

I have attached my comments on the following questions

- 1. What are the most important challenges facing the public sector over the next ten ten years?**
- 2. What should be the aspiration for the public service? Should the Australian public be the centre of all the A.P.S. does?**
- 3. What changes need to be made to the A.P.S. at the federal level to move into the 21st century?**
- 4. A.P.S. values do they work as they are, what needs to change, what needs to be added and those removed?**
- 5. Ways for Medicare to move forward into the 21st century.**

1. What are the most important challenges facing the public sector over the next ten ten years?

- * Comment has been made that statistics show the upper management in the A.P.S. are nearing retirement age. Due to the recent government changes to the pension age and the superannuation and salary sacrifice contribution ceiling limits, people in the age range 55-60 who would have been considering retirement, may now not be retiring for another 5-10 years. The government needs to ensure that these people are retained in the A.P.S. and their knowledge and expertise is shared with the up and coming next generation.
- * Indigenous people should be *treated the same as non indigenous people*. They should have to meet the same employment merits and working conditions as non indigenous people. For too long the government has felt pressure to give indigenous people additional help & special conditions. This in fact discriminates against the non indigenous staff & general population. Indigenous people have had extra assistance with health, family support, education and employment for years. There has not been a level playing field for many years. Non indigenous people are in fact those who are disadvantaged when employed by the A.P.S. Australia is a multi ethnic/cultural country, but we are ONE Australia, where everyone should have the same opportunities and meet the same criteria. Stop pouring money the government says they obviously don't have in areas where it is being wasted. Stand up to the pressure groups, turn the pressure back on to them..let the world know that the government has supported the indigenous population for years and now they have a responsibility to show that this money, time, education, health support and all the other assistance has been worthwhile.
- * Recognise that A.P.S. workers are also members of the Australian public, and as such they also have family responsibilities and have needs just like the rest of the population. Just because they are employed by the government, and work in the A.P.S., doesn't mean their need is to be overlooked. Many staff working in the A.P.S has caring responsibilities for sick, disabled or older family members. Many are also single parents trying to juggle their work/home commitments. If the government wants the best worker, the best minds the best strategists, it needs to support the staff as they support the needs of the organisations.

- * The customer/the public has always recognised the agency as the service provider. They know the funds and support are supplied by the government but they always recognise and assimilate with the agency which supports them. Medicare is a great brand. The general public love the service provided by Medicare. They know they get prompt & excellent service. The information is correct, the staff go the extra mile and offer many different ways for them to claim a refund, interact with the Family Assistance Office, the A.T.O., P.B.S., Private Insurance funds, child carers, breast prothesis, dentists, optometrists and the list goes on. The Australian public are very positive about their interactions and dealings with Medicare Australia. Medicare is the face of great customer service.
- * **Medicare** is the brand where services like Australia Hearing, CRS and National Blood authority should be provided. These services would fit in well with the services Medicare already provide including Childhood Immunisation register, organ donor register, Family Assistance Office, Bowel Cancer support and many others.
- * Due to the great reputation that **Medicare** has for customer service, getting it right and prompt service, the Australian public would never be happy to see Medicare re located under the Centrelink brand. **Medicare** is seen by the Australian public as the place to receive great service, in an efficient & timely manner. The customers like coming to Medicare, they do not like going to a Centrelink office. Many members of the general population are afraid to visit a Centrelink office due to the perceived threats of violence, low staffing levels which degenerates to poor customer service, incorrect advice which results in repeated visits, joining an already long queue. The Australian public want Medicare to provide greater access to more of the government service they need to access and contact.
- * **The way to improve outcomes is to improve inter agency contact.** Remove red tape & barriers. Share technologies... those that have proven to work well, and get rid of those that are not working well or efficiently. Change legislation & policy, to allow all agencies to share the same data base, to allow names, addresses, contact details, relationships, residence etc to be all updated from the same information. This will ensure that all data bases are updated at the same time, sharing efficiencies, costs and ensuring it is all relevant.
- * The A.P.S. should be viewed as a neighbourhood, one which is the instrument of government policy, where changes are streamlined and the team can work towards a common goal. This would ensure that in times of national emergency, the total A.P.S. can them be quickly & efficiently galvanised to help the community.

- * The A.P.S is a government family. Every family has member tasks, cooking, cleaning, yard work school work etc. Let us use the great resources the A.P.S. family has more effectively. One agency can head up the payroll area. Another agency is responsible for the recruitment across all agencies, another property and relocations, another for stationery and cleaning services, etc. thereby preventing duplications, and wasted resources.
- * We need to ensure the projected day to day needs are co-ordinated centrally, This however does not mean the work moves to the A.C.T., what it does mean however, that the work is located in the best positioned state for the type of work while the individual agencies are left to focus on their job specific tasks.
- * The A.P.S. is there to serve the needs of the Australian public, NOT their wants.
- * It is about time the Australian government dealt with the Australian Medical Association. (AMA.) The future health of all Australians is NOT in the hands of the AMA. The people are a powerful group, more powerful than the AMA. People need to understand that if the government is to continue to offer medical benefits with the same focus that it currently has, the cost of providing these medical services to Australians will be a cost that outweighs the Australian G.D.P. This means Australia will not be able to export enough of our products overseas to cover the cost of Medical needs, let alone food, roads, schools etc... We could very easily become a 3rd world country because of the cost of maintaining the health industry in its current benefit format. The medical profession need to be pulled into line. Their charges are inflated. It is their right to charge what they want (they obviously have no problems sleeping at night) BUT.. it is the right of the people & government to advise the medical profession that the schedule benefit will be paid.
- * **The safety net** should change:
 - 1.The safety net should have a maximum annual benefit applied to it, just as private insurance limits apply.
 - 2.The Safety Net should only pick up the difference between the Schedule Fee and the Schedule benefit **only**.
The medical profession have become more & more greedy and if allowed to continue, they will bring the Australian economy to its knees.

The current safety net abuse by some practitioners has been brought about because the medical profession has been given a blank cheque and are holding the sick to ransom... and the economy cannot afford it.

By making changes to the way the s/net is applied would save millions & millions of tax payer dollars EVERY year!!

- * Incorporate the smaller agencies into the larger ones. For example, shift all of the Family Assistance functions to **Medicare**. Include Australian hearing, National Blood Authority and C.R.S. **into the Medicare** Portfolio. Include C.S.A & Job services Australia into the Centrelink Portfolio. *This will ensure that resources and networks of Medicare is looking after the health and families of Australia*, while Centerlink will focus will be on employment, disability and aged care support which extends to pensions & income support. **Both will then be positioned to deal with National crisis like bush fires, floods and other emergencies. DO NOT combine** these comprehensive Agencies/portfolios into one. To do so would ensure that instead of the customer service provided being improved, it would in fact become inferior and more costly to provide due to the need for the customer to seek assistance/advice more than once.
- * **Medicare & Centrelink** are both stand alone agencies who offer an already diverse range of services. Part of this government reform is to cut cost, streamline efficiencies and share information. The amalgamation of Medicare and Centrelink would not be to this end, it would cost the government, the tax payer and the country money.
- * A one stop shop works for face to face agencies like Medicare & Centrelink, BUT it is not workable to make it one big shop front because as individual community support networks , they offer a diverse and comprehensive range of products already. To change this in any way would compromise the quality and professionalism provided. At the same time the creation of a one stop shop encompassing Medicare & Centrelink would end up costing the government & community in time, efficiency and money.
- * To ensure there is better use of resources, particularly the employee base, there must be better utilisation of the E.O.I. (expression of interest) facility. Staff must be able to apply & temporarily transfer to any of the other government agencies quickly. Recently there were 2 rounds of short term E.O.I. to Centrelink. Unfortunately it was not a streamlined process and it was complicated by mis-information and incorrect information. For an E.O.I. process to be rewarding for staff from both agencies,(and the agencies involved) it must be professional and happen quickly. E.O.I. is a great way for staff to try new jobs, share skills, and learn new skills while keeping costs low. Staff must be guaranteed that they can return to their old position after the E.O.I. transfer has ended.
- * Remove end dates on Medicare cards...saving of millions of dollars every year on the un necessary re issue of cards.
- * Have ID info imbedded into the Medicare cards to enable the access of details at hospitals & doctors. In the long term this is part of the data sharing technology between all government agencies.

- * Enrolment in the Medicare system should be an automatic function provided by D.I.M.I.A., based on the information they currently provide to Medicare. This should be an automatic process through the electronic system. It would then not be necessary for the new migrant, or applicant for permanent residency, to visit a Medicare office unless they need to make a claim or amend the details on their Medicare card. This would be a considerable saving of time, paper and money. (it would mean that the volumes of p/p details currently copied at every Medicare office would no longer be necessary.) This would not only save the environment significant cost, it would be a huge financial saving to the government.

2. What should be the aspiration for the public service? Should the Australian public be the centre of all the A.P.S. does?

- * NO.
- * An organisation cannot be function at its best if it is trying to always meet the **wants** of its customers. The consumer mistakes his/her wants for needs. The customer has the right to good customer service, health, housing education, security etc... But the government has the right to choose what is a fair and reasonable. The government supply/support, the rest the consumer needs to be responsible for.
Supply and demand is a 2 part contract and Australians need to understand that if they were living in many other parts of the world, they would be having to be responsible for a greater share of the burden in their every day lives. As we know world communications are changing. People are adapting every day to changes in technology. It with this in mind that we must ensure that our customers understand that these new technologies are cheaper for the economy and as a way to ensure that the government is better positioned to provide more and better services, that they must do their bit to keep costs down, this can be extended to include ONLINE services, reverse Eftpos, reduced safety net, only visiting the doctor & purchasing subsidised medication when necessary.
- * Public need to be educated (in the future) of the reasons why the access card/ consumer access card/ Community Support Card... etc is relevant to the times we live in to ensure that the sick & needy get speedy and accurate assistance when it is needed.
- * The Australian population can at times be compared to a spoiled child. The good parent doesn't give in to the child. The child needs to understand there are reasons and consequences for behaviour. The public need to understand that the staff who work for the government are tax payers too, with families and responsibilities and should not have to be at available 6 days and a night every week. After all... who is home minding the children?? Adolescent crime rates, drug & alcohol abuse are other government concerns.
- * ALL Government fraud should be prosecuted. Offenders of intentional fraud should have their names & perhaps faces released to the general public. Medicare fraud, particularly doctor/medical fraud should be publicised. It should be publicised that ALL debts will be recovered, no matter how small, just like Centrelink does. This fraud is against the government, but also against all tax payers, all honest hard working Australians. The cost of advertising, a few wins and the publicity around it will certainly make many people think twice about fraud, and the following public humiliation.

- * Australians have to understand that just because they *need* plastic surgery, IVF (both wants) eye surgery, often a need, psychology, dental treatment, autism assistance etc that the government and the Australian tax payer do not owe them! It is unfortunate that we all have medical issues, problems & concerns. Just as it is unfortunate that people lose their jobs... but the government systems are in place to relieve some of the pain NOT to carry the burden. It is time ALL Australians (me included) took more responsibility for their own lives. Australians need to understand the cost and affect principle. It is all good and well that we receive financial support, but at the end of the day this cost has to be paid for by all. Those earning an income pay, cost of products go up, pensions will not continue to meet these costs. It is time that Australians looked to the rest of the world to see just how lucky they live in Australia & receive the support from the government they do. HOWEVER... if we continue down this path, with the open purse, the notes will continue to blow away in the wind and there will be nothing left and we will face the probability of becoming a 3rd world country, open to hunger, disease, violence and invasion. Wake up Australia, wake up government... take the lead and take action while you can.

- * The Australian public ARE in the centre. They can choose to side with the government & help reign in expenditure. They can chose to support reductions in medical cost by reducing the safety net, voting with their feet by not consulting doctors who charge excessive fees. They can choose to think before running off to the doctor, develop healthier lifestyles, look harder for work, put up with less, and think to the past where waste was not an option... This is where the government can take a lead role... help the community to recognise that change is the way to go if we are to survive the 21st century.

- * A one stop shop works for face to face agencies like Medicare & Centrelink, BUT it is not workable to make it one big shop front because as individual community support networks , they offer a diverse and comprehensive range of products already. To change this in any way would compromise the quality and professionalism provided. At the same time the creation of a one stop shop encompassing Medicare & Centrelink would end up costing the government & community in time, efficiency and money.

- * Medicare already supplies information to all Australian customers on others government agencies. As a One Stop Information Shop, Medicare has the capacity to provide information on all the government programs. To do this, a more comprehensive brochure stand system would be required.

- * Enrolment in the Medicare system should be an automatic function provided by D.I.M.I.A., based on the information they currently provide to Medicare. This should be an automatic process through the electronic system. It would then not be necessary for the new migrant,

or applicant for permanent residency, to visit a Medicare office unless they need to make a claim or amend the details on their Medicare card. This would be a considerable saving of time, paper and money. (it would mean that the volumes of p/p details currently copied at every Medicare office would no longer be necessary.)

3. What changes need to be made to the A.P.S. at the federal level to move into the 21st century?

- * Common Certified Agreement for all A.P.S. staff effective 2011.
- * Pay rates must be equivalent across the A.P.S., for work of a similar nature and complexity.
- * Government must meet regularly with representatives from each portfolio/agency to remain in touch with what is happening at the ground level and ask staff how the individual, the organisation & the government can be more productive, efficient and resourceful.
- * Share tried & successful technology, while removing those that aren't efficient.
- * Multi skilling of staff. Eg: All new staff to Medicare are to be streamed into 2 or 3 fields. Group 1 learns Medicare roles, the second intake learns F.A.O., and the 3rd intake is streamed to Compliance, PBS or other allocated workload. After 12 months of working in this area, they are to be moved to another area where they can be trained in another aspect of Medicare work. This will provide multi tasking specialisation and build strength within the agency. This principle can be applied to Centrelink, with income support, unemployment and pensions, C.S.A., etc and followed through with the other agencies.
- * All staff are to be considered for E.O.I.
- * Apprenticeships/traineeships will bring in school leavers. This will develop an up and coming well educated and trained staff for the next 20 years of A.P.S. roles.
- * Mature Age retention strategies need to be devised & implemented to encourage knowledgeable and functioning staff to stay at work in the A.P.S. while the existing staff learn new skills and the apprentices & trainees learn their roles.
- * Older fully functioning staff members who would ordinarily leave need to be encouraged to remain working with no loss to their superannuation values. They should be allowed to salary sacrifice over the new limits, without the tax penalties imposed, if it will keep them in the A.P.S.
- * Technologies must be shared. A change of legislation may be required, as will several policies.
- * Hire I.T. experts in an ongoing capacity. Complete a costing to determine whether the A.P.S. needs an **in house** I.T. provider to **maintain the cross agency IT network.**

- * Bring C.S.A. and the job **network into the Centrelink portfolio.**
- * Bring C.S.R. Australian Hearing and National Blood Authority Australia **into the Medicare portfolio.**
- * DO NOT amalgamate Medicare & Centrelink. A one stop shop works for face to face agencies like Medicare & Centrelink, BUT it is not workable to make it one big shop front because as individual community support networks , they offer a diverse and comprehensive range of products already. To change this would compromise the quality and professionalism provided. At the same time the creation of a one stop shop encompassing Medicare & Centrelink would end up costing the government & community in time, efficiency and money.
- * The Australian Medical Association (A.M.A.) has to be removed from its point of influence. It is not just influencing health policy, it is controlling it and causing significant damage to the future of the Australian economy. The Australian people are a bigger pressure group. The need to understand the damage the A.M.A. is doing to not only the health industry but the future stability of Australia in general and the well being of the public specifically.
- * Restrict/re-focus the migration. Be selective on the migrants we allow in. Don't be influenced by world or personal pressure. For the future of Australia we need migrants and families who will blend with the other Australians & enrich our culture, not generate problems. We need migrants with the skills our economy needs. We need migrants who work, not sit at home on the dole.
- * Our migration policy should be amended to ensure that migrants have a minimum grade 4 Australian standard in the written and spoken word and applications.
- * Aged parents should not be allowed to migrate unless they are fully self supporting. They are to sign a legal document confirming that they understand that they will receive no financial support from the government and that if they fail to meet the requirement to support themselves, their visa will be cancelled & they will be returned to their country of origin.
- * Migrants/visitors, applicants for P.R. who break the law and are sentenced to jail will have their visas cancelled & they will be returned to their country of origin.
- * I.V.F. services will not be available for new migrants in the first 10 years of Australian residence.

- * No government financial support for new migrants is to be made available in the first 2 years. (includes Medicare & Centrelink services)
This is all about ensuring that the migrant makes a decent contribution to the country before they start to draw benefits from the country. As our migration has expanded in recent years, so has the debt in welfare (including the hugely financially draining BBY & FAO payments) and medical payments. The government spends \$Billions every year on these types of payments to new migrants who have contributed nothing to the Australian economy. This will need to be a legislation change. Yes.. we are the lucky country.. for those who come here and get a lot for nothing.... This feedback is all about cost cutting and saving to the Australian government and the people of Australia.

4. A.P.S. values do they work as they are, what needs to change, what needs to be added and those removed?

The Australian Public Service:

- a. is apolitical, performing its functions in an impartial and professional manner
- b. is a public service in which employment decisions are based on merit
- c. provides a workplace that is free from discrimination and recognises and utilises the diversity of the Australian community it serves
- d. has the highest ethical standards
- e. is openly accountable for its actions, within the framework of Ministerial responsibility to the Government, the Parliament and the Australian public
- f. is responsive to the Government in providing frank, honest, comprehensive, accurate and timely advice and in implementing the Government's policies and programs
- g. delivers services fairly, effectively, impartially and courteously to the Australian public and is sensitive to the diversity of the Australian public
- h. has leadership of the highest quality
- i. establishes workplace relations that value communication, consultation, co-operation and input from employees on matters that affect their workplace
- j. provides a fair, flexible, safe and rewarding workplace
- k. focuses on achieving results and managing performance
- l. promotes equity in employment
- m. provides a reasonable opportunity to all eligible members of the community to apply for APS employment
- n. is a career-based service to enhance the effectiveness and cohesion of Australia's democratic system of government
- o. provides a fair system of review of decisions taken in respect of employees.

As I seek it, the APS values as they stand are fine, they cover the necessary broad scope of life situations to ensure that selection of staff is fair, continuing employment is fair and the delivery of service is fair to all Australians. However, I have to question whether they are all carried out as directed.

For instance:

f. Is the A.P.S. really frank with the Government?

Do the department/agency heads feel confident about keeping their job that they can say what they think, what they need to say?

Does the Minister want to hear, will he/she pass it on without chopping heads or marking people for discipline...

I question that the department heads are honest to the Minister or the Minister is honest with the upper hierarchy.

It is all well to say.. be honest, tell me the truth.. but self preservation prevents this.

h. The A.P.S. has leadership at the highest quality.

Does it? If that is so, why are there so many duds in upper management? Over time, Medicare for instance, seems to have been blessed with more than its fair share of management 'trouble shooters' when Medicare was not in need of assistance. It seems, to many staff, that several of the top management have been 'promoted up or sideways from other agencies/portfolios to Medicare when they have burnt bridges elsewhere

I. Establishes workplace relations that value communication,

consultation...Staff repeatedly dispute this statement. It is often said that management are keen to get feedback, but will often only listen when the staff are agreeing with management strategies.

The latest instance of this can be seen in the co-location of the Medicare and Centrelink office in Canberra. Staff feedback was not sought, OHS risk assessment was not done, there was little or no consultation during or after the co location was completed. Staff was guaranteed that no further decisions on co-locations would be made until after a risk assessment was completed and feedback from staff had been collated and issues worked through. However, several other offices had been ear marked and preparations begun on further co-locations before the door had opened on the first site. So much for consultation with the staff and grass level management.

o. Provides for a fair system of review of decisions taken in respect of employees. The staff will agree that they are advised that there is a review process if they don't agree with a decision but at the end of the day, after the review, there is rarely a reversal of a decision. This sounds like all the decisions must have been correct, but any number of staff will tell you that this is not the case.

It is very well to have these values, but the implementation and reviewing of how they work must be done regularly.

Why not take this opportunity to ask each agency/portfolio to provide you with their top A.P.S. values. Then make a decision on whether the existing 15 values are the ones which should lead the A.P.S. into the 21st century, or whether there should be re wording or changes, even reductions.

5. Ways for Medicare to move forward into the 21st century.

- * Medicare already supplies information to all Australian customers on others government agencies. As a One Stop Information Shop, Medicare has the capacity to provide information on all the government programs. To do this, a more comprehensive brochure stand system would be required.
- * We need to establish an **information share and knowledge link across all government agencies** in a readable, printable/downloadable format.
- * Get on board with Optus, Telstra, Vodaphone, Dodo, etc to have Medicare as part of their on homepage ads. This would provide millions of Medicare customers with information about the Medicare ONLINE website and other messages of the month.
- * Enrolment in the Medicare system should be an automatic function provided by D.I.M.I.A., based on the information they currently provide to Medicare. This should be an automatic process through the electronic system. It would then not be necessary for the new migrant or applicant for permanent residency, to visit a Medicare office unless they need to make a claim or amend the details on their Medicare card. This would be a considerable saving of time, paper and money. (It would mean that the volumes of p/p details currently copied at every Medicare office would no longer be necessary.)
- * Send out satisfaction surveys to all the ONLINE customers... **to their email addresses.**
- * In the Medicare offices have a customer service satisfaction survey to be handed out for one week in every month to every customer. It can be a ½ A4 sheet size handed out with the cash refund, or with a brochure when the customer is only after information. We could call it.. What did you think of our service? .. Did we answer your question?... Can we do it better? Etc... have it fold in half and a pre addressed envelope is the other side (like organ donor or EFT collection forms.
- * Telephony CANNOT be provided for on the counter, it is a backroom function only. It creates too much pressure on the remaining customer service offices and too much pressure on the S.O. who is required to answer the phone and not serve the queue.
- * ONLINE services, As part of the process to encourage doctors to join the ONLINE program, if the doctor doesn't join the ONLINE program by 010710, his patient is no longer eligible to claim a benefit. We have spent a lot of time & money educating & supporting & financially rewarding doctors who go ONLINE. The numbers are still much lower than anticipated. We should stop playing around & offer the customer & doctor a real choice. Join the scheme... or opt out of benefits. The A.M.A. have had too much influence in this area and they now have to understand there are consequences for this action. The government is trying to streamline costs, and we keep letting the A.M.A. use their power & influence to undermine the health and well being of this nation.

The above are my thoughts & feedback after reading Reform of Australian Government Administration: Building the world's best public service document. I look forward to reading your feedback.