



Health Profession Agreement

Medical Board of Australia

and

The Australian Health Practitioner Regulation
Agency

2020-2025

Head 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 the public
- 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.

In accordance with the 2019 policy directions from the Council of Australian Governments (COAG) Health Council, the protection and safety of the public is the paramount consideration when administering the National Scheme.

Fifteen National Boards and the Australian Health Practitioner Regulation Agency (**Ahpra**) work in partnership to deliver these objectives, as well as the objectives of the National Scheme Strategy 2020-2025. Ahpra and National Boards have clear accountabilities for the separate and shared functions that contribute to achieving these objectives.

This Health Profession Agreement (**HPA**) is a statutory instrument under the National Law. Under the National Law, the Medical Board of Australia (**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 (s.32(2)(a)), the National Law clearly intends that the Board will agree and execute an HPA with Ahpra.

Accountability Framework

The National Scheme Accountability Framework (**the Accountability Framework**) is at Schedule 1 to this HPA. It defines the accountabilities of all relevant entities in the National Scheme arising from their functions under the National Law.

The Accountability Framework is an essential foundational document for the partnership between Ahpra and National Boards as articulated by this HPA, as well as the exercise of delegated functions under the National Law.

The Accountability Framework will be reviewed annually by Ahpra and the Board in line with the other HPA schedules. However, to ensure the effective delivery of functions of the National Scheme, any updates or changes to the Accountability Framework require the agreement of Ahpra and all National Boards.

Purpose of this Agreement

The purpose of this HPA is to make provision for the following, as outlined in s 26(1) of the National Law:

- the 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, and
- the services to be provided to the National Board by Ahpra to enable the National Board to carry out its functions under the National Law.

This HPA also describes the relationship between the National Board and Ahpra, where Ahpra is both a governance and regulatory partner, as well as a service provider to the National Board. As such, it

outlines how both Ahpra and the National Board, as statutory entities, work together to achieve the goals of the National Scheme.

Behavioural Attributes

In line with the values articulated in the National Scheme Strategy, the National Board and Ahpra agree to the following behavioural attributes, the purpose of which is to provide guidance to each party in exercising its responsibilities under this HPA:

Value	Attributes
Integrity	<ul style="list-style-type: none"> In line with our Regulatory Principles, we are fair, transparent, objective and consistent in our decision-making. We are committed to doing what is right, even when it is difficult or unpopular. We clearly explain the basis of our actions.
Respect	<ul style="list-style-type: none"> We recognise diversity and treat everyone equitably and with empathy. We are present, engaged and person-centred. We support, and are accountable to each other in a considerate way. We foster timely, open and civil interactions with all people.
Collaboration	<ul style="list-style-type: none"> We work with others for a shared purpose (our Mission). We listen, consider feedback and develop responsive solutions, while enabling others to do the same. We engage with our stakeholders to build constructive relationships and support cultural safety for Aboriginal and/or Torres Strait Islander Peoples.
Achievement	<ul style="list-style-type: none"> We actively work together to achieve our Vision. We empower our people to strive for a culture of excellence and service. We report accurately and proactively within and external to the Scheme to maintain community trust and practitioner confidence. We recognise and celebrate our successes.

Period

This HPA is for the period 1 July 2020 to 30 June 2025 inclusive.

Liaison Officers

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

Schedules

The following table outlines how the requirements of s. 26(1) of the National Law are represented in the HPA schedules, as well as describing the content of all other schedules.

Schedule 1:	Accountability Framework
Schedule 2:	Summary of Services to be provided to the National Board by Ahpra to enable the National Board to carry out its functions
Schedule 3:	Summary of National Scheme Strategy, implementation map, and National Board's regulatory plan
Schedule 4:	Fees payable by health practitioners
Schedule 5:	Summary of National Board's annual budget
Schedule 6:	Performance and Reporting
Schedule 7:	Equity Framework

The Performance and Reporting framework contained in Schedule 6 provides the mechanism for articulating performance metrics for the purposes of this HPA.

National Scheme Strategy 2020-25

The National Scheme Strategy outlines the shared vision, mission, values and strategic objectives for Ahpra and the National Boards.

Together, Ahpra and National Boards are focused on ensuring the effective implementation of our strategy including supporting and promoting our four strategic themes of regulatory effectiveness, capability and culture, evidence and innovation, and trust and confidence.

Issues management and escalation

Issues management and escalation provides a means to identify, track and resolve partnership issues throughout the life of the agreement ensuring each issue is resolved quickly and effectively between Ahpra and the Board.

An issue is defined as any problem or concern that has the potential to adversely affect the success of the partnership between Ahpra and the Board.

In line with our shared values, Ahpra and the National Board will work constructively to identify and resolve issues in a timely way and at the lowest possible level. Ordinarily, this will be achieved by discussion or negotiation between the relevant Executive Officer, the Chair/nominated National Board member and any other relevant Ahpra senior staff (generally at the level of a National Manager) with responsibility for a relevant functional area (e.g.: registrations, policy etc.).

In the event an issue remains unresolved, at the operational level it must be escalated in accordance with Ahpra reporting lines, to either the Executive Director, Strategy and Policy or the National Director, Regulatory Governance who will take reasonable steps to facilitate resolution of the issue to the satisfaction of Ahpra and the National Board.

In the event an issue needs to be escalated further, it will be escalated to the appropriate member(s) of Ahpra's National Executive, the Chair of the Agency Management Committee and/or dealt with as a dispute below.

Dispute resolution

The National Board and Ahpra have a commitment to working together constructively and in accordance with our shared values to reasonably prevent any issues escalating into disputes.

For the purposes of this HPA, a dispute is defined as any unresolved disagreement between the Board and Ahpra about the terms or schedules, including the performance of either party, of this agreement.

If a dispute arises, as partners, we will use our best endeavours to resolve the dispute respectfully, 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. The process for appointment is for both parties to agree to the appointment of the nominated mediator.

If we are still unable to agree on the matter, s. 26(2) of 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(as that term is defined in the National Law) for resolution. The National Board and Ahpra agree that this is a step of last resort that will not be taken unless all prior steps have been exhausted.

Review

The National Board and Ahpra agree to review the HPA head agreement at least every five years in line with the review of the National Scheme Strategy, or earlier with the agreement of all National Boards and Ahpra.

The supporting schedules will be reviewed and agreed annually by Ahpra and the National Board.

Publication

Once agreed, both the HPA head agreement and schedules will be published on the Ahpra and the National Board websites respectively.

This Agreement is made between

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 04 September 2020</p>	<p>Signed for and on behalf of the Medical Board of Australia by:</p>  <p>Signature of the Board Chair Dr Anne Tonkin</p> <p>Date 8 September 2020</p>
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Schedule 1: Accountability Framework

National Registration and Accreditation Scheme Accountability Framework v.1.8 (November 2019)

All entities in the National Registration and Accreditation Scheme (**the National Scheme**) are ultimately accountable to the public through the Ministerial Council. The [agreement between Australian Governments](#) on the design of the National Scheme creates interdependent statutory authorities with no single point of accountability for all National Scheme functions. The [Health Practitioner Regulation National Law Act, as enacted in each State and Territory \(the National Law\)](#) creates the legal basis for the National Scheme.

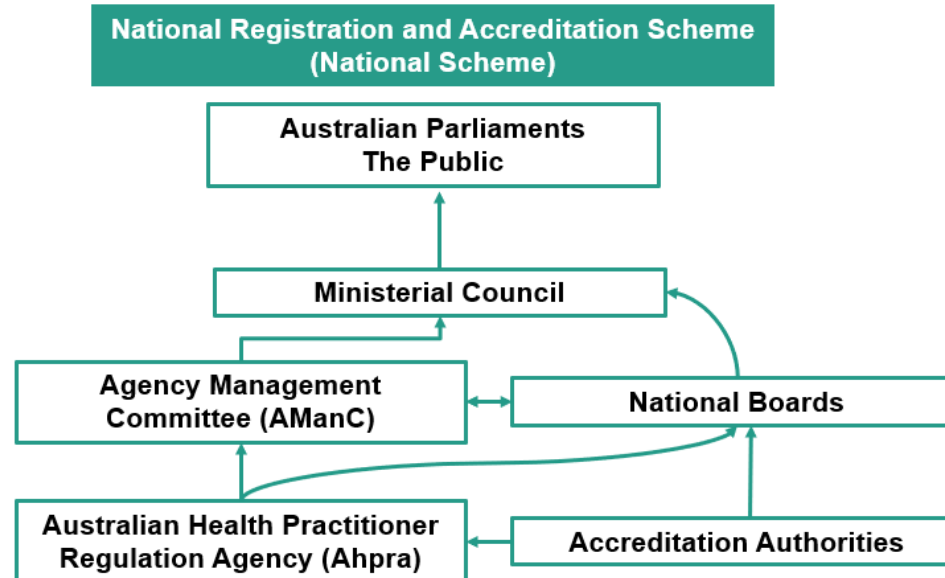
As a key component of the overall governance arrangements, this framework articulates the accountabilities of key entities arising from their roles and functions in the National Scheme. Ahpra, its governing Board (the Agency Management Committee (**AManC**), the National Health Practitioner Boards (**National Boards**) and their accreditation authorities are all entities created by National Law. Their powers and functions are prescribed in the National Law, the [Health Practitioner Regulation National Law Regulation 2018 \(National Law Regulation\)](#) or otherwise, conferred by applicable legislation. However, accountabilities for National Scheme entities also arise from statutory instruments, including policy directions from the Ministerial Council and from statutory agreements or other negotiated agreements.

External agencies, contractors or consultants cannot be held directly accountable for delivering the functions of an entity under the National Law. The mechanism for assigning responsibility for such functions is the contract or agreement that governs the provision of services. Under the National Law, only Ahpra can enter into contracts with external entities and accountability as to the management of the contract rests with the delegate approving the contractual arrangements.

Accountability can be delegated by an accountable person or entity to another person or entity. This framework is also designed to support the exercise of delegations in the National Scheme under section 37 and schedule 7 section 29 of the National Law. As a general principle, decision-making within Ahpra is delegated to the lowest reasonable level, having regard to the knowledge, experience and capabilities required to exercise the responsibility. Delegators must specify any conditions or limitations placed on the exercise of delegated powers and functions. For example, if a health profession National Board requires assurance that a decision will only be made with appropriate clinical input, this can be specified in the Instrument of Delegation to Ahpra. Ahpra is then responsible to ensure compliance with that specification when exercising the responsibility.

The Health Profession Agreement (section 26 of the National Law) with each National Board codifies the relationship with Ahpra as both a governance and regulatory partner and service provider.

Visual representation of accountability



The Ministerial Council is ultimately accountable for the National Scheme

Ultimate accountability for the performance of the National Scheme resides with the parliaments of each State and Territory of Australia, through the Ministerial Council. Under the National Law, the Ministerial Council may provide policy directions to Ahpra and the National Boards, approve registration standards, make regulations and approve certain other recommendations from National Boards in respect of specialist registration, or endorsements on registration. The Ministerial Council is also accountable for appointing the AManC and National Boards and can remove appointed members in specific circumstances. The annual report provided to the Ministerial Council and tabled in each Parliament is a key component of how Ahpra and National Boards are accountable to the Ministerial Council and parliaments.

The Agency Management Committee (AManC) is accountable for National Scheme performance

As the governing board for the National Scheme, AManC has a principal role in the approval, monitoring and reporting of performance of the National Scheme strategy as well as directing and controlling the affairs and policy directions of Ahpra. The AManC is accountable for National Scheme performance, including the establishment of regulatory procedures and general administration of the National Scheme. To enable it to perform its executive functions, Ahpra has powers to employ staff and enter into contracts.

Accountable to all Australian Parliaments, the Ministerial Council, the justice system, Administrative and Regulatory bodies for:

- all acts and things done by Ahpra.
- corporate governance, including Workplace Health and Safety for all physical and virtual work locations controlled by Ahpra.
- operational performance of the National Scheme.
- delivering Ahpra functions required by the National Law, including specific regulatory powers under Part 7.
- oversight and leadership on significant whole of scheme accreditation issues, including governance, accountability and transparency issues.
- compliance with relevant obligations set by other regulators.
- financial management in relation to the administration of the Agency Fund.
- appointment of the CEO, conferral of powers and delegations to the CEO.

Accountable to National Boards for:

- setting, monitoring and reviewing performance of the National Scheme Strategy.
- services provided by Ahpra to enable the Board to carry out its regulatory functions, including finance and communications.
- executing and managing contracts with accreditation authorities on the advice, and with approved terms and conditions, from the relevant National Board.
- executing and managing contracts for services with external providers on the advice, and with approved terms and conditions, from the relevant National Board.
- ensuring that Ahpra's operations are carried out efficiently, effectively and economically.

The Chief Executive Officer is accountable for the delivery of Ahpra’s functions

The Chief Executive Officer is accountable for delivery of Ahpra’s functions through an employment contract with and delegated authority from the AManC. The CEO also has a partnership responsibility with each National Board under the Health Profession Agreements.

Accountable to the Agency Management Committee for:

- implementing the National Scheme Strategy.
- delivery of Ahpra functions including specific regulatory powers under Part 7.
- delivery of services to National Boards.
- conferral and exercise of delegated functions by Ahpra.

Accountable to National Boards and their committees for:

- Effective, efficient and economic delivery of regulatory procedures and services consistent with the Health Profession Agreements.

National Boards are accountable as the principal regulatory decision-makers

National Boards are the principal regulatory decision-makers in the National Scheme, with delegated functions undertaken by Ahpra and by their committees including, where relevant, State, Territory or Regional Boards. National Boards are accountable to the Ministerial Council and Australian Parliaments for regulatory policies, 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. Without the power to employ staff or enter into contracts, National Boards rely on the partnership with Ahpra for the services provided under the HPAs.

Accountable to the Ministerial Council and Australian parliaments for:

- proper exercise of functions under National Law, including regulatory policies and the quality of their regulatory decisions.

Accountable through the justice system, administrative and regulatory bodies for:

- the legality of regulatory decisions, including by delegates. This can also include adequacy of standards, codes, guidelines, delegations and probity of decision-making processes.

Accountable to the AManC for:

- partnership responsibilities with Ahpra under the HPA, including provision of information to enable Ahpra to perform its financial management functions.
- informing and supporting the development of the National Scheme Strategy

Accreditation Authorities are accountable for the delivery of specific accreditation functions.

An accreditation authority may be an external entity, or a committee established by a National Board. The National Law creates a 'separation of powers' between National Boards and accreditation authorities by clearly specifying distinct decision-making roles in accreditation functions. Ahpra formalises arrangements for performance and funding of accreditation functions through contracts with external entities and terms of reference (TOR) for committees. Ahpra has facilitated the development of standardised agreements and TORs incorporating performance metrics and developed a cross-profession reporting model for accreditation authorities. These provide an overarching reference document for National Boards and Ahpra to assess the work of accreditation authorities.

Accountable to National Boards and their committees:

- the performance of accreditation functions as described in the contract with Ahpra or the relevant ToR.

Accountable to Ahpra for:

- delivery of funded accreditation activities, including compliance with performance measurement processes and reporting obligations, through an accreditation contract with Ahpra, or an approved ToR, on behalf of the National Board.

Schedule 2: Summary of services to be provided to the National Board by Ahpra to enable the National Board to carry out its functions

In the event of any exceptional circumstances, outside of the annual review of schedules, any changes to Schedule 2 will be negotiated with National Boards.

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 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	Provide an online registration services to health practitioners	
1.1.6	Support the National Boards in the operation of examinations	
1.1.7	Maintain list of approved programs of study for all professions	

1.2 Notifications		
Core	Profession Specific	
1.2.1	Develop, implement and continuously improve nationally consistent procedures to enable the intake, assessment, investigation about persons who are or were registered health practitioners and students	<i>Profession-specific services, as listed in the National Board's regulatory plan and annual budget.</i>
1.2.2	Review, implement and continuously improve nationally consistent procedures for performance assessments and health assessments about persons who are or were registered health practitioners and students	
1.2.3	Manage the end to end notification process	
1.2.4	Establish and maintain relationships with co-regulatory authorities.	

1.3 Compliance	
Core	Profession Specific
1.3.1	Review, implement and continuously improve nationally consistent compliance policy, processes and systems
1.3.2	Manage practitioners with registration restrictions (conditions and undertakings), suspension or cancellation
1.3.3	Undertake the intake and assessment of offence complaints, assessment of all advertising offence complaints and the ongoing management of low and moderate risk advertising complaints under the <i>Advertising Compliance and Enforcement Strategy</i> .
1.3.4	Manage the development and maintenance of the National Restrictions Library
1.3.3	Oversee the ongoing development and reporting of performance measures for monitoring of practitioner's compliance

1.4 Legal Services	
Core	Profession Specific
1.4.1	Provide nationally consistent legal advice and management to support effective and lawful registration, notifications and compliance procedures, and hearing panels processes
1.4.2	Conduct all Tribunal and court matters involving Ahpra and the National Boards
1.4.3	Provide legal advice and services to the Boards to enable it to effectively and efficiently perform its functions and meet its objectives.
1.4.3	Defend and/or resolve any litigation brought against the Board and respond to complaints lodged with external bodies against the Boards.
1.4.4	Respond to FOI requests, summonses, subpoenas and other compulsory processes issued to National Boards or in respect of National Board activities.
1.4.5	Ensure National Boards are compliant with all legislative requirements

2. Regulatory Governance

2.1 Governance and regulatory advice		
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 plan and annual budget.</i>
2.1.2	Support the development and implementation of National Board Regulatory Plans, including regular reporting	
2.1.3	Provide National Board member orientation, induction, professional development and evaluation programs	
2.1.4	Develop and release National Board communiqués, National Board newsletters and news updates	
2.1.5	Support working relationships with relevant committees	

2.2 National Board Services		
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 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	
2.2.5	Provide support in the recruitment of members to National Board committees and the List of Approved Persons for panels as requested by National Boards.	

3. Engagement and Government Relations

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 plan and annual budget.</i>
3.1.2	Review and release National Board media releases	
3.1.3	Develop and maintain National Board website and resources	
3.1.4	Coordinate and manage the production of the Ahpra and National Board annual report and other publications	
3.1.5	Provide communications advice and support for crisis and issue management	
3.1.6	Develop Branding for National Board and Ahpra Communication	
3.1.7	Report on relevant media coverage	
3.1.8	Monitor and manage social media	

3.2 Engagement		
Core		Profession Specific
3.2.1	Build trust and confidence with external stakeholders, consistent with the National Scheme's strategies on engagement	<i>Profession-specific services, as listed in the National Board's regulatory plan and annual budget.</i>
3.2.2	Manage government relations, including advice and reporting to governments and Ministers, corporate secretariat, WHO Collaborating Centre	
3.2.3	Undertake consultation to support National Board strategies and guidelines	
3.2.4	Engage with external advisory groups as needed	
3.2.5	Monitor, support and advise on stakeholder engagement activities	

4. Strategy

4.1 Planning	
Core	Profession Specific
4.1.1 Inform and support the development and annual review of the National Scheme Strategy	<i>Profession-specific services, as listed in the National Board's regulatory</i>
4.1.2 Develop and implement the National Scheme Strategy	
4.1.3 Provide management oversight and effective delivery of scheme-level strategic initiatives	
4.1.4 Provide resources and support to assist with National Board regulatory planning	
4.1.5 Coordinate the annual review, development and execution of the Health Professions Agreements with Ahpra	

4.2 Reporting	
Core	Profession Specific
4.2.1 Deliver regular HPA and strategy performance reports.	<i>Profession-specific services, as listed in the National Board's regulatory plan and annual budget.</i>

5. Policy

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

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 plan and annual budget.</i>
5.2.2	Support accreditation committees to deliver the accreditation functions, where applicable	
5.2.3	Maintain procedures for the development of accreditation standards	
5.2.4	Coordinate work on whole of Scheme and multi-profession accreditation policy issues.	

5.3 Research		
Core		Profession Specific
5.3.1	Develop and implement an annual National Scheme research and evaluation plan	<i>Profession-specific services, as listed in the National Board's regulatory plan and annual budget.</i>
5.3.2	Work with National Boards to identify priority cross-profession issues.	
5.3.3	Provide advice and consult with National Boards about proposed research and evaluation projects and develop supporting tools and training	
5.3.4	Broker, participate in and maintain strategic data and research partnerships with external organisations	
5.3.5	Develop and regularly update a research governance framework and evaluation methodologies	

5.4 Data		
Core		Profession Specific
5.4.1	Develop, implement and manage the process and procedures for data access, release and exchange	<i>Profession-specific services, as listed in the National Board's regulatory plan and annual budget.</i>
5.4.2	Develop and maintain core data and statistical infrastructure to support internal and external research and analyses	
5.4.3	Implement processes to improve the quality of our data to ensure it is fit for purpose	

5.5 Finance	
Core	Profession Specific
5.5.1 Provide analysis, support and advice on financial plans, fee setting and annual budgets	<i>Profession-specific services, as listed in the National Board's regulatory plan and annual budget.</i>
5.5.2 Make provision for fees payable by health practitioners	
5.5.3 Develop and maintain the Equity model	
5.5.4 Manage equity investments in accordance with the conservative approach required of the Investment Policy	
5.5.5 Develop and maintain the cost allocation model used to inform the apportionment of Ahpra's costs	
5.5.6 Discretionary/initiative project evaluation, monitoring and benefits reporting	
5.5.7 Provide stage-gated financial reporting for major Scheme-wide projects ¹ to assess progress and validate readiness for the next stage.	

5.6. Risk management	
Core	Profession Specific
5.6.1 Coordinate the development of Board level profession risk assessments and plans	<i>Profession-specific services, as listed in the National Board's regulatory plan and annual budget.</i>
5.6.2 Review and implement all necessary insurances including, but not limited to: <ul style="list-style-type: none"> • Professional Indemnity • Directors and Officers • Crime • Cyber Liability • Business Travel • Workers compensation • Corporate Practices Protection • Industrial Special Risk 	
5.6.3 Business continuity planning, preparation, response and recovery approaches for any form of critical incident	

¹Major projects are those classified as high value and high risk to the National Scheme and will generally require a detailed business case. For these projects, at each Stage Gate, a review is undertaken: assessing the project against its specified objectives at the particular stage in the project's life cycle, identifying early the areas that may require corrective action and validating that a project is ready to progress successfully to the next stage.

Schedule 3: Summary of National Scheme Strategy, implementation map, and National Board's regulatory plan

National Scheme Strategy 2020–2025

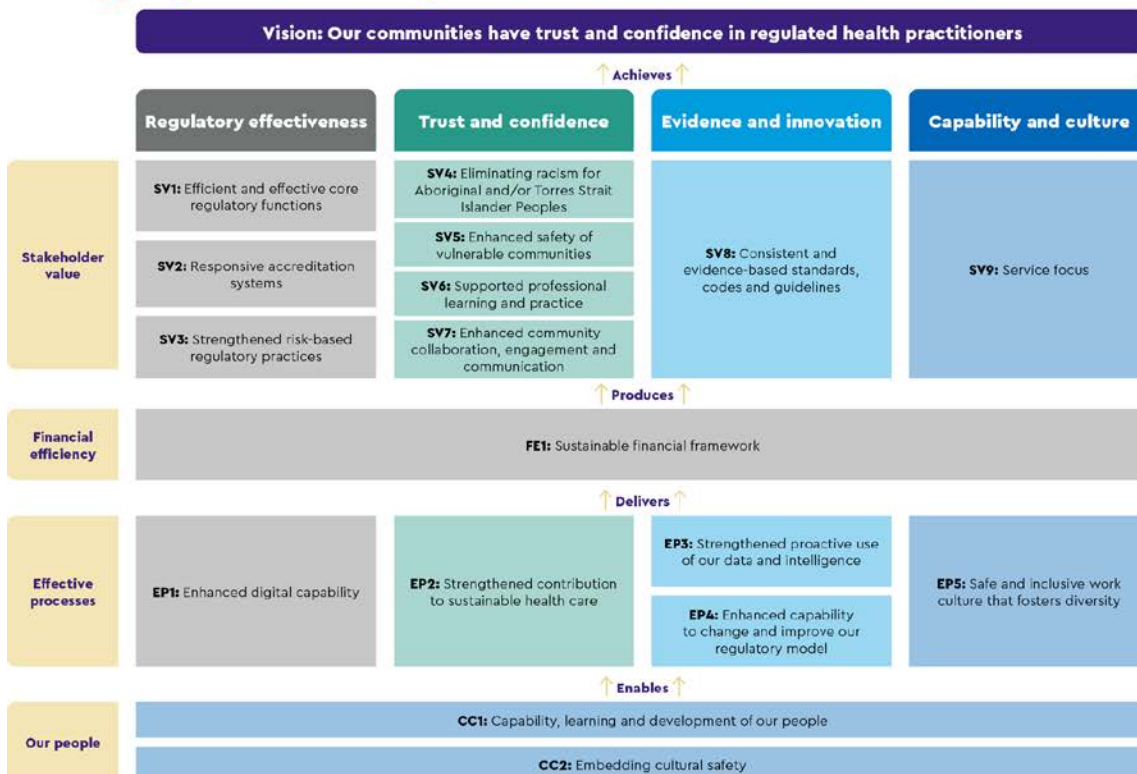
Vision: Our communities have trust and confidence in regulated health practitioners

Values:
Integrity
Respect
Collaboration
Achievement

Purpose: Safe and professional health practitioners for Australia



Strategy Implementation Map



Workplan 2021-22



Medical Board
Ahpra

Introduction

The Medical Board of Australia's (the Board) workplan reflects its regulatory priorities. The activities in this workplan are over and above the operational activities of registrations and notifications that are included in the Health Professions Agreement. The workplan may change as new issues arise or priorities change.

This workplan is the range of initiatives that the Board, and the staff of Ahpra Strategy and Policy that directly support the Board, plan to undertake in 2021-22.

Projects/Initiatives

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Project/Initiative 1: Progress the work on the Professional Performance Framework

Background

The Board is continuing to progress implementing the Professional Performance Framework which is designed to ensure that all registered medical practitioners practise competently and ethically throughout their working lives. The framework is made up of five pillars:

1. Strengthened continuing professional development (CPD)
2. Active assurance of safe practice
3. Strengthened assessment and management of medical practitioners with multiple substantiated complaints
4. Guidance to support practitioners
5. Collaborations to foster a positive culture of medicine.

The framework will be implemented progressively over years. Some of the actions are for the Board to complete, while other actions rely on action from external stakeholders.

Work

1. Strengthened CPD

Implement the revised CPD registration standard:

- a. Work with stakeholders to raise awareness about the approved revised CPD registration standard requirements.
- b. Establish and work with the CPD Implementation Committee to oversee the transition to the revised arrangements, including identifying and addressing issues that may impact on doctors and stakeholders.
- c. Develop and publish transition arrangements.
- d. Develop and publish support documents and communications materials.
- e. Work with the Australian Medical Council as they develop accreditation requirements and processes for CPD homes.
- f. Support specialist colleges to transition to the revised CPD requirements.
- g. Work with stakeholders to promote CPD homes and provide information and support to organisations considering applying for CPD home accreditation.
- h. Run webinars/presentations to provide information to stakeholders.

2. Active assurance of safe practice

Progress the development of a registration standard for health checks for late career practitioners:

- a. Undertake public consultation on a proposed registration standard for health checks for late career practitioners.
- b. Provide information to doctors and stakeholders explaining the rationale for the proposed health checks.
- c. Review public consultation feedback on the proposed registration standard and decide if it will progress to Health Ministers for approval.

3. Develop a framework for formal peer review for doctors aged 70 years and over

- a. Board to consider how to progress the framework for formal peer review. It will involve working with our stakeholders and drawing on their expertise, possibly through an Expert Group.
- b. Support the Expert Group as it reviews current practice, the literature and makes recommendations to the Board.

4. Strengthened assessment and management of medical practitioners with multiple substantiated complaints

- a. Define the threshold for undertaking peer review of practitioners with multiple substantiated notifications.
- b. Build on existing, established performance assessment processes to assess practitioners.

5. Guidance to support practitioners

This is part of the Board's regular workplan. The Board develops guidance as the need arises but this year it is planned to include:

- a. Revise and consult on Guidelines for telehealth consultations with patients.
- b. Revise and consult on supervision guidelines for international medical graduates.
- c. Develop guidance to support supervision of IMGs in hospital-based positions.
- d. Develop guidance to assist international medical graduates when applying for limited registration for teaching or research.

6. Collaborations to foster a positive culture of medicine

- a. Run the Medical Training Survey (see [Project/Initiative 2](#)).
- b. Run a symposium on the culture of healthcare (see [Project/Initiative 8](#)).
- c. Work with stakeholders – taking a leadership role to promote a positive culture in healthcare.

Project/Initiative 2: Medical Training Survey

Background

The Board and Ahpra will run the 2021 Medical Training Survey (MTS) of all doctors in training. The purpose of the survey is to:

1. gain a better understanding of the quality of medical training in Australia
2. identify how the findings could be used to improve medical training in Australia, and
3. recognise and deal with areas of risk (including bullying, harassment and discrimination and poor supervision).

There was a 57% response rate to the second survey in 2020 and results mirrored the 2019 survey results. Overall, doctors in training reported that their training and supervision were very good but there remains a significant issue with the culture of healthcare, including bullying, harassment and discrimination (including racism).

The focus for 2021 is to maintain (or surpass) the 2020 response rate and to encourage use of the results to improve training and culture.

Work

1. Work with EY Sweeney, the external administrator of the survey and internal Ahpra technical services to deliver the 2021 and 2022 surveys.
2. Work with the MTS Steering Committee and Ahpra to develop a tender for the delivery of the 2023 and future surveys.
3. Work with stakeholders to raise awareness about the survey and encourage participation.
4. Continue to refine the presentation of the results of the survey if necessary.
5. Approve the static reports and publication of data to the online dashboard.
6. Communicate results to stakeholders and support them to create their own customised reports.
7. Work with stakeholders to encourage use of the results to improve training and the culture of medicine. Publicise case studies of how the results are being used.
8. Review the administration of the survey to continue to make improvements to the usability of the survey and to increase participation rates.

Project/Initiative 3: Continue to review the Board's decision-making structures and processes

Background

The National Registration and Accreditation Scheme is a complex Scheme with multiple players and many moving parts. The Medical Board plays an important role in the Scheme and works collaboratively and cooperatively with Ahpra and other Boards to complete the necessary regulatory work in a fair, transparent and timely way.

Together, all the parts of the Scheme review our respective decision-making structures to ensure that we complement each other and become more efficient. We understand that timeliness is important to those who interact with us, both the public and practitioners.

Over the years, we have moved from strictly state-based regulation to a more national approach. In the early days of the Scheme, decisions about practitioners were made by the state or territory board or committee in which the practitioner practised. We now move cases around the country to be more timely and efficient, and to deal with conflicts of interest. We have also established a number of national committees to deal with sexual boundary matters and matters involving family violence.

We will continue to review our decision-making processes and structures to deal with increasing numbers of notifications and concerns about timeframes for dealing with notifications as well as efficiency gains in registration matters.

Work

Work collaboratively with Board members and Ahpra to explore how to optimise our decision-making structures and processes. This may include:

1. Review our current decision-making structures to determine whether improvements can be made or whether new structures may better support efficient and effective decision-making.
2. Consider the role of further national committees.
3. Review the delegations of power to streamline decision-making further.
4. Continue to work with Ahpra on the Board's risk appetite.

Project/Initiative 4: Improve the management of notifications

Background

One of the ways in which the Board protects the public is by investigating notifications about medical practitioners and if necessary, taking regulatory action. We understand that the notifications process is stressful for all concerned – the notifier and the practitioner. We will therefore continue to work with Ahpra on further streamlining the management of notifications and to reduce the time frames for closing them, and improving the experience for notifiers and practitioners.

Work

The Board will continue to work with Ahpra on a range of initiatives to continue to improve the process of managing notifications. This includes:

1. Focusing on initial assessment to close notifications quickly where regulatory action is not required.
2. Using risk assessment and control techniques to better manage notifications.
3. Focusing on older notifications to support their finalization.
4. Oversight decision-making by delegates.
5. Continuing to oversight performance in notifications management through effective reporting.

Project/Initiative 5: International medical graduates

Background

International medical graduates (IMGs) make up an important part of the Australian medical health workforce.

Much of the work of Registration Committees and Boards is made up of IMG applications for registration which can be complex.

The Board wants to continue to encourage a risk-based approach to registration applications and where possible, streamline processes while not compromising on standards.

Work

1. Revise and consult on supervision guidelines for IMGs.
2. Develop guidance to support supervision of IMGs in hospital-based positions.
3. Develop guidance on appropriate research activities for applications for limited registration for teaching or research.
4. Continue to use performance assessment for IMGs who are failing to progress to independently assess their safety to practise in their current practice context.
5. Explore setting up a program of audit of supervision requirements for IMGs.
6. Support colleges to implement the new standards for the process of assessing specialist IMGs.
7. Continue to monitor the specialist college assessment of specialist IMGs and publish annual statistics and performance against benchmarks.

Project/Initiative 6: Enhance internal communication with all state and territory board and committee members

Background

The Board relies on more than 100 committed individuals who serve on State and Territory Boards and a wide range of Committees (both state and territory based and national) to perform the regulatory work associated with registrations, notifications and compliance.

The Board is keen to support these members with improved communication and access to regulatory professional development.

Work

1. Continue the develop ways of communicating with members including through regular written and/or verbal updates.
2. Work with Chairs of State and Territory Boards on members' learning needs.
3. Develop a body of CPD that is relevant to Board members to support them to perform their regulatory work and to enhance consistency. This includes professional development on Ministerial Directions.
4. Use technology to deliver CPD regularly and efficiently.
5. Support members to participate in cultural safety training.
6. Support the development of training in dealing with allegations that involve domestic and family violence.
7. Run the annual National Medical Board of Australia Conference.

Project/Initiative 7: The regulatory management of practitioners with a health impairment

Background

The Board receives and manages notifications about medical practitioners whose health is or may be impaired. Reasons for the impairment are varied but can include substance use, mental health conditions and physical conditions. The Board is only required to take regulatory action when a practitioner's health condition impairs their ability to practise safely.

The Board will review the regulatory management of medical practitioners with a health impairment, with the aim of providing practitioners with more support while continuing to be clear about its regulatory role.

Work

1. Review and document Australian and international practice in relation to the regulatory management of medical practitioners with health impairments.
2. Review and revise current regulatory practice in the National Scheme in relation to medical practitioners with a health impairment to ensure it is aligned with the objectives of the National Law and good regulatory practice.
3. Publish information on the Board's regulatory approach.
4. Develop a communications strategy aimed at employers and other stakeholders to encourage them to support practitioners with a health impairment and provide advice about when a notification is (and is not) necessary, based on risk to the public.
5. Work collaboratively with other agencies involved in doctors' health and refer practitioners to these agencies for support.

Project/Initiative 8: Culture of healthcare in medicine symposium

Background

The 2019 and 2020 Medical Training Survey (MTS) identified a significant number of doctors in training had experienced and/or witnessed bullying, harassment and/or discrimination in their clinical setting (34% in 2020, 33% in 2019).

There is a great deal of work to be done to improve the culture of medicine for the benefit of all health practitioners and patients.

The Board has decided to host a symposium on the culture of healthcare to explore the issues and to support developments and improvements. The Board wants to work with stakeholders, recognising that this is a complex issue that will need a multi-faceted approach.

Work

1. Establish a working group involving key stakeholders, including doctors in training to plan the symposium.
2. Develop and deliver an agenda, program and supporting documents for delegates attending the symposium.
3. Run the symposium and develop an agreed action plan.
4. Encourage stakeholders to work together to improve the culture of healthcare.

Schedule 4: Fees payable by health practitioners

MEDICAL BOARD OF AUSTRALIA

MBA Registration type	National Fee			NSW Fee **												
	Note	2020-21	Change	2021-22	2020-21			2021-22			Change Board	Change Council	Change NSW Rebate / (Surcharge)			
		Board	Council	Total	NSW Rebate / (Surcharge)	Board	Council	Total	NSW Rebate / (Surcharge)							
Application fee for general registration*		811.00	24.00	835.00	811.00			811.00	-	835.00		835.00	-	24.00	-	-
Application fee for specialist registration*		811.00	24.00	835.00	811.00			811.00	-	835.00		835.00	-	24.00	-	-
Application fee for provisional registration for Australian and New Zealand graduates		-	-	-	-			-	-	-		-	-	-	-	-
Application fee for provisional registration for international medical graduates (outside Australia and New Zealand)*		405.00	12.00	417.00	405.00			405.00	-	417.00		417.00	-	12.00	-	-
Application fee for general registration after converting from provisional registration		-	-	-	-			-	-	-		-	-	-	-	-
Application fee for limited registration*		811.00	24.00	835.00	811.00			811.00	-	835.00		835.00	-	24.00	-	-
Application fee for non-practising registration*		158.00	5.00	163.00	158.00			158.00	-	163.00		163.00	-	5.00	-	-
Application fee for endorsement of registration		106.00	3.00	109.00	106.00			106.00	-	109.00		109.00	-	3.00	-	-
Application fee for fast track application*	1	60.00	-	60.00	60.00			60.00	-	60.00		60.00	-	-	-	-
Application fee to add specialist registration to current general registration		203.00	6.00	209.00	203.00			203.00	-	209.00		209.00	-	6.00	-	-
Application fee to add general registration to current specialist registration		203.00	6.00	209.00	203.00			203.00	-	209.00		209.00	-	6.00	-	-
Application fee to add another specialist registration to current specialist registration		203.00	6.00	209.00	203.00			203.00	-	209.00		209.00	-	6.00	-	-
Registration fee for general registration		811.00	24.00	835.00	272.00	432.00	704.00	107.00	280.00	445.00	725.00	110.00	8.00	13.00	3.00	-
Registration fee for specialist registration (for practitioners who do not hold general registration)		811.00	24.00	835.00	272.00	432.00	704.00	107.00	280.00	445.00	725.00	110.00	8.00	13.00	3.00	-
Registration fee for limited registration		811.00	24.00	835.00	272.00	432.00	704.00	107.00	280.00	445.00	725.00	110.00	8.00	13.00	3.00	-
Registration fee for provisional registration		405.00	12.00	417.00	144.00	219.00	363.00	42.00	148.00	226.00	374.00	43.00	4.00	7.00	1.00	-
Registration fee for non-practising registration		158.00	5.00	163.00	71.00	84.00	155.00	3.00	73.00	87.00	160.00	3.00	2.00	3.00	-	-
Registration fee for general registration (teaching and assessing)		158.00	5.00	163.00	71.00	84.00	155.00	3.00	73.00	87.00	160.00	3.00	2.00	3.00	-	-
Late renewal fee for general registration	1	30.00	-	30.00	30.00			-	30.00		30.00	-	-	-	-	-
Late renewal fee for specialist registration	1	30.00	-	30.00	30.00			-	30.00		30.00	-	-	-	-	-
Late renewal fee for limited registration	1	30.00	-	30.00	30.00			-	30.00		30.00	-	-	-	-	-
Late renewal fee for provisional registration	1	30.00	-	30.00	30.00			-	30.00		30.00	-	-	-	-	-
Late renewal fee for non-practising registration	1	5.00	-	5.00	5.00			-	5.00		5.00	-	-	-	-	-
Late renewal fee for general registration (teaching and assessing)	1	30.00	-	30.00	30.00			-	30.00		30.00	-	-	-	-	-
Replacement registration certificate	1	20.00	-	20.00	20.00			-	20.00		20.00	-	-	-	-	-
Extract from the register fee	1	10.00	-	10.00	10.00			-	10.00		10.00	-	-	-	-	-
Copy of the register (if application is assessed as in the public interest)	1	2,000.00	-	2,000.00	2,000.00			-	2,000.00		2,000.00	-	-	-	-	-
Verification of registration status (Certificate of Registration Status)	1	50.00	-	50.00	50.00			-	50.00		50.00	-	-	-	-	-

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

** NSW fees confirmed by Health Professional Councils Authority (HPCA)

Note 1: These fees are consistent across all professions and remain unaffected by annual indexation increase

Schedule 5: Summary of National Board's annual budget

MEDICAL BOARD OF AUSTRALIA

Income and expenditure budget and notes

SUMMARY BUDGET 2021/22

Item	\$
Income	
Registration (see note 1)	81,701,200
Application	3,100,000
Interest	633,716
Late Fees and Fast Track Fees	89,200
Other	820,700
Total Income	86,344,816
Expenses	
Board and committee (see note 2)	3,398,990
Legal, tribunal costs and expert advice (see note 3)	7,019,700
Accreditation (see note 4)	4,323,750
Office of the Health Ombudsman (Queensland)	3,422,343
Other direct expenditure (see note 5)	3,538,854
Indirect expenditure (see note 6)	66,933,942
Total Expenses	88,637,580
Net Surplus (Deficit)	(2,292,764)

BUDGET NOTES

1. Registrant numbers	<p>The budget for registration income is based on the following:</p> <ul style="list-style-type: none"> • Number of registrants invited to renew at next renewal period: 125,992 • Lapse rate of renewals:1.6%
2. Board and committee expenses	<p>This covers the meeting costs of the National Board and its committees' obligations under the National Law.</p> <p>Costs include sitting fees, travel and accommodation while attending meetings for the Board.</p>
3. Legal, tribunal costs, and expert advice	<p>These costs are incurred in the management of complaints against practitioners (notifications), statutory offences and registration matters. The costs do not include the significant Board and committee costs, including sitting fees, related to notifications. These are included in Note 2 above.</p> <p>Also not included are the material staff costs in each state and territory office relating directly to notifications. These are included in "indirect expenditure" below.</p>
4. Accreditation	<p>Accreditation expenses include funding provided to the Australian Medical Council (AMC) for accreditation and functions and related project costs.</p>
5. Other direct expenditure	<p>Costs associated with the Board's work on registration standards, policies and guidelines.</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 Board's work • publication of material to guide the profession, such as the Board's newsletter • Board member professional development • policy development and projects, and • funding of an external doctors' health program.
6. Indirect expenditure	<p>Indirect expenditure includes Ahpra costs. Ahpra supports the work of the National Boards and committees by employing all staff and providing systems and infrastructure to manage core regulatory (registration, notifications, compliance, accreditation and professional standards) and support services in eight state and territory offices.</p> <p>Indirect costs are shared by the National Boards based on an agreed formula. The percentage is based on an analysis of historical data and financial information to estimate the proportion of costs required to regulate the profession. Costs include salaries, systems and communication, property and administration costs.</p> <p>The proportion of Ahpra costs allocated to the Board is 38.068%.</p> <p>Ahpra costs also include key strategic initiatives for 2021/22 including the continuation of the Business Transformation program, cultural safety training, cost allocation program, culture roadmap, improved cyber security, public register enhancements and other initiatives.</p>

Schedule 6: Performance and reporting

This performance reporting program aims to facilitate the timely and effective delivery of functions under the National Law and the continuous improvement of the partnership between National Board and Ahpra.

There are three separate levels of reporting provided to National Boards outlined in more detail below:

1. Strategic Performance Reports
2. Health Profession Agreement Reports
3. Operational reports

Any additional changes to reporting will be decided through consultation and negotiation with National Boards and Ahpra as part of the annual review of this schedule.

Report	Timing	Content	Frequency
Strategic Performance Reports	Q1: Oct Q2: Jan Q3: April Q4: July	Strategic Performance Reports (SPRs) inform National Boards and the Agency Management Committee on our progress towards achieving the objectives of the National Scheme Strategy 2020-2025, through an aligned set of measures, targets and initiatives. Our SPRs use the balanced scorecard methodology.	Quarterly
Health Profession Agreement Reports	Report 1: Dec Report 2: May	Health Profession Agreement (HPA) Reports monitor and report on the health of the partnership between Ahpra and National Boards. The Reports will be based on the below agreed key result areas: <ul style="list-style-type: none"> • Ahpra and National Boards demonstrate our values and behavioural attributes • Our systems and processes support Ahpra staff, National Boards and their committees to feel safe and included <p>Ahpra and National Boards have a strong and responsive partnership under the National Law</p>	Bi-annual
Operational Reports	Q1: Nov Q2: Feb Q3: May Q4: Aug	Operational reports measure whole of Ahpra performance across the following areas: <ul style="list-style-type: none"> • Reduce patient risk • Maximise availability of safe and competent practitioners • Minimise regulatory burden <p>Operational reports are supplemented by on-demand dashboards and bi-annual performance seminars. Progress reporting against specific action plans and/or targets is provided, as agreed by RPC</p>	Quarterly Live access via Power BI Bi-annual performance seminars

Schedule 7: Equity Framework

Overview

Principles of equity

Ahpra and the National Boards work in close partnership to improve the management of equity on behalf of the National Registration and Accreditation Scheme (National Scheme) in the interests of greater cost effectiveness and efficiency to ensure the long-term financial sustainability of the Scheme.

Equity has accumulated both from equity bought into the scheme by National Boards upon the inception of the National Scheme and through subsequent operating surpluses.

Equity serves several important purposes including:

- mitigating against unexpected loss not covered by the National Scheme's comprehensive insurance
- funding capital and strategic projects that support the effective and efficient operation of Boards and the Scheme
- offsetting the impact to the financial position due to variance in the operating result.

Guiding principles of equity management include:

- joint accountability for the financial resilience and sustainability of the National Scheme, ensuring no Board is unreasonably disadvantaged under the equity approach
- appropriate and efficient use of resources
- use of National Board risk assessments to inform the National Boards' primary risk pool equity target
- appreciation of the different profession profiles and equity positions
- recognition that the fee strategies for each Board are integral to meeting each board's individual financial needs
- transparency of process.

Key elements of the Equity Framework include:

- a focus on ensuring sustainable levels of equity across the National Scheme
- two discrete equity pools:
 - Pool one is the National Scheme equity pool
 - Pool two is each National Board's equity pool
- indicative target equity levels for each National Board, with the Board primary risk pool provision based on the National Board profession risk assessment
- a governance framework and business rules for decision making in relation to equity.

By improving the management of equity, it is anticipated that the following outcomes will be achieved:

- clear accountability and responsibility improved collaboration, communication and coordination
- increased effectiveness and efficiency
- enhanced trust and confidence in process, oversight and sustainability.

Equity Pools

The National Scheme equity pool serves three purposes:

- funding strategic initiatives with wider benefit to the scheme that are above the budgeted amount
- secondary risk provisioning to mitigate against uninsured loss to Ahpra and the scheme as a whole
- offsetting the impact on the financial position due to variance in the operating result.

The National Board equity pool serves four purposes:

- provision for National Board strategic initiatives
- provision for large case costs
- primary risk provisions
- offsetting the impact to the financial position due to variance in the operating result