

Schedule 3 – Work Plan

For the 2024-2025 financial year the work to be undertaken by the Accreditation Authority is set out in Schedule 2, and the work plan below:

Domain 1: Governance
1. Accreditation Authority's Board and Committees: Accreditation Authority's Board meets four times per year. (Note: This includes the previous Governance Committee) plus the Annual General Meeting and associated Board Committees including: (a) <u>Finance, Audit and Risk Committee</u> The purpose of the Finance, Audit and Risk Committee is to assist the AOAC Board by providing high level oversight of financial reporting, risk management, advice on governance and audit. The Finance Audit and Risk Committee will meet four times a year to monitor quarterly and annual financial statements. The Committee will also liaise with the external auditor to produce the audited financial statements and Director's report, and it will monitor financial and compliance reporting that informs and meet fiduciary responsibilities of Directors. (b) <u>Professional Practice Committee (Note: This includes the work plan of the former Accreditation and Qualifications & Skills Assessment Committees)</u> The Professional Practice Committee will meet four times per year (i) to review the outcomes and recommendations by the AOAC accreditation assessment team following the assessment of the education provider and their program of study in osteopathy, including new programs of study. (ii) to oversee the assessment of the knowledge, clinical skills and professional attributes of overseas qualified practitioners who are seeking registration as osteopaths in Australia, including maintenance of contemporary assessment items and moderation of results. 2. Accreditation Authority's Board Charter and policies review and update as required. 3. Production of Accreditation Authority's Annual Reporting requirements: • Development of the workplan as requested by the OsteoBA • Annual Report • Annual key performance indicator report (comprehensive report) • Mid-year key performance indicator report (supplementary report) • Report within 10 business days any proposals being made to change the Service Agreement
Domain 2: Independence
1. The AOAC Board has a strong Governance framework with a conflict-of-interest policy and a Register of Interests. This ensures that members are not participating in decisions that they may have an actual, potential, or perceived conflict of interest in. 2. There is a process for advertising and interviewing for candidates that's required for Board Directors and Committee Members.
Domain 3: Operational management
1. Operational support is provided by via service agreement that is negotiated yearly including:

(c) Executive and Secretariat support including: (i) Board and Committees administration, (ii) Day-to-day operational management, (iii) Liaising with OsteoBA, Osteopathy Association, HPACF, and the Department of Home Affairs. (iv) Communication with other external stakeholders (d) Financial service support and provision of detailed alignment of costs against individual line items in budget request. Review governance and sitting fee structure. (e) Supporting, development and review policy, guidelines. 2. Management of qualifications & skills assessment by reporting to the AOAC Professional Practice Committee which is responsible to the AOAC Board: (f) Management of the Competent Authority Pathway (CAP) process (g) Management of the assessment processes in the Standard Pathway Assessment (SPA) (h) Recruitment and orientation of Assessors 3. Management of Accreditation through the Executive Officer reporting to the AOAC Professional Practice Committee which is responsible to the AOAC Board. The Executive Officer: (i) Supports the Education Providers within the accreditation application and assessment process, including the site visit. (j) Provides recommendations to the AOAC Professional Practice Committee. (k) Supports the recruitment, orientation and selection of assessors / assessment teams. (l) Maintains a Register of Assessors from various disciplines, with academic, clinical and governance expertise
Domain 4: Accreditation Standards
1. The Accreditation Standards for Osteopathic Course in Australia with the accompanying Essential Evidence Guide were approved in 2020-2021. 2. The Standards and evidence guide is subject to continuous review against the regulatory and education methods.
Domain 5: Process for accreditation of programs of study and education providers
1. Oversight and management of the accreditation of education providers: (a) Five yearly accreditation assessments including site visits. (b) Monitoring of accreditation including conditional, targeted, and annual monitoring. (c) Investigation of complaints or appeal requests as required. (d) Providing ongoing advice regarding accreditation matters. (e) Review of schedule of accreditation fees (f) Liaise with education providers seeking to offer programs of study in Osteopathy
Domain 6: Assessing authorities in other countries

Domain 7: Assessment of internationally qualified practitioners 1. AOAC's Professional Practice Committee is responsible for assessing the skills of osteopaths who want to migrate to Australia under the General Skilled Migration program. It also undertakes skills assessments on behalf of the Osteopathy Board of Australia for overseas qualified osteopaths seeking to gain their registration in Australia. 2. AOAC provides two pathways for the Assessment of internationally qualified Osteopaths these are: (a) Competent Authority Pathway (CAP) Assessment for registration in Australia (b) Standard Pathway Assessment (SPA) for Registration in Australia 3. Management of the examination process for overseas candidates seeking to migrate to Australia.
Domain 8: Stakeholder Collaboration 1. Improve transparency with stakeholders through the circulation of AOACs Communique through a quarterly bulletin. 2. Engage with the Health Professionals Accreditation Collaborative Forum (HPACF) to progress the work they are undertaking Stakeholder engagement and meetings. 3. Engagement with the Osteopathy Think Tank (OsteoBA, Osteo Association, AOAC). 4. Engagement with Council Registrar of the Osteopathy Council of NZ. 5. Conference presentations/attendance: (a) Board Chair to attend HPACF meetings held every two months, (b) Chair and Executive Officer meeting with the Osteopathy Board of Australia every 2 months (c) Chair and Executive Officer to attend NRAS National Conference

Schedule 4 – Funding arrangements

The Funding Principles below will guide accreditation authorities, National Boards and Ahpra for the 2024/25 financial year initially. These Funding Principles may be reviewed under clause 6.

The Funding Principles are to be applied by accreditation authorities, National Boards and Ahpra when they are considering and agreeing on the funding to be provided to the accreditation authority by the National Board/Ahpra for performance of the Accreditation Functions.

The Funding Principles aim to promote consistency, transparency and accountability for use of registrant fees to fund the Accreditation Function.

Ahpra, in consultation with the National Board, will provide funding through registrant fees to enable the accreditation authority to manage its business and risks by covering some of the indirect costs of activities related to program accreditation, including monitoring.

The following Funding Principles will apply, in addition to the guiding principles and objectives of the National Law, and the Quality Framework for the Accreditation Functions, when an accreditation authority is requesting funding from a National Board/Ahpra (**Funding Request**) and when a National Board/Ahpra decide to provide funding to an accreditation authority (**Funding Decision**):

1. requests for funding should be reasonable and proportionate to the activities being funded.
2. the funding provided by the National Board/Ahpra should cover a proportion of the governance costs related to the accreditation functions.
3. the funding provided by the National Board/Ahpra for the development and review of accreditation standards should be requested and considered separately to the funding of other Accreditation Functions.
4. requests for increases in funding from the previous year should not usually exceed the indexation range applicable to National Board fee increases
5. where an accreditation authority considers an increase in funding above the indexation range is required, it should put the Funding Request and a business case supporting the increase above the indexation range to Ahpra and the National Board for consideration.
6. such Funding Request and business case should be forwarded to Ahpra and the National Board by 10 February or earlier each calendar year to enable them to have sufficient time to properly consider the funding request.
7. Ahpra and the National Board may agree to the requested increase in funding or propose to agree to a lesser amount. Such a proposal and reasons for that proposal should be forwarded to the accreditation authority to enable it to have sufficient time to properly consider the proposed funding amount and reasons.
8. Ahpra and the National Board should agree to provide sufficient funding to enable the accreditation authority to effectively deliver the Accreditation Functions through a combination of funding provided by the National Board/Ahpra and funding from other sources that is provided as a direct result of the accreditation authority being assigned and exercising statutory functions under the National Law.

Item 2 – Funds

Total funding for 2024/2025 financial year is: \$ 223,561 (ex GST).

The funding is payable in four instalments on the following dates and in accordance with clause 5.2 of the Head Agreement.

Date	GST exclusive
1 July 2024	\$55,891
1 October 2024	\$55,890
1 January 2025	\$55,890
1 April 2025	\$55,890