

Health Profession Agreement

Medical Board of Australia

and

The Australian Health Practitioner Regulation
Agency

2015/16

Health Profession Agreement

Preamble

The purpose of the Health Practitioner Regulation National Law (**the National Law**), as in force in each state and territory, is to establish the National Registration and Accreditation Scheme (**the National Scheme**). The National Scheme has six key objectives set out in s.3(2) of the National Law. In summary, the objectives are to:

- protect public safety,
- facilitate workforce mobility for health practitioners,
- facilitate high-quality education and training of health practitioners,
- facilitate assessment of overseas-trained health practitioners,
- facilitate access to health services, and
- development of a flexible, responsive and sustainable health workforce.

Fourteen National Boards and the Australian Health Practitioner Regulation Agency (**AHPRA**) work in partnership to achieve these objectives, with different and complementary functions.

The HPA is a statutory instrument. The National Board and AHPRA are required to negotiate in good faith and attempt to come to an agreement on the terms of the HPA. Although the National Board does not have the power to enter into contracts generally (as provided for in s.32(2)(a)), the National Law clearly intends that the National Board can agree and enter into an HPA with AHPRA. Furthermore, the National Board and AHPRA are each a separate body corporate, capable of reaching agreements between themselves.

The following schedules to this HPA record AHPRA and the National Board's agreement on these matters: fees (Schedule 3); the National Board's annual budget (Schedule 4); and the services AHPRA is to provide (Schedule 1).

The National Law also requires each National Board to publish on its website the fees agreed to in this HPA.

Accountabilities

Ministerial Council

Ultimate accountability to the public for the performance of the National Scheme rests with the parliaments of participating jurisdictions, through the Australian Health Workforce Ministerial Council (the Ministerial Council). The Ministerial Council appoints AHPRA's Agency Management Committee and National Boards, and formally holds these bodies to account.

National Boards

A National Board is a body corporate with perpetual succession, has a common seal, and may sue and be sued in its corporate name. A National Board does not have power to enter into contracts, or employ staff, or acquire, hold, dispose of, and deal with, real property.

The principal regulatory decision-makers in the National Scheme are the National Boards and their committees, including, where relevant, State and Territory or Regional Boards. AHPRA undertakes delegated functions on behalf of the National Boards and provides services to the National Boards. National Boards are accountable to the community through the mechanism of the Ministerial Council and parliamentary reporting for the quality of their regulatory decisions, and through the court system and relevant administrative review bodies for the legality of their regulatory decisions. While National Boards can propose regulatory procedures, they do not establish or administer them. National Boards have specific 'oversight' roles in relation to the assessment of overseas qualifications, monitoring of practitioners and the receipt, assessment and investigation of notifications. Without the power to employ staff or enter into contracts, National Boards must rely on the services provided, or contracted, by AHPRA. The mechanism for National Boards to hold AHPRA to account is through this Health Profession Agreement. The Health Profession Agreement includes performance indicators to support the performance of National Boards' oversight functions.

AHPRA

AHPRA is a body corporate with perpetual succession, has a common seal, and may sue and be sued in its corporate name. AHPRA has all the powers of an individual and in particular, may enter into contracts, or employ staff, or acquire, hold, dispose of, and deal with, real and personal property, and do anything necessary or convenient to be done in the exercise of its functions.

AHPRA's Agency Management Committee directs and controls the affairs of AHPRA, and sets its policy directions. The Agency Management Committee is accountable for the performance of AHPRA's functions, which include the establishment of regulatory procedures, financial management and administration of the Scheme. AHPRA is solely responsible for administering the Agency Fund, which has an account for each National Board. Payments out of a National Board's account may be made only if the payment is in accordance with the National Board's budget, as agreed as part of this Health Profession Agreement, or otherwise approved by the National Board. To enable it to perform the executive functions within the Scheme, AHPRA has powers to employ staff and enter into contracts. AHPRA provides administrative assistance and support to National Boards and their committees to exercise their functions.

AHPRA and the National Board can be described as governance partners in the Scheme. This is largely because AHPRA relies on National Boards to perform their functions consistent with the National Law objectives and in line with procedures established by AHPRA for ensuring effective and efficient operation of National Boards and to comply with procedures for development of professional standards that are in accordance with good regulatory practice.

The Agency Management Committee is accountable for ensuring that the corporate functions that are essential to any contemporary regulatory organisation are in place. This means that corporate services, including human resources, business planning, financial management and facilities management, are generally not specified in the services AHPRA is to provide (Schedule 1) except where the service deliverable is provided directly to the National Boards.

Purpose of this Agreement

The purpose of a Health Profession Agreement (HPA) is described in s.26(1) of the National Law, which provides that AHPRA must enter into a HPA with a National Board that makes provision for:

- fees payable by health practitioners and others in relation to the health profession for which the National Board is established,
- the National Board's annual budget,
- the services to be provided to the National Board by AHPRA to enable the National Board to carry out its functions.

This HPA outlines agreement between the National Board and AHPRA on their general approach to performing their reciprocal obligations to ensure a common understanding and that the National Scheme operates with regard to its objectives and guiding principles.

Scope of this Agreement

This Agreement is for the period 1 July 2015 to 30 June 2016.

The National Board agrees to authorise the Chair of the Board (or his/her nominee) to act as liaison officer with respect to the Agreement. AHPRA agrees to authorise the Executive Director, Strategy and Policy to act as liaison officer with respect to the Agreement.

Partnership principles

To achieve the objectives of the National Law through different and complementary functions, the National Board and AHPRA understand that a sustainable partnership is essential.

This understanding is supported by a set of core partnership principles (**the Partnership Principles**). The National Board and AHPRA will ensure that these Partnership Principles underpin all our work. While differences in context may require different approaches, both parties will ensure that their respective activities respect these four Partnership Principles:

- Shared vision and values
- Integrity through interdependence
- Transparency and mutual accountability
- Commitment to joint learning

In particular, the National Board will do everything it can to make its requirements clear, and AHPRA will do everything it can to provide the services required by the National Board to perform its functions.

Each of the Partnership Principles is described in detail below.

1. Shared vision and values

This partnership between the National Board and AHPRA is built on a shared vision for a competent and flexible health workforce that meets the needs of the Australian community.

While recognising and respecting the different and complementary functions of the National Board and AHPRA, there must be common ground in the approach the National Board and AHPRA take to implementing the National Scheme. The National Board and AHPRA share a commitment to the objectives and guiding principles of the National Scheme and the eight regulatory principles (**Regulatory Principles**) that will shape our thinking about regulatory decision-making.

In our shared principles, we balance all the objectives of the National Scheme, but our primary consideration is to protect the public in accordance with good regulatory practice.

The Regulatory Principles incorporate the concept of risk-based regulation. This means that in all areas of our work we:

- identify the risks that we are obliged to respond to,
- assess the likelihood and possible consequences of the risks, and
- respond in ways that are proportionate and manage risks so we can adequately protect the public.

In recognising our different and complementary functions, the National Board and AHPRA have agreed on an accountability framework for the National Scheme (**the Accountability Framework**).

The Accountability Framework recognises that all entities in the National Scheme are ultimately accountable to the Australian public through the Australian Health Workforce Ministerial Council (the Ministerial Council).

One of the recognised features of the National Scheme is that our structure provides for governance and accountability across the entities in the National Scheme for their performance. The effective delivery of professional regulation relies on strong partnerships between entities based on clear and agreed roles and functions. Our Accountability Framework is designed to articulate a shared understanding regarding who is accountable for what within the National Scheme and aims to provide clarity about the distinct and complementary roles of the different entities, and their respective duties and obligations.

2. Integrity through interdependence

In exercising our different and complementary functions, the National Board and AHPRA will strive for mutual respect and to promote the integrity of the National Scheme. We are aware we have interdependent and complementary functions. The National Board and AHPRA will work to manage any tensions that arise through our consultation processes and the Accountability Framework.

We will each take responsibility for clearly communicating our positions to each other. We are each open to being challenged by the other, and we will each create opportunities for dialogue and debate around our respective approach, results and impact. While the National Board and AHPRA are each independent entities, we recognise that neither can meaningfully exist outside of the context of the relationship defined by the National Law. We agree to respect the other's functions as set out in the National Law.

For example, AHPRA acknowledges its obligation to consult the National Board when developing procedures for the operation of the National Board, and will endeavour to incorporate the National Board's feedback into those procedures. The National Board respects that AHPRA must endeavour to establish common procedures that apply to all National Boards and undertakes to comply with those procedures once finalised.

The National Board and AHPRA also have complementary duties in relation to financial management. AHPRA is accountable for the management of the Agency Fund and for ensuring that all expenditure from the National Board's account is consistent with the National Law, in accordance with the Board's annual budget (or with the approval of the National Board if a change to the agreed budget), and as far as possible represents reasonable value for money. Accountability for expenditure rests with the AHPRA financial delegate who approves that expenditure, including payments to enable the National Board to exercise its functions. The National Board respects this role and undertakes to support AHPRA in fulfilling this role and its obligations under the National Law generally.

3. Transparency and mutual accountability

The Health Profession Agreement is the formal mechanism by which we hold each other to account, in accordance with the National Law and the Accountability Framework. It incorporates a transparent reporting framework to ensure that reciprocal obligations can be monitored.

The Agency Management Committee is formally accountable for AHPRA's performance of its functions. The National Board relies on AHPRA to deliver services to it in order for it to carry out its functions. In turn AHPRA relies on National Boards to perform their functions consistent with the National Law objectives and in line with procedures established by AHPRA for ensuring effective and efficient operation of National Boards and procedures for development of professional standards that are in accordance with good regulatory practice.

Schedule 1 to this HPA outlines the services to be provided to the National Board by AHPRA to enable the National Board to carry out its functions. It also includes information about AHPRA's performance of its own statutory functions. Schedule 1 also includes profession-specific services and any discretionary services the National Board may request of AHPRA.

In addition, the Agreement supports the National Board to fulfil its specific oversight functions in respect of:

- the assessment of overseas trained registration applicants who do not hold approved qualifications
- the assessment and investigation of matters about persons who—
 - are or were registered health practitioners, or
 - are students in the health profession,
- the management of registered health practitioners and students in the health profession, including monitoring conditions, undertaking and suspensions imposed on the registration of the practitioners or students.

In order to exercise these functions, the National Board must be given the opportunity to review timely information regarding relevant activities undertaken by AHPRA and the National Boards' delegates, to raise questions and concerns and to suggest actions to remediate problems. AHPRA undertakes to ensure that performance reports will be provided to the National Board to fulfil these oversight functions; in particular these reports will include details of the timeliness, cost and quality of regulatory procedures and services AHPRA provides to the National Board. The performance reports AHPRA will provide, and the performance indicators underpinning them, are set out in Schedule 5 to this HPA.

4. Commitment to joint learning

The National Board and AHPRA agree to promote continuous and systematic learning regarding the National Scheme. We will evaluate the outcomes of business and regulatory processes and use data generated by the National Scheme to better understand the risks we manage and the effectiveness of our actions.

Our learning agenda will explore both partnership processes and outcomes. We will take an evaluative approach to regulation that uses data to identify risks and measure our effectiveness in managing them. The National Board and AHPRA both have an interest in understanding the factors, including ways of working, which are the hallmarks of successful partnerships. We will work together to ensure that joint learning is used regularly to adjust our future strategy and plans as we strive for increased efficiency and effectiveness of the National Scheme.

The National Board and AHPRA are committed to the efficient management and continuous improvement of their respective functions.

Dispute resolution

The National Law provides that any failure to reach agreement between National Boards and AHPRA on matters relating the HPA is to be referred to the Ministerial Council for resolution.

The National Board and AHPRA have a commitment to resolve problems or disputes promptly. However, if a dispute arises regarding this HPA, as partners we will use our best endeavours to resolve the dispute fairly and promptly.

If the dispute cannot be resolved, the matter will be referred to the AHPRA Chief Executive Officer and the Chair of the National Board. If the dispute still cannot be resolved, it will be referred to the Chair of AHPRA's Agency Management Committee and the Chair of the National Board.

Either the Chair of AHPRA's Agency Management Committee or the Chair of the National Board may request the appointment of an independent, accredited mediator at any stage in the process.

If we are still unable to agree on the matter, we will seek direction from the Ministerial Council about how the dispute to be resolved.

Review

The National Board and AHPRA agree to review this HPA on an annual basis.

Schedules


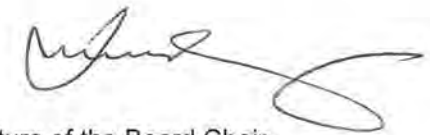
- Schedule 1: Summary of Services to be provided to the National Board by AHPRA to enable the National Board to carry out its functions
- Schedule 2: Summary of National Board's regulatory work plan
- Schedule 3: Fees payable by health practitioners
- Schedule 4: Summary of National Board's annual budget
- Schedule 5: Performance reporting framework

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 Mr Martin Fletcher</p> <p>Date 13/8/2015</p>	<p>Signed for and on behalf of the Medical Board of Australia by:</p>  <p>Signature of the Board Chair Dr Joanna Flynn AM</p> <p>Date 23/7/2015</p>
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Schedule 1: Summary of services to be provided to the National Board by AHPRA to enable the National Board to carry out its functions

1. Regulatory services, procedures and processes

1.1 Registrations	
Core	Profession Specific
1.1.1 Develop, implement and regularly review nationally consistent procedures for the registration of health practitioners	<i>Profession-specific services, as listed in the National Board's regulatory work plan and annual budget.</i>
1.1.2 Manage practitioner registration, renewal and audit	
1.1.3 Maintain a public register of health practitioners	
1.1.4 Maintain a register of health practitioner students	
1.1.5 Promote online registration services to health practitioners	
1.1.6 Operation of examinations (if required) is agreed between AHPRA and the National Board	

1.2 Notifications	
Core	Profession Specific
1.2.1 Develop, implement and regularly review nationally consistent procedures to receive and deal with notifications against persons who are or were registered health practitioners and students	<i>Profession-specific services, as listed in the National Board's regulatory work plan and annual budget.</i>
1.2.2 Manage the end to end notification process	
1.2.3 Establish and maintain relationships with co-regulatory authorities.	

1.3 Compliance	
Core	Profession Specific
1.3.1 Develop compliance policy, process and systems	<i>Profession-specific services, as listed in the National Board's regulatory work plan and annual budget.</i>
1.3.2 Manage practitioners with registration restrictions, suspension or cancellation	
1.3.3 Oversee the ongoing development and reporting of performance measures for monitoring of practitioners compliance	

1.4 Legal Services		
Core		Profession Specific
1.4.1	Provide legal advice to support effective and lawful registration and notifications procedures, and hearing panels processes	<i>Profession-specific services, as listed in the National Board's regulatory work plan and annual budget.</i>
1.4.2	Provide oversight for all Tribunal matters involving AHPRA and the National Boards	

2. Governance and Secretariat

2.1 Governance		
Core		Profession Specific
2.1.1	Develop and administer procedures to support effective and efficient National Board and committee operations	<i>Profession-specific services, as listed in the National Board's regulatory work plan and annual budget.</i>
2.1.2	Provide National Board member orientation, induction and professional development	
2.1.3	Support working relationships with relevant committees	

2.2 Secretariat		
Core		Profession Specific
2.2.1	Provide secretariat and administrative support for National Board Meetings	<i>Profession-specific services, as listed in the National Board's regulatory work plan and annual budget.</i>
2.2.2	Provide secretariat and administrative support for National Board committee meetings	
2.2.3	Provide panel hearing secretariat support	
2.2.4	Secretariat and policy support for governance forums, including the Forum of Chairs and its sub-committees	

3. Communication and Engagement

3.1 Communication		
Core		Profession Specific
3.1.1	Develop, implement and review communication strategies, tools and guidelines	<i>Profession-specific services, as listed in the National Board's regulatory work plan</i>
3.1.2	Develop and release National Board communiqués	

3.1.3	Review and release National Board media releases	<i>and annual budget.</i>
3.1.4	Develop and maintain National Board website and resources	
3.1.5	Coordinate and manage the production of the AHPRA annual report and other publications	
3.1.6	Provide communications support for crisis and issue management	
3.1.7	Develop and produce National Board newsletters and news updates	
3.1.8	Develop Branding for National Board and AHPRA Communication	
3.1.9	Report on relevant media coverage	
3.1.10	Manage social media	

3.2 Engagement		
Core		Profession Specific
3.2.1	Engage with external stakeholders	<i>Profession-specific services, as listed in the National Board's regulatory work plan and annual budget.</i>
3.2.2	Manage intergovernmental relations	
3.2.3	Undertake consultation to support cross-profession strategies and guidelines	
3.2.4	Engage with external advisory groups	
3.2.5	Monitor stakeholder engagement activities	

4. Planning and Reporting

4.1 Planning		
Core		Profession Specific
4.1.1	Inform and support the NRAS Strategy	<i>Profession-specific services, as listed in the National Board's regulatory work plan and annual budget.</i>
4.1.2	Develop and implement AHPRA Business Plan	
4.1.3	Develop and implement National Board Regulatory Work Plan	
4.1.4	HPA engagement and development	

4.2 Reporting		
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Core	Profession Specific
4.2.1 Develop and report on outcomes related to National Boards' regulatory functions and AHPRA's administrative assistance and support to National Boards and the Boards' committees, in exercising their functions.	<i>Profession-specific services, as listed in the National Board's regulatory work plan and annual budget.</i>
4.2.2 Establish corporate audit and compliance monitoring and reporting	
4.2.3 Fulfil annual reporting requirements	

5. Policy and Accreditation

5.1 Policy	
Core	Profession Specific
5.1.1 Maintain procedures for the development of registration standards, codes and guidelines	<i>Profession-specific services, as listed in the National Board's regulatory work plan and annual budget.</i>
5.1.2 Develop, review and implement cross-profession standards, codes and guidelines	
5.1.3 Assist National Boards to develop, review and implement cross-profession regulatory policy	
5.1.4 Provides tools to support regulatory policy development, review and evaluation	

5.2 Accreditation	
Core	Profession Specific
5.2.1 Support National Boards to oversight effective delivery of accreditation functions	<i>Profession-specific services, as listed in the National Board's regulatory work plan and annual budget.</i>
5.2.2 Supporting accreditation committees to deliver the accreditation functions, where applicable	
5.2.3 Maintain procedures for the development of accreditation standards	

6. Data, Research and Analysis

6.1 Evidence Acquisition	
Core	Profession Specific
6.1.1 Assist National Boards to define and articulate regulatory	<i>Profession-specific</i>

evidence requirements	<i>services, as listed in the National Board's regulatory work plan and annual budget.</i>
6.1.2 Provide advice to National Boards about proposed research and analytical projects	
6.1.3 Provide descriptive statistics for all professions	
6.1.4 Undertake cross-profession regulatory risk analyses	
6.1.5 Monitor and research cross-profession regulatory policy and trends	
6.1.6 Develop and implement robust regulatory evaluation methodologies	
6.1.7 Liaise with external stakeholders regarding the annual Health Workforce Survey questionnaires	
6.1.8 Broker and maintain formal strategic data and research partnerships with external organisations	

6.2 Data governance and organisational capacity	
Core	Profession Specific
6.2.1 Develop, implement and manage governance process and procedures for data access, release and exchange	<i>Profession-specific services, as listed in the National Board's regulatory work plan and annual budget.</i>
6.2.2 Develop and maintain core statistical infrastructure to support internal and external research and analyses	
6.2.3 Provide tools and training to support evidence informed regulatory policy development	
6.2.4 Develop organisational infrastructure for delivering regulatory research	

Schedule 2: Summary of National Board's regulatory work plan

Medical Board of Australia regulatory priorities for 2015/16

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 2015/2016 year. It is expected that some of the projects will extend into the 2016/17 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
Progress the work on revalidation
Background
<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>In 2014/15, work was commissioned to:</p> <ul style="list-style-type: none">• document the evidence for revalidation• describe models of revalidation used in other jurisdictions and contexts• develop a range of options for revalidation in the Australian context.
Works
<p>In 2015/16 the Board plans to:</p> <ul style="list-style-type: none">• Commission social research into what the community expects that medical practitioners should do to demonstrate ongoing fitness and competence to practise.• Establish, convene and support an expert advisory group to provide advice to the Board on revalidation• Consider proposals from the expert advisory group and decide whether to pilot options for revalidation.

Project / Initiative 2
Activity
Guidelines on cosmetic medicine and surgery
Background
<p>The Ministerial Council had previously 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>In 2014/15, the Board released a public consultation and regulation impact statement on <i>Registered medical practitioners who provide cosmetic medical and surgical procedures</i>.</p>
Works
<ul style="list-style-type: none"> • In 2015/16, the feedback from the public consultation will be analysed and a draft final (decision) RIS will be submitted to the Office of Best Practice Regulation for assessment. • Decision on whether a regulatory response is necessary and if necessary, respond to any issues raised by OBPR • Develop a communication/implementation plan to support any agreed regulatory response.

Project / Initiative 3
Activity
With AHPRA and the International Association of Medical Regulatory Authorities (IAMRA), organise the IAMRA 2016 conference.
Background
<p>The Board and AHPRA successfully bid to host the IAMRA 2016 conference in Melbourne. A conference organiser was appointed in 2014/15.</p>
Works
<p>In conjunction with AHPRA and the management of IAMRA, manage all aspects of this international conference.</p>

Project / Initiative 4
Activity
Implement revised supervision guidelines for international medical graduates.
Background
In order to ensure the safety of the public, international medical graduates with limited or provisional registration must practise under supervision. In 2014/15, the Board reviewed its guidelines for supervision, taking into consideration the experience over the past four years of the National Scheme and feedback via consultation. The Board approved revised guidelines that it will implement in 2015/16.
Works
<p>In 2015/16, the Board will implement revised supervision guidelines for international medical graduates including:</p> <ul style="list-style-type: none"> • Develop communications and other implementation for the revised guidelines. Implementation time frames will allow transition to the new guidelines • Develop a web-based education module for supervisors to assist supervisors to understand their obligations and responsibilities when they are supervising IMGs. • Develop or source an IT platform to deliver the web-based education module • Consider how to audit supervision of IMGs to ensure compliance with the guidelines.

Project / Initiative 5
Activity
Review the terms of AHPRA's appointment of specialist medical colleges to assess specialist international medical graduates
Background
<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> <p>A working party was established in 2014/15 to develop good practice guidelines for specialist IMG assessment, in accordance with the objectives and guiding principles of the National Registration and Accreditation Scheme. The working party developed draft guidelines and consulted with specialist colleges and other key stakeholders in 2014/15.</p>
Works
<p>Work with the specialist colleges to implement any changes necessary to meet the good practice guidelines for specialist IMG assessment.</p> <p>Review and revise the terms of AHPRA's appointment of specialist medical colleges to assess specialist IMGs to better reflect that the assessment processes meet the Board's guidelines.</p>

Project / Initiative 6
Activity
Promote good and consistent regulatory decision-making across all jurisdictions.
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 is developing tools to support good and consistent decision-making.</p>
Works
<p>In 2015/16, the Board plans to</p> <ul style="list-style-type: none"> • With AHPRA, evaluate the use of regulatory principles (that were piloted in 2014/15) and their effectiveness in promoting consistent and appropriate decision-making. The principles will be reviewed based on evaluation and feedback. • Based on feedback from delegated decision-makers, undertake work to develop nationally consistent approaches to specific issues.

Project / Initiative 7
Activity
Improve the management of notifications
Background
<p>One of the ways in which the Board protects the public is by investigating notifications about medical practitioners and if necessary, taking regulatory action. The Board and AHPRA have received feedback that the process of managing notifications can be improved for both notifiers and practitioners.</p> <p>During 2014, the Board's Notifications Taskforce, together with AHPRA, worked on ways to streamline and reduce time frames for the management of notifications. The Board also piloted the use of regulatory principles.</p> <p>The Taskforce also supported a number of pilots to improve the management of notifications.</p>
Works
<ul style="list-style-type: none"> • Promote early clinical engagement in the management of relevant notifications. • Continue to monitor the data related to notifications – parameters of timeliness and quality and take action to make improvements. • Continue to support local innovations that improve the management of notifications and roll them out nationally where local piloting shows positive results. • Support changes to the notifications process, including correspondence, to improve the notification experience for notifiers and practitioners.

Project / Initiative 8
Activity
Finalise the guidelines on the regulatory management of registered health practitioners and students infected with blood-borne viruses
Background
In 2014/15, the Board consulted on guidelines for the regulatory management of practitioners infected with a blood-borne virus.
Works
<ul style="list-style-type: none"> • Finalise the guidelines, taking into consideration the feedback from the consultation process. • Develop a communication/implementation plan to support the use of the guidelines once they are finalised.

Project / Initiative 9
Activity
Options to manage concerns about medical practitioners who practise alternative or complementary medicine
Background
Concerns have been raised from delegated decision-makers that the current code of conduct does not provide enough guidance in relation to the practice of alternative and complementary medicines by medical practitioners. There are reports of inappropriate tests being ordered, inappropriate prescribing and insufficient information being provided to patients.
Works
<ul style="list-style-type: none"> • Undertake research to determine whether there is a problem and define the size and nature of the problem • Depending on the size and nature of the problem, scope potential options for managing the problem

Project / Initiative 10
Activity
<p>Implement revised registration standards for:</p> <ul style="list-style-type: none"> • CPD • PII • Recency of practice • Limited registration
Background
<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 and in 2014/15, they were revised following wide-ranging consultation. They were submitted for approval by Ministers in the latter part of the 2014/15 year.</p>
Works
<p>If approved, the Board work will communicate changes (expected to be minor) and implement the changes.</p>

Project / Initiative 11
Activity
Implement the guideline on short-term training in a medical specialty pathway
Background
<p>The Board had 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. In 2014/15 the Board consulted on this matter and approved guidelines. The Board is planning to implement the guideline when the revised registration standard for limited registration for postgraduate training or supervised practice, if approved, takes effect.</p>
Works
<p>Board will implement the guidelines – no major changes to existing arrangements. Mainly communication with key stakeholders to confirm arrangements.</p>

Project / Initiative 12
Activity
Review and revise the registration standard for specialist registration
Background
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.
Works
<ul style="list-style-type: none"> • Review and revise the registration standard taking into consideration feedback over the past three years. • Undertake preliminary and public consultation on the draft standards as per AHPRA's procedures for consultation. • Finalise the registration standard, taking into consideration the feedback from consultation. • Develop the necessary supporting information and submit the registration standard to Ministerial Council for approval. • Develop a communication/implementation plan to support the use of the revised standards once they are finalised.

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

Schedule 3: Fees payable by health practitioners

MEDICAL BOARD OF AUSTRALIA FEES – Current and for 2015/16

Application fees - Registration type	National Fee \$	Rebate for NSW registrants \$	Fee for registrants with principal place of practice in NSW \$
Application fee for initial general registration*	724		
Application fee for initial specialist registration*	724		
Application fee for provisional registration for Australian and New Zealand graduates	0		
Application fee for provisional registration for international medical graduates (outside Australia and New Zealand)*	362		
Application fee for general registration after converting from provisional registration	0		
Application fee for limited registration*	724		
Application fee for non-practising registration*	141		
Application fee for endorsement of registration	100		
Application fee for fast track registration*	362		
Application fee to add specialist registration to current general registration	181		
Application fee to add general registration to current specialist registration	181		
Application fee to add another specialist registration to specialist registration	181		

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

Registration fees - Registration type	National Fee \$	Rebate for NSW registrants \$	Fee for registrants with PPP in NSW \$
Registration fee for general registration	724	87	638
Registration fee for specialist registration (for practitioners who do not have general registration)	724	87	638
Registration fee for limited registration	724	87	638
Registration fee for provisional registration	362	33	329
Registration fee for non-practising registration	141	-	141
Registration fee for general registration (teaching and assessing)	141	-	141

Late renewal fees - Registration type	National Fee \$	Rebate for NSW registrants \$	Fee for registrants with principal place of practice in NSW \$
Late renewal fee for general registration	181		
Late renewal fee for specialist registration (for practitioners who do not have general registration)	181		
Late renewal fee for limited registration	181		
Late renewal fee for provisional registration	91		
Late renewal fee for non-practising registration	35		
Late renewal fee for general registration (teaching and assessing)	35		

Other services	National Fee \$	Rebate for NSW registrants \$	Fee for registrants with principal place of practice in NSW \$
Replacement of registration certificate	20		
Extract from the register	10		
Copy of the register (if application is assessed as being in the public interest)	2000		
Verification of registration status (Certificate of Registration Status)	50		

Schedule 4: Summary of National Board's annual budget

MEDICAL BOARD OF AUSTRALIA

DETAILED BUDGET 2015/16

Item	\$
Income	
Registration	\$59,300,000
Application income	\$3,000,000
Interest	\$1,487,400
Late Fees and Fast Track Fees	\$240,200
Other income *	\$1,450,700
Total Income	\$65,478,300
Expenses	
Board and committee expenses (see note 1)	\$2,862,600
Legal, tribunal costs and expert advice (see note 2)	\$6,751,600
Accreditation (see note 3)	\$4,349,700
Office of the Health Ombudsman (Queensland)	\$2,073,200
Other direct expenditure (see note 4)	\$3,060,800
Indirect expenditure	\$47,341,100
Total Expenses	\$66,439,000
Net Surplus (Deficit)	(\$960,700)

1. Board and committee expenses	<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>
2. Legal, tribunal costs, and expert advice	<p>Note: A substantial amount of the work of state and territory boards relates to assessing and managing notifications. The Board's direct costs in doing this work (e.g. sitting fees) are not included in these legal costs.</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. These costs are also not included in these legal costs.</p>
3. Accreditation	<p>Accreditation expenses include the costs of funding provided to the Australian Medical Council (AMC) for accreditation and functions and projects.</p>
4. Other direct expenditure	<p>Costs associated with the Board's work on registration standards, policies and guidelines. See Schedule 2: Summary of National Board's regulatory work plan.</p> <p>This includes the following activities:</p> <ul style="list-style-type: none"> • costs involved in consultation with the community and the profession • engagement of consultants necessary to support the work of the Board • publication of material to guide the profession, such as the Board's newsletter Update • Board member professional development • policy development and projects • funding of external doctors' health programs and costs associated with the development of a new national health program.

Schedule 5: Performance reporting framework

New performance reporting framework

At its June 2015 meeting, the National Board agreed to receive volume and trend data quarterly and approved the quarterly AHPRA performance report and volume and trend reports be inserted into Schedule 5 of the Health Profession Agreement.

The reporting framework will be finalised by the end of Quarter 1 of 2015/16.