



Medical  
Board of Australia | AHPRA

# Health Profession Agreement

Medical  
Board of Australia

and

The Australian Health Practitioner Regulation  
Agency

2014 - 2015

# Health Profession Agreement

## Preamble

- 1.1 The Health Practitioner Regulation National Law Act 2009 requires the Australian Health Practitioner Regulation Agency (Agency) and the Medical 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.

## 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.

## Scope of this Agreement

- 3.1 This Agreement is for the period 1 July 2014 to 30 June 2015.
- 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 Executive Director, Strategy and Policy. 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 Executive Director, Strategy and Policy as the Agency's liaison officer with respect to this agreement.

#### **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.

#### **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.

#### **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


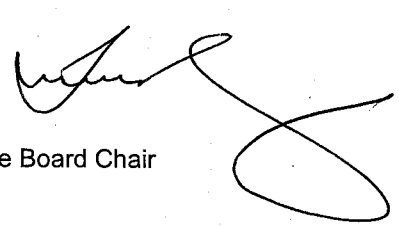
Schedule 5: Performance indicators and reporting

**This Agreement is made between**

**The Medical Board of Australia**

and

**The Australian Health Practitioner Regulation Agency (AHPRA)**

<p>Signed for and on behalf of AHPRA by:</p>  <p>Signature of Chief Executive Officer</p> <p>Mr Martin Fletcher</p>  <p>Date 05/9/14</p>	<p>Signed for and on behalf of the Medical Board of Australia by:</p>  <p>Signature of the Board Chair</p> <p>Dr Joanna Flynn AM</p>  <p>Date 29/8/14</p>
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## **Attachment 1: Legislative framework for Health Profession Agreements**

### **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.

#### **Section 26 of the National Law sets out the requirement for Health Profession Agreements 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.”

Section 26(1)(c) is an enabling clause that requires the National Agency to support the National Board in performing its function. This is detailed under section 25, the functions of the National Agency.

### **Section 25 – Functions of the National Agency**

The functions of the National Agency are as follows:

- a) to provide administrative assistance and support to the National Boards, and the Boards' committees, in exercising their functions;
- b) in consultation with the National Boards, to develop and administer procedures for the purpose of ensuring the efficient and effective operation of the National Boards;
- c) to establish procedures for the development of accreditation standards, registration standards and codes and guidelines approved by National Boards, for the purpose of ensuring the national registration and accreditation scheme operates in accordance with good regulatory practice;
- d) to negotiate in good faith with, and attempt to come to an agreement with, each National Board on the terms of a health profession agreement;
- e) to establish and administer an efficient procedure for receiving and dealing with applications for registration as a health practitioner and other matters relating to the registration of registered health practitioners;
- f) in conjunction with the National Boards, to keep up-to-date and publicly accessible national registers of registered health practitioners for each health profession;
- g) in conjunction with the National Boards, to keep up-to-date national registers of students for each health profession;
- h) to keep an up-to-date and publicly accessible list of approved programs of study for each health profession;
- i) to establish an efficient procedure for receiving and dealing with notifications against persons who are or were registered health practitioners and persons who are students, including by establishing a national process for receiving notifications about registered health practitioners in all professions;
- j) to provide advice to the Ministerial Council in connection with the administration of the national registration and accreditation scheme;
- k) if asked by the Ministerial Council, to give to the Ministerial Council the assistance or information reasonably required by the Ministerial Council in connection with the administration of the national registration and accreditation scheme;
- l) any other function given to the National Agency by or under this Law.

The National Law in section 32(2) limits the powers of the National Board so that, among other limitations, it cannot enter into contracts. 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. Section 35 of the National Law details those functions which, with the exception of sub-clause (f), are regulatory functions.



## Section 35 – Functions of National Boards

- 1) The functions of a National Board established for a health profession are as follows:
  - a) to register suitably qualified and competent persons in the health profession and, if necessary, to impose conditions on the registration of persons in the profession;
  - b) to decide the requirements for registration or endorsement of registration in the health profession, including the arrangements for supervised practice in the profession;
  - c) to develop or approve standards, codes and guidelines for the health profession, including:
    - i. the approval of accreditation standards developed and submitted to it by an accreditation authority; and
    - ii. (ii) the development of registration standards for approval by the Ministerial Council; and
    - iii. (iii) the development and approval of codes and guidelines that provide guidance to health practitioners registered in the profession;
  - d) to approve accredited programs of study as providing qualifications for registration or endorsement in the health profession;
  - e) to oversee the assessment of the knowledge and clinical skills of overseas trained applicants for registration in the health profession whose qualifications are not approved qualifications for the profession, and to determine the suitability of the applicants for registration in Australia;
  - f) to negotiate in good faith with, and attempt to come to an agreement with, the National Agency on the terms of a health profession agreement;
  - g) to oversee the receipt, assessment and investigation of notifications about persons who:
    - i. are or were registered as health practitioners in the health profession under this Law or a corresponding prior Act; or
    - ii. are students in the health profession;
  - h) to establish panels to conduct hearings about:
    - i. health and performance and professional standards matters in relation to persons who are or were registered in the health profession under this Law or a corresponding prior Act; and
    - ii. health matters in relation to students registered by the Board;
  - i) to refer matters about health practitioners who are or were registered under this Law or a corresponding prior Act to responsible tribunals for participating jurisdictions;
  - j) to oversee the management of health practitioners and students registered in the health profession, including monitoring conditions, undertaking and suspensions imposed on the registration of the practitioners or students;
  - k) to make recommendations to the Ministerial Council about the operation of specialist recognition in the health profession and the approval of specialties for the profession;
  - l) in conjunction with the National Agency, to keep up-to-date and publicly accessible national registers of registered health practitioners for the health profession;
  - m) in conjunction with the National Agency, to keep an up-to-date national register of students for the health profession;

- n) at the Board's discretion, to provide financial or other support for health programs for registered health practitioners and students;
  - o) to give advice to the Ministerial Council on issues relating to the national registration and accreditation scheme for the health profession;
  - p) if asked by the Ministerial Council, to give to the Ministerial Council the assistance or information reasonably required by the Ministerial Council in connection with the national registration and accreditation scheme;
  - q) to do anything else necessary or convenient for the effective and efficient operation of the national registration and accreditation scheme;
  - r) any other function given to the Board by or under this Law.
- 2) For the purposes of subsection (1)(g)-(j), the Board's functions do not include receiving notifications and taking action referred to in those paragraphs in relation to behaviour by a registered health practitioner or student that occurred, or is reasonably believed to have occurred, in a co-regulatory jurisdiction.

## **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.

## **Attachment 2: NRAS Strategy**

# **National Registration and Accreditation Scheme Strategy**

### **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**

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 notification 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

## **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 may 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

### Medical Board of Australia Work Plan 2014-15

In addition to funding the range of activities that are listed in the Health Professions Agreement, the Medical Board of Australia has agreed to fund the following works and projects in the 2014/2015 year. It is expected that some of the projects will extend into the 2015/16 year.

This work plan will be reviewed periodically, as new issues arise that require further work.

Note: this work plan is in addition to the regular work of the Board.

Current projects that are planned include the following:

Project / Initiative 1	
Activity	Works
<b>Continue the conversation on revalidation</b>	<ul style="list-style-type: none"><li>Commission social research into what the community expects that medical practitioners should do to demonstrate ongoing fitness and competence to practise.</li></ul>
<b>Background</b>	<ul style="list-style-type: none"><li>Commission a report that:<ul style="list-style-type: none"><li>documents the evidence for revalidation</li><li>describes models of revalidation used in other jurisdictions and contexts</li><li>develops a range of options for revalidation that includes advantages and disadvantages of each option and takes into consideration the Australian context.</li></ul></li><li>Establish a working party of experts to evaluate various models for revalidation and provide advice to the Board.</li></ul> <p>The Board will consult on options for revalidation and will publish a discussion paper.</p>
<p>The Board introduced the concept of revalidation for medical practitioners in 2013. It held a forum with stakeholders in early 2013 and since then, has contributed to the conversation by attending and speaking at various meetings and conferences.</p> <p>The Board plans to progress consideration of what might be relevant for Australia revalidation in 2014/15. It will not introduce any specific requirements in this financial year.</p>	
Project / Initiative 2	
Activity	Works
<b>Establish a national framework to deliver doctors' health services in each state and territory</b>	<ul style="list-style-type: none"><li>Work with stakeholders to establish a national governance structure that will oversee state-based health services and will distribute the Board's funds according to pre-determined principles.</li></ul>
<b>Background</b>	<ul style="list-style-type: none"><li>Develop and enter into a formal legal arrangement (such as contract, service agreement etc) with the national governance structure. The arrangements will include defining accountabilities, funding and reporting.</li></ul>
<p>The Board has agreed to fund external health programs for medical practitioners. These health programs will deliver a nationally consistent set of services to medical practitioners and students in all states and territories and will be run at arms' length from the Board. Services will include advice and referral, education and awareness, general advocacy and the development of case management services.</p>	



Project / Initiative 3	
Activity	Works
<b>Review supervision guidelines for international medical graduates</b>	<ul style="list-style-type: none"><li>Review and revise the guidelines for supervision of international medical graduates to ensure supervisors and IMGs understand their roles and responsibilities. The review will include consultation with stakeholders on a revised draft guideline prior to finalisation and implementation.</li><li>Develop a web-based education module for supervisors to assist supervisors to understand their obligations and responsibilities when they are supervising IMGs.</li><li>Develop or source an IT platform to deliver the web-based education module.</li></ul>
<b>Background</b> <p>In order to ensure the safety of the public, international medical graduates with limited or provisional registration must practise under supervision. The Board will review its current guidelines for supervision, taking into consideration the experience over the past four years of the National Scheme.</p>	
Project / Initiative 4	
Activity	Works
<b>Review the terms of AHPRA's appointment of specialist medical colleges to assess specialist international medical graduates</b>	<ul style="list-style-type: none"><li>Establish and support a working party that will develop guidelines on good practice in the assessment process for international medical graduates in the specialist pathway (specialist recognition and area of need). The working party will consult with colleges.</li><li>Revise the terms of the specialist medical college appointments, taking into consideration the work done by the working party, to make the roles and responsibilities of the Board and the colleges explicit.</li></ul>
<b>Background</b> <p>In 2010 AHPRA appointed the specialist colleges to assess specialist IMGs. The Board considers the college assessment when it decides whether to grant specialist registration. The appointment provides indemnity to the Colleges but the current appointment does not describe accountabilities.</p>	



Project / Initiative 5	
Activity	Works
<b>Develop service agreements with postgraduate medical councils (PMCs).</b>	<ul style="list-style-type: none"><li>• Develop a service agreement or other legal instrument that formalises funding and reporting of PMCs and describes the mutual accountabilities.</li><li>• Consult with PMCs and internal stakeholders on the proposed contractual arrangements prior to finalisation.</li></ul>
<b>Background</b>  The Board contributes towards the funding of intern positions. A national framework for intern position accreditation was introduced in 2014 and with that, the Board has reviewed its funding formula to make it more equitable. The Board wants to develop service agreements (or equivalent) with the PMCs to formalise arrangements and to describe accountabilities and reporting.	
Project / Initiative 6	
Activity	Works
<b>Progress performance assessment for medical practitioners</b>	<ul style="list-style-type: none"><li>• AHPRA to employ a National Performance Co-ordinator role to support state and territory boards and AHPRA offices to conduct and manage performance assessments in accordance with the Board’s guidelines.</li></ul> Implement the Board’s manual for conducting and managing performance assessment.
<b>Background</b>  Performance assessment is an option that is available to the Board for assessing concerns about the performance of a medical practitioner. It provides useful information and allows the Board to work constructively with practitioners to improve their performance and to practise safely. The Board is interested in promoting performance assessments.	

Project / Initiative 7	
Activity	Works
<b>Promote good and consistent regulatory decision-making across all jurisdictions.</b>	<ul style="list-style-type: none"><li>• Pilot the use of 'principles of decision-making' that were developed in 2013/14 in all aspects of the Board's decision-making and provide feedback about the principles to the National Board</li><li>• Progress the work of the MBA Notifications Taskforce to improve consistency and quality of decision making. This includes working with AHPRA and the Board's committees to streamline and simplify the notifications process and to support effective and consistent regulatory decision making.</li><li>• To consider changes to improve the experience of both notifiers and practitioners.</li></ul>
Background	
<p>The Medical Board of Australia is supported by state and territory Boards and committees. All decisions about the registration and notifications of individual practitioners are made by the local delegated decision-makers.</p> <p>The Medical Board wants to develop tools to support good and consistent decision-making.</p> <p>During 2013, it established a Notifications Taskforce that has been working to streamline and reduce time frames for the management of notifications. The Board wants to build on the work done over 2013/14.</p>	
Project / Initiative 8	
Activity	Works
<b>Finalise the guidelines on the regulatory management of registered health practitioners and students infected with blood-borne viruses</b>	<ul style="list-style-type: none"><li>• A draft guideline was developed in 2013 and the National Boards undertook preliminary consultation with a small group of key stakeholders. The Board will revise the guidelines, taking the feedback of stakeholders into consideration and will then consult widely on the revised draft.</li><li>• Finalise the guideline after consulting, taking into consideration feedback from stakeholders.</li><li>• Develop a communication/implementation plan to support the use of the guidelines once they are finalised.</li></ul>
Background	
<p>Practitioners, treating doctors and delegated decision-makers have indicated that it would be beneficial if the Board produced guidelines on the management of practitioners and students with a blood-borne virus. The Board has agreed to develop guidance about when it is or is not necessary to notify the practitioner with a blood-borne virus to the Board and to describe the Board's likely regulatory response when a notification is made.</p>	



Project / Initiative 9	
Activity	Works
<b>Guidelines on cosmetic medicine and surgery</b>	<ul style="list-style-type: none"><li>• Work with the Office of Best Practice Regulation to finalise a regulatory impact statement to support consultation on the draft guidelines on cosmetic medicine and surgery.</li><li>• Undertake wide-ranging consultation with stakeholders on draft guidelines.</li><li>• Finalise the guidelines, taking into consideration feedback from stakeholders.</li><li>• Develop a communication/implementation plan to support the use of the guidelines once they are finalised.</li></ul>
<b>Background</b>	
<p>The Ministerial Council had asked the Medical Board to develop guidance on cosmetic medicine and surgery in response to a report titled ‘Cosmetic medical and surgical procedures – A national framework” developed by the inter-jurisdictional cosmetic working group on behalf of AHMAC.</p> <p>The Board has developed draft guidelines and has undertaken preliminary consultation with a small group of key stakeholders.</p>	
Project / Initiative 10	
Activity	Works
<b>Finalise the review and revision of the registration standards for:</b> <ul style="list-style-type: none"><li>• CPD</li><li>• PII</li><li>• Recency of practice</li><li>• English language</li></ul> <b>Criminal history</b>	<ul style="list-style-type: none"><li>• Finalise public consultation on draft revised standards, taking into consideration the feedback from consultation.</li><li>• Develop the necessary supporting information and submit the registration standards for Ministerial Council approval.</li></ul> <p>Develop a communication/implementation plan to support the use of the revised standards once they are finalised.</p>
<b>Background</b>	
<p>Registration standards are developed by the Board and must be approved by the Ministerial Council. Ministers approved the registration standards listed above before the start of the National Scheme. The registration standards were due for review at three years. They have now been reviewed and the Board is consulting widely on the content of the registration standards.</p>	

Project / Initiative 11	
Activity	Works
<b>Finalise the review and revision of the registration standards for limited registration</b>	<ul style="list-style-type: none"><li>Finalise public consultation on draft revised standards, taking into consideration the feedback from consultation.</li><li>Develop the necessary supporting information and submit the registration standards for Ministerial Council approval.</li></ul>
Background	Develop a communication/implementation plan to support the use of the revised standards once they are finalised
Registration standards are developed by the Board and must be approved by the Ministerial Council. Ministers approved the registration standards listed above before the start of the National Scheme. The registration standards were due for review at three years. They have now been reviewed and the Board is consulting widely on the content of the registration standards.	
Project / Initiative 12	
Activity	Works
<b>Finalise the development of a guideline on short-term training in a medical specialty pathway</b>	<ul style="list-style-type: none"><li>Finalise public consultation on draft guideline, taking into consideration the feedback from consultation.</li></ul>
Background	Develop a communication/implementation plan to support the use of the guidelines once they are finalised.
The Board has received feedback from specialist colleges that this guideline is necessary to inform applicants about the requirements of the pathway and to support colleges by defining their role in this pathway. The Board is currently consulting widely on the guideline.	

Project / Initiative 13	
Activity	Works
<b>Review and revise the registration standard for specialist registration</b>	<ul style="list-style-type: none"><li>• Review and revise the registration standard taking into consideration feedback over the past three years.</li><li>• Undertake preliminary and public consultation on the draft standards as per AHPRA's procedures for consultation.</li><li>• Finalise the registration standard, taking into consideration the feedback from consultation.</li><li>• Develop the necessary supporting information and submit the registration standard to Ministerial Council for approval.</li></ul> <p>Develop a communication/implementation plan to support the use of the revised standards once they are finalised.</p>
<b>Background</b>	
Registration standards are developed by the Board and must be approved by the Ministerial Council. Ministers approved the registration standard for specialist registration in 2011 and it is now due for review.	
Project / Initiative 14	
Activity	Works
<b>Review the registration standard for granting general registration to medical practitioners in the standard pathway who hold an AMC certificate</b>	<ul style="list-style-type: none"><li>• Review and revise the registration standard taking into consideration feedback over the past three years.</li><li>• Undertake preliminary and public consultation on the draft standards as per AHPRA's procedures for consultation.</li><li>• Finalise the registration standard, taking into consideration the feedback from consultation.</li><li>• Develop the necessary supporting information and submit the registration standard to Ministerial Council for approval.</li></ul> <p>Develop a communication/implementation plan to support the use of the revised standards once they are finalised.</p>
<b>Background</b>	
Registration standards are developed by the Board and must be approved by the Ministerial Council. Ministers approved the registration standard for granting general registration to medical practitioners in the standard pathway who hold an AMC certificate in 2011 and it is now due for review.	



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

**MEDICAL BOARD OF AUSTRALIA**

**SUMMARY BUDGET 2014-15**

Item	\$
<b>Total income</b>	61,777,200
<b>Total expenses</b>	60,475,200
<b>Surplus (deficit)</b>	1,302,000
Forecast equity at start	16,400,000
<b>Forecast equity at end *</b>	17,702,000
Board indirect cost allocation rate for 2014-15	37.30%

\*It is expected that the board will have sufficient equity throughout 2014-15

**MEDICAL BOARD OF AUSTRALIA**

**DETAILED BUDGET 2014-15**

Item	\$
<b>Income</b>	
Registration	55,153,500
Application income	3,500,000
Interest	1,540,400
Late Fees and Fast Track Fees	240,200
Other income *	1,343,100
<b>Total Income</b>	<b>61,777,200</b>
<b>Expenses</b>	
Board and committee expenses (see note 2)	2,837,400
Legal, tribunal costs and expert advice (see note 3)	7,750,900
Accreditation (see note 4)	4,475,154
Funding support for the National Health Practitioner Ombudsman and Privacy Commissioner	559,500
Other direct expenditure (see note 5)	4,398,746
Indirect expenditure (see note 6)	40,453,500
<b>Total Expenses</b>	<b>60,475,200</b>
<b>Net Surplus (Deficit)</b>	<b>1,302,000</b>
Equity at start	16,400,000
Change	1,302,000
<b>Equity at end</b>	<b>17,702,000</b>

\*Other income includes cost recoveries, PESCI 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 next renewal period: 99,850</p> <p>Budgeted lapse rate of renewals: 1.8%</p>
2. Board and committee expenses	<p>Total \$ 2,837,400</p> <p>This covers the meeting costs of the National Board, as well as the eight state and territory boards and their committees, which have the delegated authority to make decisions about individual registered medical 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 \$ 7,750,900</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 state and territory boards 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. Accreditation	<p>Total \$ 4,475,154</p> <p>Accreditation expenses include the costs of funding provided to the AMC for accreditation and functions and projects and to post graduate medical councils.</p>
5. Other direct expenditure	<p>Total \$ 4,398,746</p> <p>Costs associated with the Board's work on registration standards, policies and guidelines. See work plan 2014-15.</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 Update</li> <li>• Board member professional development</li> <li>• policy development and projects</li> <li>• funding of external doctors' health programs and costs associated with the development of a new national health program.</li> </ul>



6. Indirect expenditure	<div>Total</div> <div>\$ 41,013,000</div>
	<p>Proportion of indirect costs allocated to the Board is 37.30%. The percentage allocation for the MBA in 2013-14 was 35.6%.</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 medical profession. 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 2014-15 AHPRA business plan sets out AHPRA objectives for 2014-15 and how they will be achieved.</p>

## Schedule 4

### Schedule of Fees

Item	National Fee	Rebate for NSW registrants	Fee for registrants with principal place of practice in NSW
	\$	\$	\$
Application fee for general registration*	715		715
Application fee for specialist registration*	715		715
Application fee for provisional registration for Australian and New Zealand graduates*	0		0
Application fee for provisional registration for international medical graduates (graduates outside Australia and New Zealand)	358		358
Application fee for general registration after converting from provisional registration*	0		0
Application fee for limited registration*	715		715
Application fee for non practising registration*	139		139
Application fee for endorsement of registration	99		99
Application fee for fast track registration*	358		358
Application fee to add specialist registration to current general registration	179		179
Application fee to add general registration to current specialist registration	179		179
Registration fee - general registration	715	85	630
Registration fee – general registration applying from limited registration (public interest-occasional practice)	695	83	612
Registration fee - specialist registration (who are not general registrants)	715	85	630
Registration fee - limited registration	715	85	630
Registration fee - provisional registration	358	34	324
Registration fee - non practising registration	139		139
Registration fee – non practising registration applying from limited registration (public interest occasional practice)	135		135
Registration fee - general registration (teaching and assessing)	139		139
Late renewal fee for general registration	179		179
Late renewal fee for specialist registration	179		179
Late renewal fee for limited registration	179		179

Item	National Fee	Rebate for NSW registrants	Fee for registrants with principal place of practice in NSW
	\$	\$	\$
Late renewal fee for provisional registration	89		89
Late renewal fee for non-practising registration	35		35
Late renewal fee for general registration (teaching and assessing)	35		35
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.

## Schedule 5

### Performance Reporting 2014 - 2015

The following principles underpin AHPRA's commitment to performance reporting:

- To enable the Board to effectively carry out its oversight functions in relation to registration, notifications and compliance and associated administrative and legal functions, AHPRA will report accurate and complete data in a suitable format.
- These data will be accompanied by a commentary on regulatory performance issues in particular to explain variances outside the expected limits and analysis to discuss trends over time.
- AHPRA and the Board commit to work together on an agreed work plan to further refine and jointly develop the overall performance reporting framework to ensure that it meets the Boards needs, for implementation by the end of 14/15. This will include further development and reporting on a more comprehensive set of indicators of quality including timeliness, effectiveness of decision making, outcomes and satisfaction of notifiers and practitioners.

Monthly reporting outlines a summary of each program area with respect to current caseload, received and finalised cases, and average age of cases as at the end of the reported month.

#### Business Operations Performance Reporting

Monthly reporting	Component
<u>Registration</u>	<ul style="list-style-type: none"><li>• Applications received and finalised by type and sub type</li><li>• Application process time by registration type</li><li>• Appeals extract</li></ul>
<u>Notifications</u>	<ul style="list-style-type: none"><li>• Notifications received and finalised</li><li>• Mandatory notifications received</li><li>• Open caseload</li><li>• Inactive notifications</li><li>• Prior law matters</li><li>• Immediate actions</li><li>• Tribunals / appeals extract</li></ul>
<u>Offences</u>	<ul style="list-style-type: none"><li>• National law offences received and finalised</li></ul>
<u>Monitoring</u>	<ul style="list-style-type: none"><li>• Open caseload</li><li>• Source of cases being monitored</li></ul>
<u>National Services</u>	<ul style="list-style-type: none"><li>• Not required monthly</li></ul>

Quarterly reporting outlines a more detailed summary of each program area with respect to current caseload, received and finalised cases, and average age of cases as at the end of the reported quarter. Reporting on performance indicators is also included.

Quarterly reporting	Component
<u>Registration</u>	<ul style="list-style-type: none"><li>• Registrants by registration type and sub type</li><li>• Registrants by division (where appropriate)</li></ul>



Quarterly reporting	Component
	<ul style="list-style-type: none"> <li>• Registrants by specialty (where appropriate)</li> <li>• Registrants by endorsement (where appropriate)</li> <li>• Registrants by notation (where appropriate)</li> <li>• Registrants by age and gender</li> <li>• Registration performance reporting (performance indicators)</li> </ul>
<u>Notifications</u>	<ul style="list-style-type: none"> <li>• Notifications received and finalised (source, grounds, outcome type)</li> <li>• Mandatory notifications received (source, grounds, outcome type)</li> <li>• Open caseload (by stage)</li> <li>• Notifications performance reporting (performance indicators)</li> </ul>
<u>Offences</u>	<ul style="list-style-type: none"> <li>• National law offences received and finalised</li> <li>• National law offences by outcome type</li> </ul>
<u>Monitoring</u>	<ul style="list-style-type: none"> <li>• Open caseload (detail)</li> <li>• Source of cases being monitored</li> <li>• Monitoring cases by age</li> </ul>
<u>National Services</u>	<ul style="list-style-type: none"> <li>• Volumes of enquiries (telephone, web)</li> <li>• Enquiry types</li> <li>• Customer service performance reporting (performance indicators)</li> <li>• Public register availability</li> <li>• Website usage</li> </ul>

End of cycle reporting outlines a summary of renewal campaigns and practitioner audits for the year.

End of cycle reporting	Component
<u>Renewals</u>	<ul style="list-style-type: none"> <li>• Renewal outcomes</li> <li>• Method of renewal (paper / online)</li> <li>• Disclosures detail</li> </ul>
<u>Practitioner audits</u>	<ul style="list-style-type: none"> <li>• Audit performance</li> <li>• Audit outcomes</li> <li>• Profession summary (audit completion rate)</li> </ul>

## Business Support Performance Reporting

Business domain	Service level standard	Standard reports
<u>Financial management</u>	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.
<u>Accreditation</u>	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.
<u>Legal</u>	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.
<u>Board support for National and State Boards, committees and panels</u>	<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 seven calendar days before the board meeting.	Progress reports to National Boards
<u>Risk Management</u>	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.
<u>Quality of support services</u>	Administration of annual structured survey of quality of service support provided.	Report on survey results Action plan to address issues raised in survey.

#### Budgeting timetable for 2015-16 budget

Month of Board Meeting	Upload to SAI Global
March 2015	1 <sup>st</sup> draft budget
April 2015	2 <sup>nd</sup> draft budget
May 2015	3 <sup>rd</sup> draft budget

