010, and of the financial position of the Board at the end of that year.

Kaye Pulsford
Former Executive Officer
Date: 21 - 9 - 2010

Mary Cohn
Former Chairperson
Date: 15/ 9/10.

INDEPENDENT AUDITOR'S REPORT

To the Minister of the former Medical Board of Queensland

Report on the Final Financial Report

I have audited the accompanying final financial report of the former Medical Board of Queensland which comprises the statement of financial position as at 30 June 2010, and the statement of comprehensive income, statement of changes in equity and statement of cash flows for the final period ended on that date, a summary of significant accounting policies, other explanatory notes and certificates given by the former Chairperson and former Executive Officer.

The Former Board's Responsibility for the Final Financial Report

The former Board is responsible for the preparation and fair presentation of the final financial report in accordance with prescribed accounting requirements identified in the *Financial Accountability Act 2009* and the *Financial and Performance Management Standard 2009*, including compliance with Australian Accounting Standards (including the Australian Accounting Interpretations). This responsibility includes establishing and maintaining internal controls relevant to the preparation and fair presentation of the final financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

My responsibility is to express an opinion on the final financial report based on the audit. The audit was conducted in accordance with the *Auditor-General of Queensland Auditing Standards*, which incorporate the Australian Auditing Standards. These auditing standards require compliance with relevant ethical requirements relating to audit engagements and that the audit is planned and performed to obtain reasonable assurance whether the final financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the final financial report. The procedures selected depend on the auditor's judgement, including the assessment of risks of material misstatement in the final financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the final financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control, other than in expressing an opinion on compliance with prescribed requirements. An audit also includes evaluating the appropriateness of accounting policies and the reasonableness of accounting estimates made by the former Board, as well as evaluating the overall presentation of the final financial report including any mandatory financial reporting requirements as approved by the Treasurer for application in Queensland.

I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my audit opinion.

Independence

The *Auditor-General Act 2009* promotes the independence of the Auditor-General and all authorised auditors. The Auditor-General is the auditor of all Queensland public sector entities and can only be removed by Parliament.

The Auditor-General may conduct an audit in any way considered appropriate and is not subject to direction by any person about the way in which audit powers are to be exercised. The Auditor-General has for the purposes of conducting an audit, access to all documents and property and can report to Parliament matters which in the Auditor-General's opinion are significant.

Auditor's Opinion

In accordance with s.40 of the *Auditor-General Act 2009* –

(a) I have received all the information and explanations which I have required; and

(b) in my opinion –

  (i) the prescribed requirements in respect of the establishment and keeping of accounts have been complied with in all material respects; and

  (ii) the final financial report has been drawn up so as to present a true and fair view, in accordance with the prescribed accounting standards of the transactions of the former Medical Board of Queensland for the final period 1 July 2009 to 30 June 2010 and of the financial position as at the end of that final period.

Emphasis of Matter – Abolishment of Medical Board of Queensland

Without qualification to the opinion expressed above, attention is drawn to the disclosures under Objectives of the Board and Note 1(a) in the final financial report which identifies that pursuant to s.123 of the *Health Legislation (Health Practitioner Regulation National Law) Amendment Act 2010*, the former Medical Board of Queensland was abolished with effect on 1 July 2010 following the transfer of its functions to the new Medical Board of Australia on 1 July 2010. In accordance with the Services, Assets and Liabilities Transfer Agreement signed by the former Board and the Australian Health Practitioners Regulation Agency, the net assets were transferred to the new Board for nil consideration. Consequently, the final financial report records all assets and liabilities balances at nil to represent their value to the former Board. Accordingly, the final financial report has not been prepared on a going concern basis.

G G POOLE FCPA
Auditor-General of Queensland

Queensland Audit Office
Brisbane

Office of the Medical Board of Queensland

Final Financial Report

for the year ended 30 June 2010

TABLE OF CONTENTS

THE OFFICE OF THE MEDICAL BOARD

STATEMENT OF COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2010

	NOTE	2010 $	2009 $
Revenue			
Salary income		5,042,224	4,492,303
Non-salary income		1,043,911	1,070,326
Interest revenue		78,589	93,395
Grant revenue	2	151,170	365,322
Other revenue		13,949	50,476
Total Revenue		6,329,843	6,071,822
Expenses			
Administration expenses	3	907,589	1,075,393
Employee benefits expense		5,178,557	4,547,118
Finance costs		78,589	64,157
AHPRA related expenses		13,334	-
Loss on transfer of net assets to AHPRA	15	750,139	-
Total Expenses		6,928,208	5,686,668
Operating Result		**(598,365)**	**385,155**
Total Comprehensive Income		**(598,365)**	**385,155**

The accompanying notes form part of these financial statements.

THE OFFICE OF THE MEDICAL BOARD

STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2010

	NOTE	2010 $	2009 $
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	4	-	940,742
Trade and other receivables	5	-	293,138
Prepayments		-	114,858
TOTAL CURRENT ASSETS		-	1,348,738
TOTAL ASSETS		-	1,348,738
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	6	-	427,800
Employee provisions	7	-	322,573
TOTAL CURRENT LIABILITIES		-	750,373
TOTAL LIABILITIES		-	750,373
NET ASSETS		-	598,365
EQUITY			
Accumulated surplus / (deficit)		-	598,365
TOTAL EQUITY		-	598,365

The accompanying notes form part of these financial statements.

THE OFFICE OF THE MEDICAL BOARD

STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2010

	2010 $	2009 $
ACCUMULATED SURPLUS		
BALANCE AT BEGINNING OF THE YEAR	598,365	213,210
Operating Result	(598,365)	385,155
BALANCE AT END OF THE YEAR	-	598,365

The accompanying notes form part of these financial statements.

THE OFFICE OF THE MEDICAL BOARD

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2010

	NOTE	2010 $	2009 $
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts			
Receipts from customers		7,135,900	6,547,045
Interest received		79,074	92,910
		7,214,974	6,639,955
Payments			
Supplies and services		(1,570,734)	(1,493,952)
Employee expenses		(5,206,000)	(4,511,343)
GST Paid to the ATO		(411,109)	(417,989)
		(7,187,843)	(6,423,284)
NET CASH PROVIDED BY OPERATING ACTIVITIES	9	27,131	216,671
Net increase / (decrease) in cash held		27,131	216,671
Cash at the beginning of the year		940,742	724,071
Transfer of cash to AHPRA	15	(967,873)	-
CASH AT THE END OF THE YEAR	10	-	940,742

The accompanying notes form part of these financial statements.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2010

OBJECTIVES OF THE OFFICE

The Office of the Medical Board was established on 1 October 2007 under the *Medical Board (Administration) Act 2006* and administers the *Medical Practitioners Registration Act 2001, Health Practitioners (Professional Standards) Act 1999* and is subject to the provisions of the *Financial Accountability Act 2009* and the *Financial and Performance Management Standard 2009.*

The primary objectives of the Office are to:

- Provide services to the Medical Board of Queensland which assist the Board perform its legislative responsibility to protect the public by regulating the standards of practice of the medical profession and maintaining confidence in the profession,
- Consult and liaise with local, state, national and international agencies involved in training, accreditation, regulation and service provision in the health industry, and
- Provide the Board and Minister for Health with authoritative policy advice on national and international developments in occupational regulation and regulation of the medical profession.

On 26 March 2008 the Council of Australian Governments executed an Intergovernmental Agreement to establish a single national scheme encompassing the registration and accreditation functions for 10 health professions including medical, to commence 1 July 2010.

As a result of this agreement, legislation titled *Health Legislation (Health Practitioner Regulation National Law) Amendment Act 2010* was enacted and assented to by the Queensland Parliament on 21 April 2010. As per section 123 of this act the *Medical Board (Administration) Act 2006* is repealed with effect from 1 July 2010.

The Australian Health Practitioners Regulation Agency (AHPRA) is the National Agency responsible for regulation of the health professions in Australia from 1 July 2010. The services, assets and liabilities of the Office of the Medical Board were transitioned through AHPRA to the Medical Board of Australia, established under the *Health Practitioner Regulation National Law Act 2008*. To effect this transfer the Office of the Medical Board and AHPRA entered into a Services, Assets and Liabilities Transfer (SALT) Agreement.

Consequently, this is the final financial report of the Office of the Medical Board.

NOTE 1 SIGNIFICANT ACCOUNTING POLICIES

(a) Basis of accounting

The financial report is a general purpose financial report that has been prepared in accordance with the *Financial Accountability Act 2009*, the *Financial and Performance Management Standard 2009* and Australian Accounting Standards (including Australian Interpretations).

As stated above, the Office of the Medical Board was abolished on 1 July 2010. Consequently it is no longer a going concern and the going concern basis of accounting is not applicable.

Under the arrangements for the discontinuing of the former Office of the Medical Board, the net assets were transferred to the Medical Board of Australia on 30 June 2010 for nil consideration and no additional liabilities arose from discontinuance. The book value of the net assets transferred to the Medical Board of Australia of $750,139 has been recognised as an expense in the Statement of Comprehensive Income. Detailed disclosures of the balances transferred to Medical Board of Australia are included in Note 15.

NOTE 1 SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

(a) Basis of accounting (continued)

The financial report has been prepared under the historical cost convention except where stated.

The accounting policies set out as follows, have been consistently applied to all years presented.

(b) Revenue

Service agreement revenue - salary and non-salary income
The Office of the Medical Board provides administrative and operational support to the Medical Board of Queensland and receives a fee for service under the terms of a service level agreement.

Interest revenue
Interest revenue is recognised on a time proportionate basis that takes into account the effective yield on the financial asset.

Grant revenue
Grants that are non-reciprocal in nature are recognised as revenue in the year in which the Office obtains control over them.

(c) Employee benefits

Wages and salaries, annual leave
Wages, salaries and annual leave due but unpaid at reporting date are recognised in the Statement of Financial Position at the remuneration rates at balance date and include related on-costs such as payroll tax, WorkCover premiums, long service leave levies and employer superannuation contributions.

Long service leave
Under the Queensland Government's long service leave scheme a levy is made on the Office to cover this expense. Amounts paid to employees for long service leave are claimed from the scheme as and when leave is taken.

No provision for long service leave is recognised in the financial statements, the liability being held on a whole-of-Government basis and reported in the financial report pursuant to AASB 1049 *Whole of Government and General Government Sector Financial Reporting.*

Superannuation
Employer superannuation contributions are paid to QSuper, the superannuation plan for Queensland Government employees at rates determined by the Treasurer on the advice of the State Actuary. The Government has full responsibility for the assets and liabilities of the superannuation scheme covering employees of the Office of the Medical Board. No liability is recognised for accruing superannuation benefits in the Office's financial statements, the liability being held on a whole-of-government basis and report in those financial statements pursuant to AASB 1049 *Whole of Government and General Government Sector Financial Reporting.*

NOTE 1 SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

(d) Cash and cash equivalents

For financial reporting purposes, cash includes all cash at bank, on hand and deposits at call with financial institutions.

(e) Trade and other receivables

Trade and other receivables are recognised at the amounts due at the time of service delivery. The terms of trade are 60 days from the date of invoice. Collectability of debtors is reviewed on an ongoing basis. A provision for impairment is raised where doubt as to collection exists. Debts which are known to be uncollectable are written off.

(f) Trade and other payables

Trade and other payables are recognised as liabilities for goods and services provided to the Office prior to the end of the financial year and which are unpaid. The amounts are non-interest bearing, unsecured and are normally paid within 30 days of recognition.

(g) Taxation

The activities of the Office are exempt from Commonwealth taxation except for Fringe Benefits Tax (FBT) and Goods and Services Tax (GST). GST credits receivable from and GST payable to the Australian Taxation Office are recognised.

(h) Insurance

The Office pays premiums to WorkCover Queensland in respect of its obligations for employee compensation.

(i) Goods and services tax

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Tax Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the Statement of Financial Position are shown inclusive of GST.

(j) Roundings and comparatives

Amounts included in the financial statements are in Australian dollars and have been rounded to the nearest dollar. Where required by Accounting Standards, comparative figures have been adjusted to conform to changes in presentation for the current financial year.

(k) Judgements

The Office has made no estimates, assumptions or judgements which may cause material adjustments to the carrying amounts of assets and liabilities transferred to the new Board.

(l) Issuance of financial statements

The financial statements are authorised for issue by the former Director, Business Strategy Services and the former Executive Officer at the date of signing the Certificate of the former Office of the Medical Board.

NOTE 1 SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

(m) Financial instruments

The Office does not enter into transactions for speculative purposes, nor for hedging. Apart from cash and cash equivalents, the Office holds no financial assets classified at fair value through profit and loss. All other disclosures relating to the measurement and financial risk management of financial instruments held by the Office are included in Note 14.

NOTE 2 GRANT REVENUE

The Executive Officer has been delegated the responsibility to manage the Area of Need process on behalf of the Minister for Health. This grant is received annually from Queensland Health to fund the administration of this process. Refer note 1(b).

NOTE 3 ADMINISTRATION EXPENSES

	2010 $	2009 $
Accounting and audit fees	22,600	25,695
Computer expenses	17,626	10,554
Computer hardware	26,246	27,577
Conference and function costs	11,477	1,121
General operating expenses	382,073	579,018
Lease expenses	409,002	387,350
Other computer and communications expense	14,628	2,478
Retrieval expenses	23,937	41,600
	907,589	1,075,393

NOTE 4 CASH AND CASH EQUIVALENTS

Cash at bank	-	247,214
Petty cash	-	500
At call deposits	-	693,028
	-	940,742

NOTE 5 TRADE AND OTHER RECEIVABLES

Trade receivables	-	13,268
Receivable from Medical Board of Queensland	-	148,406
Receivable from OHPRB	-	130,979
Accrued interest	-	485
	-	293,138

NOTE 6 TRADE AND OTHER PAYABLES

Payable to the Medical Board of Queensland	-	299,535
Trade payables	-	128,265
	-	427,800

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2010

NOTE 7 EMPLOYEE PROVISIONS	2010 $	2009 $
Employee benefits	-	322,573

NOTE 8 COMMITMENTS

The Office had no commitments at 30 June 2010.

NOTE 9 CASH FLOW INFORMATION

Reconciliation of Operating Result (used in) / provided by operating activities:

Operating Result	(598,365)	385,155
Adjustments for non-cash items:		
Transfer of net assets to new Board	750,139	-
Change in assets and liabilities*		
(Increase) / Decrease in receivables	148,759	(105,527)
(Increase) / Decrease in prepayments	114,858	(114,858)
Increase / (Decrease) in payables	(415,703)	16,126
Increase / (Decrease) in provisions	27,443	35,775
Net cash (used in) / provided by operating activities	27,131	216,671

*Changes in assets and liabilities per Note 15 Transfer of Net Assets to the Medical Board of Australia.

NOTE 10 RECONCILIATION OF CASH AND CASH EQUIVALENTS

For the purpose of the Statement of Cash Flows the Office considers cash to include cash on hand and at bank, and liquid investments. Cash at the end of the reporting period is reconciled to the related items in the Statement of Financial Position as follows:

Cash at bank	-	247,214
Petty cash	-	500
At call deposits	-	693,028
	-	940,742

NOTE 11 RELATED PARTY TRANSACTIONS

The Office received revenue related to the service agreement with the Medical Board of Queensland amounting to $5,976,835 (2009: $5,562,629). This is made up of Salary Income $5,042,224 (2009: $4,492,303) and Non-salary Income $,1043,911 (2009: $1,070,326).

The Office distributed interest received to the Medical Board of Queensland amounting to $78,589 (2009: $64,156).

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2010

NOTE 12 CORPORATE INFORMATION

Principal Place of Business and Registered Office:
Level 8, Forestry House, 160 Mary Street, BRISBANE QLD 4000

No of Employees: 2010: 48 (2009: 49)

NOTE 13 AUDITOR'S REMUNERATION	2010 $	2009 $
Amounts due and receivable for the year ended 30 June 2010 by the auditors in respect of:		
- External Auditing services		
- Remuneration for audit of the financial report - Queensland Audit Office	13,000	10,000

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2010

NOTE 14 FINANCIAL INSTRUMENTS

The main risks arising from the Office's financial instruments are interest rate risk, credit risk and liquidity risk. The Office uses different methods to measure different types of risk to which it is exposed. These methods include sensitivity analysis in the case of interest rate risks and ageing analysis for credit risk. The Office reviews and agrees policies for managing each of these risks to maintain a consistent level of quality across the Office which includes the minimisation of risk. The policies for managing each of the Office's risks are summarised below and remain unchanged from the prior year.

The Group and the parent entity hold the following financial instruments:

	2010 $	2009 $
Financial assets		
Cash and cash equivalents	-	940,742
Trade and other receivables	-	293,138
	-	1,233,880
Financial liabilities		
Trade and other payables	-	427,800

Credit risk

Credit risk is the risk of financial loss to the Office if a party or counterparty to a financial instrument fails to meet its contractual obligations, and arises principally from the Office's receivables.

The maximum exposure to credit risk at the reporting date is the carrying amount of the financial assets as summarised above.

Management has a credit policy in place and the exposure to credit risk is monitored on an ongoing basis. Credit evaluations are performed on all suppliers requiring credit over a certain amount. The Office does not require collateral in respect of financial assets. Investments are allowed only in liquid securities and only with counterparties that have a credit rating equal to or better than an approved rating. There are no significant concentrations of credit risk within the Office.

The aging of trade receivables at the reporting date was:

	2010 $ Gross	2009 $ Gross
Not past due (current)	-	291,163
Past due (30 day ageing)	-	-
Past due (31 - 60 day ageing)	-	1,975
Past due (60+ day ageing)	-	-
	-	293,138

Based on historic default rates, the Office believes that no impairment allowance is necessary in respect of receivables not past due or past due by up to 60 days. For those receivables outstanding more than 60 days each debtor has been individually analysed and a provision for impairment established accordingly as necessary.

NOTE 14 FINANCIAL INSTRUMENTS (CONTINUED)

Liquidity risk
Liquidity risk is the risk that the Office will not be able to meet its financial obligations as they fall due. Prudent liquidity risk management implies maintaining sufficient cash and marketable securities and the availability of funding through an adequate amount of committed credit facilities. The Office aims to maintain flexibility in funding by keeping sufficient committed credit lines available to meet the Office's requirements.

The following are the contractual maturities of financial liabilities, including estimated interest payments and excluding the impact of netting agreements:

30 June 2010		2010 Payable in			
	Note	<1 year $	1-5 years $	>5 years $	Total $
Non-derivative financial liabilities					
Trade and other payables		-	-	-	-

30 June 2009		2009 Payable in			
	Note	<1 year $	1-5 years $	>5 years $	Total $
Non-derivative financial liabilities					
Trade and other payables	6	427,800	-	-	427,800

Market risk
(a) Foreign exchange risk
Foreign exchange risk arises when future commercial transactions and recognised assets and liabilities are denominated in a currency that is not the entity's functional currency. The Office is not exposed to foreign exchange risk.

(b) Interest rate risk
The Office manages its exposure to interest rate fluctuation by continuously monitoring its debt and interest cover ratio to ensure any significant movement would not have a material impact on the performance of the Office. The Office does not engage in any significant transactions which are of a speculative nature.

At the reporting date the interest rate profile of the Office's interest-bearing financial instruments was:

	30 June 2010		30 June 2009	
	Effective interest rate	Balance $	Effective interest rate	Balance $
Variable rate instruments				
Cash assets	2.08%	-	3.02%	940,742

Interest rate sensitivity
The Office has quantified the impact of a +/-50 basis points change in interest rates on the 30 June 2010 and 30 June 2009 cash balances and determined that there would be no material impact on the surplus for those years.

Fair values
The carrying values of financial assets and liabilities are assumed to approximate their fair values due to their relatively short-term nature.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2010

NOTE 15 TRANSFER OF NET ASSETS TO THE MEDICAL BOARD OF AUSTRALIA

As referred to in Note 1(a) the Office of the Medical Board of Queensland was abolished and net assets were transferred to the Medical Board of Australia on 30 June 2010, through the Australian Health Practitioners Regulation Agency (AHPRA), for nil consideration as at that date. Prior to making any accounting adjustments relating to the transfer, the book values of the assets and liabilities transferred were recorded in the Office of the Medical Board of Queensland as follows:

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2010	2010 $	2009 $
CURRENT ASSETS		
Cash and cash equivalents	967,873	940,742
Trade and other receivables	144,379	293,138
Prepayments	-	114,858
TOTAL CURRENT ASSETS	1,112,252	1,348,738
TOTAL ASSETS	1,112,252	1,348,738
CURRENT LIABILITIES		
Trade and other payables	12,097	427,800
Employee provisions	350,016	322,573
TOTAL CURRENT LIABILITIES	362,113	750,373
TOTAL LIABILITIES	362,113	750,373
NET ASSETS	750,139	598,365
EQUITY		
Accumulated surplus / (deficit)	750,139	598,365
TOTAL EQUITY	750,139	598,365

THE OFFICE OF THE MEDICAL BOARD

CERTIFICATE OF THE FORMER OFFICE OF THE MEDICAL BOARD

This final general purpose financial report has been prepared pursuant to section 62(1)(a) of the *Financial Accountability Act 2009* (the Act), relevant sections of the *Financial and Performance Management Standard 2009* and other prescribed requirements. In accordance with section 62(1)(b) of the Act we certify that in our opinion:

(a) the prescribed requirements for establishing and keeping the accounts have been complied with in all material respects; and

(b) the final financial statements have been drawn up to present a true and fair view, in accordance with prescribed accounting standards, of the transactions of the abolished Office of the Medical Board of Queensland for the final financial year ended 30 June 2010, and of the financial position of the Office of the Medical Board at the end of that year.

Kaye Pulsford
Former Executive Officer
Date: 21 - 9 - 2010

Craig Brown
Former Director, Business Strategy Services
Date: 07 - 10 - 2010

INDEPENDENT AUDITOR'S REPORT

To the Minister of the former Office of the Medical Board

Report on the Final Financial Report

I have audited the accompanying final financial report of the former Office of the Medical Board which comprises the statement of financial position as at 30 June 2010, and the statement of comprehensive income, statement of changes in equity and statement of cash flows for the final period ended on that date, a summary of significant accounting policies, other explanatory notes and certificates given by the former Chairperson and former Executive Officer.

The Former Board's Responsibility for the Final Financial Report

The former Board is responsible for the preparation and fair presentation of the final financial report in accordance with prescribed accounting requirements identified in the *Financial Accountability Act 2009* and the *Financial and Performance Management Standard 2009*, including compliance with Australian Accounting Standards (including the Australian Accounting Interpretations). This responsibility includes establishing and maintaining internal controls relevant to the preparation and fair presentation of the final financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

My responsibility is to express an opinion on the final financial report based on the audit. The audit was conducted in accordance with the *Auditor-General of Queensland Auditing Standards*, which incorporate the Australian Auditing Standards. These auditing standards require compliance with relevant ethical requirements relating to audit engagements and that the audit is planned and performed to obtain reasonable assurance whether the final financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the final financial report. The procedures selected depend on the auditor's judgement, including the assessment of risks of material misstatement in the final financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the final financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control, other than in expressing an opinion on compliance with prescribed requirements. An audit also includes evaluating the appropriateness of accounting policies and the reasonableness of accounting estimates made by the former Board, as well as evaluating the overall presentation of the final financial report including any mandatory financial reporting requirements as approved by the Treasurer for application in Queensland.

I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my audit opinion.

Independence

The *Auditor-General Act 2009* promotes the independence of the Auditor-General and all authorised auditors. The Auditor-General is the auditor of all Queensland public sector entities and can only be removed by Parliament.

The Auditor-General may conduct an audit in any way considered appropriate and is not subject to direction by any person about the way in which audit powers are to be exercised. The Auditor-General has for the purposes of conducting an audit, access to all documents and property and can report to Parliament matters which in the Auditor-General's opinion are significant.

Auditor's Opinion

In accordance with s.40 of the *Auditor-General Act 2009* –

(a) I have received all the information and explanations which I have required; and

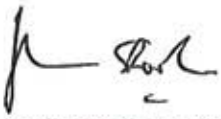
(b) in my opinion –

  (i) the prescribed requirements in respect of the establishment and keeping of accounts have been complied with in all material respects; and

  (ii) the final financial report has been drawn up so as to present a true and fair view, in accordance with the prescribed accounting standards of the transactions of the former Office of the Medical Board for the final period 1 July 2009 to 30 June 2010 and of the financial position as at the end of that final period.

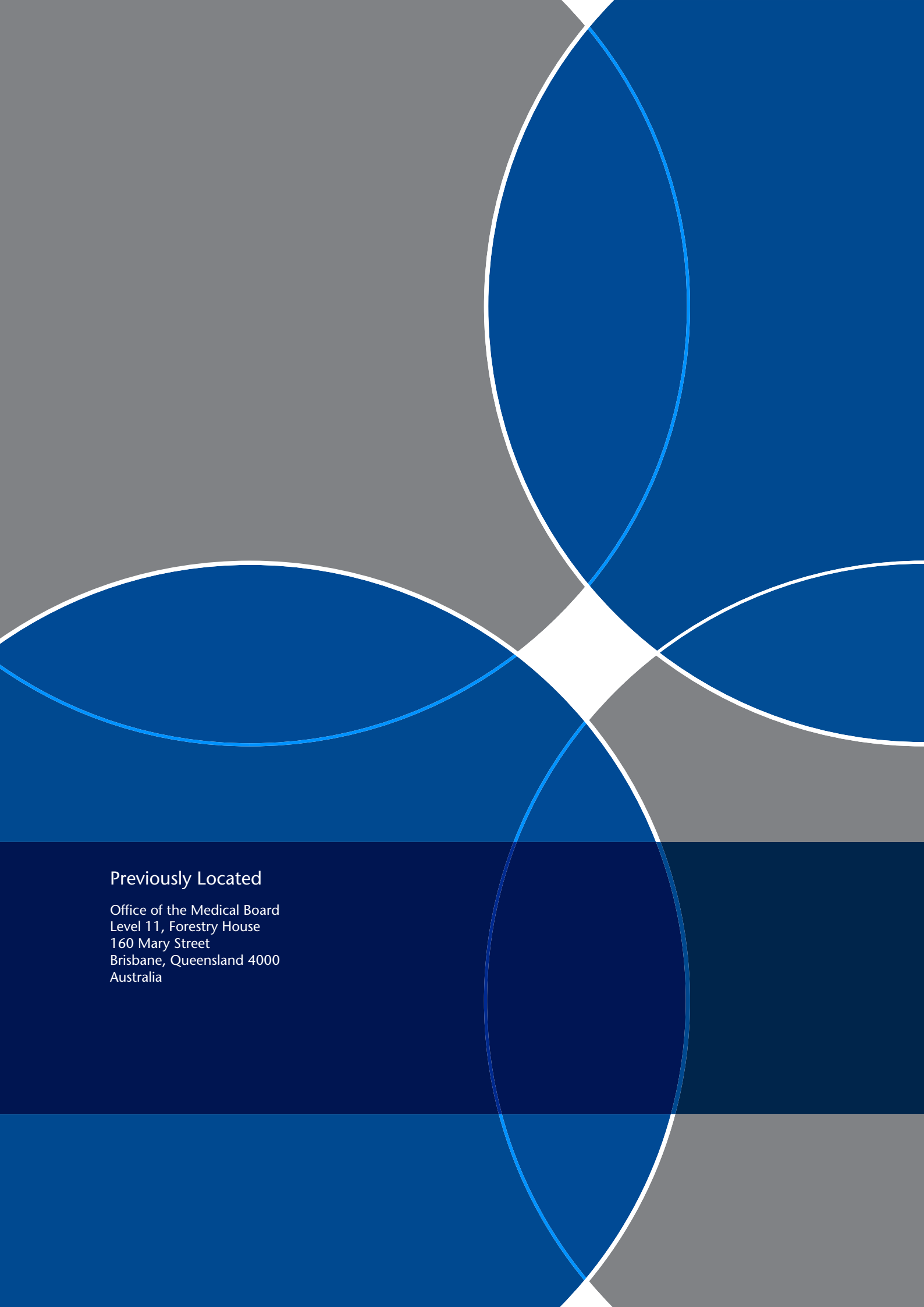
Emphasis of Matter – Abolishment of the Office of the Medical Board

Without qualification to the opinion expressed above, attention is drawn to the disclosures under Objectives of the Board and Note 1(a) in the final financial report which identifies that pursuant to s.123 of the *Health Legislation (Health Practitioner Regulation National Law) Amendment Act 2010*, the former Office of the Medical Board was abolished with effect on 1 July 2010 following the transfer of its functions to the new Medical Board of Australia on 1 July 2010. In accordance with the Services, Assets and Liabilities Transfer Agreement signed by the former Board and the Australian Health Practitioners Regulation Agency, the net assets were transferred to the new Board for nil consideration. Consequently, the final financial report records all assets and liabilities balances at nil to represent their value to the former Board. Accordingly, the final financial report has not been prepared on a going concern basis.



G G POOLE FCPA
Auditor-General of Queensland

Queensland Audit Office
Brisbane



Previously Located

Office of the Medical Board
Level 11, Forestry House
160 Mary Street
Brisbane, Queensland 4000
Australia