



Western Australian Auditor General's Report

Public Sector Performance Report 2010

Report 3 – May 2010





THE PRESIDENT
LEGISLATIVE COUNCIL

THE SPEAKER
LEGISLATIVE ASSEMBLY

PUBLIC SECTOR PERFORMANCE REPORT 2010

I submit to Parliament my Public Sector Performance Report for 2010 under the provisions of sections 24 and 25 of the *Auditor General Act 2006*.

A handwritten signature in black ink, appearing to read 'C. Murphy'.

COLIN MURPHY
AUDITOR GENERAL

5 May 2010

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Auditor General's Overview

This is the first Public Sector Performance report for 2010. These reports address performance by public sector agencies across a broad spectrum of government operations. This report contains the results of one examination and the Auditor General's opinions on three 'Ministerial Notifications'.

The two items in the report are:

- Registration of Medical Practitioners
- Opinions on three 'Ministerial Notifications' – ministerial decisions not to provide information to Parliament.

The first item of the report examined whether the Medical Board of Western Australia (the Board) ensures that medical practice in Western Australia is carried out by properly qualified practitioners and specialists who meet appropriate competence and probity standards. We also tested whether complaints were handled appropriately, and that the public register was accurate and up to date. The life or death role played by medical practitioners makes these functions of the Board critically important. We found that the Board is managing these aspects of its operations satisfactorily though some related areas of its operations could be improved.

The second examination was conducted as a result of legislative obligations of my Office. Section 82 of the *Financial Management Act 2006* requires Ministers to give Parliament and the Auditor General written notice where they decide that it is reasonable and appropriate not to provide information requested by Parliament. Section 24 of the *Auditor General Act 2006* requires the Auditor General to form an opinion on the reasonableness and appropriateness of the Minister's decision and report this opinion to Parliament.

Since February 2007, I have received 60 ministerial notifications under Section 82, relating to 14 parliamentary questions asked of Ministers. In that time, there have been four instances, including the three instances I am reporting here, where a Minister has informed me that their decision not to provide information was based on commercial sensitivity.

In all four instances, I have concluded that the decision by the Minister was not reasonable and therefore was inappropriate. I also found in all four instances that the agency's advice to their Minister in regard to the commercial sensitivity of the information was flawed and inadequate.

Transparency and accountability are cornerstones of our system of government and so any recommendation by agencies to withhold information from public scrutiny should only be made after proper assessment. Private sector organisations should also understand and expect that entering into contracts with government will lead to public scrutiny of the contract arrangement.

Registration of Medical Practitioners

Overview

In Australia and across the world, doctors have to be registered before they can practise medicine. The registration process allows governments to verify that doctors have the appropriate knowledge, skill, character and ability to deliver general or specialist medical services to the public.

In Western Australia, the Medical Board of Western Australia (MBWA) has responsibility for administering the registration of medical practitioners. The *Medical Practitioners Act 2008* (the Act) details the standards in relation to who can be registered as a medical practitioner, how the Register itself is maintained, and how complaints about medical practitioners are to be managed.

The Act contains 16 categories of registration for medical practitioners. These categories include 'General', 'Intern', 'Specialist', 'Conditional' (for overseas-trained doctors) and registration for doctors who practise only occasionally or do not practise at all. The legislation contains specific eligibility requirements for each category.

Our examination assessed whether MBWA was complying with the requirements of the Act. Specifically we examined whether MBWA correctly registered medical practitioners, how well it maintained the Register of Medical Practitioners and how well it managed complaints about medical practitioners.

Conclusion

MBWA adequately ensures that medical practice in Western Australia is carried out by properly qualified practitioners who meet appropriate standards. The information on the Register of Medical Practitioners is accurate and up to date, but the security of the Register needs to be improved. MBWA properly investigates and takes action on complaints it receives about medical practitioners, although it does not always meet the timeframes set in legislation.

Key Findings

- Before registering people as medical practitioners, MBWA conducts appropriate checks as required by legislation and policy, both for doctors trained in Australia and those trained overseas. While not a legislative requirement, MBWA should strengthen its process by requiring criminal records checks.
- The Register of Medical Practitioners contains accurate and up to date information, but the internal security of the register is weak. Poor internal security poses a risk to the confidentiality and integrity of information held on the register.
- MBWA adequately investigates complaints it receives about medical practitioners, although it sometimes exceeds legislated timeframes. Legislation requires MBWA to make a recommendation for resolving complaints within 56 days. Where this timeframe was exceeded, MBWA took between 57 and 308 days to investigate and make a recommendation.

What Should Be Done?

The Medical Board of Western Australia should:

- develop and implement a policy to check criminal records of registration applicants
- improve security controls over the Register of Medical Practitioners
- meet the legislative timeframes for investigating complaints against medical practitioners or consider options for amending the legislation if the timeframes are impractical.

Response by the Medical Board of Western Australia

The Medical Board of Western Australia (the Board) notes and appreciates the detailed examination of the Registration of Medical Practitioners performed by the Office of the Auditor General. The Board has addressed some of the issues immediately and will liaise with the Medical Board of Australia to ensure all issues are covered.

Background

Legislation for the registration of doctors has been in place in Western Australia for over 100 years. The *Medical Act 1894* governed the registration of doctors until it was replaced by the *Medical Practitioners Act 2008*. The Act establishes the Medical Board of Western Australia and gives it responsibility for registering medical practitioners. The Medical Board itself is supported by an administrative office of the same name. In this report, we refer to the administrative support office as 'MBWA' and to the Medical Board itself as 'the Board.'

In March 2008, the Council of Australian Governments agreed to introduce a national registration system for health professionals, including medical practitioners. The National Health Professional Regulation Authority has already been established and all states and territories are expected to roll in so that national registration can commence on 1 July 2010. The legislation required to enable Western Australia's participation has not yet been introduced into Parliament.

In expectation of national registration, medical registration boards in Australia have already signed up to consistent registration practices for overseas-trained doctors. Nationally consistent practices acknowledge the risk associated with registering doctors who do not have Australian medical qualifications. They attempt to ensure that doctors trained overseas have the appropriate levels of skill to practice medicine in Australia.

The number of doctors on the Register of Medical Practitioners varies because doctors can apply to register or cancel their registration at any time. At 1 March 2010, 8 979 doctors were registered to practise medicine in Western Australia. Between 1 March 2009 and 28 February 2010, MBWA processed 966 medical practitioner registrations.

What Did We Do?

The objective of this examination was to determine whether the Medical Board of Western Australia ensures that medical practice in Western Australia is carried out by properly qualified practitioners and specialists who meet appropriate competence and probity standards.

Specifically we examined whether:

- MBWA's procedures were aligned with relevant legislation and national requirements
- MBWA made appropriate assessments and decisions about the registration of medical practitioners
- the Register of Medical Practitioners was accurate and up to date
- MBWA promptly and properly investigated complaints about medical practitioners
- MBWA took appropriate action when adverse findings were made about medical practitioners.

The examination focused only on how the Medical Board of Western Australia administered medical practitioner registrations. We did not examine the registration of other health professionals or how public or private health medical practices verify the registration of the doctors they employ.

The audit was conducted in accordance with Australian Auditing Standards.

What Did We Find?

MBWA's registration of medical practitioners is generally sound

We examined the files for a random sample of 66 doctors newly registered since the Act commenced on 1 December 2008 to ensure that they were registered in accordance with the Act. Forty-eight per cent of our sample were trained in Australia or New Zealand, and 52 per cent were trained overseas.

MBWA conducted appropriate checks on doctors who applied to register

MBWA had carried out all the checks required by legislation and policy for the registration of Australian-trained doctors and those trained overseas. Further, it had policies and procedures in place that reflected the requirements of the Act. It checked applicants' identities and qualifications, and required them to make a statutory declaration about their character, health and professional history. For doctors trained overseas, MBWA also obtained independent verification of their qualifications and English language competency, checked their professional references and confirmed with their previous registration authority that they had an acceptable professional history.

However, MBWA does not require any applicants to provide a National Police Clearance. It currently relies on statutory declarations from doctors about their criminal record. While there is no legislative requirement to seek such clearances, they would provide greater comfort to the Board and in turn the public.

About 78 per cent of medical practitioners in Western Australia have 'General' registration, the least restrictive category of registration. 'Conditional' registration is more restrictive and applies to about 15 per cent of registered medical practitioners. These practitioners are either recent graduates completing their internships or are doctors who were trained overseas. About seven per cent of doctors are registered as 'Specialists'.

Australian jurisdictions take a consistent approach to registering overseas-trained doctors. Doctors with overseas medical training must demonstrate that their skills and ability are equivalent to Australian-trained doctors. To do this, they must pass a multiple choice and clinical assessment by the Australian Medical Council (AMC). They are then eligible for General registration, along with Australian trained doctors.

Alternatively, doctors trained overseas can receive 'Conditional' registration, if: AMC determines that their qualifications were granted by a competent authority; they pass the multiple choice examination; or they have the support of an Australian Specialist College. Overseas-trained doctors with 'Conditional' registration must work under supervision and can only work in approved positions, in approved locations, and for an approved length of time.

Some provisional registrations were not granted in accordance with legislative requirements

Under the Act, the Registrar can grant provisional registration for up to three months to doctors if they appear to meet registration requirements and pay a prescribed fee of 50 dollars. This means that doctors who are granted provisional registration can start working straight away and do not have to wait until their application is considered by the Board.

Of the 66 registrations we tested, 26 applicants were granted provisional registration without paying the prescribed fee. These cases occurred in the first four months after the Act came into effect. Since May 2009, no provisional registrations were granted unless the applicant had paid the fee. MBWA advised that this was a new requirement, and that it had taken some time to successfully communicate the changes to all applicants. MBWA chose to provide provisional registration during the transition without collecting the fee because they did not want to delay registration and limit doctors' ability to practise medicine.

MBWA renews the registration of medical practitioners in accordance with legislative requirements

Medical practitioners must renew their registration each year if they want to continue to practise medicine. The Act allows MBWA to renew registrations if medical practitioners pay their renewal fee by 30 September. If medical practitioners do not meet this deadline, their name must be removed from the register. Should a medical practitioner still want to practise medicine, they must apply to have their name restored to the register and pay another fee.

Eighty-three of the 89 doctors we sampled (93 per cent) to test renewals had paid their renewal by the required date. Six doctors who had not paid their renewal fee on time were removed from the register by MBWA.

Under the Act, medical practitioners renewing their registration must advise MBWA what professional development and educational activities they have undertaken during the past year. The Act allows MBWA to refuse to renew, or place conditions on the registration of medical practitioners who have not maintained adequate knowledge and skill.

We found that the MBWA does not have a documented policy for doctors who declare that they have not undertaken any professional development or educational activity. We identified three cases where renewing practitioners declared that they had not undertaken any such activities. In each case MBWA renewed their registration without making further enquiries. However, MBWA advised that they will audit these declarations later this year. We note that since January 2009 MBWA has required some doctors to undergo an examination to test their competency.

The Register of Medical Practitioners is accurate and up to date, but internal security is weak

Information in the Register is accurate and up to date

The Act requires that the Register of Medical Practitioners contain the following information about each registered person:

- their name
- their business, or other, address
- a unique identification number
- the date when they were first registered
- details of their medical qualifications
- their category of registration
- any conditions that apply to their registration
- any disciplinary actions against them
- convictions for any offences.

We tested the records of 96 doctors on the Register. Each record contained all the required information. The information was also accurate and up to date when compared to original file records.

As required by the Act, the Register is published on MBWA's website. However, until recently MBWA did not publish the details of conditions placed on doctors' registrations.

A medical practitioner can have special conditions placed on their registration by the Board or State Administrative Tribunal (SAT). This generally follows a hearing about the doctor's conduct, competency or potential impairment. For example, the Board or SAT may order that a doctor can only consult patients under the supervision of another doctor.

Until recently, MBWA's practice was to publish a statement on their website that a doctor's registration was subject to conditions, but not to provide details about the conditions. This limited the public's ability to make informed decisions about which doctors to consult. It also meant that the public were not in a position to advise MBWA if doctors breached any conditions.

In March 2010 MBWA revised this position. It now publishes the details of conditions on its website, other than health-related conditions. For example, a doctor with a mental health disorder may be registered on the condition that they regularly consult a psychiatrist. However, as this is a health issue, the reason for the conditional registration would not be published on the MBWA website. Our testing confirmed that MBWA is updating its website to include the details of conditions except health conditions.

Internal security of the Register is weak

The Register of Medical Practitioners contains information relating to all doctors who have ever been registered to practise medicine in Western Australia. We assessed how effectively MBWA controlled the security of the information in the Register.

We found that:

- MBWA did not have a policy for information systems security
- password management was weak
- all staff have access to view, copy, enter and change data in the register
- the register does not record a complete audit trail of data entries and updates
- generic logins are frequently used to enter and update data
- criminal record checks have not been conducted on staff.

These weaknesses increased the risk that individuals could access the network and inappropriately amend or alter the register, and for such activity to go undetected. While the register is a largely public document, it contains private information about medical practitioners. In addition, the integrity of the information is important to public safety and confidence in the people practising medicine in Western Australia.

We also tested the possibility of external access to the Register and found that it was secure. We note that MBWA staff are required to sign confidentiality agreements. MBWA have advised that it plans to implement further security improvements, such as requiring National Police Certificates for staff and ending the use of generic logins.

MBWA manages complaints about medical practitioners appropriately but does not always comply with legislative timeframes

The Act is detailed and specific on how MBWA must manage complaints it receives about registered medical practitioners. The legislation covers what type of complaints MBWA can investigate, how complaints are to be investigated, the timeframes for investigations, and what MBWA can do after investigations are complete.

We assessed whether MBWA manages complaints in accordance with the requirements in the Act.

MBWA investigates complaints appropriately

The Act requires that the Board establish a Complaints Assessment Committee (CAC). The Board must refer complaints to the CAC to assess and investigate. In most cases, the CAC must provide details about a complaint to the medical practitioner in question, and allow the medical practitioner to respond to the allegations. The CAC must then make a recommendation to the Board about how to respond to the complaint.

We tested 53 of the 224 complaints received by MBWA since 1 December 2008. We found that MBWA handled all of these complaints as required by the legislation.

In addition, MBWA kept good records relating to complaints management. It prepared comprehensive case management reports. These outlined the investigation and considered evidence from both the complainant and the medical practitioner. Recommendations from CAC and decisions by the Board were transparent and well documented, including the reasons for decisions. Both the complainant and the medical practitioner were advised of the different stages in the complaint investigation and decision-making process. In each case we tested, the Board's decision corresponded to the CAC recommendation and the conclusion from its investigation.

MBWA takes appropriate action on complaints

Following each investigation, the CAC must recommend to the Board action to take in response to a complaint. The CAC can recommend that the Board reject a complaint in certain circumstances. Alternatively, the CAC can recommend that the Board take other actions. The Board has a range of options in response to a complaint. It can:

- reject a complaint
- take no further action
- caution or reprimand the medical practitioner
- require the medical practitioner to give an undertaking to do certain things
- place conditions on the registration of a medical practitioner
- fine the medical practitioner up to \$5 000
- make an allegation about the medical practitioner to the SAT, which can, amongst other things, fine medical practitioners more than \$5 000, and suspend or cancel their registrations.

Of the 53 complaints we tested, 38 had been finalised and 15 were still being investigated. Of the 38 finalised complaints, 23 were rejected because the Board found they were not substantiated or did not warrant further action. The Board referred six complaints to the SAT and three to the Professional Standards Committee. Three complaints were not considered because they did not concern medical practitioners. Two were withdrawn, and one doctor signed a voluntary undertaking restricting their practice.

We also tested another seven cases where the Board imposed penalties on medical practitioners following the recommendation of the Professional Standards Committee. We found that in each case the Board had taken action set out in the legislation:

- one medical practitioner had conditions placed on their practice
- one medical practitioner had conditions placed on their practice and was cautioned
- one medical practitioner was reprimanded
- four medical practitioners were reprimanded and fined.

In February 2010, there were twenty doctors registered to practise medicine in WA who had conditions placed on their practice. The conditions were aimed at addressing problems of drug and alcohol use (10 doctors), mental illness (five doctors), lack of competency (four doctors) and sexual conduct with a patient (one doctor). We checked to see whether MBWA effectively monitored doctors with conditions on their practice. We tested five doctors who had conditions placed on their practice during the period.

We found that MBWA was adequately monitoring doctors with conditions on their practice. It maintained a chart detailing when and how each doctor must meet their conditions. For example, a medical practitioner may be required to have regular urine tests if they are found to have a drug addiction. The chart also recorded whether doctors had met their conditions, and if not, how their breach would be handled. MBWA also maintained detailed monitoring reports on individual doctors, which were updated as required and provided to the Board for information.

MBWA did not always meet legislative timeframes for complaint management

The Act sets timeframes for different stages of dealing with complaints. The CAC must give medical practitioners 14 days to respond to allegations about them, and make a recommendation to the Board within 56 days of the receiving the complaint. If the Board decides to reject a complaint, it must advise the complainant within 14 days of that decision.

We tested 53 complaints and found that medical practitioners were given 14 days to respond to allegations about them, but MBWA did not always meet the other legislative timeframes. In nine of 23 cases where the Medical Board decided to reject a complaint it took more than 14 days to advise the complainant. In 11 out of 35 cases the CAC failed to make a recommendation to the Board within 56 days as required, with timeframes ranging from 57 days to 308 days.

MBWA does monitor timeliness and is aware that the 56 day timeline is not always met, but believes that it is in the public interest to complete investigations even if it takes longer than 56 days to obtain all the relevant information. Some complaints require complex assessment and can involve reassessment of large amounts of clinical information. Complaints can also take longer to assess when either the complainant or medical practitioner is sick, overseas, or otherwise unavailable to provide immediate comment. Medical practitioners who are the subject of complaint investigations usually continue to practise while the complaint is investigated, although MBWA is able to issue Interim Orders to temporarily restrict or suspend their practice where this is considered warranted.

MBWA has received legal advice that there are no penalties in the Act for failing to meet this timeframe. We note that MBWA has advised the Minister of the issue. In addition, MBWA expects that new legislation to implement National Registration will be introduced soon, and that it will contain less restrictive timeframes than the current Act.

Opinions on three 'Ministerial Notifications' - ministerial decisions to not provide information to Parliament

Opinions

Decisions by the Minister for Transport to delay tabling or to not table three contracts in Parliament were not reasonable and therefore were inappropriate. The specific decisions were:

- to delay tabling a contract in Parliament relating to the maintenance of the Northbridge Tunnel
- to not table a contract in Parliament relating to the delivery of a transport study for Alexander Drive
- to not table a contract in Parliament relating to the provision of security services to bus facilities in Perth.

Introduction

Section 82 of the *Financial Management Act 2006* requires that if a Minister decides that it is reasonable and appropriate not to provide certain information to Parliament concerning the conduct or operation of an agency, then within 14 days the Minister shall cause written notice of the decision to be given to the Auditor General.

Section 24 of the *Auditor General Act 2006* requires the Auditor General to report to Parliament an opinion "as to whether a decision by a Minister not to provide information to Parliament concerning any conduct or operations of an agency is reasonable and appropriate".

This report deals with three decisions not to provide information to Parliament. The decisions were taken by Minister O'Brien, in his role as Minister for Transport. One matter related to the operations of Main Roads Western Australia (Main Roads). The other two matters related to the Public Transport Authority (PTA).

What Did We Do?

Our approach in arriving at these opinions is outlined in our 'Audit Practice Statement' and is published on our web site at <http://www.audit.wa.gov.au>. It included a review of relevant agency documentation and discussions with and written comments from agency staff and the State Solicitor's Office.

Background

Northbridge Tunnel Maintenance

In the Legislative Council on 10 November 2009, the Minister for Transport was asked to table a contract awarded to the Balderstone Clough Joint Venture (BCJV) for the maintenance of the Northbridge Tunnel. On 1 December after receiving advice from Main Roads, the Minister announced in Parliament that he would not table the contract.

The Minister stated:

"It is not considered appropriate for [this] Contract...to be tabled until after the completion of the current procurement process for the Metropolitan Integrated Service Arrangement (ISA) which will replace [this] Contract... The anticipated completion of the procurement process for the Metropolitan ISA is May 2010 and I would be happy to table the Contract...document at that time."

The contract in question was a Term Network contract originally let in 2000 for 10 years. It was extended in April 2010 for two years and relates only to the Northbridge Tunnel. Main Roads is in the process of introducing Integrated Service Agreements (ISA) which bring together numerous Term Network contracts. Main Roads established a Probity Plan and advisor to oversee the procurement process for the ISAs.

The closing date for tenders for the Metropolitan ISA was 17 December 2009. Main Roads supplied the Minister with its response to the Parliamentary Question and background information on 26 November 2009. Main Roads expects to finalise the contracting process for the Metropolitan ISA in May 2010.

Alexander Drive Transit Study

In the Legislative Council on 15 September 2009 the Minister for Transport was asked to table "all contract documents to conduct the Alexander Drive Transit Feasibility Study between the State Government and Parsons Brinkerhoff". On 1 December, after receiving advice from PTA, the Minister announced in Parliament that he would not table the contract because:

"These documents are commercially sensitive and it is not appropriate to release what the member requests".

The contract was awarded to Parsons Brinkerhoff in June 2008. It was let on a sole supplier basis. It includes a payment schedule which lists hourly rates for various named employees based on seniority. The contract involved nominated specialists conducting and reporting a study of potential transport needs and solutions in Perth's north-east.

Bus Facility Security Services

In the Legislative Council on 10 November 2009 the Minister for Transport was asked to table a contract awarded for the 'provision of bus security officers'. On 1 December after receiving advice from PTA, the Minister told Parliament that he would not table the contract.

The Minister stated that he would not provide the information because:

"The contract is Commercial in Confidence".

The contract was let to Wilson Security in February 2008 after a public tendering process. It includes a detailed and complex payment schedule. The schedule lists monthly vehicle costs, and hourly rates for various categories of employees based on role, time of day and seniority. The contract is to deliver comprehensive security services at nominated bus facilities in metropolitan Perth. It runs until 31 March 2011, with options for two one-year extensions.

Key Findings

1. The decisions to not table the three contracts were not reasonable and therefore were inappropriate. Specifically we found that:
 - There was no statutory requirement to keep the information private.
 - The contracts included no confidentiality clauses prohibiting making the contents public.
 - There was no clear legal basis to support a case that there was an 'equitable obligation of confidence' preventing the tabling of the contracts.
2. The advice provided to the Minister by both Main Roads and PTA regarding these matters was deficient and their assessment process lacked the necessary rigour to arrive at reasoned recommendations. We found that:
 - The recommendations to the Minister were brief and inadequate. Little or no explanation or evidence was provided to support the recommendations.
 - Neither Main Roads nor PTA sought the opinion of the contractors on the confidentiality of the information in the contract(s).
 - Neither Main Roads nor PTA sought legal advice as to whether there was any commercial in confidence reason for not releasing the contract(s).
 - Main Roads did not seek advice from its Probity Advisor as to whether tabling the Northbridge Maintenance contract would bias the tender process that was then underway.
 - Neither Main Roads nor PTA considered the possibility of tabling the contracts with any commercial-in-confidence sections 'blacked out'. The practice of 'blacking out' is common and accepted as it enables the disclosure of information that is not confidential.
 - While the decision not to table the Northbridge Maintenance contract immediately was not considered appropriate, the Minister did advise the Parliament that he would table the information after the procurement process was complete.

Departmental Responses

Public Transport Authority

PTA was operating under an assumption that there was a reasonable expectation from the contractors (Wilsons) that the contract derived from the tender would be treated as commercial in confidence. The PTA considered that there was no reason to seek Wilson's opinion regarding commercial confidentiality when they clearly stated their tender information was to be treated as commercial in confidence. Discussions with service contractors shows a clear expectation that detailed price information and initiatives/intellectual property displayed in tenders and subsequent contracts will not be published. However, recognising the OAG's findings, the PTA will address this issue by providing clarity to tenderers through changes to its future tendering documents.

Main Roads Western Australia

Main Roads acknowledges the points made in the Report.

Main Roads has a very strong contract management background and understands the importance for probity in all its contracting processes.

Main Roads acknowledges that it did not approach its legal or probity advisers prior to making the Recommendation to the Minister. Main Roads acknowledges that it was incorrect to treat the request for details of the Tunnel Contract via a Parliamentary Question in the same manner as the request for details of the Tunnel contract that came via private contractors involved in the ISA process a week earlier. Main Roads recommended to the Minister to delay releasing the contract documents until May 2010 because it did not want to risk compromising the ISA procurement process.

Main Roads will revise its processes to ensure that it will seek probity or legal advice on all such requests in the future.

Auditor General's Reports

REPORT NUMBER	2010 REPORTS	DATE TABLED
4	Audit Results Report: Annual Assurance Audits – completed since 2 November 2009, including universities and public colleges and Compliance Audits – Managing Attractive Assets and Managing Salary Payment Errors	5 May 2010
2	Information Systems Audit Report	24 March 2010
1	The Planning and Management of Perth Arena	10 March 2010

	2009 REPORTS	
13	Audit Results Report: 2008-09 Assurance Audits	11 November 2009
12	Fourth Public Sector Performance Report 2009 – Preliminary Examination of the Royalties for Regions Program – Accountability for Government Grants – Management of Government Purchasing Cards	11 November 2009
11	Third Public Sector Performance Report 2009 – Regulation of Firearms – Follow-up – Managing Staff Attendance in the Public Sector – Evaluation in Government	21 October 2009
10	Adult Community Mental Health Teams: Availability, Accessibility and Effectiveness of Services	14 October 2009
9	Every Day Counts: Managing Student Attendance in Western Australian Public Schools	19 August 2009
8	Opinion on Ministerial Notification: Ministerial Decision to not Provide Information to Parliament – Country Age Pension Fuel Card	19 August 2009
7	Second Public Sector Performance Report – Dangerous Goods Safety – Compliance in Western Australia's Commercial and Recreational Fisheries	25 June 2009
6	Maintaining the State Road Network	17 June 2009
5	Rich and Rare: Conservation of Threatened Species	10 June 2009
4	Coming, Ready or Not: Preparing for Large-scale Emergencies	20 May 2009
3	Audit Results Report – 31 December 2008 Assurance Audits and other audits completed since 3 November 2008	6 May 2009
2	Information Systems Audit Report	8 April 2009
1	Public Sector Performance Report 2009 – Management of Water Resources in Western Australia – Follow-up – Administration of the Metropolitan Region Scheme by the Department for Planning and Infrastructure – Management of Fringe Benefits Tax	1 April 2009

The above reports can be accessed on the Office of the Auditor General's website at www.audit.wa.gov.au

On request these reports may be made available in an alternative format for those with visual impairment.

