I recently resigned from the board of NQPHN. This left NQPHN in breach of its constitution with no GPs on the board. I was the second GP to resign within the space of a couple of weeks. It triggered a departmental review into the governance of NQPHN and has shone the spotlight on the relevance of PHN’s to general practice who are the largest providers of primary care.

The governance review is part of the fallout from the Nth Qld Pharmacy Scope of Practice Pilot where a lens was shone on issues around governance, the structure and purpose of PHN’s and the influence of members on decisions. I am disappointed that the findings will not be made public as the lack of transparency and management of conflicts is what triggered the department to step in.

I resigned because of the poor governance decisions and values that were no longer aligned. At the same time, local GP’s formed the NQ Doctors Guild, a group of 250 doctors who were also concerned about the direction and performance of their PHN.

The problems;

1. *Governance*. There is currently a federal government review of NQPHN governance, and I call for openness and transparency and the details to be published. The current issues are around management of Conflict of Interest (COI). North Queensland is a big small place and people wear multiple hats in different organisations so managing conflicts of interests seems to be difficult.
2. *Influence of Members*. Members appoint the board to govern. In NQ, the lines have been blurred. The members influence decisions and expect that substantive decisions such as withdrawal from the pilot be run past them first for their approval. In other circles this could be considered shadow directorship. The members of influence of the NQPHN are the 4 local HHS (Hospital and Health Services) and the Pharmacy Guild.

The PHN is viewed as a funnel for federal money into North Queensland. That is not a problem if one is trying to maximise the funding impact but when it is supporting their own aims it becomes an issue. It is a tangled web of influential organisations, institutions and relationships.

The RACGP had been trying to become a member of the NQPHN for 18 months, however its membership application continues to be delayed.

1. *Purpose of PHN’s*. 90% of our community have a family doctor and GPs represent the biggest group of providers delivering primary care. There is a perception from external stakeholders that PHN’s represent general practice. They don’t. This week we heard that Gippsland PHN has given funding to an external corporate afterhours telehealth provider instead of the local general practice who would provide face to face care. In North Queensland, GP’s do not feel valued and disengaged with the PHN after a similar afterhours issue a couple of years ago. For local GP’s who were already disenfranchised, the North Queensland Pharmacy Scope of Practice pilot and the perceived influence of the Pharmacy Guild on the PHN was the last straw.

Knowing where you can best add value – inside or outside the tent is the key to having influence. Most of the time it is inside the tent. If I could have solved this quietly inside the tent - I would have. Taking a stand and putting yourself out there knowing that the consequences of your decision affect others such as employees etc. was challenging. There are some excellent and ethical board members on NQPHN and the people on the ground are doing a wonderful job.

I urge the federal government to make the review of NQPHN open and transparent to ensure that our communities can have faith that taxpayers money is being invested in their healthcare appropriately.

What I witnessed was the power of ground roots GP’s and the power of conversations. North Queensland GP’s have come together over this issue in a way that shows me how strong we can be when we all walk in the same direction. This issue has transcended our representative organisations and siloism and has started a bigger conversation.

PHN’s don’t represent GP’s.

We do. Us.

Dr Nicole Higgins

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