

## **Health Profession Agreement**

**Aboriginal and Torres Strait Islander Health  
Practice Board of Australia**

and

**The Australian Health Practitioner Regulation  
Agency**

**2013 - 2014**

# Health Profession Agreement

## 1. Preamble

- 1.1. The Health Practitioner Regulation National Law Act 2009 requires the Australian Health Practitioner Regulation Agency (Agency) and the Aboriginal and Torres Strait Islander Health Practice Board of Australia (the Board) to enter a Health Profession Agreement (Agreement) that provides for the following:
  - 1.1.1. the services to be provided by the Agency to the Board to enable it to carry out its functions;
  - 1.1.2. the fees payable by health practitioners; and
  - 1.1.3. the annual budget of the Board.
- 1.2. The National Law framework for this Agreement is set out in Attachment 1.
- 1.3. In developing and signing this Agreement:
  - 1.3.1. both parties agree that a successful Health Profession Agreement is an important element of an effective working relationship;
  - 1.3.2. the Board will do everything it can to make its requirements clear; and
  - 1.3.3. the Agency will do everything it can to provide the services required by the Board to perform its functions.
- 1.4. The NRAS Strategy 2011 -2014 outlines an agreed high level strategy for the joint work of National Boards and AHPRA. See Attachment 2.
- 1.5. Boards commit to actively co-operate and collaborate with other national Boards wherever appropriate, in areas of mutual interest and of wider importance for the implementation of the National Scheme as a whole.

## 2. Guiding principles for the Agreement

- 2.1. The guiding principles, which underpin this Agreement, are as follows:
  - 2.1.1. the Board and the Agency recognise each other's distinct and complementary statutory responsibilities;
  - 2.1.2. the Board and the Agency recognise their mutual accountability and partnership;
  - 2.1.3. the implementation of the agreement provides mutually beneficial outcomes for both parties and the community we jointly serve;
  - 2.1.4. the Board and the Agency are committed to the efficient management and continuous improvement of their respective functions;
  - 2.1.5. the Board and the Agency have a commitment to resolve problems or disputes promptly.

### 3. Scope of this Agreement

- 3.1. This Agreement is for the period 1<sup>st</sup> July 2013 to 30<sup>th</sup> June 2014.
- 3.2. Under this Agreement, the Board will recognise its statutory and policy responsibilities. In particular, it will:
  - 3.2.1. advise the Agency of any risks which may impact on its ability to meet its statutory obligations; and
  - 3.2.2. ensure prompt consideration of policy matters necessary to fulfil its obligations under this agreement.
- 3.3. The Board will also recognise the operational responsibilities of the Agency. It will:
  - 3.3.1. provide clear directions on its requirements in relation to the services from the Agency as specified in Schedule 1;
  - 3.3.2. develop a fee structure which provides adequate financial resources to the Agency to enable it to perform its functions under this agreement and which provides an adequate level of equity as agreed between the Board and the Agency;
  - 3.3.3. ensure that Board members are accessible to Agency staff;
  - 3.3.4. ensure prompt consideration of operational matters raised by the Agency as a consequence of its fulfilling its obligations under this agreement and in relation to the shared objective of national consistency and improving the ways AHPRA delivers services on behalf of the Board;
  - 3.3.5. ensure adherence to AHPRA's financial responsibilities in procurement and other operational processes in fulfilling the Board's work plans;
  - 3.3.6. direct any requests for additional tasks, beyond those detailed in Schedule 1 of this Agreement, through the Director, National Board Services. Time frames and impact on other services and priorities will then be negotiated;
  - 3.3.7. authorise the Chair of the Board (or his/her nominee) to act as liaison officer with respect to this Agreement;
  - 3.3.8. provide information requested by the Agency on the Board's performance of its functions for inclusion in the Agency's annual report and other agreed purposes;
  - 3.3.9. liaise and consult with the Agency to develop the Board's strategic and work plans.
- 3.4. Under this Agreement the Agency will recognise its statutory and policy responsibilities. It will:
  - 3.4.1. advise the Board of any risks which may impact on its ability to meet its statutory obligations;
  - 3.4.2. provide policy, secretariat and research support for the Board and its delegate to enable effective and timely decision making including;
    - 3.4.2.1. policy advice
    - 3.4.2.2. advice on regulatory or legislative changes
    - 3.4.2.3. responses to questions from Ministers and parliaments
    - 3.4.2.4. Board appointments
    - 3.4.2.5. Freedom of Information and Privacy legislation and the Ombudsman
    - 3.4.2.6. media, public relations, issues management and communication support.



3.4.3. ensure that services comply with Board policy and relevant laws;

3.5. The Agency will also recognise its operational responsibilities to enable the Board to exercise its functions. It will:

- 3.5.1. fulfil the requirements for the delivery of services as outlined in Schedule 1 through the provision of appropriately trained and experienced staff;
- 3.5.2. provide registration and notification services to delegated decision-makers in accordance with agreed Board delegations, operational policies and the National Law;
- 3.5.3. provide National Boards with information that will enable them to perform their notifications functions in a timely and efficient way;
- 3.5.4. facilitate Board access to relevant information, facilities and staff of the Agency;
- 3.5.5. ensure that senior Agency staff liaise and consult with the Board to provide guidance and advice and raise issues likely to impact on the Board's strategic and work plans;
- 3.5.6. manage financial resources in an efficient, transparent and accountable way ensuring that there are appropriate internal safeguards which are subject to controls and audit;
- 3.5.7. enter into and manage any third party contracts, agreements or key relationships required by the Board to support its statutory obligations and provide agreed services to support such contracts;
- 3.5.8. develop and implement operational protocols and guidance to promote nationally consistent service delivery which reflects the Board's standards, guidelines and policies;
- 3.5.9. maintain relevant website content in line with Board's direction and expectations including updates relating to board activities;
- 3.5.10. provide responsive customer services including counter, email response and telephone services in support of Board and Agency functions and services;
- 3.5.11. monitor and regularly report on performance and provide feedback on the level of performance in relation to the standards for the agreed services;
- 3.5.12. undertake specific projects as requested by the Board within agreed priorities and agreed timeframes. Additional funding may be negotiated with the Board where the work impacts on normal operational staffing and is considered not to be part of routine roles and functions performed by the Agency;
- 3.5.13. monitor and regularly report on the management of significant risks which may impact the Board's ability to meet its statutory obligations;
- 3.5.14. manage a program of projects to continuously improve the consistency and quality of services, promote innovation and to adopt contemporary business and service delivery models;
- 3.5.15. authorise the Director, National Board Services as the Agency's liaison officer with respect to this agreement.

#### **4. Dispute resolution**

- 4.1. If a dispute arises, the parties will raise the matter with each other setting out the issues in dispute and the outcome desired. Each party agrees to use its best endeavours to resolve the dispute fairly and promptly.
- 4.2. If the dispute cannot be resolved, the matter will be referred to the Chief Executive Officer of the Agency and the Chair of the Board.
- 4.3. If the dispute cannot be resolved following the steps above, it will be referred to the Chair of the Agency Management Committee and the Chair of the Board.
- 4.4. Either party may request the appointment of an independent, accredited mediator at any stage in the process.
- 4.5. If the Agency and the Board(s) are unable to resolve the dispute it may be referred to the Ministerial Council, consistent with the requirements of the National Law.

#### **5. Review**

- 5.1. The Agency and the Board agree to review this agreement on an annual basis. The Agreement continues on the same terms and conditions until either revoked or replaced.

#### **6. Schedules**


- **Schedule 1: Services to be provided to the Board by AHPRA**
- **Schedule 2: Board's annual work plan**
- **Schedule 3: Income and expenditure budget, balance sheet and budget notes**
- **Schedule 4: Schedule of fees**
- **Schedule 5: Performance indicators and reporting**

This Agreement is made between

The Aboriginal and Torres Strait Islander Health Practice Board of Australia

and

The Australian Health Practitioner Regulation Agency (AHPRA)

Signed for and on behalf of AHPRA by:	Signed for and on behalf of the Aboriginal and Torres Strait Islander Health Practice Board of Australia by:
	
Signature of Chief Executive Officer	Signature of the Board Chair
Mr Martin Fletcher	Mr Peter Pangquee
Date 16 October 2013	Date 16 October 2013



## **Attachment 1: Legislative framework**

### **Health Practitioner Regulation National Law, as in force in each state & territory (the National Law).**

#### **Objectives and guiding principles of the legislation**

- (1) The object of this Law is to establish a national registration and accreditation scheme for:
  - (a) the regulation of health practitioners; and
  - (b) the registration of students undertaking:
    - (i) programs of study that provide a qualification for registration in a health profession; or
    - (ii) clinical training in a health profession.
- (2) The objectives of the national registration and accreditation scheme are:
  - (a) to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered; and
  - (b) to facilitate workforce mobility across Australia by reducing the administrative burden for health practitioners wishing to move between participating jurisdictions or to practise in more than one participating jurisdiction; and
  - (c) to facilitate the provision of high quality education and training of health practitioners; and
  - (d) to facilitate the rigorous and responsive assessment of overseas-trained health practitioners; and
  - (e) to facilitate access to services provided by health practitioners in accordance with the public interest; and
  - (f) to enable the continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivery by, health practitioners.
- (3) The guiding principles of the national registration and accreditation scheme are as follows:
  - (a) the scheme is to operate in a transparent, accountable, efficient, effective and fair way;
  - (b) fees required to be paid under the scheme are to be reasonable having regard to the efficient and effective operation of the scheme;
  - (c) restrictions on the practice of a health profession are to be imposed under the scheme only if it is necessary to ensure health services are provided safely and are of an appropriate quality.

#### **The Australian Health Practitioner Regulation Agency**

Section 26 of the National Law sets out the requirement as follows.

- “(1) The National Agency must enter into an agreement (a health profession agreement) with a National Board that makes provision for the following:
- (a) the fees that will be payable under this Law by health practitioners and others in respect of the health profession for which the Board is established (including arrangements relating to refunds, waivers, or reductions and penalties for late payment),
  - (b) the annual budget of the National Board (including the funding arrangements for its committees and accreditation authorities),
  - (c) the services to be provided to the National Board by the National Agency to enable the National Board to carry out its functions under the national registration and accreditation scheme.”

Among the functions of the National Agency, section 25(d) provides that the Agency must negotiate in good faith with, and attempt to come to agreement with each National Board on the terms of a health profession agreement. Section 35(1)(f) provides a corresponding function for a National Board.

The National Law in section 32(2) limits the powers of the National Board so that, among other limitations, it cannot enter a contract. In this regard the National Board may only engage services through the National Agency.

The activities provided for in a health profession agreement must necessarily relate to the functions of a National Board and the functions of the National Agency.

### **Finance**

Part 9 of the National Law regulates finance for the national scheme. Section 208 establishes the Australian Health Practitioner Regulation Agency Fund (the Agency Fund), to be administered by the National Agency. Sections 209-211 provide for the payments into and out of the Agency Fund as well as the investment of money in the Agency Fund.

Financial management duties of the National Agency and National Boards are provided in section 212. Duties are imposed on the National Agency to ensure its financial management and operations are efficient, transparent and accountable and its financial management practices are subject to appropriate internal safeguards.

A National Board is required to ensure its operations are efficient, effective, and economical, and to take any necessary action to ensure the National Agency is able to comply with its financial management responsibilities.

The National Law provides in section 236(1) protection from personal liability for persons who act in good faith in the exercise of functions under the law. Any liability that arises in this regard attaches to the National Agency.





# National Registration & Accreditation Scheme Strategy 2011-2014

## OUR VISION

A competent and flexible health workforce that meets the current and future needs of the Australian community

## OUR MISSION

To regulate health practitioners in Australia in the public interest

## OUR VALUES

In fulfilling our role:

- We act in the interest of public health and safety
- We work collaboratively to deliver high-quality health regulation
- We promote safety and quality in health practice
- Our decisions are fair and just
- We are accountable for our decisions and actions
- Our processes are transparent and consistent

## KEY STRATEGIC PRIORITIES 2011-14

In accordance with the National Law and our values, we will:

1. Ensure the integrity of the National Registers
2. Drive national consistency of standards, processes and decision-making
3. Respond effectively to notifications about the health, performance and conduct of health practitioners
4. Adopt contemporary business and service delivery models
5. Engender the confidence and respect of health practitioners
6. Foster community and stakeholder awareness of and engagement with health practitioner regulation
7. Use data to monitor and improve policy advice and decision-making
8. Become a recognised leader in professional regulation



**AHPRA**  
Australian Health Practitioner Regulation Agency

Chiropractic	Osteopathy
Dental	Pharmacy
Medical	Physiotherapy
Nursing and Midwifery	Podiatry
Optometry	Psychology

## **Schedule 1: Services to be provided to the Board by AHPRA**

### **Business Operations**

#### **Notifications, registration applications and renewals**

Within approved delegations:

- Manage applications for registration consistent with approved registration standards.
- Manage student registrations.
- Receive and investigate notifications about health practitioners in relation to performance, conduct or health matters and students on grounds specified in the National Law.
- Provide effective coordinated support and comprehensive data and advice for state and territory boards, national committees and registration and notifications committees and immediate action committees in their decision making about registration and notification matters.
- Manage matters relating to practitioner impairment.
- Facilitate communication with stakeholders and manage key relations.
- Provide support for hearing panels - preparation and circulation of agendas and associated papers, drafting decisions and correspondence.
- Establish effective arrangements for professional advisers
- Continuously improve the design and implementation of delegations
- Provide communications support for issues and media management which is consistent with the Board's media strategy
- Increase national consistency and continuous improvement of processes and decision making to implement standards
- Provide legal advice and services

#### **Liaison with external authorities**

Where appropriate and in agreement with the Board, enter into memorandums of understanding with relevant authorities to facilitate the application of sections 219 and 221 of the National Law.

Where service levels can be enhanced, work in partnership with external authorities to ensure that relevant issues are considered by both entities.

#### **Online service delivery**

Develop online services for health practitioners consistent with agreed business priorities

Promote uptake of online services by health practitioners.

#### **National registers**

Maintain a current online national register of registered health practitioners and specialists.

Implement strategies to ensure the accuracy and completeness of data on the registers

Maintain a current national register of students of the profession.

Provide the Board and key partners with relevant workforce registration information.

#### **Customer service**

Ensure that practitioners and members of the public can have their phone, email and in person queries dealt with by AHPRA within agreed response times.

Develop and disseminate communications including production of practitioner newsletters

#### **Compliance**

Monitor those practitioners who are subject to conditions on their registration, undertakings or who are suspended.

Implement an agreed program of audit of registration standards.



## **Business Support**

### **Board and committee support**

AHPRA will provide sufficient resources to meet the needs of the Board in the following:

- Develop registration standards, codes, guidelines and policy as agreed with the Board and across Boards on agreed priority areas.
- Facilitate stakeholder engagement, government relations including Health Workforce Principal Committee and coordination of whole-of-scheme issues such as community engagement.
- Operational support - arrange Board and committee meetings, travel, accommodation, payment of sitting fees and expenses. Where meetings are held on Agency premises the costs will be charged to the allocated cost pool. Where the Board chooses to meet elsewhere, meeting costs will be charged as a direct cost to the Board and will be treated as part of the Board's budget.
- Secretariat services - prepare and circulate agendas and associated papers, draft decisions, correspondence and communiqués for the Board and its committees.
- Project management – deliver agreed projects on behalf of the Board.
- Legal advice - provide legal advice and services.
- Board effectiveness – services including training, recruitment and succession planning.

### **Communication**

Provide high quality, relevant and current information to stakeholders in a timely and positive manner, enhancing the stakeholder confidence in the Board and the National Scheme and to assist in building key stakeholder relationships. The communications program will be developed in consultation with the Board and will include:

- production and distribution of newsletters to practitioners;
- continual development and enhancement of the Board's website, management of publications, Board events and advice and support on media issues, consistent with the Board's media strategy.

### **Financial management**

Maintain a specific account for the Board within the Agency Fund.

Manage funds in accordance with requirements of the National Law and within guidelines agreed with the Board.

Provide agreed regular financial and performance reports.

Implement appropriate procedures for the collection, refund, reduction and waiver of fees.

Provide financial support and advice to the Board and relevant committees, including strategies for managing specific issues, fee setting and achievement of agreed levels of equity.

Implement measures to improve efficiency and productivity of AHPRA performance through adoption of contemporary business and service delivery models.

Manage and report costs according to established cost allocation principles.

### **Cost allocation principles**

The main objective of cost allocation is to assign each cost to the activity that is most responsible for the generation of that cost. Some costs can be easily identified and attributed to Boards or AHPRA cost centres based on direct causal relationships. Other common or indirect costs need to be shared using accepted cost allocation methodologies.

The allocation methodology used for indirect costs should meet the following criteria.

- Defensible – able to be scrutinised and tested both internally and externally by all impacted parties.
- Auditable – ready to be tested from a financial perspective by an independent arbitrator.
- Understandable – simple, non-complex and understood by all stakeholders, irrespective of their level of financial acumen.



- Flexible – able to alter its calculations and approach as the structure of costs changes over time.
- Accurate – ensures that all costs required to be passed on are calculated accurately and that data capture is robust to enable all costs to be charged back appropriately.

### **Cost allocation business rules**

The principle of no cross-subsidisation of costs will be maintained.

As a first step, where possible AHPRA will allocate costs directly to Boards. If direct allocation is not possible through the identification of a direct causal relationship, costs will be allocated to the indirect cost pool.

The application of the indirect cost allocation framework will result in different cost allocation percentages each year, depending on changes to inputs to the allocation base.

Outcomes of the cost allocation framework will be described in reports to all National Boards each year and will be used as a basis for determining Boards' budgets.

AHPRA will not allocate the same cost more than once. That is, the same cost will not be treated as both a direct and shared (allocated) cost. A direct cost will only be attributed once to a Board. A shared cost will only be allocated once across Boards.

AHPRA will identify to all Boards which costs are charged directly and which are allocated to the indirect cost pool. That is, Boards will be given a clear statement of what services are being delivered via either direct charge or indirect cost allocation.

### **Risk management**

Manage a risk management strategy for both AHPRA and the National Boards.

Communicate to National Boards the identification of and mitigation strategies for extreme and high risks.

Implement an internal audit function to improve AHPRA's management and mitigate risk.

### **Accreditation**

Where accreditation functions are provided by an independent accreditation authority, negotiate and manage an agreement on behalf of the Board for the provision of those functions including any agreed specific projects.

Where the accreditation function is exercised by a committee established by the Board, AHPRA, primarily through its accreditation unit, will support the delivery of the accreditation function.

The accreditation unit will operate the function within the agreed budget and achieve agreed objectives. Maintain a current and publicly accessible list of approved programs of study for the profession.

### **Board work program**

Deliver agreed Board-specific work program within agreed priorities, resources and service standards.

## Schedule 2:

### Desired Outcomes – Key Strategic Priorities 2013-14.

<p>This document is linked to the Board's Strategic Statement 2013-14 which sets out the Board's key strategic priorities for 2013-2014. Some of these may extend beyond this period.</p> <p>The Board's work plan (which follows) sets out the works and projects to be undertaken in 2013-14 to achieve its objectives.</p>	
Key Priority	Desired outcomes of the Board (3-5yr)
1. Ensure the integrity of the National Registers.	An accessible, accurate and complete National Register of registered Aboriginal and Torres Strait Islander Health Practitioners and students of the profession is maintained by AHPRA and monitored by the Board.
2. Drive national consistency of standards, processes and decision-making.	<p>The Board's standards, processes and decisions are monitored and evaluated.</p> <p>The Board's statutory functions under the National Law are applied consistently.</p> <p>The Board's standards, processes and decisions are communicated to its key stakeholders through their preferred method.</p> <p>The Board takes opportunities to utilise standards, processes and decisions common to all national boards under the National Scheme, where appropriate, to deliver value for money for its registered Aboriginal and Torres Strait Islander Health Practitioners and the Board's funders.</p>
3. Respond effectively to notifications about the health, performance and conduct of health practitioners.	<p>Notifications about Aboriginal and Torres Strait Islander Health Practitioners and students in relation to their performance, conduct or health matters are resolved at least at the overall national average of all national boards under the National Scheme.</p> <p>AHPRA receives clear guidance through the Board's standards, processes and policies in order to manage notifications at the same rate as other national boards under the National Scheme.</p> <p>Notifications resolution rates, from the time of receipt to closure, are monitored by the Board to ensure continuous improvement.</p> <p>The Board's standards, processes, decisions and policies on notifications are monitored and evaluated to ensure continuous improvement.</p>
4. Adopt contemporary business and service delivery models.	Governments, registered Aboriginal and Torres Strait Islander Health Practitioners and the Board's other funders feel they receive value for money from the costs associated with the Board exercising its statutory functions.
5. Engender the confidence and respect of health practitioners	<p>Registered/potential Aboriginal and Torres Strait Islander Health Practitioners and their employers express confidence and respect for the Board and the National Scheme.</p> <ul style="list-style-type: none"> <li>Other health professions express confidence that the</li> </ul>



	<p>regulation of Aboriginal and Torres Strait Islander Health Workers in clinical roles produces a sustainable workforce, which has the cultural and clinical competence to deliver safe and holistic primary health care services to all Aboriginal and Torres Strait Islander peoples, especially those suffering from chronic diseases and/or complex health needs.</p>
<p>6. Foster community and stakeholder awareness of and engagement with health practitioner regulation.</p>	<p>Governments express confidence that the regulation of Aboriginal and Torres Strait Islander Health Workers in clinical roles produces a sustainable workforce, which has the cultural and clinical competence to deliver safe and holistic primary health care services to all Aboriginal and Torres Strait Islander peoples, especially those suffering from chronic diseases and/or complex health needs.</p> <p>Governments enact enabling amendments to the respective Drugs and Poisons legislation to remove the limitations to registered Aboriginal and Torres Strait Islander Health Practitioners possessing and supplying approved medicines.</p> <p>Relevant authorities and employers of registered/potential Aboriginal and Torres Strait Islander Health Practitioners mandate the registration of Aboriginal and Torres Strait Islander Health Workers in clinical roles where required in the interest of public safety.</p>
<p>7. Use data to monitor and improve policy advice and decision-making.</p>	<p>The Board's decisions take account of the need to improve data quality and knowledge.</p> <p>The Board collaborates and forms strategic partnerships with key stakeholders to share appropriate data and knowledge to monitor and improve respective decisions, and assist with workforce planning.</p> <p>The Board utilises numerous data and knowledge sources in relation to the health needs of Aboriginal and Torres Strait Islander communities and the social determinants of disadvantage in order to monitor and improve its decisions</p>
<p>8. Become a recognised leader in professional regulation.</p>	<p>The Board's regulatory functions are utilised to support Aboriginal and Torres Strait Islander health working groups and peak bodies in their development of a mobile, flexible, responsive and sustainable Aboriginal and Torres Strait Islander health workforce.</p> <p>The Board's regulatory functions are utilised to support governments, Health Workforce Australia, and the Community Services &amp; Health Industry Skills Council in their development of a mobile, flexible, responsive and sustainable Aboriginal and Torres Strait Islander health workforce.</p> <p>The Board encourages all key workforce development agents to focus their energies and resources into a single Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework, which aims to develop a mobile, flexible, responsive and sustainable workforce.</p>



**2013-14 business plan derived from ATSIHP Board of Australia Key Strategic Priorities 2013-14**

The strategic objectives outline the desired outcomes of the board for the next 3-5 years. The initiatives detailed will be those undertaken in the 2013-2014 year to achieve the objectives.

<b>Key Priority 1 : Ensure the integrity of the National Registers</b>	
<b>Objectives</b>	<b>Initiatives</b>
An accessible, accurate and complete National Register of registered Aboriginal and Torres Strait Islander health practitioners and students of the profession is maintained by AHPRA and monitored by the Board.	<ul style="list-style-type: none"> <li>• Monitor the online availability of the National Register every month through the Health Professions Agreement Business Operations Report</li> <li>• Monitor the accuracy and completeness of the National Register every six months through data audit activities.</li> </ul>
<b>Key Priority 2 : Drive national consistency of standards, processes and decision-making</b>	
<b>Objectives</b>	<b>Initiatives</b>
The Board's standards, processes and decisions are monitored and evaluated.	<ul style="list-style-type: none"> <li>• Monitor the usefulness, relevance and impact of its standards, processes and decisions by actively inviting feedback from stakeholders, especially: <ul style="list-style-type: none"> <li>the Aboriginal and Torres Strait Islander Health Workforce Working Group,</li> <li>the National Aboriginal and Torres Strait Islander Health Registered Training Organisations National Network,</li> <li>the National Aboriginal and Torres Strait Islander Health Worker Association,</li> <li>the National Aboriginal Community Controlled Health Organisation,</li> <li>the Commonwealth Government and its Department of Health and Ageing,</li> <li>State and territory governments and their respective health departments,</li> <li>Health Workforce Australia, and</li> <li>the Community Services &amp; Health Industry Skills</li> </ul> </li> <li>• Evaluate the feedback from stakeholders, and together with various data and knowledge sources in relation to the health needs of Aboriginal and Torres Strait Islander communities and the social determinants of disadvantage, to review its standards, processes and decisions.</li> </ul>
The Board's statutory functions under the National Law are applied consistently.	<ul style="list-style-type: none"> <li>• Commit to reviewing and/or inviting advice on the Board's past decisions on similar issues or circumstances to assist in informing its imminent decision.</li> </ul>

Key Priority 2 : Drive national consistency of standards, processes and decision-making	
Objectives	Initiatives
The Board's standards, processes and decisions are communicated to its key stakeholders through their preferred method.	<ul style="list-style-type: none"> <li>Consult with stakeholders annually to know their preferred communication method then dispatch information on the Board's standards, processes and decisions accordingly, especially to: <ul style="list-style-type: none"> <li>the Aboriginal and Torres Strait Islander Health Workforce Working Group,</li> <li>the National Aboriginal and Torres Strait Islander Health Registered Training Organisations National Network,</li> <li>the National Aboriginal and Torres Strait Islander Health Worker Association,</li> <li>the National Aboriginal Community Controlled Health Organisation,</li> <li>the Commonwealth Government and its Department of Health and Ageing,</li> <li>State and territory governments and their respective health departments,</li> <li>Health Workforce Australia, and</li> <li>the Community Services &amp; Health Industry Skills Council.</li> </ul> </li> </ul>
The Board takes opportunities to utilise standards, processes and decisions common to all national boards under the National Scheme, where appropriate, to deliver value for money for its registered Aboriginal and Torres Strait Islander Health Practitioners and the Board's funders.	<ul style="list-style-type: none"> <li>Continually review the appropriateness of standards, processes and decisions common to all national boards under the National Scheme.</li> <li>Identify opportunities to increase value for money for registered Aboriginal and Torres Strait Islander Health Practitioners and the Board's funders when utilising appropriate standards, processes and decisions common to all national boards under the National Scheme.</li> </ul>

**Key Priority 3 : Respond effectively to notifications about the health, performance and conduct of health practitioners**

Objectives	Initiatives
Notifications about Aboriginal and Torres Strait Islander Health Practitioner and students in relation to their performance, conduct or health matters are resolved at least at the overall national average of all national boards under the National Scheme.	<ul style="list-style-type: none"> <li>Proactively invite advice from AHPRA on how to best reduce the time required to resolve notifications without compromising the Board's commitment to procedural fairness.</li> </ul>
AHPRA receives clear guidance through the Board's standards, processes and policies in order to manage notifications at the same rate as other national boards under the National Scheme.	<ul style="list-style-type: none"> <li>Enhance existing standards, processes and policies, where required to provide better clarity to AHPRA, so that notifications are resolved promptly</li> </ul>
Notifications resolution rates, from the time of receipt to closure, are monitored by the Board to ensure continuous improvement.	<ul style="list-style-type: none"> <li>Monitor the time required to resolve notifications every month through the Health Professions Agreement Business Operations Report.</li> </ul>
The Board's standards, processes, decisions and policies on notifications are monitored and evaluated to ensure continuous improvement.	<ul style="list-style-type: none"> <li>Monitor the usefulness, relevance and impact of the Board's standards, processes and decisions on notifications by actively inviting feedback from stakeholders, especially: <ul style="list-style-type: none"> <li>the Aboriginal and Torres Strait Islander Health Workforce Working Group,</li> <li>the National Aboriginal and Torres Strait Islander Health Worker Association,</li> <li>the National Aboriginal Community Controlled Health Organisation</li> <li>Health Workforce Australia, and</li> <li>the Community Services &amp; Health Industry Skills Council.</li> </ul> </li> </ul>



**Key Priority 4: Respond effectively to notifications about the health, performance and conduct of podiatry practitioners**

Objectives	Initiatives
Governments, registered Aboriginal and Torres Strait Islander health practitioners and the Board's other funders feel they receive value for money from the costs associated with the Board exercising its statutory functions.	<ul style="list-style-type: none"> <li>Exercise the Board's statutory functions fully but take opportunities to find efficiencies in meeting and travel costs by embracing new technologies to streamline and improve board processes.</li> <li>Evaluate actual meeting and travel costs every quarter through the quarterly financial report and set new cost saving targets for future quarters.</li> </ul>

**Key Priority 5: Engender the confidence and respect of health practitioners**

Objectives	Initiatives
Registered/potential Aboriginal and Torres Strait Islander Health Practitioners and their employers express confidence and respect for the Board and the National Scheme.	<ul style="list-style-type: none"> <li>Monitor the confidence and respect for the Board and the National Scheme by actively inviting feedback from stakeholders, especially: <ul style="list-style-type: none"> <li>the National Aboriginal and Torres Strait Islander Health Worker Association,</li> <li>the National Aboriginal Community Controlled Health Organisation, and</li> <li>State and territory governments and their respective health departments,</li> </ul> </li> </ul>
Other health professions express confidence that the regulation of Aboriginal and Torres Strait Islander Health Workers in clinical roles produces a sustainable workforce, which has the cultural and clinical competence to deliver safe and holistic primary health care services to all Aboriginal and Torres Strait Islander peoples, especially those suffering from chronic diseases and/or complex health needs.	<ul style="list-style-type: none"> <li>Authorise the Board Chairperson to actively promote the importance of regulating Aboriginal and Torres Strait Islander health workers in clinical roles because it produces a sustainable workforce, which has the cultural and clinical competence to deliver safe and holistic primary health care services to all Aboriginal and Torres Strait Islander peoples, especially those suffering from chronic diseases and/or complex health needs to the chairpersons of the other national boards in the National Scheme</li> <li>Monitor the confidence of other national boards in the National Scheme that the regulation of Aboriginal and Torres Strait Islander health workers in clinical roles produces a sustainable workforce.</li> </ul>

**Key Priority 6: Foster community and stakeholder awareness of and engagement with health practitioner regulation**

Objectives	Initiatives
Governments express confidence that the regulation of Aboriginal and Torres Strait Islander health workers in clinical roles produces a sustainable workforce, which has the cultural and clinical competence to deliver safe and holistic primary health care services to all Aboriginal and Torres Strait Islander peoples, especially those suffering from chronic diseases and/or complex health needs.	<ul style="list-style-type: none"> <li>• Authorise the Board Chairperson to actively promote the importance of regulating Aboriginal and Torres Strait Islander Health Workers in clinical roles because it produces a sustainable workforce, which has the cultural and clinical competence to deliver safe and holistic primary health care services to all Aboriginal and Torres Strait Islander peoples, especially those suffering from chronic diseases and/or complex health needs to governments.</li> <li>• Monitor the confidence of governments and their senior health officials that the regulation of Aboriginal and Torres Strait Islander health workers in clinical roles produces a sustainable workforce.</li> </ul>
Governments enact enabling amendments to the respective drugs and poisons legislation to remove the limitations to registered Aboriginal and Torres Strait Islander health practitioners possessing and supplying approved medicines.	<ul style="list-style-type: none"> <li>• The Board engages effectively with governments, other professions and relevant stakeholders to explore the benefits of governments enacting enabling amendments to the respective drugs and poisons legislation to remove the limitations to registered Aboriginal and Torres Strait Islander health practitioners possessing and supplying approved medicines.</li> </ul>
Relevant authorities and employers of registered/potential Aboriginal and Torres Strait Islander health practitioners mandate the registration of Aboriginal and Torres Strait Islander health workers in clinical roles in the interest of public safety.	<ul style="list-style-type: none"> <li>• Actively promote the importance of mandating the registration of Aboriginal and Torres Strait Islander health workers in clinical roles where required in the interest of public safety.</li> </ul>

**Key Priority 7: Use data to monitor and improve policy advice and decision-making**

Objectives	Initiatives
The Board's decisions on registrants are consistent in order to improve data quality and knowledge.	<ul style="list-style-type: none"> <li>• Monitor the consistency of the Board's decisions on registrants by actively inviting feedback from stakeholders, especially: <ul style="list-style-type: none"> <li>the National Aboriginal and Torres Strait Islander Health Worker Association,</li> <li>the National Aboriginal Community Controlled Health Organisation, and</li> <li>State and territory governments and their respective health departments,</li> </ul> </li> </ul>
The Board collaborates with key stakeholders to share appropriate data and knowledge to monitor and improve respective decisions, and assist with workforce planning.	<ul style="list-style-type: none"> <li>• Actively collaborate with key stakeholders to share appropriate data and knowledge to monitor and improve respective decisions, and assist with workforce planning, especially with: <ul style="list-style-type: none"> <li>the Aboriginal and Torres Strait Islander Health</li> </ul> </li> </ul>



### Key Priority 7: Use data to monitor and improve policy advice and decision-making

Objectives	Initiatives
	<p>Workforce Working Group,</p> <p>the National Aboriginal and Torres Strait Islander Health Registered Training Organisations National Network,</p> <p>the National Aboriginal and Torres Strait Islander Health Worker Association,</p> <p>the National Aboriginal Community Controlled Health Organisation,</p> <p>the Commonwealth Government and its Department of Health and Ageing,</p> <p>State and territory governments and their respective health departments,</p> <p>Health Workforce Australia, and</p> <p>the Community Services &amp; Health Industry Skills Council.</p>
<p>The Board utilises numerous data and knowledge sources in relation to the health needs of Aboriginal and Torres Strait Islander communities and the social determinants of disadvantage, in order to monitor and improve its decisions.</p>	<ul style="list-style-type: none"> <li>Actively seek various data and knowledge sources from key stakeholders, especially from: <ul style="list-style-type: none"> <li>the Aboriginal and Torres Strait Islander Health Workforce Working Group,</li> <li>the National Aboriginal and Torres Strait Islander Health Registered Training Organisations National Network,</li> <li>the National Aboriginal and Torres Strait Islander Health Worker Association,</li> <li>the National Aboriginal Community Controlled Health Organisation,</li> <li>the Commonwealth Government and its Department of Health and Ageing,</li> <li>State and territory governments and their respective health departments,</li> <li>Health Workforce Australia, and</li> <li>the Community Services &amp; Health Industry Skills Council.</li> </ul> </li> </ul>



### Key Priority 8: Become a recognised leader in professional regulation

Objectives	Initiatives
Aboriginal and Torres Strait Islander health working groups and peak bodies agree to work collaboratively with the Board to develop a mobile, flexible, responsive and sustainable Aboriginal and Torres Strait Islander health workforce.	<ul style="list-style-type: none"> <li>Actively collaborate with Aboriginal and Torres Strait Islander health working groups and peak bodies to develop a mobile, flexible, responsive and sustainable Aboriginal and Torres Strait Islander Health workforce, especially: <ul style="list-style-type: none"> <li>the Aboriginal and Torres Strait Islander Health Workforce Working Group,</li> <li>the National Aboriginal and Torres Strait Islander Health Registered Training Organisations National Network,</li> <li>the National Aboriginal and Torres Strait Islander Health Worker Association, and</li> <li>the National Aboriginal Community Controlled Health Organisation.</li> </ul> </li> </ul>
Governments, Health Workforce Australia, and the Community Services & Health Industry Skills Council agree to work collaboratively with the Board to develop a mobile, flexible, responsive and sustainable Aboriginal and Torres Strait Islander Health workforce.	<ul style="list-style-type: none"> <li>Actively collaborate with governments, Health Workforce Australia, and the Community Services &amp; Health Industry Skills Council to develop a mobile, flexible, responsive and sustainable Aboriginal and Torres Strait Islander Health workforce.</li> </ul>
All key stakeholders focus their energies and resources into a single Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework, which aims to develop a mobile, flexible, responsive and sustainable workforce.	<ul style="list-style-type: none"> <li>Actively promote a single Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework to develop a coherent Aboriginal and Torres Strait Islander Health workforce, which aims to develop a mobile, flexible, responsive and sustainable workforce.</li> </ul>

**Schedule 3: Income and expenditure budget and balance sheet summary, budget notes**

**ABORIGINAL & TORRES STRAIT ISLANDER HEALTH PRACTICE BOARD OF  
AUSTRALIA  
SUMMARY BUDGET 2013-14**

Item	\$
<b>Total income</b>	798,592
<b>Total expenses</b>	904,840
<b>Surplus (deficit)</b>	(106,248)
Forecast equity at start of year	644,000
<b>Forecast equity at end of year *</b>	537,752
Board indirect cost allocation rate for 2013-14	0.19%

\*It is expected that the board will have sufficient equity throughout 2013/14

**ABORIGINAL & TORRES STRAIT ISLANDER HEALTH PRACTICE BOARD OF  
AUSTRALIA  
DETAILED BUDGET 2013-14**

Item	\$
<b>Income</b>	
Registration	28,859
Application income	3,141
Interest	20,000
Government grants	565,000
Other income *	181,592
<b>Total Income</b>	<b>798,592</b>
<b>Expenses</b>	
Board and committee expenses (see note 2)	279,000
Legal, tribunal costs and expert advice (see note 3)	30,000
Other direct expenditure (see note 4)	395,094
Indirect expenditure (see note 5)	200,746
<b>Total Expenses</b>	<b>904,840</b>
<b>Net Surplus (Deficit)</b>	<b>(106,248)</b>
Equity at start	644,000
Change	(106,248)
<b>Equity at end</b>	<b>537,752</b>

\*Other income includes cost recoveries and miscellaneous fees



## Budget Notes

1. Registrant numbers	<p>The registration income is derived from the following assumptions.</p> <p>Budgeted registrants invited to renew at 30 November 2013: 290</p> <p>Budgeted lapse rate of renewals: 3%</p>
2. Board and committee expenses	<p>Total \$279,000</p> <p>This covers the meeting costs of the National Board, as well as the registration and notification committees, which have the delegated authority to make decisions about individual registered practitioners.</p> <p>Costs include sitting fees, travel and accommodation while attending meetings for the Board.</p>
3. Legal, tribunal costs, and expert advice	<p>Total \$30,000</p> <p>Note: These legal costs do not include the significant proportion of the Board's direct costs (including sitting fees) and a substantial amount of the work of national committees also relates to managing and assessing notifications.</p> <p>A substantial proportion of the staff costs in each state and territory office relate directly to staff who support work about notifications about practitioners as well as introducing nationally consistent systems and processes to manage notifications.</p>
4. Other direct expenditure	<p>Total \$395,094</p> <p>Costs associated with the Board's work on registration standards, policies and guidelines. See work plan 2013/14.</p> <p>This includes the following activities:</p> <ul style="list-style-type: none"> <li>• costs involved in consultation with the community and the profession</li> <li>• engagement of consultants necessary to support the work of the Board</li> <li>• publication of material to guide the profession, such as the Board's newsletter</li> <li>• Board member professional development</li> <li>• policy development and projects</li> <li>• accreditation expenses including the cost of the Board's accreditation committee and contribution to the cost of the internal accreditation unit that will perform accreditation functions on behalf of the Board.</li> </ul>

5. Indirect expenditure	<div>Total</div> <div>\$200,746</div>
	<p>Proportion of indirect costs allocated to the Board is 0.19%. The percentage allocation for the Board in 2012-13 was 0.2%.</p> <p>Indirect costs are shared by the National Boards, based on an agreed formula. The percentage is based on an analysis of historical and financial data to estimate the proportion of costs required to regulate the profession. In 2012/13, the Boards and AHPRA reviewed the formula. It is a principle of the National Scheme that there is no cross subsidisation between the professions.</p> <p>Costs include salaries, systems and communication, property and administration costs.</p> <p>AHPRA supports the work of the National Boards by employing all staff and providing systems and infrastructure to manage core regulatory functions (registration, notifications, compliance, accreditation and professional standards), as well as the support services necessary to run a national organisation with eight state and territory offices, and support all National Boards and their committees.</p> <p>The 2013-14 AHPRA business plan sets out AHPRA objectives for 2013-14 and how they will be achieved.</p>

**Schedule 4: Schedule of fees effective 1 August 2013**

Item	National Fee \$	Rebate for NSW registrants \$	Fee for registrants with principal place of practice in NSW \$
Application for general registration*	80		80
Application for non practising registration*	20		20
Application for fast track registration*	40		40
Registration fee - general registration	100		100
Registration fee - non practising registration	25		25
Late renewal fee for registration	25		25
Late renewal fee for non practising registration	6		6
Replacement registration certificate	20		20
Extract from the register	10		10
Copy of the register (if application is assessed as in the public interest)	2,000		2,000
Verification of registration status	50		50

\* Payment of both an application fee and a registration fee is required at the time of application.



## **Health Profession Agreement**

### **Schedule 5: Performance Indicators and Performance Reporting**

#### **Reporting principles:**

The following principles underpin performance measures and performance reporting:

- Performance measures must be based on consistent and reportable data that is taken from a common electronic data base
- Data for performance measure reporting should be collected automatically as part of a normal business process (i.e. not separately collected after the event)
- Changes to performance target standards will be based on assessment of current baseline performance and planned initiatives that will impact on baseline
- Priority will be given to performance measures and performance reporting that meets requirements of all boards for monitoring of performance. Consideration will be given to developing customised reports for Boards where appropriate.
- Reports will include analysis of data and where possible, highlight risk profile.

## Business Operations Performance Reporting

Report Type	Notifications reporting	Registrations reporting	Other performance reporting
Monthly report	<p><b>Activity trend lines</b></p> <p>Notifications received and finalised YTD trend line:</p> <ul style="list-style-type: none"> <li>current year and prior year all notifications</li> <li>current year by state breakdown</li> </ul> <p>Notifications open at beginning and end of month:</p> <ul style="list-style-type: none"> <li>trend line YTD all notifications</li> <li>Trend line YTD x state</li> </ul> <p>Notifications inactive at end of month:</p> <ul style="list-style-type: none"> <li>trend line YTD all notifications</li> <li>breakdown x state</li> </ul> <p>Prior law cases open at end of month:</p> <ul style="list-style-type: none"> <li>trend line YTD all notifications</li> <li>breakdown x state</li> </ul> <p>Immediate actions initiated:</p> <ul style="list-style-type: none"> <li>trend line YTD all notifications</li> <li>current month &amp; YTD breakdown x profession</li> </ul> <p>Mandatory notifications received:</p> <ul style="list-style-type: none"> <li>trend line YTD all notifications</li> <li>current month :&amp; YTD breakdown x profession</li> </ul> <p>National Law offences received:</p> <ul style="list-style-type: none"> <li>trend line YTD all notifications</li> <li>current month &amp; YTD breakdown x profession</li> </ul> <p><b>Performance trend lines</b></p> <p>Time at stage for lodgement, assessment, investigations, performance/health assessments, panel hearings and tribunal hearings:</p> <ul style="list-style-type: none"> <li>Trend line for Av time at stage for stages closed during the month</li> <li>Trend line for Av time at stage for notifications open at stage at end of month</li> </ul> <p><b>Attachments</b></p> <ul style="list-style-type: none"> <li>Tribunals</li> </ul>	<p><b>Activity trend lines</b></p> <p>Registration applications received and finalised trend line YTD:</p> <ul style="list-style-type: none"> <li>current year and prior year all applications</li> <li>current year by state</li> <li>current year by subtype</li> </ul> <p><b>Performance</b></p> <p>Registration process time by profession and registration type (current month and YTD)</p> <p><b>Attachments</b></p> <ul style="list-style-type: none"> <li>Appeals</li> </ul>	<p>Customer Service:</p> <ul style="list-style-type: none"> <li>telephone grade of service</li> <li>Web enquiry grade of service</li> <li>call volumes &amp; abandonment rate</li> <li>team activity levels by channel</li> <li>service requests created</li> </ul> <p>Public register availability</p> <p>Website usage</p>



Report Type	Notifications reporting	Registrations reporting	Other performance reporting
<b>Quarterly report</b> <ul style="list-style-type: none"> <li>Dental</li> <li>Medical</li> <li>Nursing &amp; midwifery</li> <li>Pharmacy</li> <li>Psychology</li> </ul>	<p><b>KPI report:</b> % notifications meeting target where stage has closed within the quarter -</p> <ul style="list-style-type: none"> <li>all professions x state</li> <li>your profession x state</li> </ul> <p><b>Open notifications</b> time in stage breakdown -</p> <ul style="list-style-type: none"> <li>all professions x state</li> <li>your profession x state</li> </ul> <p><b>Received notifications:</b> breakdown x state for your profession -</p> <ul style="list-style-type: none"> <li>x stream</li> <li>x grounds</li> <li>x source</li> </ul> <p><b>Outcomes</b> of notifications breakdown x state:</p> <ul style="list-style-type: none"> <li>at assessment</li> <li>at investigation</li> <li>IA - all</li> <li>IA linked to mandatory reporting.</li> </ul> <p><b>Mandatory</b> notification breakdown x state:</p> <ul style="list-style-type: none"> <li>x stream</li> <li>x grounds</li> <li>x source</li> </ul> <p><b>Aged</b> notifications breakdown by state:</p> <ul style="list-style-type: none"> <li>current stage</li> </ul> <p><b>Prior law</b> breakdown by state:</p> <ul style="list-style-type: none"> <li>current stage</li> </ul>	<p><b>Registrant profile</b></p> <p>Registrant numbers x registration type x state</p> <p>Limited registrants x sub type x state</p> <p>Registrant numbers by division x state</p> <p>Registered practitioners by endorsement by state</p> <p><b>Performance reports</b></p> <p><b>KPI report:</b> To be published after finalisation of KPIs for registrations operations</p>	<p>Customer service trend line of performance across quarters:</p> <ul style="list-style-type: none"> <li>telephone grade of service</li> <li>Web enquiry grade of service</li> <li>call volumes &amp; abandonment rate</li> <li>team activity levels by channel</li> <li>service requests created</li> </ul> <p>Analysis of service type (application)</p>



Report Type	Notifications reporting	Registrations reporting	Other performance reporting
<b>Quarterly reports:</b> <ul style="list-style-type: none"> <li>• ATSI</li> <li>• Chinese medicine</li> <li>• Chiropractic</li> <li>• MRP</li> <li>• OT</li> <li>• Optometry</li> <li>• Osteopathy</li> <li>• Physiotherapy</li> <li>• Podiatry</li> </ul>	<p><b>KPI report:</b> % notifications meeting target where stage has closed within the quarter -</p> <ul style="list-style-type: none"> <li>• your professions of all professions</li> </ul> <p><b>Open notifications</b> time in stage breakdown for each stage-</p> <ul style="list-style-type: none"> <li>• your profession of all professions</li> </ul> <p><b>Received notifications:</b> breakdown -</p> <ul style="list-style-type: none"> <li>• x stream</li> <li>• x grounds</li> <li>• x source</li> </ul> <p><b>Outcomes</b> of notifications:</p> <ul style="list-style-type: none"> <li>• at assessment</li> <li>• at investigation</li> <li>• IA - all</li> <li>• IA linked to mandatory reporting.</li> </ul> <p><b>Mandatory</b> notification breakdown:</p> <ul style="list-style-type: none"> <li>• x stream</li> <li>• x grounds</li> <li>• x source</li> </ul> <p><b>Aged</b> notifications breakdown:</p> <ul style="list-style-type: none"> <li>• current stage</li> </ul> <p><b>Prior</b> law breakdown:</p> <ul style="list-style-type: none"> <li>• current stage</li> </ul>	<p><b>Registrant profile</b></p> <p>Registrant numbers x registration type x state</p> <p>Limited registrants x sub type x state</p> <p>Registrant numbers by division x state</p> <p>Registered practitioners by endorsement by state</p> <p><b>Performance reports</b></p> <p><b>KPI report:</b> To be published after finalisation of KPI for registrations operations</p>	<p>Customer Service trend line of performance across quarters:</p> <ul style="list-style-type: none"> <li>• telephone grade of service</li> <li>• Web enquiry grade of service</li> <li>• call volumes &amp; abandonment rate</li> <li>• team activity levels by channel</li> <li>• service requests created</li> </ul> <p>Analysis of service type (application)</p>
End of cycle report		<p><b>Renewal outcomes:</b></p> <ul style="list-style-type: none"> <li>• by channel</li> <li>• status of renewals</li> <li>• registrants who did not renew</li> <li>• outcomes by registration type</li> </ul> <p><b>Late renewals</b></p> <p><b>Disclosures:</b></p> <ul style="list-style-type: none"> <li>• nature of disclosures</li> <li>• responses to disclosure questions</li> <li>• registrants with disclosures</li> </ul> <p><b>Not to renew:</b> registrants by state</p>	



### Key performance indicators 2013-14: Notifications

Notification Stage & Performance Measure	Start Date	End Date	KPI
<b>1. Lodgement</b> Time taken from <u>date of enquiry</u> to <u>start of assessment</u> . <i>This covers the activities for evaluating the initial risk presented, determining whether particulars have been provided and following up where they have not been.</i>	Receipt of notification enquiry	Assessment commences (notification particulars established)	<ul style="list-style-type: none"> <li>60% within 14 days</li> <li>100% within 30 days</li> </ul>
<b>2. Lodgement</b> Time taken from <u>date of enquiry</u> to <u>closure at lodgement</u> . <i>This covers the activities as described above however represents those matters which are closed as enquiries due to the lack of particulars being established.</i>	Receipt of notification enquiry	Matter closed as there are insufficient particulars/no identifiable, named individual.	<ul style="list-style-type: none"> <li>100% within 30 days</li> </ul> <i>NB: This may require review where the practitioner has been identified and matter is considered by board (require longer timeframe).</i>
<b>3. Initial risk evaluation</b> Time taken to complete triage and initial risk evaluation. <i>NB: use of the word evaluation is to address issues raised by the Risk Manager with respect to what meaning is conveyed by the term "risk assessment" (being a formal analysis using a framework of likelihood and consequence)</i>	Receipt of notification enquiry NB capability to capture date being investigated (audit logging on priority field and amending default behaviour would be required).		<ul style="list-style-type: none"> <li>100% within 3 days</li> </ul>
<b>4. Immediate action (new matters)</b> Time from <u>receipt of notification</u> to <u>IA being convened</u> .	Assessment start date	IA proposed IAC meeting date (committee convened to decide whether to commence IA or not)	<ul style="list-style-type: none"> <li>100% within 5 days</li> <li>Report on all exceptions to 5 day KPI</li> </ul>
<b>5. Preliminary assessment</b> Time from <u>receipt of notification</u> to the <u>completion of preliminary assessment (s149)</u> <i>This covers the activities of performing a preliminary assessment in accordance with s149 only.</i>	Assessment commences	Date s149 preliminary assessment decision is made	<ul style="list-style-type: none"> <li>100% within 14 days</li> </ul>
<b>6. Assessment</b> Time from <u>receipt of notification</u> to <u>completion of assessment stage</u> . <i>This covers the activities of performing a preliminary assessment in accordance with s149, seeking practitioner responses, assessing and developing recommendations for boards and consulting with health complaints entities.</i>	Assessment commences (notification particulars established)	First Board decision at assessment stage	<ul style="list-style-type: none"> <li>100% within 60 days</li> </ul>

Notification Stage & Performance Measure	Start Date	End Date	KPI
<b>7. S178</b> If s178 proposed then time from <u>Board decision to end of assessment stage</u> .	Board decision at Assessment stage: <ul style="list-style-type: none"> <li>• conditions</li> <li>• cautions</li> <li>• accept an undertaking</li> <li>• refer the matter to another entity</li> </ul>	Board decision which closes or progresses the matter at end of show cause period.	<ul style="list-style-type: none"> <li>• 60% within 60 days</li> <li>• 100% within 90 days</li> </ul>
<b>8. Investigation</b> Time from <u>beginning to completion of investigation stage</u> .	Board decision to commence investigation	Board decision on outcome of investigation	<ul style="list-style-type: none"> <li>• 80% within 6 months</li> <li>• 95% within 12 months</li> <li>• 100% within 18 months</li> </ul>
<b>9. Appointment of investigator</b> Time from <u>decision to direct an investigation to appointment of investigator</u> .	Board decision to commence investigation	Appointment of investigator	<ul style="list-style-type: none"> <li>• 100% within 5 days</li> </ul>
<b>10. Health assessment</b> Time from <u>decision to conduct a health assessment to completion of assessment</u> .	Board decision to undertake assessment (May be outcome of assessment, investigation or panel or tribunal).	Board decision on outcome of health assessment	<ul style="list-style-type: none"> <li>• 90% within 3 months</li> <li>• 100% within 6 months</li> </ul>
<b>11. Performance assessment</b> Time from <u>decision to conduct a health assessment to completion of assessment</u> .	Board decision to undertake performance assessment (May be outcome of assessment, investigation or panel or tribunal).	Board decision on outcome of performance assessment	<ul style="list-style-type: none"> <li>• 90% within 6 months</li> <li>• 100% within 12 months</li> </ul>
<b>12. Panel hearing</b> <b>12a.</b> Time from <u>decision to conduct a panel hearing to establishment of panel</u> .	Board decision to go to panel hearing (May be outcome of Assessment, Investigation or panel or tribunal).	12a. Panel meeting date	<ul style="list-style-type: none"> <li>• 80% within 3 months</li> <li>• 100% within 5 months</li> </ul>
<b>12b.</b> Time from <u>decision to conduct a panel hearing to completion of panel</u> .		12b. Decision date on outcome of panel hearing	<ul style="list-style-type: none"> <li>• 80% within 4 months</li> <li>• 100% within 6 months</li> </ul>
<b>13. Tribunal hearing</b> <b>13a</b> Time from <u>decision to go to tribunal to date of file letter of referral</u>	Board decision to go to tribunal (May be outcome of assessment, investigation, panel or tribunal)	13a Date of file letter of referral	<ul style="list-style-type: none"> <li>• 95% within 3 months</li> <li>• 100% within 4 months</li> </ul>
<b>13b</b> Time from <u>decision to go to tribunal to completion of tribunal</u>		13b Decision on outcome on tribunal hearing	Provide report on performance, no KPI set. Report on: <ul style="list-style-type: none"> <li>• Cases settled within 6 months</li> <li>• Cases settled within 12 months</li> </ul>



Notification Stage & Performance Measure	Start Date	End Date	KPI
			<ul style="list-style-type: none"> <li>• Cases settled within 18 months</li> <li>• Cases settled beyond 18 months</li> <li>• Cases currently beyond 12 months               <ul style="list-style-type: none"> <li>○ 0-6 months</li> <li>○ 0-12 months</li> <li>○ 0-18 months</li> <li>○ 18+ months</li> </ul> </li> <li>• OR               <ul style="list-style-type: none"> <li>○ 0-6 months</li> <li>○ 6-12 months</li> <li>○ 12-18 months</li> <li>○ 18+ months</li> </ul> </li> </ul>

## Business Support Performance Reporting

Business domain	Service level standard	Standard reports
Financial management	Monthly report provided at each Board meeting based on financial performance during the preceding month and year to date.	Income and expenditure report with analysis and narrative.
Accreditation	Where AHPRA provides support to the delivery of the accreditation function by an accreditation committee, twice yearly reports provided on delivery of the function according to the committee's terms of reference, using the Quality Framework for the Accreditation Function and the sample report guide developed through the Accreditation Liaison Group.	Availability of scheduled reports from accrediting authorities as per the signed agreements with external entities or the terms of reference for accreditation committees.
Legal	Legal update at end of each quarter.	Quarterly legal update providing detail on key matters in progress and key legal advice provided. Legal Practice Notes to all Boards. Legal advices for Boards as required.
Board Support for National and State Boards, committees and panels	<u>Timeliness.</u> Board, committee and panel papers available no later than 5 working days prior to the scheduled date of the meeting.	Quarterly report
	<u>Remuneration.</u> Reimbursement of sitting fees and claims paid by electronic funds transfer on the agreed day each month. Measure will be 90% accuracy based on number of corrections to total payments made. Payments will be for all meetings held more than 5 days prior to the scheduled payment date.	Quarterly report
	<u>Financial Reports and Budgets.</u> Financial reports and budgets delivered to National Boards and committees as per dates indicated in the tables below.	Progress reports to National Boards
Risk management	Quarterly report highlighting the current risk management rating for all significant risks.	Quarterly risk management report, including mitigating strategies for extreme and high risks within all areas of AHPRA's and Boards' operations.
	Administrative complaints and Freedom of Information handling in accordance with AHPRA policy	Half yearly report of complaints lodged, detailing the total number of complaints for the profession, trends and learning.
Quality of support services	Administration of annual structured survey of quality of service support provided.	Report on survey results Action plan to address issues raised in survey.



**Reporting timetable for 2013/14**

Month	Upload to SAI
June 2013	22 July
July	15 August
August	13 September
September	14 October
October	15 November
November	13 December
December	22 January
January	17 February
February	20 March
March	14 April
April	15 May
May	19 June
June 2014	23 July

**Budgeting timetable for 2014-15 budget**

Month of Board Meeting	Upload to SAI Global
December	AHPRA tables the budget assumptions and principles for 2014-15
February	Budget assumptions provided by National Boards to AHPRA for costing
March	AHPRA tables 1 <sup>st</sup> draft budget to National Boards
April	First draft 2014/15 Business Plan
April	AHPRA tables 2nd draft budget to National Boards
May	AHPRA tables proposed final budget to National Boards for approval



