

Australian Health Practitioner Regulation Agency

Annual Report 2009-10



Chiropractic
Dental
Medical
Nursing and Midwifery
Optometry

Osteopathy
Pharmacy
Physiotherapy
Podiatry
Psychology

Australian Health Practitioner Regulation Agency

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This annual report is prepared and submitted in accordance with section 263 of the *Health Practitioner Regulation National Law* as enacted in each participating jurisdiction (the National Law). All references to the National Law in this report should be understood to refer to the *Health Practitioner Regulation National Law* as enacted in each participating jurisdiction.

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Delivering the vision: A review of 2009-10

Report from the Agency Management Committee Chair

For the Australian Health Practitioner Regulation Agency (AHPRA) the year to 30 June 2010 was distinguished by an unwavering focus on ensuring the successful start-up of Australia's pioneering national registration and accreditation scheme for health professions (the National Scheme).

It was a complex and concentrated effort by many people. In March 2008, the Council of Australian Governments (COAG) decided to establish a National Scheme for the registration and regulation of health professions and accreditation of their education and training. Just two years later, new legislation was in place in seven of Australia's eight States and Territories, new structures had been established to support the operation of the National Scheme and a new regulatory framework was in place across Australia.

The new AHPRA CEO Mr Martin Fletcher began work in December 2009 and his leadership team was in place from early 2010. By 30 June, all State and Territory AHPRA offices had been fitted out and a single national IT system had replaced the diverse range of technology that had previously supported regulation of the professions regulated under the National Law from 1 July 2010.

In August 2009 membership of the ten new national boards was announced by the Australian Health Workforce Ministerial Council. These boards have invested considerable time and wisdom in developing the registration standards that, from 1 July 2010 underpin the regulation of the professions across Australia. For the first time, there are now common standards that each registered health practitioner must meet, no matter where they live or practise in Australia, and consistent processes nationwide to support health professional regulation. Some of these new registration standards are common across professions. Others have been tailored to suit the specific needs of each profession. This balance of collaboration and specificity is itself a powerful symbol of the potential of the National Scheme.

There are, of course, many people to thank for the introduction of the National Scheme, on time and on budget. The insight and leadership of Australia's health ministers was an essential factor: their decisions and political commitment saw the necessary legislation to support the National Scheme introduced in most of the country by end June 2010 (Western Australia has signalled its intention to join the National Scheme later in 2010).

The fierce energy and commitment of Dr Louise Morauta and her policy and implementation team saw a mountain of work completed in an impossibly short time. Integration teams in health departments across Australia worked tirelessly to support translation of State and Territory arrangements into the National Scheme. Most significantly, the Board members and staff of the more than 85 former health profession boards in place until 30 June, maintained the integrity and purpose of Australia's regulation system throughout the transition to national registration.

My colleagues on the AHPRA Agency Management Committee have my particular thanks for their wise and unwavering counsel in resolving the challenges we have faced. I also thank Martin Fletcher for his determination and commitment to deliver a National Scheme and a national organisation both robust and flexible enough to meet the many challenges that lie ahead.

The Agency Management Committee is alert to the scale of the task involved in the safe delivery of the National Scheme and looks forward to working across AHPRA and in partnership with the national boards as they apply the National Law to their core task of protecting the public.

Finally, I thank the members of the State and Territory Boards who shared our vision for the new National Scheme and worked cooperatively to bring about its implementation. The State and Territory Boards have a proud history of dedicated health regulation in Australia; in some cases, for over 150 years. The best practices of these boards will assist us greatly in benchmarking the service quality under the National Law.

Mr Peter Allen

Chair, Agency Management Committee



Report from the Chief Executive Officer

On 1 July 2010, Australia was set to introduce the world's first National Registration and Accreditation Scheme in which 10 professions are regulated through one nationally consistent law. This is a significant achievement and marks a new chapter in Australia's proud history of health practitioner regulation.

The introduction of the National Scheme represents substantial change. It involves the transition from 85 separate health practitioner boards to 10 national boards; a shift from more than 65 different pieces of legislation to one nationally consistent law (the National Law); and the integration of eight separate state and territory regulatory systems into one National Registration and Accreditation Scheme.

The scale of the change we face is matched by the potential benefits it will deliver to the professions, the public and government. The new system has been designed to promote mobility, so practitioners need only register once to practise across Australia; consistency, through uniform national standards; efficiency, with less red tape and standard systems across Australia; collaboration and more learning between professions; and increased transparency with national online registers for all professions.

The National Law is designed to support a system that is transparent, accountable, efficient, effective and fair. These principles are written into the legislation that governs the National Scheme and describe the way AHPRA proposes to operate.

In the past six months since my appointment to AHPRA, many people have gone to extraordinary lengths to make the National Registration and Accreditation Scheme a reality. I am indebted to the Agency Management Committee for their strategic oversight and support; to my leadership team for their dedication and commitment; to the AHPRA State and Territory Managers who have ensured there is a fully operational office in every jurisdiction despite significant challenges; to the Executive Officers for each of the National Boards who, with patience and good humour, have guided their Boards and helped develop clear national standards for each profession; and to the National Boards for their wisdom, insight and courage. Separately and collectively, they have committed to building a regulatory system for the 21st century aimed squarely at protecting the public.

The collaboration across the professions, through the leadership of the Chairs of all the health registration boards, is one of the significant benefits of the National Scheme and one that, over time, will benefit the Australian community.

From a commitment by governments in 2008, to a fully operational national system in 2010, is a remarkable achievement. There will be many challenges in the months ahead - these must be expected, given the scale and pace of the change we are effecting. They should be balanced against the very significant benefits that reforms such as this provide to the Australian community.

Mr Martin Fletcher

Chief Executive Officer, AHPRA



An idea is born: National registration in Australia

What is national registration?

In 2005, the Australian Government asked the Productivity Commission to undertake a research study to examine issues impacting on the health workforce, including the supply of, and demand for, health workforce professionals, and propose solutions to ensure the continued delivery of quality healthcare over the next 10 years.

The report, delivered in January 2006, recommended that there should be a single national registration board for health professionals, as well as a single national accreditation board for health professional education and training, to deal with workforce shortages/pressures faced by the Australian health workforce and to increase their flexibility, responsiveness, sustainability, mobility and reduce red tape.

At that time, registration of health practitioners in Australia involved 85 separate health practitioner boards; more than 65 different pieces of legislation; and eight separate State and Territory regulatory systems.

At its meeting of 14 July 2006, the Council of Australian Governments (COAG) agreed to establish a single national registration scheme for health professionals.

COAG further agreed to establish a single national accreditation scheme for health education and training to simplify and improve the consistency of current arrangements.

At its meeting of 26 March 2008, COAG agreed to establish, by 1 July 2010, a world-first National Registration and Accreditation Scheme (the National Scheme), initially regulating 10 health professions through one National Law.

Why is Australia introducing national registration?

National registration will bring substantial benefits to the community, individual practitioners and to the health professions, including:

- mobility: practitioners with general registration can register once and practise in any participating jurisdiction in Australia
- uniformity: there are consistent national standards in relation to registration and professional standards for each profession
- efficiency: less red tape associated with registrations and notifications, over time,

processes will be streamlined and there will be considerable efficiencies of scale

- collaboration: sharing, learning and understanding of innovation and good regulatory practice between professions, and
- transparency: national online registers displaying all registered health practitioners, including current conditions on practice (except health-related conditions).

Who is included in national registration?

The National Scheme includes the following professions:

- chiropractors
- dental practitioners (including dentists, dental specialists, dental hygienists, dental prosthetists and dental therapists)
- medical practitioners
- nurses and midwives
- optometrists
- osteopaths
- pharmacists
- physiotherapists
- podiatrists and
- psychologists.

From 1 July 2012, the following professions will join the National Scheme:

- Aboriginal and Torres Strait Islander health practitioners
- Chinese medicine practitioners
- medical radiation practitioners and
- occupational therapists.



First steps: The National Registration and Accreditation Scheme

What is the National Scheme?

The Australian Government and the governments of all states and territories signed an intergovernmental agreement on 26 March 2008 to establish a single National Registration and Accreditation Scheme for health practitioners (the National Scheme) to commence on 1 July 2010.

The objectives of the National Scheme are to:

- provide for the protection of the public by ensuring that only practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered
- facilitate workforce mobility across Australia
- facilitate the provision of high quality education and training of health practitioners
- facilitate the rigorous and responsive assessment of overseas trained health practitioners
- facilitate access to services provided by health practitioners in accordance with the public interest and
- enable the continuous development of a flexible, responsive and sustainable Australian health workforce and enable innovation in the education of and service delivery by health practitioners.

The National Law defines the guiding principles of the National Scheme:

1. The National Scheme is to operate in a transparent, accountable, efficient, effective and fair way.
2. Fees required to be paid under the National Scheme are to be reasonable, having regard to the efficient and effective operation of the National Scheme.
3. Restrictions on the practice of a health profession are to be imposed only if it is necessary to ensure health services are provided safely and are of an appropriate quality.

How does the National Scheme operate?

The National Scheme is established via state and territory laws, using an “adoption of laws” model. Under this model, each state and territory would implement a uniform piece of legislation known as the National Law. This model is used for matters where national consistency is desired, but is generally within the states’ and territories’ legislative powers, and not that of the Australian Government. Ministers decided to implement the legislation to create the National Scheme in three stages.

The first stage, the *Health Practitioner Regulation (Administrative Arrangements) National Law Act 2008 (Act A)*, was passed through the Queensland Parliament and received Royal Assent on 25 November 2008. This Act encompassed the COAG agreement and provided for the establishment of the administrative framework and national bodies for the National Scheme – the Australian Health Workforce Ministerial Council (the Ministerial Council), the Australian Health Workforce Advisory Council, the National Boards and the Australian Health Practitioner Regulation Agency (AHPRA) – without giving full effect to their substantive functions.

The second stage, the *Health Practitioner Regulation National Law Act 2009 (the National Law)* as agreed by the Ministerial Council, was passed through the Queensland Parliament and received Royal Assent on 3 November 2009. This Act repealed Act A from 1 July 2010 and re-enacted the provisions relating to the national bodies, but also specified their full powers and functions as well as other matters. Transitional provisions that provide for the existing disparate state and territory schemes and registrants to be legally transferred to the National Scheme were also included.

The third stage involved each jurisdiction passing legislation to adopt the National Scheme, to be passed through their Parliament, or in the case of Western Australia, introduce corresponding laws.

Who administers the National Scheme?

The success of the National Scheme depends on a number of different groups working in partnership to deliver the objectives.



Australian Health Workforce Ministerial Council

The Australian Health Workforce Ministerial Council (the Ministerial Council) comprises the Health Ministers of the participating jurisdictions and the Commonwealth. The Ministerial Council has a range of powers that include:

- appointing the National Board members and the Agency Management Committee (AHPRA's Board)
- giving directions to AHPRA and the Board about the policies they must apply in exercising their functions and
- approving registration standards, lists of specialties and specialist titles and endorsements in relation to scheduled medicines and areas of practice.

Australian Health Workforce Advisory Council

The role of the Australian Health Workforce Advisory Council is to provide independent advice to the Ministerial Council about matters related to the National Scheme.

Advice from the Australian Health Workforce Advisory Council cannot be about a particular person, qualification, application, notification or proceeding.

Agency Management Committee

The Agency Management Committee is, in effect, the Board of AHPRA. Its functions include deciding the policies of AHPRA and ensuring that AHPRA performs its functions in a proper, effective and efficient way.

The members of the Agency Management Committee are Mr Peter Allen (Chair), Mr Michael Gorton AM Professor Genevieve Gray, Professor Constantine (Con) Michael AO and Professor Merrilyn Walton.

Profiles of Agency Management Committee members are included in this report's financial statement.

Australian Health Practitioner Regulation Agency

The Australian Health Practitioner Regulation Agency (AHPRA) is the agency that supports the National Boards to perform their functions. The Boards cannot enter into contracts and cannot employ staff. They rely on AHPRA to provide the human resources and infrastructure to enable the Boards to administer the National Law.

The role of AHPRA includes:

- providing administrative assistance and support to the National Boards and the Boards' committees
- in consultation with the National Boards, developing and administering procedures for efficient and effective operation of the National Boards
- establishing procedures for the development of accreditation standards, registration standards and codes and guidelines so that the National Scheme operates in accordance with good regulatory practice
- negotiating with each National Board on the terms of a health profession agreement, setting out the services to be provided by AHPRA to each of the National Boards

- receiving and dealing with applications for registration and with notifications about the performance, conduct and/or health of individual practitioners
- in conjunction with the National Boards, keeping up-to-date and publicly accessible national registers of practitioners and national registers of students (student registers will not be publicly available) and
- providing advice to the Ministerial Council about the administration of the National Scheme.

The majority of the work of AHPRA will be delivered through its network of state and territory offices, situated in each capital city.

The National Boards

Each health profession that is part of the National Scheme is represented by a National Board. While the primary role of the National Boards is to protect the public, the Boards are also responsible for registering practitioners and students, as well as other functions, for their professions. More information on the National Boards and Board activities for 2009-10 is provided in this report under *In step together: The National Boards*.

Accreditation

Accreditation authorities recommend accreditation standards to National Boards for approval and assess programs of study and education providers to determine whether accreditation standards are being met. Accreditation standards help to ensure that education providers and programs of study provide students with the knowledge, skills and professional attributes to practise the profession in Australia.

The Ministerial Council appointed external accreditation authorities for the health professions in the National Scheme (with the exception of nursing and midwifery) in December 2008. The accreditation authority for nursing and midwifery was appointed in April 2010.

The external accreditation authority for each health profession in the National Scheme is:

- Council on Chiropractic Education Australasia
- Australian Dental Council
- Australian Medical Council
- Australian Nursing and Midwifery Council
- Optometry Council of Australia and New Zealand
- Australian and New Zealand Osteopathic Council
- Australian Pharmacy Council
- Australian Physiotherapy Council
- Australian and New Zealand Podiatry Accreditation Council and
- Australian Psychology Accreditation Council.



Stepping up the pace: The transition

Transition timeline

March 2008	COAG Intergovernmental Agreement signed to implement a National Registration and Accreditation Scheme by 1 July 2010
May 2008	National project team established led by Dr Louise Morauta
November 2008	<i>Health Practitioner Regulation (Administrative Arrangements) National Law Bill 2008</i> (Act A) passed and in force in Queensland
December 2008	Assignment of accreditation functions to external accreditation councils (excluding nursing and midwifery)
November 2009	<i>Health Practitioner Regulation National Law Act 2009</i> (Act B) gained Royal Assent to commence 1 July 2010 in Queensland
March 2009	Agency Management Committee members appointed
August 2009	National Board members appointed by Ministerial Council
September 2009	First meeting of National Boards
Dec 2009 - Jan 2010	AHPRA CEO and national management team in place and receive handover from project team
February 2010	AHPRA State and Territory managers on board and recruiting senior staff
March 2010	Most eligible staff accept offer to transfer to AHPRA

Ministerial Council approves mandatory registration standards for National Boards

April 2010 Ministers assign accreditation authority for nursing and midwifery

April - June 2010 National Boards advise registrants on transition arrangements

June 2010 Transfer of data from current Boards to AHPRA
Health Profession Agreements finalised
Most State and Territory Board members indicate their desire to transfer to the new National Scheme

July 2010 National registration and accreditation commences in all jurisdictions (other than Western Australia which is expected to join in October 2010)
500,000 registrants to transfer to national registers
Over 400 staff transfer to AHPRA
AHPRA offices to open in all states and territories.

Engaging staff

The process for making employment offers required extensive planning that included consultation with boards for validation of eligible employees and details to assist with the accuracy of offers by AHPRA.

AHPRA's communications about the offers of employment, designed to support potential staff needs, was led by CEO Martin Fletcher and the executive team, with local focus by the State and Territory Managers. AHPRA's HR helpdesk provided a single point of assistance for any potential staff questions.

Importantly, a special information session, hosted by the AHPRA State and Territory Managers in every capital city, provided the opportunity for both potential staff and the CEO and AHPRA leadership team to meet staff prior to employment offers closing. These information sessions were invaluable in creating a welcome climate of openness at a time when staff members were apprehensive about the magnitude of the changes to their organisations.

The process of developing the staffing strategy involved consultation with boards, unions and staff. To manage a successful transition to the National Scheme, it was imperative that AHPRA retains as much knowledge and experience as possible among the transferring staff.

The staffing strategy was agreed by the Governance Committee of the Australian Health Ministers' Advisory Council (AHMAC). Key elements of the staffing strategy included:

1. Senior staff members (those earning \$120,000 or above and employed as CEO, senior managers reporting directly to the CEO or senior professional advisers) were encouraged to apply for senior positions but were not entitled to transfer.
2. Permanent staff members below the senior staff level were offered transition on their existing terms and conditions of employment.
3. Temporary staff members were not offered transition but were encouraged to apply for any vacancies advertised.
4. Staff members of companies providing contracted services to boards were not automatically offered transition. However, some staff did move to positions within AHPRA where it was judged appropriate to ensure a safe transition or where they competed successfully for vacancies.

Throughout transition planning, the staffing of AHPRA was a high priority. Following agreement of the staffing strategy with AHMAC, securing staff was achieved with the following approaches:

1. Senior executive roles in the National office, together with the state and territory offices, were filled through advertising in the open market (29 Senior Executive Service, National office and State and Territory Managers).
2. Most staff below senior executive level were eligible to receive transition offers to join AHPRA. These offers resulted in 372 acceptances which was an 80% acceptance rate. Acceptances by state and territory were:

New South Wales	37
Queensland	67
South Australia	48
Tasmania	18
Victoria	130
Western Australia	50
Australian Capital Territory	11
Northern Territory	11

3. Non-SES managerial roles and some professional adviser roles were filled via an internal expression of interest process. When not filled through this approach, positions were filled via the open market.
4. In New South Wales, the Northern Territory and the Australian Capital Territory, a number of staff members joined AHPRA via secondment arrangements in accordance with agreements specific to those jurisdictions.
5. Most AHPRA staff members, with the exception of those in Victoria and Tasmania, have rights of return to the public service in accordance with agreements in the respective jurisdictions.

Enterprise agreements

The staff transition strategy agreed with AHMAC included an agreement that staff would be offered transition to AHPRA on their existing terms and conditions of employment. This resulted in the introduction of 27 industrial agreements and numerous common law contracts.

Work commenced in 2009 with national unions, with the objective of establishing a single national agreement under the *Fair Work Act 2009*, to commence on 1 July 2010. However the legal status of AHPRA and the nature of AHPRA's operations being based in states and territories meant it was not possible to achieve a single national agreement by July 2010. In consultation with federal and state unions, it was agreed that a series of agreements based in states and territories would be established with the objective of negotiating a single national agreement over a longer period of time.

In early 2010, a single bargaining unit was established, comprising representatives of federal, state and territory unions. The task of this unit was to meet regularly with representatives of AHPRA and to examine all the clauses in the current agreements based in states and territories and to recommend the extent to which agreement could be reached on common terms and conditions. This document would then form the basis of a template agreement and agreements based in states and territories would be negotiated subsequently for those terms and conditions that could not be agreed on a national basis.

The spirit of cooperation in the single bargaining unit working parties was most helpful in developing an extensive list of terms and conditions which will be recommended to federal, state and territory unions later in 2010. It is envisaged that negotiations based in states and territories will commence by September 2010 with a view to finalising agreements in all states and territories within the first year of operations.

The commitment to transfer staff became the major determinant of the size of offices at implementation. It also meant that the full structure of state and territory offices was not set before implementation, as staff were to transfer with their current roles, and were grouped into registration, notification or corporate functional groups.

Managing accommodation

The Agency Management Committee agreed that it was highly desirable that staff of AHPRA be co-located from commencement. To achieve this, it was agreed that:

- new accommodation would be sourced in New South Wales, Queensland, South Australia, Tasmania and Western Australia
- existing accommodation would be used initially in the Australian Capital Territory and the Northern Territory where staff were already co-located and
- accommodation for both the National and Victorian offices would be sought in Melbourne.

The Victorian Government made an offer that the Nurses Board of Victoria building would be made available for the National office of AHPRA at an attractive rental for 10 years. However, assessment of this option found that the building would not be able to accommodate both the National and Victorian offices. Other options in Melbourne were then identified.

In the six months prior to 1 July 2010, new accommodation was leased and fitted out for state offices in the following locations:

- Queensland: levels 18 and 19, 179 Turbot Street, Brisbane
- New South Wales: level 51, 680 George Street, Sydney
- Victoria and National Office: level 7 and 8, 111 Bourke Street, Melbourne (co-located State and National office location)
- Tasmania: level 12, 86 Collins Street, Hobart
- South Australia: level 8 and part of level 2, 121 King William Street, Adelaide and
- Western Australia: level 1, 541 Hay Street, Subiaco.

This was a major project involving sourcing and assessment of options, leasing negotiations, fitout design and construction and relocation of transitioning staff to the new premises. All state and territory offices will be open to the public from 1

July (with the exception of Western Australia which is expected to join the National Scheme in October 2010).

All the new offices are located in prominent office developments close to transport, ensuring access to registrants and members of the public.

Another project has also been commenced to assess and develop strategies in relation to the leased and owned premises which have transferred to AHPRA ownership from the state and territory boards. There are approximately 12 properties and a range of options with regard to surrendering, sub-leasing and sale are being considered. Work has commenced on decommissioning these premises and disposing of remaining assets.

Managing finances

The financial principles for the transfer of assets and liabilities from state and territory boards were set down by the Ministerial Council. All funds deriving from the state and territory boards of each profession were to be pooled at a national level and held for the benefit of the National Board of that profession.

It was agreed by AHMAC that boards were required to transfer funds to cover:

- prepaid fees held at 30 June 2010
- funds to cover transferring liabilities and
- reserves funds equivalent to one year's operating, or, if not available, all residual reserves.

Only the first two categories of funds were required to be provided by New South Wales boards because of the co-regulatory model in New South Wales.

Initially, the Australian Government and state and territory governments committed \$19.8m for project costs before implementation commenced. Additional project funds were subsequently approved. During 2009-10, AHPRA drew both on government funding and on funds transferred from boards.

The government funds are outside the scope of the audit conducted for this annual report. The expenditure of those funds is audited through the Victorian Department of Health, through whom the funds were acquitted. The audit conducted for AHPRA was restricted to those funds transferred in advance by the state and territory boards.

To determine funds to transfer from boards, a Services Assets and Liabilities Transfer Agreement was developed with each existing board. The first documentation was requested by September 2009 and an update in March 2010. Boards generally declined to sign a formal agreement but did provide documentation.

To verify independently the services, assets and liabilities to transfer, KPMG was commissioned to conduct a due diligence audit. The audit confirmed funds to transfer and identified a number of issues for resolution. Where boards were unable to meet commitments to transfer prepaid fees and liabilities, undertakings were sought from governments to meet the commitment.

Governments agreed that, once the legislation was passed in each state and territory, boards should transfer to AHPRA 30% of the reserve funds that were due to transfer. National Boards then agreed that certain funds from the early transfer of reserves, held on behalf of the National Board, could be drawn upon to cover some of the implementation cost in 2009-10, particularly accommodation and fitout costs.

Managing information and communication technology

In recognition that the information and communication technology (ICT) costs and risks would be the most significant part of the implementation, AHMAC set up an ICT Reference Group that was chaired by one of its members, Dr Tony Sherbon, Chief Executive of the South Australian Department of Health. The Reference Group included representatives from existing registration bodies, state and territory health departments and project staff.

The ICT project was led by Mr Tim McMahon and was delivered by a combination of project staff, contractors and vendors.

The initial step was the development of an ICT strategy, which reviewed existing ICT capability of boards. This work made it clear that, in effect, greenfields ICT would be required for AHPRA with only limited re-use of existing systems and infrastructure likely.

The ICT capability delivered by 1 July 2010 included:

- the Pivotal Registration and Notification System
- the Great Plains Financial System
- a Human Resource Management and Payroll System
- an Enquiries Contact Centre System
- server, network and desktop infrastructure throughout Australia
- Voice Over Internet Protocol (VOIP) phones throughout Australia
- AHPRA and National Board websites and intranet
- online search of the public register
- online renewal transactions

- a meeting management web service and
- a mailhouse contract.

Another major component of the work was the data migration about existing registrants.. Data needed to be migrated from 38 organisations and integrated to provide the national register. Database Consultants Australia was engaged to undertake this work in close collaboration with the project team.

The data migration was a very complex task. It included the following steps:

1. The data items required in the registration system were determined.
2. Data items from the 38 organisations were mapped to the new system.
3. Data were cleansed.
4. Registration transition matrices were developed and approved by National Boards to map registrants in each state or territory in the ten professions to the registration types in the National Scheme.
5. The matrices were then used to allocate a new registration type to each registrant.
6. Some registration types required loading of additional information from other sources such as Medicare or specialist college data about medical specialists.
7. The principal place of practice needed to be determined using decision rules.
8. Conditions were cleansed, which involved editing, technical amendments to reflect the new legislation and publication onto national registers.
9. Duplication of records of registrants with registration in more than one jurisdiction was addressed.

A key element of the data migration was a mailing to registrants which commenced in April 2010.

The mailing sought to:

- confirm registrant details
- confirm principal place of practice
- advise registrants of their new registration types, and
- advise registrants of the conditions that would appear on the public register.

As this was the first direct communication to registrants about the National Scheme, it led to a large volume of enquiries to the call centre set up for the purpose.

The valuable contribution of Ms Anne-Louise Carlton to the data migration and transition of registrants is acknowledged.

Information sharing

A further stream of work was devoted to information sharing. The project team entered into discussions with a range of organisations:

1. It was agreed with the National E-Health Transition Authority (NEHTA), and confirmed by governments and enabled through legislation, that AHPRA would allocate Health Provider Identifiers to all registrants and exchange information with NEHTA or its service provider.
2. It was agreed with Medicare that there would be information sharing.
3. It was agreed by governments and enabled by legislation that AHPRA would conduct the workforce survey each year at time of renewal and provide de-identified information collected to the Australian Institute of Health and Welfare (AIHW).
4. A contract was negotiated with CrimTrac to provide criminal history reports to AHPRA as part of registration processes.

The scope of the ICT strategy was too large to complete prior to 30 June 2010. Indeed, some of the development work could only be completed within an operational environment. For this reason, AHPRA will continue its ICT development into the 2010-11 year.

Managing registrants

To ensure the safe transition of registrants into the National Scheme, action was taken early on registration renewals due near implementation, especially on 30 June. Legal advice was sought on the transfer of registrants who had not renewed before implementation. It was clarified that, if registrants had not renewed, they may or may not transfer, depending on whether there was a grace period in current state or territory legislation or only a power to reinstate. Boards in this situation were encouraged to move renewal dates, make provision in legislation or to commence the renewal process early to avoid problems.

Queensland boards moved renewal dates to 1 July to put the matter beyond doubt. South Australia made legislative provision and others relied on starting renewals early. Western Australia did not join the National Scheme on 1 July.

As a back-up measure, National Boards approved a “fast track” application process, should it be required, to get people re-registered in the early period after 1 July.

More than 150 new registration application forms were designed to reflect the National Scheme and the new registration standards.

AHPRA senior staff	
Mr Martin Fletcher	Chief Executive Officer
Mr Chris Robertson	Director, National Board Services
Mr John Illott	Director, Operations
Ms Dominique Saunders	General Counsel
Ms Kym Ayscough	State Manager, New South Wales
Ms Alyson Smith	State Manager, South Australia
Ms Lisa Wardlaw-Kelly	State Manager, Tasmania
Mr Richard Mullaly	State Manager, Victoria
Mr Jim O'Dempsey	State Manager, Queensland
Mr Bob Bradford	State Manager, Australian Capital Territory
Ms Jill Huck	State Manager, Northern Territory
Ms Robyn Collins	State Manager, Western Australia

Note: Western Australia is expected to join the National Scheme in October 2010.

Executive Officers are listed with each National Board in individual Board reports.





AHPRA

In step together: The National Boards

Introduction to the National Boards

The role of the National Boards is to protect the public by:

- registering health practitioners and students
- developing standards, codes and guidelines for the health professions
- investigating notifications and complaints
- where necessary, conducting panel hearings and referring serious matters to Tribunal hearings
- assessing health practitioners who trained overseas and who wish to practise in Australia (in conjunction with accredited authorities) and
- approving accreditation standards and accredited courses of study (in conjunction with accredited authorities).

National Board members were appointed by the Ministerial Council as practitioner or community members, with at least two members appointed as community members. One of the practitioner members is to be appointed as Chairperson of the National Board by the Ministerial Council.

A practitioner member must be a registered health practitioner in the health profession for which the National Board is established. A community member must not at any time have been registered as a health practitioner in the health profession for which the National Board is established.

In August 2009, the Ministerial Council announced the appointment of the inaugural 108 members of the ten national boards. Ministers noted that these appointments followed consideration of a total of 370 candidates following national advertisement. Among the 108 members, 29 live in rural or regional areas and the majority of members were previously appointed to state or territory boards.

Members were appointed at this time to enable the preparatory work required for the commencement of the National Scheme on 1 July 2010. The members were appointed for three years and the appointment process was coordinated by members of the National Registration and Accreditation Implementation Project (NRAIP) team.

The Dental Board of Australia, Medical Board of Australia, Nursing and Midwifery Board of Australia, Pharmacy Board of Australia, Physiotherapy Board of Australia and Psychology Board of Australia have twelve members, comprising eight practitioner members and four community members.

The Optometry Board of Australia, Chiropractic Board of Australia, Osteopathy Board of Australia and Podiatry Board of Australia have nine members, comprising six practitioner members and three community members.

In September 2009, the National Boards gathered at Melbourne, with the Agency Management Committee and the project team, for an induction session to discuss and plan the work required for the implementation of the National Scheme. Each of the Boards held their first meeting, following the induction.

From August 2009 to June 2010, there was one vacancy in a National Board's membership. This was due to the resignation of a community member of the Pharmacy Board of Australia.

National Boards are required to determine whether state and territory boards are necessary from 1 July 2010 to fulfil their regulatory responsibilities effectively and efficiently.

For those National Boards with state and territory boards, members of the former boards in those jurisdictions transferred under the National Law to that state or territory board. The National Law sets out new composition requirements which apply from 1 July 2011 in all states and territories, for state and territory boards. The new requirements are that at least half, but not more than two thirds of the members must be practitioner members and at least two must be community members.

From August 2009 to 30 June 2010, the National Boards have undertaken significant work in areas including:

- registration standards, codes and guidelines
- committee structures and delegations
- Health Profession Agreements
- transition of registrant types and
- accreditation.

To operationalise the National Scheme, the National Boards needed to determine how powers would be exercised and to what extent they would be delegated to state and territory Boards, to committees and to AHPRA. Boards were encouraged to apply a model that included a degree of consistency to make them more readily implementable. Once powers were delegated to AHPRA, then delegations needed to be made from the CEO of AHPRA to staff in the state and territory offices.

The following sections provide more detail on the work of each National Board for the period 2009 - 2010.

Table: National Board and Committee structure

National Board	National Committees	Regional Boards	State and Territory Boards	State and Territory / Regional Board Committees
Chiropractic Board of Australia	Accreditation and Assessment Committee Policy, Codes, Standards and Guidelines Committee CPD Committee Governance and Finance Committee Notifications and Registration Committee Immediate Action Committee	None	None	None
Dental Board of Australia	Finance and Administration Committee Registration and Notification Committee Accreditation Committee	Australian Capital Territory, Tasmania and Victoria Northern Territory and South Australia Queensland	New South Wales	Registration and Notification Committee Immediate Action Committee
Medical Board of Australia	Finance Committee Communications Committee	None	All States and Territories	Registration Committee Notifications Assessment Committee Performance and Professional Standards Committee Health Committee
Nursing & Midwifery Board of Australia	None	None	All States and Territories	Registration Committee Notification Committee Immediate Action Committee
Optometry Board of Australia	Scheduled Medicines Advisory Committee Continuing Professional Development Accreditation Committee Policies, Standards and Guidelines Advisory Committee Registration and Notifications Committee Finance Committee	None	None	None
Osteopathy Board of Australia	Registration and Notification Committee Policy and Guidelines working group	None	None	None
Pharmacy Board of Australia	Registration and Notification Committee Policies, Codes and Guidelines Committee Finance and Governance Committee Examinations Committee	None	None	None
Physiotherapy Board of Australia	None	None	All States and Territories	None
Podiatry Board of Australia	None	None	None	None
Psychology Board of Australia	Registration Committee Financial Management Committee Conduct and Health Committee Accreditation Committee Workforce and Innovation Committee Communications Committee	Australian Capital Territory, Tasmania and Victoria Northern Territory and Queensland South Australia (interim, pending expected transition of Western Australia to the National Scheme in October 2010)	New South Wales	Northern Territory and Queensland: Registration and Conduct Committee in each jurisdiction



Chiropractic
Board of
Australia

Chiropractic Board of Australia

Board members were appointed in August 2009 and held the first meeting of the Chiropractic Board of Australia on 20 September 2009.

The Board met 10 times and made significant achievements in 2009-10.

Registration standards

The Board developed and consulted on the following registration standards:

- continuing professional development (CPD)
- criminal history
- English language skills
- professional indemnity insurance (PII) and
- recency of practice.

All registration standards were approved by the Ministerial Council before 30 June 2010 to come into effect on 1 July 2010.

Codes and guidelines

Code of conduct

The Board consulted on a code of conduct for chiropractors. Initially, the Board developed and circulated for consultation two documents:

- the common code of conduct based on the Australian Medical Council's *Good Medical Practice: a Code of Conduct for Doctors in Australia* adapted to form a generic and cross-profession code of conduct and
- a profession-specific code of practice.

Feedback from chiropractic registration boards, the profession and stakeholders in the initial consultation indicated significant support for a single, integrated document. The Board responded to this feedback by producing a single code, which was circulated for a second round of consultation, including a stakeholder workshop. The final document reflects feedback provided through this process. Much of the content is common to the codes of the other National Boards.

Guidelines for continuing professional development

The Board also developed guidelines for continuing professional development (CPD) to expand on the requirements in the Board's CPD registration standard, including what counts as CPD and how to record CPD.

Other guidelines

All the National Boards consulted on and approved common guidelines for advertising and mandatory reporting.

Committee structures and delegations

The Board decided that it would not have state and territory boards. Instead, registrations and notifications related to individual registrants would be managed locally through AHPRA. The Board set up a national Notifications and Registration Committee to oversee notifications and complex registration matters and an Immediate Action Committee to take urgent action as required.

The National Board will be responsible for developing and approving registration standards, codes and guidelines, approving accreditation standards and negotiating the health profession agreement which determines funding and service arrangements with AHPRA.

Health Profession Agreement

The Board negotiated and finalised the terms of the first Health Profession Agreement (HPA) with AHPRA. Under the National Law, the Board relies on AHPRA to provide the resources to enable it to fulfil its statutory functions. The HPA includes service and quality measures and clear accountabilities.

Transitional issues

The Board approved a transition plan to describe the category of registration to which chiropractors registered on 30 June 2010 would transfer under the National Law. The transition of chiropractors was generally straightforward.

Accreditation

The Council on Chiropractic Education Australasia (CCEA) has been appointed by the Ministerial Council as the accreditation agency for the chiropractic profession for three years. Under the National Law, AHPRA may enter into a contract with the CCEA for accreditation of chiropractic. The terms of the contract must be in accordance with the HPA between AHPRA and the Board.

The Board approved the terms of engagement between AHPRA and the CCEA for the first six months of the National Scheme. The role of the CCEA will remain largely unchanged.

Other decisions of the Board

During 2009-10, the Board made significant decisions including:

- setting registration fees
- student registration so all chiropractic students will be registered for the entire chiropractic course
- determining registration renewal dates so general registrants will renew by 30 November

each year, and limited registrants can be granted up to 12 months' registration and will renew at the expiry of the granting of registration

- developing a list of approved panel members and appointing panel members
- approving a range of application forms and certificates and
- commencing work on draft guidelines and registration standards for consultation during 2010-11.

Stakeholders

The Board is grateful to the many stakeholders who have contributed constructively to the development and implementation of the National Regulation and Accreditation Scheme. This includes everyone who has responded to the many requests for feedback about standards, codes and guidelines, including governments, professional associations, the CCEA, providers of chiropractic entry to practice courses and many individual chiropractors. The Board is particularly grateful for the support and hard work of the staff and Board members of state and territory chiropractic boards who built a strong foundation for chiropractic regulation in Australia.

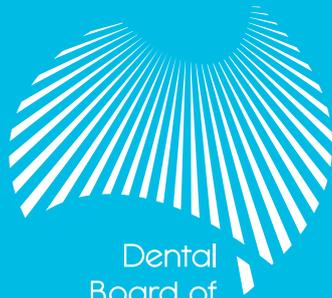
Dr Phillip Donato (Chiropractor)
Chair, Chiropractic Board of Australia

Board Members

Dr Phillip Donato	Chair and a practitioner member from South Australia
Mrs Esther Alter	Community member
Dr Stephen Crean	Practitioner member from Tasmania
Dr Graham (Bevan) Goodreid	Practitioner member from Western Australia
Mr Peter Groves	Community member
Dr Geoffrey Irvine	Practitioner member from New South Wales
Dr Amanda-Jane Kimpton	Practitioner member from Victoria
Dr Mark McEwan	Practitioner member from Queensland
Ms Margaret Wolf	Community member

The Board is supported by:
Ms Tanya Vogt Executive Officer
(from Feb 2010 to 30 June 2010)





Dental
Board of
Australia

Dental Board of Australia

The members of the Dental Board of Australia were appointed in August 2009 and the first meeting of the Dental Board was held on 20 September 2009.

The Dental Board has met nine times in 2009-10. Throughout this period, the Board has realised a number of key achievements in the progression towards implementation of the National Scheme.

Registration standards

The Board developed and consulted on the following registration standards:

- continuing professional development (CPD)
- criminal history
- English language skills
- professional indemnity insurance (PII)
- recency of practice
- scope of practice and
- area of practice endorsement – conscious sedation.

All of the registration standards were approved by the Ministerial Council to come into effect on 1 July 2010. The scope of practice registration standard was approved by the Ministerial Council, subject to a review of the standard within 12 to 18 months to assess whether the implementation of the standard has had any unintended and negative impacts on the scope of practice of oral health therapists, dental therapists and dental hygienists.

Codes and guidelines

The Board consulted on and approved common guidelines for advertising and for mandatory reporting and a code of conduct common for most National Boards.

The Board also consulted on and approved guidelines, specifically for dental practitioners, on infection control, CPD and dental records.

Registration matters

The National Law provided for a number of changes to the registration of dental practitioners:

- specialist recognition: the Board consulted on a list of thirteen specialties for dentists which were approved by the Ministerial Council to come into effect nationally on 1 July 2010
- area of practice conscious sedation endorsement: the Board's registration standard sets out the

requirements of a restricted area of practice endorsement for dentists who practise conscious sedation which comes into effect from 1 July 2011

- oral health therapists: for the first time in the majority of states and territories except New South Wales, the National Law includes the division of oral health therapists in the national register (the prerequisite for registration as an oral health therapist is the completion of an accredited three-year bachelor program of study in the dual streams of dental hygiene and dental therapy) and
- student registration: student registration will commence nationally from 1 March 2011 and the Dental Board has determined that dental practitioner students will need to be registered from the commencement of clinical training in a dental practitioner course.

Committee structures and delegations

The main role of the Dental Board will be to continue to establish the national regulatory framework for dental practitioners. The Board will achieve this through the development of registration standards, codes and guidelines and policies, and by approving accreditation standards. The Dental Board has established three Committees at the national level to assist this process: Finance and Administration; Registration and Notification; and Accreditation.

To enable registrations and notifications related to individual registrants to continue to be managed at a local level, the National Board established State and Regional Boards. In addition, to ensure processes at a local level are timely and responsive, each State and Regional Board has a Registration and Notification Committee and an Immediate Action Committee.

Transitional issues

The Board approved a transition plan that defined the category of registration to which dental practitioners registered on 30 June 2010 would transfer under the National Law. There were some complexities with the translation of existing categories and conditions on registration; however, the transition of most dental practitioners was straightforward.

Accreditation

The Australian Dental Council (ADC) has been appointed as the accreditation authority for the dental profession for three years by the Ministerial Council. The role of the ADC under the National

Scheme will remain largely unchanged, although the accreditation functions under the National Law have been expanded and contemporised to include all divisions of the national register of dental practitioners.

The Board looks forward to working with the ADC to establish nationally consistent accreditation and registration pathways for dental practitioners. The Dental Board would also like to thank the ADC in particular for the invaluable work it undertook in the Dental Boards' National Standards in Dentistry Project in partnership with the previous state and territory registration boards.

State and territory registration boards

In the transition to a National Scheme, most state and territory registration boards which existed before 30 June 2010 have been dissolved. The Western Australia Board will continue until the end of October 2010 when it is expected Western Australia will join the National Scheme.

The Board wishes to recognise the many individuals who have given their time, expertise and knowledge freely on behalf of the previous state and territory registration boards to assist with the progress and development of the National Scheme. The efforts of the previous staff and board members have provided a safe and effective environment in registration of dental practitioners and in the public interest. Many of these loyal and competent people have continued onto the National Scheme.

Conclusion

The Board acknowledges that the establishment and transition to the National Scheme has been a very challenging process. Given the ambitious timeframe and complex package of tasks to achieve, it is gratifying that implementation of the project has been finalised and the function commenced. The Board would like to thank all those who have contributed to the process, including the state and territory registration board members and staff, ADC, professional associations, governments and individual dental practitioners.

The Board looks forward to progressing a consolidated national approach to dental practitioner regulation in Australia and to working closely with all its key stakeholders to achieve this goal.

Dr John Lockwood
Chair, Dental Board of Australia

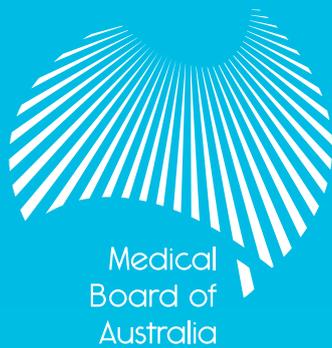
Board Members

Dr John Lockwood	Chair and a practitioner member (dentist) from New South Wales
Ms Susan Aldenhoven	Practitioner member (dental hygienist) from South Australia
Mrs Jennifer Bishop	Practitioner member (dental therapist) from Queensland
Dr Carmelo Bonnano	Practitioner member (dentist) from the Australian Capital Territory
Dr Gerard Condon	Practitioner member (dentist) from Victoria
Mr Stephen Herrick	Community member
Mr Paul House	Practitioner member (dental prosthetist) from Tasmania
Dr Mark Leedham	Practitioner member (dentist) from the Northern Territory
Mr Peter Martin	Community member
Mr Michael Miceli	Community member
Dr John Owen	Practitioner member (dentist) from Western Australia
Mrs Myra Pincott	Community member

The Board is supported by:

Ms Tanya Vogt Executive Officer
(from February 2010)





Medical Board of Australia

Board members were appointed in August 2009 and held the first meeting of the Medical Board of Australia on 20 September 2009.

The Medical Board met 10 times, held one planning day and realised significant achievements in 2009-10.

Registration standards

The Board developed and consulted on the following registration standards:

- continuing professional development (CPD)
- criminal history
- English language skills
- professional indemnity insurance (PII)
- recency of practice
- limited registration for area of need
- limited registration for postgraduate training or supervised practice
- limited registration in the public interest and
- limited registration for teaching or research.

All registration standards were approved by the Ministerial Council before 30 June 2010 to come into effect on 1 July 2010.

Specialties

The National Law states that specialist recognition operates for the medical profession. The Board consulted on a list of specialties for the medical profession and specialist titles for each specialty on that list. The Ministerial Council approved the list of specialties and specialist titles to come into effect on 1 July 2010.

Codes and guidelines

Good Medical Practice

The Board consulted on *Good Medical Practice: A Code of Conduct for Doctors in Australia*. The Code was developed by a working group of the Australian Medical Council (AMC) and published in 2008. The Board adopted the Code with minor editing to reflect the National Law. The Board gratefully acknowledges the foresight of the AMC in developing the Code in the lead-up to national registration.

Other guidelines

All the National Boards consulted on and approved common guidelines on advertising and mandatory reporting.

Committee structures and delegations

The National Board decided to have boards in every state and territory so that registrations and notifications related to individual registrants would continue to be managed locally. The Board set up a committee structure in each state and territory with delegated powers under the National Law. These comprise:

- Registration Committee
- Notifications Assessment Committee
- Performance and Professional Standards Committee and
- Health Committee.

The National Board will be responsible for developing and approving registration standards, codes and guidelines, approving accreditation standards and negotiating the health profession agreement which determines funding and service arrangements with AHPRA.

Health Profession Agreement

The Board negotiated and finalised the terms of the first Health Profession Agreement (HPA) with AHPRA. Under the National Law, the Board relies on AHPRA to provide the resources to enable it to fulfil its statutory functions. The HPA includes service and quality measures and clear accountabilities.

Transitional issues

The Board approved a transition plan that defined the category of registration to which medical practitioners registered on 30 June 2010 would transfer under the National Law. The transition of most medical practitioners was straightforward but there were some complexities, particularly with medical practitioners with conditions on practice who were registered in multiple states and territories.

Accreditation

The Australian Medical Council (AMC) has been appointed by the Ministerial Council as the accreditation agency for the medical profession for three years. Under the National Law, AHPRA may enter into a contract with the AMC for the performance of the accreditation function for medicine. The terms of the contract must be in accordance with the HPA between AHPRA and the Board.

The Board approved the terms of engagement between AHPRA and the AMC for the first six

months of the National Scheme. The role of the AMC will remain largely unchanged.

The Board also asked the AMC to help the Board to develop a nationally-consistent intern accreditation framework. This will progress during 2010-11. The Board decided not to change intern accreditation processes in the short term.

Other decisions of the Board

During 2009-10, the Board made significant decisions, including:

- setting registration fees
- student registration so all medical students will be registered for the entire medical course
- registration renewal dates so general registrants will renew by 30 September each year, while limited registrants and provisional registrants can be granted up to 12 months' registration and will renew at the expiry of the granting of registration
- developing a list of approved panel members and appointing panel members
- approving a range of application forms and certificates and
- preparing draft guidelines and registration standards for consultation during 2010-11.

Stakeholders

The Board is very grateful to the many stakeholders who have contributed constructively to the development and implementation of the National Regulation and Accreditation Scheme. This includes everyone who has provided comment on the many requests for feedback about standards, codes and guidelines and who participated in the many consultations over the past four years including governments, the colleges and the AMC, the Australian Medical Association and many individuals. The Board is particularly grateful for the support and hard work of the staff and Board members of state and territory medical boards who built a strong foundation for medical regulation in Australia.

Dr Joanna Flynn
Chair, Medical Board of Australia

Board Members

Dr Joanna Flynn	Chair and a practitioner member from Victoria
Professor Belinda Bennett	Community member
Dr Stephen Bradshaw	Practitioner member from the Australian Capital Territory
Dr Erica (Mary) Cohn	Practitioner member from Queensland
Ms Prudence Ford	Community member
Dr Fiona Joske	Practitioner member from Tasmania
Dr Charles Kilburn	Practitioner member from the Northern Territory
Mr Paul Laris	Community member
Dr Ken (Mark) McKenna	Practitioner member from Western Australia
Dr Trevor Mudge	Practitioner member from South Australia
Ms Sophia Panagiotidis	Community member
Associate Professor Peter Procopis	Practitioner member from New South Wales

The Board is supported by:
Dr Joanne Katsoris Executive Officer





Nursing and Midwifery Board of Australia

Nursing and Midwifery Board of Australia members first met on 20 September 2009 and held eight further meetings in 2009-10.

The achievements of the Board in the period leading up to the implementation of the National Registration and Accreditation Scheme are significant. The Board worked to provide registrants with a clear understanding of their requirements under the National Law through the development of registration standards and to clarify the Board's views and expectations for the nursing and midwifery professions on a range of issues by the approval of a number of codes and guidelines.

Achievements include developing the state and territory board and committee structures that will support the registration and notification functions of AHPRA for the two professions.

A new initiative for the nursing and midwifery professions under the National Scheme is the appointment of an independent accreditation authority. A restructured Australian Nursing and Midwifery Council was assigned this function by the Ministerial Council in April 2010. The Board and AHPRA have been providing oversight to the transition of this function to ensure a viable organisation and best practice approach for accreditation for the professions.

Registration standards developed by the Board and approved by the Ministerial Council on 31 March 2010 comprised:

- continuing professional development (CPD)
- criminal history
- English language skills
- professional indemnity insurance (PII)
- recency of practice
- endorsement of nurse practitioners
- endorsement for scheduled medicines for registered nurses (rural and isolated practice)
- eligible midwives and
- endorsement for scheduled medicines for midwives.

Codes and guidelines developed and approved by the Board comprised:

Guidelines and assessment frameworks for registration standards

- guidelines and assessment framework for the registration standard for eligible midwives and endorsement for scheduled medicines and

- guidelines for education requirements for recognition as eligible midwives and endorsement for scheduled medicines

Professional practice guidelines

- guidelines for mandatory notifications and
- guidelines for advertising of regulated health services

Codes and guidelines approved by the Board comprised:

Competency standards

- registered nurse (RN) competency standards
- enrolled nurse (EN) competency standards
- midwifery competency standards and
- competency standards for the nurse practitioner

Code of ethics and professional conduct

- code of ethics for nurses
- code of professional conduct for nurses
- code of ethics for midwives and
- code of professional conduct for midwives

Principles for the assessment of national competency standards

- principles for the assessment

Decision making framework

- decision making framework nursing summary guide (A4 version)
- decision making framework nursing flowchart (A3 version)
- decision making framework midwifery summary guide (A4 version) and
- decision making framework midwifery flowchart (A3 version)

Professional boundaries

- professional boundaries for nurses and
- professional boundaries for midwives.

The Board would like to acknowledge the involvement of all stakeholders who contributed to the implementation of the National Scheme by responding to consultation drafts for registration standards, codes and guidelines. The Board will continue to invite this input to ensure well-informed regulatory policy for nurses and midwives practising in Australia.

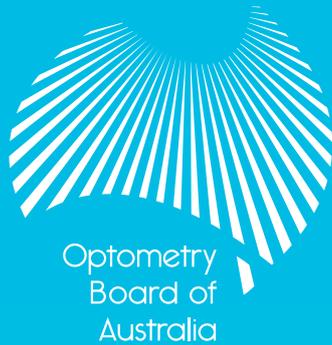
Anne Copeland
Chair, Nursing and Midwifery Board of Australia

Board Members

Ms Anne Copeland	Chair and a practitioner member (registered nurse and midwife)
Ms Gillie Anderson	Community member
Ms Angela Brannelly	Practitioner member (registered nurse and midwife)
Professor Elizabeth (Mary) Chiarella	Practitioner member (registered nurse)
Dr Lynette Cusack	Practitioner member (registered nurse)
Professor Denise Fassett	Practitioner member (registered nurse)
Mrs Lynne Geri	Practitioner member (enrolled nurse)
Ms Louise Horgan	Practitioner member (registered nurse)
Ms Mary Kirk	Practitioner member (registered nurse and midwife)
Dr Christine Murphy	Community member
Ms Heather Sjoberg	Community member
Ms Margaret Winn	Community member

The Board is supported by:
Ms Anne Morrison Executive Officer





Optometry Board of Australia

The implementation year for the Optometry Board of Australia has been one of great achievement and success.

Acknowledgements

The implementation team, firstly under the leadership of Dr Louise Morauta and followed by AHPRA CEO Martin Fletcher, has achieved an unprecedented goal of moulding 10 health professions from eight jurisdictions under a unified national structure.

Optometry was fortunate to have the guidance of an excellent Board representing all aspects of optometric expertise and governance required. The guidance and counsel from team leader Ms Ann-Louise Carlton was invaluable in the implementation stage, as was the experienced advice in regulatory matters from the Board's Executive Officer, Mr Joe Brizzi.

The Board would not have been able to deliver the comprehensive standards and guidelines without willing help from Optometrists Association Australia. This has undoubtedly allowed the Board to contain costs and work within a tight budget.

The Ministerial Council should be complimented on its foresight to introduce the National Scheme with all the resulting efficiencies of merging disparate jurisdictions and health professions. Delivering the support of all the states and territories in the space of 12 months was remarkable.

Registration standards

Since its first meeting on 20 September 2009, the Board has achieved all its implementation work plan goals with the highlights being the adoption of its registration standards and guidelines after wide-ranging consultation. The Ministerial Council approved the registration standards for optometrists on:

- criminal history
- English language skills
- professional indemnity insurance
- continuing professional development
- recency of practice and
- endorsement of scheduled medicines.

Codes and guidelines

The Board approved a code of conduct and guidelines for optometry for:

- mandatory notifications
- continuing professional development (CPD)
- CPD for endorsed and non-endorsed optometrists
- professional indemnity insurance (PII)

- use of scheduled medicines
- prescription of ocular appliances and
- advertising.

The Board has endeavoured to bring to the attention of registrants the important new responsibilities national registration requires on matters such as advertising and mandatory notification. These also include mandatory declaration of complying with CPD requirements, maintaining PII, maintaining recency of practice, endorsements to registration and criminal history requirements.

The Board would like to acknowledge the cooperation and support of Optometrists Association Australia in developing the standards and guidelines and communicating with registrants.

Transition

The transition of all registrations has progressed in accordance with the Board's registration transition plan with attention given to all inquiries from transitioning registrants. Optometrists will be aligned with an annual renewal of registration date (30 November) under the National Scheme. The Board finalised registration fees as part of its Health Profession Agreement with AHPRA.

Committee structures and delegations

The Board also has the responsibility of maintaining and considering professional standards, accreditation and workforce issues. This has required professional expertise from outside the Board.

Advisory committees have been formed to this end on scheduled medicines, mandatory continuing professional development, review of policy, standards and guidelines, and registration and notifications.

This last committee has local representatives from all jurisdictions to ensure local issues are considered and relevant advice is available to AHPRA offices in each jurisdiction. The Board has delegated administrative and investigative powers to the Registration and Notifications Advisory Committee to consider jurisdictional matters in a timely and efficient manner.

The Board thanks the members of these Advisory Committees for the invaluable contribution they make to the functioning of the National Scheme.

Accreditation

The Optometry Council of Australia and New Zealand (OCANZ) has been appointed to perform accreditation functions. In addition to accrediting programs of study for general registration and

postgraduate courses suitable for endorsement of registration for the Board to approve, OCANZ also conducts entry competence examinations for optometrists from overseas seeking general registration and endorsement of registration in Australia.

Conclusion

With tight deadlines and complicated negotiations that involved existing state and territory authorities, it was expected that some issues would not be fully implemented. One such area is the potential overregulation and duplicate legislation where jurisdictions maintain control of issues such as scheduled medicines and the supply of optical appliances, specifically cosmetic contact lenses. Negotiating efficiencies and consistency in these areas will be an ongoing task for the Board.

One of the most significant outcomes is the cooperation of the National Boards and the synergies from the ten health professions, functioning in a single administrative and legislative context, to consider issues jointly to provide a positive effect on the health care of Australian people.

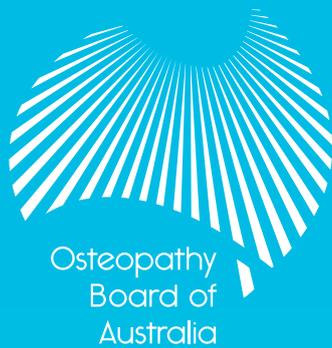
Colin Waldron
Chair, Optometry Board of Australia

Board Members

Mr Colin Waldron	Chair and a practitioner member from Queensland
Mr Ian Bluntish	Practitioner member from South Australia
Mr John Davis	Practitioner member from New South Wales
Ms Judith Dikstein	Community member
Ms Jane Duffy	Practitioner member from Victoria
Mr Derek Fails	Practitioner member from Tasmania
Mr Garry Fitzpatrick	Practitioner member from Western Australia
Ms Peta Frampton	Community member
Mr Lawson Lobb	Community member

The Board is supported by:
Mr Joe Brizzi Executive Officer





Osteopathy Board of Australia

Board members were appointed in August and held the first meeting of the Osteopathy Board of Australia on 20 September 2009.

The Osteopathy Board met 10 times and realised significant achievements in 2009-10.

Registration standards

The Board developed and consulted on the following registration standards:

- continuing professional development (CPD)
- criminal history
- English language skills
- professional indemnity insurance (PII) and
- recency of practice.

All the registration standards were approved by the Ministerial Council before 30 June 2010 to come into effect on 1 July 2010.

Codes and guidelines

Code of conduct

The Board consulted on a code of conduct to assist and support registered osteopaths to deliver effective health services within an ethical framework.

Guidelines for continuing professional development

The Board also developed guidelines for CPD to expand on the requirements in the Board's CPD registration standard, including types of CPD activities.

Other guidelines

All National Boards consulted on and approved common guidelines for advertising and mandatory reporting.

Committee structures and delegations

The Osteopathy Board decided not to have boards in every state and territory but recognised that registrations and notifications related to individual registrants would continue to be managed locally by AHPRA. The Board established a national Registration and Notification Committee to make relevant decisions that are outside the functions delegated to AHPRA.

The National Board will continue to be responsible for developing and approving registration standards, codes and guidelines, approving accreditation standards and negotiating the health profession agreement which determines funding and service arrangements with AHPRA.

Health Profession Agreement

The Board negotiated and finalised the terms of the first Health Profession Agreement (HPA) with AHPRA. Under the National Law, the Board relies on AHPRA to provide the resources to enable it to fulfil its statutory functions. The HPA includes service and quality measures and clear accountabilities.

Transitional issues

The Board approved a transition plan that defined the category of registration to which osteopaths registered on 30 June 2010 would transfer under the National Law. The transition of osteopaths was generally straightforward.

Accreditation

The Australian and New Zealand Osteopathic Council (ANZOC) has been appointed as the accreditation agency for the osteopathy profession for three years. Under the National Law, AHPRA may enter into a contract with ANZOC for accreditation for osteopathy. The terms of the contract must be in accordance with the HPA between AHPRA and the Board.

The Board approved the terms of engagement between AHPRA and ANZOC for the first six months of the National Scheme.

Work with international regulators

The Board signed a Memorandum of Understanding with osteopathic regulatory authorities in New Zealand and the United Kingdom. The MOU provides that the regulatory authorities will work to simplify the registration process for osteopaths moving between Australia, New Zealand and the United Kingdom.

Other decisions of the Board

The Board made many significant decisions in 2009-10 including:

- setting registration fees
- student registration so all osteopathy students will be registered for their entire course
- registration renewal dates so general registrants will renew by 30 November each year
- developing a list of approved panel members and appointing panel members and
- approving a range of application forms and certificates.

Stakeholders

The Board is very grateful to the many stakeholders who have contributed constructively to the

development and implementation of the National Regulation and Accreditation Scheme. This includes everyone who has commented on the many requests for feedback about standards, codes and guidelines and who participated in the many consultations over the past four years including governments, ANZOC, the Australian Osteopathic Association and many individuals. The Board is particularly grateful for the support and hard work of the staff and Board members of state and territory osteopathy boards who built a strong foundation for regulation of the osteopathy profession in Australia.

Robert Fendall
Chair, Osteopathy Board of Australia

Board Members

Mr Robert Fendall	Chair and a practitioner member from New South Wales
Dr Melissa Coulter	Practitioner member from the Australian Capital Territory
Ms Helen Egan	Community member
Ms Amanda Heyes	Practitioner member from Western Australia
Dr Luke Rickards	Practitioner member from South Australia
Dr Natalie Rutsche	Practitioner member from Queensland
Ms Karen Stott	Community member
Adjunct Professor Philip Tehan	Practitioner member from Victoria
Ms Belinda Webster	Community member

The Board is supported by:
Ms Helen Townley Executive Officer





Pharmacy
Board of
Australia

Pharmacy Board of Australia

Since its first meeting on 20 September 2009, the Board has focused on achieving progress for implementation of the National Scheme. This has included developing registration standards, codes and guidelines, and committee procedures to enable it to fulfil its functions under the National Law, developing a budget and fees for its Health Profession Agreement and approving application forms for registration.

Registration standards

The Board consulted widely on registration standards on:

- criminal history
- English language skills
- continuing professional development (CPD)
- recency of practice
- professional indemnity insurance (PII)
- supervised practice arrangements and
- examinations for general registration.

The registration standards set out the minimum requirements for pharmacists seeking all types of registration, including the requirements for provisional registrants (interns) to meet during their period of supervised practice (internship). This includes passing a registration examination comprising written and oral components, the latter conducted by the Board with administrative support from AHPRA. The Board requires interns to complete a period of 1824 hours of supervised practice to gain the necessary experience to be granted general registration and commence practice unsupervised.

Codes and guidelines

The Board adopted a code of conduct and guidelines on advertising and mandatory notifications common to other professions which are part of the National Scheme.

The Board also consulted on and adopted guidelines on CPD to support its CPD registration standard. During 2009-10, the Board consulted widely on guidelines for finalisation and adoption shortly after commencement of the National Scheme on:

- dispensing of medicines
- practice-specific issues and
- specialised supply arrangements.

The Board's guidelines will not only assist the profession by clarifying the Board's expectations but

may also be used as evidence of what constitutes appropriate professional conduct or practice for pharmacy in proceedings under the National Law or a law of a coregulatory jurisdiction against a health practitioner.

Consultation

The Board's consultation process to finalise its registration standards and codes and guidelines was wide-ranging and provided the opportunity for input by stakeholders, members of the profession and the community. The Board was grateful for the views expressed by all who made submissions which assisted the Board in finalising its standards, codes and guidelines to ensure that the public is protected. Considerable work was undertaken by the Board's Policies, Codes and Guidelines Committee to facilitate this consultation and preparation of final documentation.

Registration

The Board's registration transition plan provided registration categories to which pharmacists would transfer under the National Law. Registrants will gradually be aligned to the annual registration period for pharmacists which ends 30 November.

Committee structures and delegations

The Board performs its functions at its monthly meetings and through its committees, supported by a framework of delegations to AHPRA staff and its committees agreed by the Board. It decided not to form state and territory boards and instead formed the following Committees:

- Registration and Notification Committee
- Policies, Codes and Guidelines Committee
- Finance and Governance Committee and
- Examinations Committee.

To deal with registration and notification matters, a core Committee of the National Board (four members) meet via teleconference with two appointed members from each jurisdiction (former board members from the previous jurisdictional board) to consider the registration applications and notifications related to pharmacists from respective jurisdictions. This provides an opportunity for knowledge of local issues about practice to be considered in the process of dealing with notifications about pharmacists.

Health Profession Agreement

The Board finalised its Health Profession Agreement detailing the services AHPRA will provide to the

Board to enable it to fulfil its primary role to protect the public. The HPA also includes the Board's budget and details of fees set by the Board, including fees for registrants in New South Wales where a coregulatory scheme exists.

Accreditation

The Board liaised with AHPRA in its negotiation with the Australian Pharmacy Council (APC), the Board's accrediting body appointed by the Ministerial Council to provide accreditation services to the Board. APC has been assigned this role for a period of three years from 1 July 2010. Courses accredited by APC are submitted for approval by the Board and details published on the Board's website. In addition to accreditation, APC will also provide other agreed services which include the conduct of the Board's written component of its registration examination for interns completing the requirements for general registration.

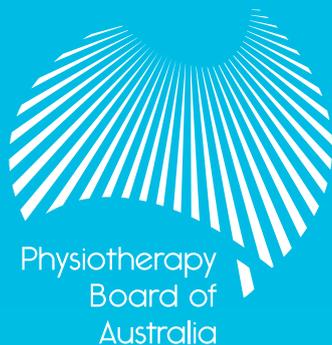
Stephen Marty
Chair, Pharmacy Board of Australia

Board Members

Mr Stephen Marty	Chair and a practitioner member from Victoria
Mrs Rachel Carr	Practitioner member from Western Australia
Mr Trevor Draysey	Practitioner member from South Australia
Mr John Finlay	Community member
Ms Laila Hakansson Ware	Community member
Mr Ian Huett	Practitioner member from Tasmania
Mr William Kelly	Practitioner member from the Australian Capital Territory
Mr Timothy Logan	Practitioner member from Queensland
Mr Gerard McInerney	Practitioner member from New South Wales
Ms Karen O'Keefe	Community member
Ms Bhavini Patel	Practitioner member from the Northern Territory

The Board is supported by:
Mr Joe Brizzi Executive Officer





Physiotherapy Board of Australia

The 12 members of the Physiotherapy Board of Australia were appointed in August 2009 and held their first meeting on 20 September 2009.

The Board has met each month since September 2009 and has realised significant decisions in 2009-10.

Registration standards

The Board developed and consulted on registration standards approved by the Ministerial Council to come into effect on 1 July 2010 on:

- continuing professional development (CPD)
- criminal history
- English language skills
- professional indemnity insurance (PII) and
- recency of practice.

Codes and guidelines

The Board developed and consulted on profession-specific guidelines on:

- limited registration
- PII
- CPD
- recency of practice
- substantially equivalent qualifications
- medicines and
- supervision.

All Boards consulted on and approved common guidelines on mandatory notifications and advertising. The Board also approved a code of conduct common to most Boards.

Specialties

Ministers deferred their decision on granting specialist recognition to the various categories of physiotherapy practice. The Board will pursue specialist recognition in 2010-11.

Committee structures and delegations

The Physiotherapy Board of Australia agreed to a structure of state and territory committees to enable registrations and notifications to continue to be managed locally by delegating relevant powers to those committees. There are no further sub-committee or working party structures within the state and territory

committees. The state and territory committees are supported by the AHPRA offices in each jurisdiction.

Health Profession Agreement

The Board entered into a Health Profession Agreement (HPA) with AHPRA to enable AHPRA to enter into contracts where necessary on the Board's behalf. The HPA includes service and quality measures and clarifies accountabilities.

Accreditation

Through AHPRA and via the HPA, the Board appointed the Australian Physiotherapy Council (APC) as its accreditation authority. The Board has worked closely and collaboratively with the APC to ensure efficient and effective processes to assist the Board in fulfilling its statutory functions.

Other decisions of the Board

During 2009-10, the Board made significant decisions, including:

- approving a transition plan that defined the category of registration to which physiotherapists would transfer at commencement of the National Law
- setting registration fees
- setting registration renewal dates so general registrants will renew by 30 November each year
- the Board Chair and Executive Officer sought to meet with all state and territory boards at one of their meetings, a practice to continue in the future
- developing and appointing an approved list of panel members
- approving a series of application forms
- leading five of the ten health professions in the development of an accreditation standard for acupuncture via the APC and
- establishing a Quality Improvement Committee to facilitate research into key themes identified by the Board.

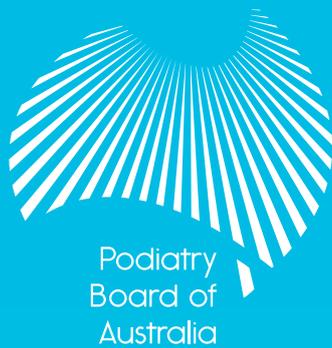
Glenn Ruscoe
Chair, Physiotherapy Board of Australia

Board Members

Mr Glenn Ruscoe	Chair and practitioner member from Western Australia
Ms Alison Bell	Practitioner member from South Australia
Mr Tim Benson	Community member
Dr Susan Brady	Community member
Ms Anne Deans	Practitioner member from New South Wales
Dr Charles Flynn	Practitioner member from Victoria
Mrs Kathryn Grudzinskas	Practitioner member from Queensland
Mrs Elizabeth Kosmala	Community member
Ms Joanne Muller	Community member
Ms Karen Murphy	Practitioner member from the Australian Capital Territory
Mr Paul Shinkfield	Practitioner member from Tasmania
Ms Philippa Tessmann	Practitioner member from the Northern Territory

The Board is supported by:
Ms Jill Humphreys Executive Officer





Podiatry Board of Australia

The nine members of the Podiatry Board of Australia were appointed in August 2009 and held their first meeting on 20 September 2009.

The Board has met each month since September 2009 and has realised significant achievements in 2009-10.

Registration standards

The Board developed and consulted on the registration standards, approved by the Ministerial Council to come into effect on 1 July 2010 on:

- continuing professional development (CPD)
- criminal history
- endorsement for scheduled medicines
- English language skills
- professional indemnity insurance (PII) and
- recency of practice.

Codes and guidelines

The Board developed and consulted on profession-specific guidelines on:

- CPD
- recency of practice
- substantially equivalent qualifications
- endorsement of scheduled medicines
- infection control
- podiatrists with blood-borne infections and
- podiatrists working with podiatric assistants in podiatric practice.

All Boards approved guidelines for mandatory notifications and advertising. The Board approved a code of conduct common to most Boards.

Specialties

The Board consulted on the specialty of podiatric surgery for the profession of podiatry. The Ministerial Council approved the specialty to come into effect on 1 July 2010.

Committee structures and delegations

The Board agreed to a structure whereby it has no state and territory boards but rather, has delegated administrative powers to AHPRA to enable registrations and notifications to continue to be managed locally. The Board retains powers to deal directly with complex registration issues and decision-making issues regarding notifications.

There are no further sub-committee or working party structures within the National Board's structure. The Podiatry Board of Australia's registration and notification functions are supported by the Victorian office of AHPRA with each jurisdiction reporting via that body to the Board on a monthly basis.

Health Profession Agreement

The Board entered into a Health Profession Agreement (HPA) with AHPRA to enable AHPRA to enter into contracts where necessary on the Board's behalf. The HPA includes service and quality measures and clarifies accountabilities.

Accreditation

Through AHPRA and via the HPA, the Board appointed the Australian and New Zealand Podiatry Accreditation Council (ANZPAC) as its accreditation authority. The Board has worked closely and collaboratively with ANZPAC to ensure efficient and effective processes to assist the Board in fulfilling its statutory functions.

Other decisions of the Board

The Board made significant decisions in 2009-10, including:

- approving a transfer plan that defined the category of registration to which podiatrists would transfer at the commencement of the National Law
- setting registration fees
- setting registration renewal dates so general registrants will renew by 30 November each year
- developing and appointing an approved list of panel members
- approving a series of application forms
- working with the Physiotherapy Board of Australia to develop an accreditation standard for acupuncture and
- working with the various state and territory health department pharmaceutical units to standardise processes for endorsement for scheduled medicines and access to a common list of appropriate drugs and poisons.

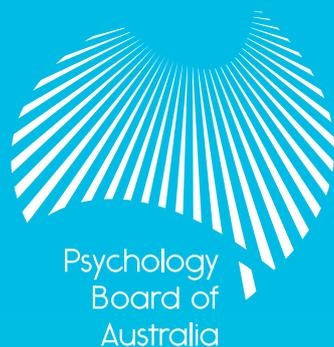
Jason Warnock
Chair, Podiatry Board of Australia

Board Members

Mr Jason Warnock	Chair and a practitioner member from Queensland
Mr Ebenezer Banful	Community member
Associate Professor Laurie Foley	Practitioner member from Western Australia
Mr Mark Gilheany	Practitioner member from Victoria
Mrs Anne-Marie Hunter	Community member
Ms Catherine Loughry	Practitioner member from South Australia
Ms Helen Matthews	Practitioner member from the Australian Capital Territory
Ms Margaret (Joan) Russell	Community member
Dr Paul Tinley	Practitioner member from New South Wales

The Board is supported by:
Ms Jill Humphreys Executive Officer





Psychology Board of Australia

The National Board members were appointed in August 2009 and held the first meeting of the Psychology Board of Australia on 20 September 2009.

The Psychology Board of Australia met 10 times, held one joint Board meeting with the New Zealand Psychology Board and realised significant achievements in 2009-10.

Registration standards

The Board developed and consulted on registration standards on:

- continuing professional development (CPD)
- criminal history
- English language skills
- professional indemnity insurance (PII)
- provisional registration
- general registration
- recency of practice and
- psychology area of practice endorsement standard.

All the registration standards were approved by the Ministerial Council to come into effect on 1 July 2010.

Area of practice endorsement

The Ministerial Council approved seven areas of practice for endorsement to come into effect on 1 July 2010. The endorsement function allows the Board to grant an endorsement on registration to psychologists with additional qualifications and advanced practice in approved areas of practice. The endorsed areas of practice are:

- clinical psychology
- counselling psychology
- forensic psychology
- clinical neuropsychology
- organisational psychology
- sport and exercise psychology and
- educational and developmental psychology.

Codes and guidelines

The Board consulted on and approved guidelines on:

- psychology CPD
- the 4+2 internship program for provisionally registered psychologists and supervisors and
- area of practice endorsements.

The Board decided to adopt the Australian Psychological Society (APS) Code of Ethics and develop a new code in the future with the involvement of key stakeholders.

During 2010-11, the Board expects to consult on guidelines on:

- inappropriate use of psychological testing
- approved training programs in psychology supervision
- area of practice endorsement (proposed revisions) and
- the PII registration standard (proposed changes).

All Boards consulted on and approved common guidelines on advertising and mandatory reporting.

Committee structures and delegations

The National Board decided to establish four state and territory Boards so that registrations and notifications related to individual registrants would continue to be managed locally. The Board set up a committee structure in each state and territory with delegated powers under the National Law. These committees are:

- Australian Capital Territory, Tasmania and Victoria
- New South Wales
- Northern Territory and Queensland and
- Interim South Australia (pending Western Australia joining the National Scheme).

The National Board will be responsible for developing and approving registration standards, codes and guidelines, approving accreditation standards and negotiating the health profession agreement which determines funding and service arrangements with AHPRA.

Health Profession Agreement

The Board negotiated and finalised the terms of the first Health Profession Agreement (HPA) with AHPRA. Under the National Law, the Board relies on AHPRA to provide the resources to enable it to fulfil its statutory functions. The HPA includes service and quality measures and clear accountabilities.

Transitional and “grandparenting” arrangements

The Board approved transitional and “grandparenting” periods for psychologists who are enrolled currently in higher degrees and who are considering applying for area of practice endorsement. The Board also approved transition arrangements for psychologists who held college membership with the APS colleges that correspond to the areas of practice endorsement, and for psychologists in Western Australia who hold specialist titles.

Accreditation

The Australian Psychology Accreditation Council (APAC) has been appointed as the accreditation agency for the psychology profession for three years. All APAC-accredited programs of study are

considered approved programs of study under the National Law.

Other decisions of the Board

During 2009-10, the Board made significant decisions that included:

- setting registration fees
- appointing panel members and
- approving a range of application forms.

Stakeholders

The Board thanks all those who have contributed to the establishment of the National Registration and Accreditation Scheme, including members and staff of state and territory registration boards, professional associations, individual psychologists, the Australian Health Practitioner Regulation Agency and the National Registration and Accreditation Implementation Project team.

The Board looks forward to continuing its work with its state and territory boards, their committees and stakeholders to progress regulation of the psychology profession in the interests of the public.

Professor Brin Grenyer
Chair, Psychology Board of Australia

Board Members

Professor Brin Grenyer	Chair and a practitioner member from New South Wales
Professor Alfred Allan	Practitioner member from Western Australia
Ms Antonia Dunne	Community member
Ms Kaye Frankcom	Practitioner member from Victoria
Mr Geoff Gallas	Practitioner member from the Australian Capital Territory
Professor Gina Geffen	Practitioner member from Queensland
Dr Shirley Grace	Practitioner member from the Northern Territory
Mrs Irene Hancock	Community member
Ms Fiona McLeod	Community member
Mr Christopher O'Brien	Community member
Ms Ann Stark	Practitioner member from Tasmania
Mr Radomir Stratil	Practitioner member from South Australia

The Board is supported by:
Dr Jillian Bull Executive Officer





AHPRA



Australian Health Practitioner Regulation Agency

Financial Statements for the 16 month period ended 30 June 2010

Profile of AHPRA and Agency Management Committee
Members

Declaration by Agency Management Committee, Chief
Executive Officer and Chief Financial Officer

Comprehensive operating statement

Balance sheet as at 30 June 2010

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June 2010

Cash flow statement for the year ended 30 June 2010

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Independent audit report

**Australian Health Practitioner Regulation Agency
Profile of AHPRA and Agency Committee Members
For the 16 month period ended 30 June 2010**

Who We Are

The Australian Health Practitioner Regulation Agency (AHPRA) is the organisation responsible for the registration and accreditation of 10 health professions across Australia. AHPRA supports the ten national boards that are responsible for regulating the ten health professions. The primary role of the Boards is to protect the public and set standards and policies that all registered health practitioners must meet.

The financial report covers the sixteen month period from when the Agency Management Committee first met in March 2009. AHPRA began formal operations in its own right in early 2010 after its management executive was appointed in late 2009 and early 2010. For the period of the report AHPRA was governed by the Health Practitioner Regulation (Administrative Arrangements) National Law Act 2008.

AHPRA becomes fully operational under the Health Practitioner Regulation National Law Act 2009 from 1 July 2010 when the operations of the state based health practitioner boards for the ten professions are transferred to AHPRA and the ten new National Boards. It is only from 1 July that AHPRA together with the National Boards assume responsibility for regulating health practitioners from the ten professions. The greater part of the funds of the outgoing state based boards only transfer to AHPRA on 1 July 2010. Those funds which are yet to be transferred are not reflected in these financial statements.

These financial statements do not reflect the funding provided by the Australian Health Ministers Advisory Council (AHMAC) for the National Registration and Accreditation Implementation Project (NRAIP). The financial statements do not reflect the application of these funds or the expenditure incurred by the Victorian Department of Human Services on the National Registration and Accreditation Implementation Project (NRAIP). This expenditure is accounted for separately through the Department of Health (formerly the Department of Human Services) and through a Department of Health acquittal process with the Australian Health Ministers Advisory Council for the period ended 30 June 2010.

The Agency Management Committee is responsible for the governance of AHPRA. The Chair is Mr Peter Allen.

The CEO of AHPRA is Mr Martin Fletcher who is based in our national office in Melbourne. Seven states and territories joined AHPRA on or before 30 June 2010. Western Australia is scheduled to join the National Registration and Accreditation Scheme in October 2010.

What We Do

AHPRA supports the 10 National Boards in implementing the national registration and accreditation scheme.

AHPRA: supports the National Boards in their primary role of protecting the public

- manages the registration processes for health practitioners and students around Australia
- has offices in each State and Territory where the public can make notifications about registered practitioners or students.
- on behalf of the Boards, manages investigations into the professional conduct, performance

**Australian Health Practitioner Regulation Agency
Profile of AHPRA and Agency Committee Members
For the 16 month period ended 30 June 2010**

or health of registered health practitioners, except in NSW where this is done by the Health Care Complaints Commission

- on behalf of the National Boards, publishes national registers of practitioners so important information about the registration of individual health practitioners is available to the public
- works with the Health Complaints Commission in each State and Territory to make sure the appropriate organisation investigates community concerns about individual, registered health practitioners
- supports the Boards in the development of registration standards, and codes and guidelines
- provides advice to Ministerial Council about the administration of the national registration and accreditation scheme

National Boards

Each health profession that is part of the National Registration and Accreditation Scheme is represented by a National Board.

The primary role of the Boards is to protect the public. The Boards are developing health profession standards and from 1st July 2010 are responsible for registering practitioners and students, as well as other functions, for their professions.

The 10 National Boards are:

- Chiropractic Board of Australia
- Dental Board of Australia
- Medical Board of Australia
- Nursing and Midwifery Board of Australia
- Optometry Board of Australia
- Osteopathy Board of Australia
- Pharmacy Board of Australia
- Physiotherapy Board of Australia
- Podiatry Board of Australia
- Psychology Board of Australia

**Australian Health Practitioner Regulation Agency
Profile of AHPRA and Agency Committee Members
For the 16 month period ended 30 June 2010**

Mr Peter Allen, Chairperson

Mr Allen is Chair of the Agency Management Committee, and has been since March 2009.

Mr Allen is Deputy Dean of the Australia and New Zealand School of Government (ANZSOG), and Victoria's Public Sector Standards Commissioner. He joined ANZSOG after more than 20 years in the Victorian Public Service (VPS) during which time he held several positions including Under Secretary in the Department of Human Services; Victoria's Chief Drug Strategy Officer; Secretary of the Department of Tourism, Sport and the Commonwealth Games; Secretary of the Department of Education; Director of Schools; and Deputy Secretary, Community Services.

Between 2001 and 2003, Mr Allen was a Vice-Chancellor's Fellow at the University of Melbourne, and prior to joining the public service, he was Director of Social Policy and Research at The Brotherhood of St Laurence.

Mr Allen's other roles include Director of the Victorian Institute of Forensic Medicine; National Vice President, and Victorian Vice-President of the Institute of Public Administration (Australia). He has previously been a member of the Councils of both the University of Melbourne and Deakin University.

Mr Allen was awarded a Centenary Medal in 2001 and holds a BA and a Diploma in Journalism.

Professor Constantine (Con) Michael AO

Professor Michael was appointed to the Agency Management Committee in March 2009 as a member with expertise in health, or education and training.

Professor Michael is the Consultant Medical Adviser for St. John of God Health Care Inc. and Emeritus Professor of Obstetrics and Gynaecology at the University of Western Australia.

Professor Michael is the current President of the Medical Board of Western Australia, a Director of the Australian Medical Council, a member of various State and National Medical Committees and Chair of the St John of God National Ethics Committee and Chair of the Reproductive Technology Council of Western Australia. He is a Director and Governor of the University of Notre Dame Australia and Chair of its Advisory Board of the School of Medicine Fremantle.

Professor Michael has a Bachelor of Medicine and Bachelor of Surgery (UWA), Doctor of Medicine (UWA), Diploma of Diagnostic Ultrasound. He is a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (a past President) and Fellow of the Royal College of Obstetricians and Gynaecologists, London (a previous Sims Black Professor).

Among his numerous awards, Professor Michael was named an Officer of the Order of Australia (AO) in 2001 for service to medicine, particularly in the field of obstetrics and gynaecology, as a contributor to the administration of the profession nationally and internationally and medical education.

**Australian Health Practitioner Regulation Agency
Profile of AHPRA and Agency Committee Members
For the 16 month period ended 30 June 2010**

Professor Genevieve Gray

Professor Gray was appointed to the Agency Management Committee in March 2009 as a member with expertise in health, or education and training.

Professor Gray is Professor of Nursing and Scholar in Residence at the Queensland University of Technology and Adjunct Professor at James Cook University. In recent years she has been a Nurse Scholar for the World Health Organization, Geneva, and worked in Canada as a Professor of Nursing for the University of Alberta and the World Health Organization.

Professor Gray is a member of the Multidisciplinary Board of the International Council of Women's Health Issues. She was previously Chair of the International Academic Nursing Alliance, and member of the Deans Council, General Faculties Committee and Health Sciences Council of the University of Alberta.

Professor Gray has a General Nursing Certificate, Midwifery Certificate, diplomas in Nursing Education and Advanced Nursing Studies, and a Master of Science (Nursing).

Mr Michael Gorton AM

Michael Gorton was appointed to the Agency Management Committee in March 2009 as a member with business and administrative expertise.

Mr Gorton is a commercial lawyer with considerable experience providing legal advice on medical registration, training, education and administrative practice. As a principal of Russell Kennedy Solicitors, he has significant experience in business management and administration. He is a Board member of the Victorian Equal Opportunity & Human Rights Commission and a Chair of the Code of Conduct Committee of Medicines Australia.

Mr Gorton is a former Chair of the Infertility Treatment Authority, is a Board member of Melbourne Health, and has extensive experience in governance for a wide range of organisations including health and ethics committees.

In 2004, Mr Gorton received the Member of the Order of Australia (AM) for community service, particularly to the UN Association, Greening Australia, Aboriginal reconciliation and equal opportunity.

Mr Gorton holds a Bachelor of Laws and Bachelor of Commerce.

Professor Merrillyn Walton

Professor Walton was appointed to the Agency Management Committee in March 2009 as a member with business and administrative expertise.

Professor Walton is Professor of Medical Education (Patient safety) in the School of Public Health Faculty of Medicine at the University of Sydney Visiting Professor and Affiliate of the Buehler Center on Aging, Health and Society, Chicago, USA.

**Australian Health Practitioner Regulation Agency
Profile of AHPRA and Agency Committee Members
For the 16 month period ended 30 June 2010**

Professor Walton is a member of the University of Sydney Academic Board, the NSW Institute for Medical Education and Training, and is a member of the Australian Health Ethics Committee (National Health and Medical Research Council). Previously, she was the Commissioner for the Health Care Complaints Commission NSW (1993-2000).

Professor Walton holds a Bachelor of Arts, Bachelor of Social Work, Masters of Social Work, and Doctor of Philosophy.

Australian Health Practitioner Regulation Agency
Declaration by Agency Management Committee, Chief Executive Officer & Chief Financial Officer
For the 16 month period ended 30 June 2010

We certify that the attached financial statements for the Australian Health Practitioner Regulation Agency have been prepared in accordance with Standing Direction 4.2 of the *Financial Management Act 1994*, applicable *Financial Reporting Directions*, Australian Accounting Standards, Australian Accounting Interpretations and other mandatory professional reporting requirements.

We further state that, in our opinion, the information set out in the Comprehensive Operating Statement, Balance Sheet, Statement of Changes in Equity, Cash Flow Statement and notes to and forming part of the financial statements, presents fairly the financial transactions during the 16 month period ended 30 June 2010 and the financial position of the Australian Health Practitioner Regulation Agency as at 30 June 2010.

We are not aware of any circumstance which would render any particulars included in the financial statements to be misleading or inaccurate.

We authorise the attached financial statements for issue on this day.



Peter Allen
Chair, Agency Management Committee
14 September 2010



Martin Fletcher
Chief Executive Officer
14 September 2010



Nigel Cunningham
Chief Financial Officer
14 September 2010

**Australian Health Practitioner Regulation Agency
Comprehensive Operating Statement
For the 16 month period ended 30 June 2010**

	Notes	16 month period ended 30 June 2010 \$
Income		
Revenue from Non Operating Activities		
Total Revenue from Non Operating Activities	2	26,540
Expenses		
Board Sitting Fees and Employment Costs		1,625,427
Legal Expenses		84,442
Property Expenses		643,103
Consultants		805,587
Printing and Stationery		19,931
Communication Expenses		49,264
Board and Agency Travel and Accommodation		1,090,435
Other Expenses	3	225,025
Total Expenses		<u>4,543,214</u>
Net Result for the year		<u>(4,516,674)</u>
Other Comprehensive Income		-
Comprehensive Result for the year		<u><u>(4,516,674)</u></u>

**Australian Health Practitioner Regulation Agency
Balance Sheet
As at 30 June 2010**

	Notes	30 June 2010 \$
Current Assets		
Cash and Cash Equivalents	4	19,540,130
Prepayments		50,070
Receivables	5	523,771
Total Current Assets		<u>20,113,971</u>
Non-Current Assets		
Plant & Equipment	6	752,435
Total Non-Current Assets		<u>752,435</u>
Total Assets		<u>20,866,406</u>
Current Liabilities		
Payables and Accruals	7a	1,793,418
Amounts Received in Advance from Health Boards	7b	17,252,305
Employee Benefits	8	257,704
PAYG Tax		214,709
Total Current Liabilities		<u>19,518,136</u>
Non-Current Liabilities		
Employee Benefits	8	23,274
Total Non-Current Liabilities		<u>23,274</u>
Total Liabilities		<u>19,541,410</u>
Net Assets		<u>1,324,996</u>
Equity		
Net equity as at 30 June 2010		<u>1,324,996</u>

**Australian Health Practitioner Regulation Agency
Statement of Changes in Equity
For the 16 month period ended 30 June 2010**

	Note	Changes due to		Equity at 30 June 2010 \$
		Comprehensive Result \$	Transactions with Health Boards \$	
Equity as at the start of the financial period		-	-	-
Accumulated Surplus / (Deficit) for the period		(4,516,674)	-	(4,516,674)
		(4,516,674)	-	(4,516,674)
Contribution by Health Boards	9	-	5,841,670	5,841,670
		-	5,841,670	5,841,670
Total Equity at the end of the financial year		(4,516,674)	5,841,670	1,324,996

**Australian Health Practitioner Regulation Agency
Cash Flow Statement
For the 16 month period ended 30 June 2010**

	Notes	16 month period ended 30 June 2010 \$
Cash Flows From Operating Activities		
Payments to suppliers, employees and others		(3,157,062)
GST received		47,690
Interest received		26,539
Net Cash provided / (used in) Operating Activities	15	(3,082,833)
Cash Flows From Investing Activities		
Payments for Property, Plant & Equipment		(471,012)
Net Cash provided / (used in) Investing Activities		(471,012)
Cash Flows from Financing Activities		
Receipts from Health Boards		23,093,975
Net Cash provided / (used in) Financing Activities		23,093,975
Net Increase / (Decrease) in cash held		19,540,130
Cash at the beginning of the year		-
Cash at end of the year	4	19,540,130

Australian Health Practitioner Regulation Agency
Notes to the Financial Statements
For the 16 month period ended 30 June 2010

Note 1 - Summary of Significant Accounting Policies

(a) Statement of Compliance

These financial statements are a general purpose financial report which have been prepared in accordance with the Financial Management Act 1994 and applicable Australian Accounting Standards and Interpretations (AASs) and other mandatory requirements. AASs include Australian equivalents to International Financial Reporting Standards.

The Financial Statements also comply with relevant Financial Reporting Directions (FRD) issued by Department of Treasury and Finance (DTF), and relevant Standing Directions (SD) authorised by the Minister for Finance.

(b) Basis of Accounting Preparation and Measurement

The accounting policies set out below have been applied in preparing the financial statements for the 16 month period ended 30 June 2010.

Accounting policies are selected and applied in a manner which ensures that the resulting financial information satisfies the concepts of relevance and reliability, thereby ensuring that the substance of the underlying transactions or other events is reported.

The going concern basis was used to prepare the financial statements as the operations of AHPRA will continue under the National Registration Scheme.

The financial statements have been prepared using the accrual basis of accounting. Under the accrual basis, items are recognised as assets, liabilities, equity, income or expenses when they satisfy the definitions and recognition criteria for those items, that is they are recognised in the reporting period to which they relate, regardless of when cash is received or paid.

The financial report is prepared in accordance with the historical cost convention. Cost is based on the fair values of the consideration given in exchange for assets.

In the application of AASs, management is required to make judgments, estimates and assumptions about carrying values of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and various other factors that are believed to be reasonable under the circumstances, the results of which form the basis of making judgments. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis.

(c) Reporting Entity

Its principal address is:
111 Bourke Street,
Melbourne
Victoria 3000.

Australian Health Practitioner Regulation Agency
Notes to the Financial Statements
For the 16 month period ended 30 June 2010

(d) Income Tax

Tax effect accounting has not been applied as AHPRA is exempt from income tax under Section 50-25 of the *Income Tax Assessment Act 1997*.

(e) Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held at call, and other short term liquid deposits and investments that are readily convertible to cash.

(f) Receivables

As AHPRA does not commence its regulatory function until the 1st July 2010, no registration fees have been recognised as at 30 June 2010.

(g) Corporate Structure

AHPRA was, until 30 June 2010, a statutory body governed by the Health Practitioner Regulation (Administrative Arrangements) National Law Act 2008.

(h) Non - Current Assets and Depreciation

Plant and equipment are valued at cost and subsequently measured at fair value less accumulated depreciation and impairment. These assets are depreciated at rates based on their expected useful lives to the Board, using the straight-line method, which is reviewed annually.

The depreciation rates applicable for the year are as follows:

Leasehold Improvements	12.5% p.a.
Furniture and Fittings	13.0% p.a.
Computer Equipment	20-40% p.a.
Office Equipment	15% p.a.

Leasehold improvements are amortised over the term of the lease.

(i) Payables and Accruals

Payables are initially recognised at fair value, subsequently carried at amortised cost and represent liabilities for goods and services provided to AHPRA prior to the end of the financial year that are unpaid, and arise when AHPRA becomes obliged to make future payments in respect of the purchase of goods and services.

Terms of settlement are generally thirty (30) days from the date of invoice.

**Australian Health Practitioner Regulation Agency
Notes to the Financial Statements
For the 16 month period ended 30 June 2010**

(j) Employee Benefits

(i) Annual Leave

Liabilities for wages and salaries, including non-monetary benefits and annual leave expected to be settled within 12 months of the reporting date are recognised in the provision for employee benefits in respect of employees' service up to the reporting date and are classified as current liabilities and measured at their nominal values.

Those liabilities that the Agency Management Committee does not expect to settle within 12 months are recognised in the provision for employee benefits as non current liabilities, measured at the present value of the amounts expected to be paid when the liabilities are settled using remuneration rates expected to apply at the time of settlement.

(ii) Long Service Leave

The long service leave entitlement under existing arrangements is recognised from an employee's commencement date and becomes payable after ten years of service (pro rata after seven years). The valuation of long service leave for employees with seven or more years of service is recognised as a current liability whilst the valuation for those employees with less than seven years of service is measured as a non current liability.

The liability is measured as the present value of expected future payments to be made in respect of services provided by employees up to the reporting date. Consideration is given to expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using interest rates on national Government guaranteed securities with terms to maturity that match, as closely as possible, the estimated future cash outflows.

(iii) Defined Superannuation Plans

The amount charged to the Operating Statement in respect of superannuation represents the contribution by the Agency Management Committee to the superannuation fund. Contributions to defined contribution superannuation plans are expensed when incurred.

(iv) Employee Benefits On Costs

Employee benefits on costs, including payroll tax, workcover insurance premiums and superannuation entitlements are recognised and included in employee benefit liabilities and costs when the employee benefits to which they relate are recognised as liabilities.

(k) GST

All registration, registration renewal and late fees are exempt from Goods and Services Tax legislation. Revenues, expenses and assets are recognised net of GST except where the amount of GST incurred is not recoverable, in which case it is recognised as part of the cost of acquisition of an asset or part of an item of expense or revenue. GST receivable from and payable to the Australian Taxation Office (ATO) is included in the Balance Sheet. The GST component of a receipt or payment is recognised on a gross basis in the "statement of cash flows" in accordance with Accounting Standard AASB 107.

(l) Leases

Operating lease payments are recognised as an expense in the Comprehensive Operating Statement on a straight line basis over the lease term.

**Australian Health Practitioner Regulation Agency
Notes to the Financial Statements
For the 16 month period ended 30 June 2010**

(m) Commitments

Commitments are disclosed to include those operating and capital commitments arising from non-cancellable contractual or statutory obligations. All amounts shown in the commitments note are inclusive of GST.

(n) New Accounting Standards and Interpretations

Certain new Australian accounting standards and interpretations have been published that are not mandatory for 30 June 2010 reporting period. As at 30 June 2010, the following standards and interpretations had been issued but were not mandatory for the reporting ended 30 June 2010. The Australian Health Practitioner Regulation Agency has not and does not intend to adopt these standards early.

<u>Standard / Interpretation</u>	<u>Summary</u>	<u>Applicable for Annual Reporting periods</u>	<u>Impact on AHPRA Financial Statements</u>
AASB 2009-5 Further amendments to Australian Accounting Standards arising from the annual improvements project [AASB 5, 8, 101, 107, 117, 118, 136 and 139]	Some amendments will result in accounting changes for presentation, recognition or measurement purposes, while other amendments will relate to terminology and editorial changes	Beginning 1 Jan 2010	Terminology and editorial changes. Impact minor
AASB 2009-8 Amendments to Australian Accounting Standards – group cash-settled share-based payment transactions [AASB 2]	The amendments clarify the scope of AASB 2.	Beginning 1 Jan 2010	No impact. AASB 2 does not apply to government entities; consequently this standard does not apply.
AASB 2009-9 Amendments to Australian Accounting Standards – additional exemptions for first – time adopters [AASB 1]	Applies to entities adopting Australian Accounting Standards for the first time, to ensure entities will not face undue cost or effort in the transition process in particular situations	Beginning 1 Jan 2010	No Impact Relates only to first time adopters of Australian Accounting Standards

**Australian Health Practitioner Regulation Agency
Notes to the Financial Statements
For the 16 month period ended 30 June 2010**

(n) New Accounting Standards and Interpretations (continued)

Erratum General Terminology changes	Editorial amendments to a range of Australian Accounting Standards and Interpretations	Beginning 1 Jan 2010	Terminology and editorial changes. Impact minor.
AASB 2009-10 Amendments to Australian Accounting Standards – classification of rights issues [AASB 132]	The Standard makes amendments to AASB 132, stating that rights issues must now be classed as equity rather than derivative liabilities.	Beginning 1 Feb 2010	No impact. AHPRA do not issue rights, warrants and options, consequently the amendment does not impact on the statements.
AASB 2009-13 Amendments to Australian Accounting Standards arising from interpretation 19 [AASB 1]	Consequential amendment to AASB 1 arising from publication of Interpretation 19.	Beginning 1 July 2010	No Impact
AASB 2009-12 Amendments to Australian Accounting Standards [AASB 5, 8, 108, 110, 112, 119, 133, 137, 139, 1023 and 1031 and Interpretations 2, 4, 16, 1039 and 1052]	This standard amends AASB 8 to require an entity to exercise judgement in assessing whether a government and entities known to be under the control of that government are considered a single customer for purposes of certain operating segment disclosures. This standard also makes numerous editorial amendments to other AASs.	Beginning 1 Jan 2011	No Impact.
AASB 7 Financial instruments	This standard simplifies requirements for the classification and measurement of financial assets resulting from Phase 1 of the IASB's project to replace IAS 39 <i>Financial instruments: recognition and measurement</i> (AASB 139 <i>financial Instruments: recognition</i>)	Beginning 1 Jan 2013	No Impact

**Australian Health Practitioner Regulation Agency
Notes to the Financial Statements
For the 16 month period ended 30 June 2010**

(n) New Accounting Standards and Interpretations (continued)

	<i>and measurement</i>		
AASB 2009-11 Amendments to Australian Accounting Standards arising from AASB 9 [AASB 1, 3, 4, 5, 7, 101, 102, 108, 112, 118, 121, 127, 128, 131, 132, 136, 139, 1023 and 1038 and Interpretations 10 and 12]	This gives effect to consequential changes arising from the issuance of AASB 9.	Beginning 1 Jan 2013	No Impact

Australian Health Practitioner Regulation Agency
Notes to the Financial Statements
For the 16 month period ended 30 June 2010

	16 month period ended 30 June 2010 \$
Note 2 – Revenue	
Non-Operating Revenue	
Interest Received	26,540
Total Non-Operating Revenue	26,540
	16 month period ended 30 June 2010 \$
Note 3 – Other Expenses	
Advertising	17,238
Audit Fees (note 12)	20,000
Agency Management Committee	7,950
Bank Charges	23,203
Decommissioning of IT & C	14,625
ICT Hardware and Equipment	22,988
ICT Projects & Systems Development	33,300
Postage	8,249
Sundry Expenses	21,311
Transition Decommissioning Cost	45,863
Voice and Data Communications	10,298
	225,025
	30 June 2010 \$
Note 4 – Cash and cash equivalents	
Cash at Bank	19,539,130
Cash on Hand	1,000
	19,540,130

**Australian Health Practitioner Regulation Agency
Notes to the Financial Statements
For the 16 month period ended 30 June 2010**

Note 5 – Receivables	30 June 2010
Current	\$
Sundry Debtors	277,610
GST Receivable	246,161
Total Receivables	523,771
Note 6 – Plant and Equipment	30 June 2010
Leasehold Improvements	\$
At cost	388,014
Less Accumulated Depreciation	-
Written Down Value	388,014
Furniture and Fittings	
At cost	6,510
Less Accumulated Depreciation	-
Written Down Value	6,510
Computer Equipment	
At cost	7,500
Less Accumulated Depreciation	-
Written Down Value	7,500
Office Equipment	
At cost	68,988
Less Accumulated Depreciation	-
Written Down Value	68,988
Capital Work-in-Progress	281,423
Total Fixed Assets	752,435

No depreciation expense has been recognised for the period as all assets were not available for use until late June 2010.

**Australian Health Practitioner Regulation Agency
Notes to the Financial Statements
For the 16 month period ended 30 June 2010**

	30 June 2010 \$
Note 7	
7a. Payables and Accruals	
Trade Creditors	746,149
Accrued Expenses	1,047,269
Total Payables and Accruals	1,793,418
 7b. Amounts Received in Advance from Health Boards	
Amounts Received in Advance from Health Bodies (i)	17,252,305
 (i) The 'Amounts Received in Advance from Health Bodies' represents monies received in excess of the agreed amounts at 30 June 2010.	
 Note 8 – Employee Benefits	
Current Provisions	
Annual Leave	
Unconditional and expected to be settled within 12 months.	120,861
Long Service Leave	
Unconditional and expected to be settled within 12 months.	136,843
	257,704
Non-Current	
Conditional Long Service Leave entitlements	23,274
Total Employee Benefits	280,978

**Australian Health Practitioner Regulation Agency
Notes to the Financial Statements
For the 16 month period ended 30 June 2010**

Note 9 - Equity

It was determined by the national scheme that 30% of reserve balances would be transferred from existing State and Territory Health Boards to the National Boards prior to the 30 June 2010. This was subject to the adoption of the national legislation within each jurisdiction.

On an Australia-wide basis, the following table shows amounts received for each National Board during the 16 month period ended 30 June 2010:

	\$
Chiropractic Board	171,021
Dental Board	502,136
Medical Board	1,324,750
Nursing and Midwifery Board	2,141,933
Optometry Board	213,120
Osteopathy Board	87,470
Pharmacy Board	665,830
Physiotherapy Board	413,445
Podiatry Board	84,030
Psychology Board	237,935
Total	5,841,670

Note 10 - Superannuation Contributions

Contributions of \$101,905 were made to a range of Superannuation Funds during the course of the financial year. The contribution rate for the Financial Year is based on 9% of employees' salaries.

Contributions during the year were made to:

Name of Fund	Type of Scheme	16 month period ended 30 June 2010 contribution
		\$
VicSuper	Accumulation	603
Health Super	Accumulation	4,214
Ilott Family Super Fund	Accumulation	9,986
Uni Super	Accumulation	8,555
Colonial Mutual Life Assurance	Accumulation	5,319
Q Super	Accumulation	6,507
Other funds	Accumulation	66,720
Total		101,904

**Australian Health Practitioner Regulation Agency
Notes to the Financial Statements
For the 16 month period ended 30 June 2010**

Note 11 – Responsible Persons and Accountable Officers

In accordance with the Directions of the Minister of Finance under the Financial Management Act 1994, the following disclosures are made for the responsible persons for the reporting period.

(i) Australian Health Workforce Ministerial Council

The Ministerial Council comprises Ministers of the governments of the participating jurisdictions and the Commonwealth with the portfolio responsibility for Health. The following Ministers were members of the Australian Health Workforce Ministerial Council at 30 June 2010.

Name	Position	State
The Hon Nicola Roxon MP	Minister for Health & Ageing	Federal Minister
The Hon Carmel Tebbutt	Minister for Health	New South Wales
The Hon Daniel Andrews MP	Minister for Health	Victoria
The Hon Paul Lucas	Minister for Health	Queensland
The Hon John Hill MP (Chair)	Minister for Health Minister for Mental Health and Substance Abuse	South Australia
The Hon Michelle O'Byrne MHA	Minister for Health	Tasmania
The Hon Dr Kim Hames MLA	Minister for Health	Western Australia
Ms Katy Gallagher MLA	Minister for Health	Australian Capital Territory
The Hon Kon Vatskalis MLA	Minister for Health	Northern Territory

Note 11 – Responsible Persons and Accountable Officers (continued)

(ii) Agency Management Committee Members & Accountable Officer

Mr Peter Allen	1/03/09 - 30/06/10
Professor Constantine (Con) Michael, AO	1/03/09 - 30/06/10
Professor Genevieve Gray	1/03/09 - 30/06/10
Mr Michael Gorton AM	1/03/09 - 30/06/10
Professor Merrilyn Walton	1/03/09 - 30/06/10
Mr Martin Fletcher, Chief Executive Officer	21/12/09 – 30/06/10

**Australian Health Practitioner Regulation Agency
Notes to the Financial Statements
For the 16 month period ended 30 June 2010**

(iii) Remuneration Responsible Persons

	2010 No.
\$0 - \$9,999	5
\$10,000 - \$19,999	-
\$20,000 - \$29,999	-
\$30,000 - \$39,999	-
\$170,000 - \$179,999	<u>1</u>
Total	<u>6</u>

(iv) Related Party Transactions

There were no transactions with responsible person or their related entities during the period.

**Australian Health Practitioner Regulation Agency
Notes to the Financial Statements
For the 16 month period ended 30 June 2010**

Note 11 – Responsible Persons and Accountable Officers (continued)

(v) Executive Officers

Total remuneration of executive officers, other than accountable officers earning in excess of \$100,000 are detailed in the table which follows. The number of executive officers and their remuneration during the reporting period are shown in the first two columns in the table below in their relevant income bands. Base remuneration is exclusive of bonus payments, long service leave payments, redundancy payments and retirement benefits, but includes superannuation.

Income	Remuneration for 16 months ended 30 June 2010	Base Remuneration
	No.	No.
\$100,000 – \$109,999	-	-
\$110,000 – \$119,999	-	-
\$120,000 – \$129,999	-	-
\$140,000 – \$149,999	1	1
\$170,000 – \$179,999	-	-
\$200,000 – \$209,999	-	-
Total Numbers	1	1
Total Amount	\$132,399	\$132,399

Note 12 – Remuneration of Auditor

	16 months ended 30 June 2010
Amount payable to KPMG for auditing the statements	\$20,000
Other non-assurance services (data collection)	\$50,448
	\$70,448

Note 13 - Commitments for Expenditure

(i) Capital Commitment

Commitments in relation to capital are payable as:

Not later than 1 year	374,807
Total Capital Commitments	374,807

**Australian Health Practitioner Regulation Agency
Notes to the Financial Statements
For the 16 month period ended 30 June 2010**

Note 13 - Commitments for Expenditure (continued)

(ii) Operating Lease Commitments

Commitments in relation to operating leases are payable as:

Not later than 1 year	2,300,810
Later than 1 year but not later than 5 years	10,025,604
Total Operating Leases	12,326,414

Note 14 - Contingent Liabilities

As at 30 June 2010, AHPRA has no contingent liabilities.

Note 15 – Reconciliation of comprehensive result to Operating Cash Flows

	16 month period ended 30 June 2010 \$
Result from Ordinary Activities	(4,516,674)
<i>Adjustments for:</i>	
Other non cash items	(281,423)
Changes in assets and liabilities	
(Increase) / decrease in Receivables	(523,771)
(Increase) / decrease in Prepayments	(50,070)
Increase / (decrease) in PAYG	214,709
Increase / (decrease) in Payables and Accruals	1,793,418
Increase / (decrease) in Employee Benefits	280,978
Net Cash Flows from Operating Activities	(3,082,833)

Note 16 - Financial Instruments

(a) Financial Risk Management

AHPRA's financial instruments consist of at call variable interest deposits and trade receivables and payables. AHPRA has no exposure to exchange rate risk.

**Australian Health Practitioner Regulation Agency
Notes to the Financial Statements
For the 16 month period ended 30 June 2010**

Note 16 - Financial Instruments (continued)

(b) Credit Risk Exposure

Credit risk is the risk that a party will fail to fulfil its obligations to AHPRA resulting in financial loss. The maximum exposure to credit risk, excluding the value of any collateral or other security, at balance date to recognised financial assets, is the carrying amount, net of any provisions for impairment of those assets, as disclosed in the balance sheet and notes to the financial statements. AHPRA does not have any material credit risk exposure to any single receivable or group of receivables under financial instruments entered into by the entity.

There are no material amounts of collateral held as security at 30 June 2010.

Credit risk is managed by the entity and reviewed regularly. It arises from exposures to customers as well as through deposits with financial institutions.

The entity monitors the credit risk by actively assessing the rating quality and liquidity of counterparties.

At year end AHPRA does not have any material credit risk exposure.

(c) Liquidity Risk Exposure

Liquidity risk is the risk that AHPRA will encounter difficulty in meeting obligations associated with financial liabilities. AHPRA manages liquidity risk by monitoring forecast cash flows and ensuring that adequate liquid funds are available to meet current obligations.

	Carrying Amount	Contractual Cash Flows	Maturity Dates		
			Less than 1 month	1-3 months	3 months – 1 year
2010	\$	\$	\$	\$	\$
Payables					
Trade Creditors	746,149	746,149	605,723	140,426	-
Accrued Expenses	1,047,269	1,047,269	-	1,047,269	-
Total	1,793,418	1,793,418	605,723	1,187,695	-

As at 30 June 2010, AHPRA have no payables due later than three months from the reporting date.

(d) Market Risk Exposure

Currency Risk

AHPRA have no exposure to currency risk at 30 June 2010.

Australian Health Practitioner Regulation Agency
Notes to the Financial Statements
For the 16 month period ended 30 June 2010

Note 16 - Financial Instruments (continued)

(d) Market Risk Exposure (continued)

Interest Rate Risk

Exposure to interest rate risk is limited to assets bearing variable interest rates. The majority of financial assets are deposits with floating interest rates and terms.

	Weighted average Interest rate	Non Interest Bearing \$	Floating Interest Rate \$	Fixed Interest rate 1 year or less \$	Total \$
2010					
Financial Assets					
Cash on hand	3.65	-	19,539,130	-	19,539,130
Receivables	-	-	-	-	-
Total	-	-	19,539,130	-	19,539,130
Financial Liabilities					
Payables	-	746,149	-	-	746,149
Accrued Expenses	-	1,047,269	-	-	1,047,269
Total	-	1,793,418	-	-	1,793,418

Sensitivity Analysis

The following table details the sensitivity to movements in interest rates.

Financial Assets	Carrying Amount \$	-1% Surplus	-1% Equity	+2% Surplus	+2% Equity
2010					
Cash on hand	19,539,130	(195,391)	(195,391)	390,782	390,782
Receivables	-	-	-	-	-
Financial Liabilities					
Payables	746,149	-	-	-	-
Accruals	1,047,269	-	-	-	-
		(195,391)	(195,391)	390,782	390,782

(e) Net Fair Value

For all assets and liabilities the net fair value approximates their carrying value. No financial assets and financial liabilities are readily traded on organised markets in standardised form.

The aggregate net fair values and carrying amounts of financial assets and financial liabilities are disclosed in the balance sheet and in the notes to and forming part of the financial statements.

**Australian Health Practitioner Regulation Agency
Notes to the Financial Statements
For the 16 month period ended 30 June 2010**

Note 17 – Events occurring after the balance sheet date

Subsequent to 30 June 2010, the Health Practitioner Regulation National Law Act (Western Australia) was passed by both Houses of Parliament of Western Australia. The proclamation of this legislation is intended to occur on 18 October 2010, thereby enabling AHPRA to expand its operations to Western Australia.

No other subsequent events were noted.



Independent audit report to the Agency Management Committee members of the Australian Health Practitioner Regulation Agency

Report on the financial report

We have audited the accompanying financial report of the Australian Health Practitioner Regulation Agency ("AHPRA"), which comprises the balance sheet as at 30 June 2010, the comprehensive operating statement, statement of changes in equity and statement of cash flows for the 16 month period ended 30 June 2010, a summary of significant accounting policies and other explanatory notes.

Agency Management Committee members' responsibility for the financial report

The Agency Management Committee members of the Australian Health Practitioner Regulation Agency are responsible for the preparation and fair presentation of the financial report in accordance with the Financial Management Act 1994, applicable Financial Reporting Directions, Australian Accounting Standards, Australian Accounting Interpretations and other mandatory professional reporting requirements. This responsibility includes establishing and maintaining internal controls relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to AHPRA's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of AHPRA's internal controls. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by AHPRA as well as evaluating the overall presentation of the financial report.

We performed the procedures to assess whether in all material respects the financial report presents fairly, in accordance with the Financial Management Act 1994, applicable Financial Reporting Directions, Australian Accounting Standards, Australian Accounting Interpretations



and other mandatory professional reporting requirements, a view which is consistent with our understanding of AHPRA's financial position, and of its performance and cash flows.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Independence

In conducting our audit, we have complied with the independence requirements of the Australian professional accounting bodies.

Auditor's opinion

In our opinion the financial report presents fairly, in all material respects, in accordance with the Financial Management Act 1994, applicable Financial Reporting Directions, Australian Accounting Standards, Australian Accounting Interpretations and other mandatory professional reporting requirements, the financial position of the Australian Health Practitioner Regulation Agency as at 30 June 2010 and of its financial performance and its cash flows for the 16 month period then ended.

KPMG

Don Pasquariello
Partner

14 September 2010



Chiropractic
Dental
Medical
Nursing and Midwifery
Optometry

Osteopathy
Pharmacy
Physiotherapy
Podiatry
Psychology

Australian Health Practitioner Regulation Agency

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