



Health Profession Agreement

Medical Board of Australia

and

The Australian Health Practitioner Regulation
Agency

2016-20

Health Profession Agreement

Preamble

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

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

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

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

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

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

Accountabilities

Ministerial Council

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

National Boards

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

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

AHPRA

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

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

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

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

Purpose of this Agreement

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

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

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

Scope of this Agreement

This Agreement is for the period 1 July 2016 to 30 June 2020.

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

Partnership principles

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

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

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

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

Each of the Partnership Principles is described in detail below.

1. Shared vision and values

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

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

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

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

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

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

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

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

2. Integrity through interdependence

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

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

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

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

3. Transparency and mutual accountability

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

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

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

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

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

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

4. Commitment to joint learning

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

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

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

Dispute resolution

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

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

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

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

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

Review

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

Schedules



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

This Agreement is made between

Medical Board of Australia

and

The Australian Health Practitioner Regulation Agency (AHPRA)

<p>Signed for and on behalf of AHPRA by:</p>  <p>Signature of Chief Executive Officer</p> <p>Mr Martin Fletcher</p> <p>Date 28/10/16</p>	<p>Signed for and on behalf of the Medical Board of Australia by:</p>  <p>Signature of the Board Chair</p> <p>Dr Joanna Flynn AM</p> <p>Date 26/10/16</p>
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Schedule 1: Summary of services to be provided to the National Board by AHPRA to enable the National Board to carry out its functions

1. Regulatory services, procedures and processes

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

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

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

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

2. Governance and secretariat

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

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

3. Communication and engagement

3.1 Communication	
Core	Profession specific
3.1.1 Develop, implement and review communication strategies, tools and guidelines	<i>Profession-specific services, as listed in the National Board's regulatory plan and annual budget.</i>
3.1.2 Develop and release National Board communiqués	
3.1.3 Review and release National Board media releases	

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

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

4. Planning and Reporting

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

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

5. Policy and accreditation

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

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

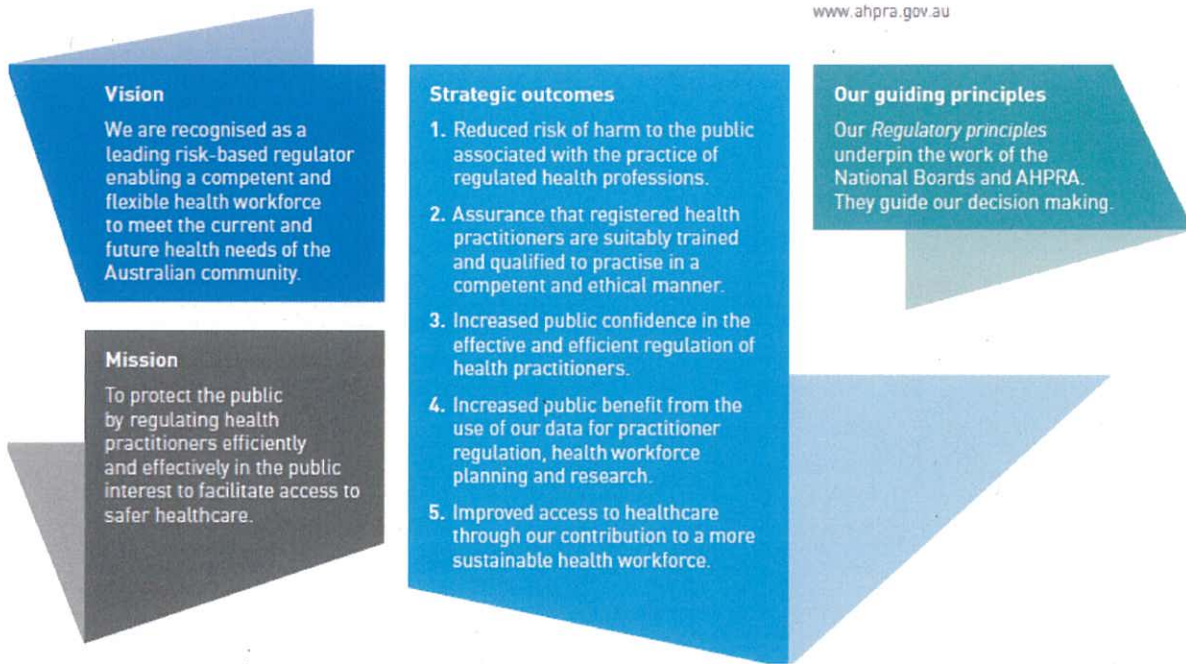
6. Data, research and analysis

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

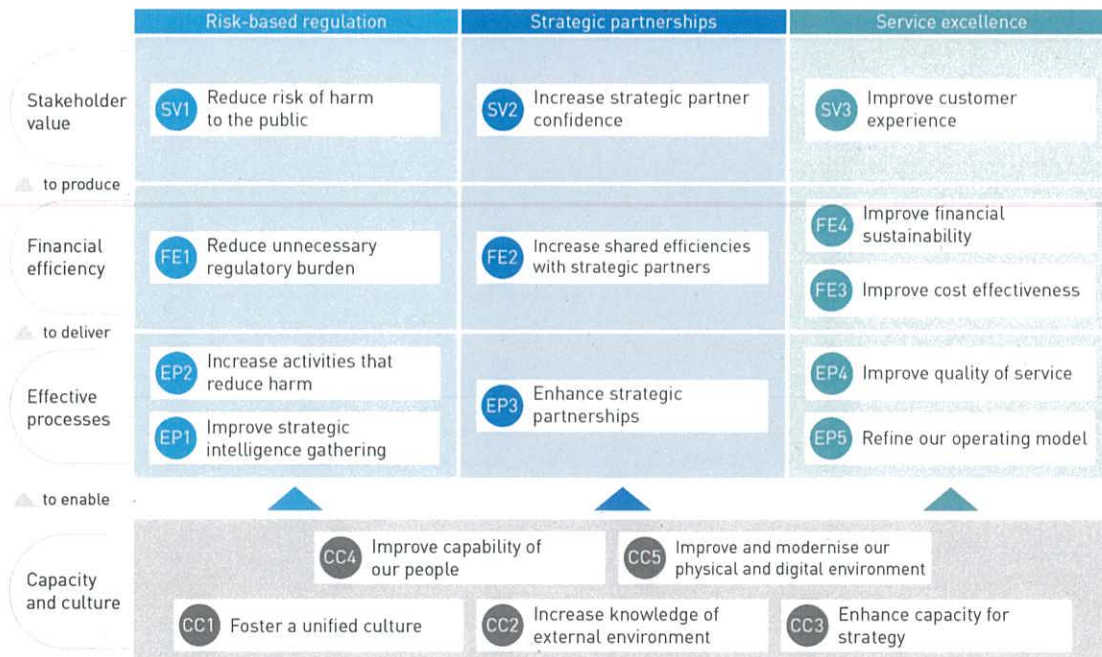
6.2 Data governance and organisational capacity	
Core	Profession specific
6.2.1 Develop, implement and manage governance process and procedures for data access, release and exchange	<i>Profession-specific services, as listed in the National Board's regulatory plan and annual budget.</i>
6.2.2 Develop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

Schedule 2: Summary of National Scheme Strategy, implementation map, and National Board's regulatory plan

National Registration and Accreditation Scheme Strategy 2015-20



National Scheme Strategy Implementation Map



Schedule 2

Medical Board of Australia regulatory priorities for 2015/16

In addition to funding the range of activities that are listed in the Health Professions Agreement, the Medical Board of Australia has agreed to fund the following works and projects in the 2016/17 year. Some of the works are expected to flow into the 2017/18 year.

This work plan will be reviewed periodically, as new issues arise or priorities change..

Note: the projects outlined in this work plan are in addition to the regular work of the Board.

Current projects:

Project/ Initiative 1 - Progress the work on revalidation

Background

The Board introduced the concept of revalidation for medical practitioners in 2013. It held a forum with stakeholders in early 2013 and since then, has contributed to the conversation by attending and speaking at various meetings and conferences.

In 2014/15, work was commissioned to:

- document the evidence for revalidation
- describe models of revalidation used in other jurisdictions and contexts
- develop a range of options for revalidation in the Australian context.

In 2015/16 the Board appointed an Expert Advisory Group to provide technical expert advice on revalidation and how any models they recommend can be evaluated for effectiveness, feasibility and acceptability.

Works

In 2016/17 the Board plans to consult widely on proposed approaches to revalidation. The Board will use a number of modalities for consultation including a survey, on-line discussion and face-to-face meetings with stakeholders.

The results of the consultation will be fed back to the EAG that will incorporate these into their final report.

The final report is due to be submitted mid-2017.

Project/ Initiative 2 – Guidelines on cosmetic medicine and surgery

Background

The Ministerial Council had previously asked the Medical Board to develop guidance on cosmetic medicine and surgery in response to a report titled 'Cosmetic medical and surgical procedures – A national framework' developed by the inter-jurisdictional cosmetic working group on behalf of AHMAC.

In 2015/16 the Board finalised the guidelines.

Works

The guidelines will be implemented in 2016/17.

Project/ Initiative 3 – Review the terms of AHPRA's appointment of specialist medical colleges to assess specialist international medical graduates

Background

In 2010 AHPRA appointed the specialist colleges to assess specialist IMGs. The Board considers the college assessment when it decides whether to grant specialist registration. The appointment provides indemnity to the Colleges but the current appointment does not describe accountabilities.

A working party was established in 2014/15 to develop good practice guidelines for specialist IMG assessment, in accordance with the objectives and guiding principles of the National Registration and Accreditation Scheme. The working party developed draft guidelines and consulted with specialist colleges and other key stakeholders in 2014/15.

Works

Work with the specialist colleges to implement any changes necessary to meet the good practice guidelines for specialist IMG assessment.

Review and revise the terms of AHPRA's appointment of specialist medical colleges to assess specialist IMGs to better reflect that the assessment processes meet the Board's guidelines.

Project/ Initiative 4 – Review the performance of specialist medical colleges in relation to assessment of international medical graduates

Background

The review of the National Registration and Accreditation Scheme included a recommendation that 'The Medical Board of Australia ... evaluate and report on the performance of specialist colleges in applying standard assessments of International Medical Graduate applications and apply benchmarks for timeframes for completion of assessments'.

Since this recommendation was accepted, the Board has set benchmarks for specialist colleges in relation to timeframes for completing IMG assessments. It had previously also developed 'Good Practice Guidelines' that provide information to support colleges to assess IMGs, including definitions of comparability and requirements for assessment.

While the Board has been collecting annual data from specialist colleges regarding their time frames, it now seeks an external review to evaluate the performance of colleges.

Works

- Define the terms of reference for the review
- Through an appropriate procurement process, ask AHPRA to appoint a reviewer
- Provide information to the specialist colleges and other stakeholders regarding the review
- Support the reviewer as required.

Project/ Initiative 5 – In partnership with AHPRA, organise the 2016 International Association of Medical Regulatory Authorities' (IAMRA) conference

Background

The Board and AHPRA successfully bid to host the IAMRA 2016 conference in Melbourne. A conference organiser was appointed in 2014/15 and over 2015/16 there has been ongoing organisation that includes publicising the conference, seeking abstracts, developing the program and social events.

Works

Run the conference in September 2016.

Project/ Initiative 6 – In partnership with AHPRA, organise the 2016 International Physician Assessment Coalition (IPAC) conference

Background

The International Physician Assessment Coalition is an international forum designed to encourage collaboration and best practice in the assessment of practising physicians and the remediation of physicians who are performing poorly. IPAC runs a meeting every 1-2 years, often in association with IAMRA.

Works

Run the conference in September 2016.

Project/ Initiative 7 – Finalise social research into what medical practitioners and the community expect that medical practitioners should do to demonstrate ongoing competence and fitness to practise, and publish the report

Background

AHPRA on behalf of the Board commissioned Ipsos Public Affairs to do social research on what medical practitioners and the community expect that medical practitioners should do to demonstrate ongoing competence and fitness to practise.

The report is due in the first half of 2016/17.

Works

Publicise the results of the social research and encourage wider discussion with the community and practitioners.

Project/ Initiative 8 – Improve the management of notifications

Background

One of the ways in which the Board protects the public is by investigating notifications about medical practitioners and if necessary, taking regulatory action. The Board and AHPRA have received feedback that the process of managing notifications can be improved for both notifiers and practitioners.

During 2014, the Board's Notifications Taskforce, together with AHPRA, worked on ways to streamline and reduce time frames for the management of notifications. It also supported a number of pilots to improve the management of notifications.

During 2015, the Board supported further initiatives to improve the notifier and practitioner experience and reduce time frames for management of notifications.

Works

The Board will continue to support work to improve the management of notifications. This will include:

- Promote early clinical engagement in the management of relevant notifications.
- Continue to monitor the data related to notifications – parameters of timeliness and quality and take action to make improvements.
- Continue to support local innovations that improve the management of notifications and roll them out nationally where local piloting shows positive results.
- Support changes to the notifications process, including correspondence, to improve the notification experience for notifiers and practitioners.
- Support the review of consistency and effectiveness of regulatory decision making.

Project/ Initiative 9 – Finalise the guidelines on the regulatory management of registered health practitioners and students infected with blood-borne viruses

Background

In 2014/15, the health practitioner Boards consulted on guidelines for the regulatory management of practitioners infected with a blood-borne virus.

At the same time, the Communicable Diseases Network Australia was reviewing the Australian National Guidelines for the management of health care workers known to be infected with blood-borne viruses.

A decision was made for the Boards' guidelines to align with the CDNA guidelines. The Board guidelines would focus on the regulatory response to practitioners with a blood-borne virus.

The Boards' guidelines are dependent on the review of the CDNA guidelines and approval has been deferred until the CDNA guidelines are finalised.

Works

- Finalise the guidelines, taking into consideration the feedback from the consultation process and feedback via the CDNA review process.
- Develop a communication/implementation plan to support the use of the guidelines once they are finalised.

Project/ Initiative 10 – Options to manage concerns about medical practitioners who practise alternative or complementary medicine

Background

Feedback has been received from delegated decision-makers that additional guidance would be helpful in relation to the practice of alternative and complementary medicine by medical practitioners. Decision-makers are reporting that they are receiving concerns regard inappropriate tests being ordered, inappropriate prescribing and insufficient information being provided to patients.

Works

- Undertake research to determine whether there is a problem and define the size and nature of the problem
- Depending on the size and nature of the problem, scope potential options for managing the problem

Project/ Initiative 11 – Finalise board evaluations for the National and state and territory boards of the Medical Board of Australia

Background

In line with good governance, all boards are undertaking a Board effectiveness evaluation to support their work. A provider was engaged in 2015/16 and some boards have completed the evaluation process.

Works

Finalise all the Board evaluations in 2016/17, including providing feedback.

Project/ Initiative 12 – Review and revise the registration standard for:

1. specialist registration and
2. granting general registration to medical practitioners in the standard pathway who hold an AMC certificate

Background

Registration standards are developed by the Board and must be approved by the Ministerial Council. Ministers approved the above-named registration standards in 2011 and they are now due for review.

Works

- Review of the registration standards started in 2015/16.
- Feedback from consultation will be collated and the standards will be reviewed and revised.
- Develop the necessary supporting information and submit the registration standards to Ministerial Council for approval.
- Develop a communication/implementation plan to support the use of the revised standards once they are finalised.

Schedule 3: Fees payable by health practitioners

Medical Board of Australia

Registration type	2015-16	Change	2016-17	Note
Application fee for initial specialist registration*	724	0	724	
Application fee for provisional registration for Australian and New Zealand graduates	-	0	-	
Application fee for provisional registration for international medical graduates (outside Australia and New Zealand)*	362	0	362	
Application fee for general registration after converting from provisional registration	-	0	-	
Application fee for limited registration*	724	0	724	
Application fee for non-practising registration*	141	0	141	
Application fee for endorsement of registration	100	0	100	
Application fee for fast track registration*	362	(302)	60	
Application fee to add specialist registration to current general registration	181	0	181	
Application fee to add general registration to current specialist	181	0	181	

Board	2015-16		Change Board	Change Council	2016-17			NSW Rebate
	Council	Total			Board	Council	Total	
724	-	724	0	-	724	-	724	-0
724	-	724	0	-	724	-	724	-0
-	-	-	0	-	-	-	-	-
362	-	362	-	-	362	-	362	-
-	-	-	0	-	-	-	-	-
724	-	724	0	-	724	-	724	-0
141	-	141	0	-	141	-	141	0
100	-	100	0	-	100	-	100	0
362	-	362	(302)	-	60	-	60	0
181	-	181	0	-	181	-	181	-
181	-	181	0	-	181	-	181	-

registration				
Application fee to add another specialist registration to current specialist registration	181	0	181	
Annual registration fee for general registration	724	0	724	
Annual registration fee for specialist registration (for practitioners who do not have general registration)	724	0	724	
Annual registration fee for limited registration	724	0	724	
Annual registration fee for provisional registration	362	0	362	
Annual registration fee for non-practising registration	141	0	141	
Annual registration fee for general registration (teaching and assessing)	141	0	141	
Late renewal fee for general registration	181	(151)	30	
Late renewal fee for specialist registration (for practitioners who do not have a general registration)	181	(151)	30	
Late renewal fee for limited registration	181	(151)	30	
Late renewal fee for provisional registration	91	(31)	30	
Late renewal fee for non-practising registration	35	(30)	5	
Late renewal fee for general registration (teaching and assessing)	35	(5)	30	
Replacement of registration certificate fee	1	20	0	20

181	-	181	0		181	-	181	-
243	395	638	0	0	243	395	638	86
243	395	638	0	0	243	395	638	86
243	395	638	0	0	243	395	638	86
130	200	329	0	0	129	200	329	33
64	77	141	0	0	64	77	141	0
64	77	141	0	0	64	77	141	0
181	-	181	(151)	-	30	-	30	-
181	-	181	(151)	-	30	-	30	-
181	-	181	(151)	-	30	-	30	-
91	-	91	(31)	-	30	-	30	-
35	-	35	(30)	-	5	-	5	-
35	-	35	(5)	-	30	-	30	-
20	-	20	0	-	20	-	20	-

Extract from the register fee	1	10	0	10	10	-	10	0	-	10	-	10	-
Copy of the register fee (if application is assessed to be in the public interest)	1	2,000	0	2,000	2,000	-	2,000	0	-	2,000	-	2,000	-
Verification of registration status fee (Certificate of Registration Status)	1	50	0	50	50	-	50	0	-	50	-	50	-

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

Note 1: These fees are consistent across all professions and remain unchanged

Schedule 4: Summary of National Board's annual budget

Medical Board of Australia

Income and expenditure budget and notes

Item	
Income	
Registration (see note 1)	\$58,285,200
Application	\$3,000,000
Interest	\$1,383,900
Late Fees and Fast Track Fees	\$141,646
Other	\$1,638,900
Total income	\$64,449,646
Expenses	
Board and committee (see note 2)	\$3,107,892
Legal, tribunal costs and expert advice (see note 3)	\$8,629,706
Accreditation (see note 4)	\$4,542,200
Office of the Health Ombudsman (Queensland)	\$2,108,400
Other direct expenditure (see note 5)	\$3,429,845
Indirect expenditure (see note 6)	\$48,815,000
Total expenses	\$70,633,043
Net surplus (Deficit)	(\$6,183,397)

Budget notes

1. Registrant numbers	<p>The budget for registration income is based on the following:</p> <ul style="list-style-type: none"> • Number of registrants invited to renew at next renewal period:104,006 • Lapse rate of renewals:..... 1.77%
2. Board and committee expenses	<p>This covers the meeting costs of the National Board and its committees which have the delegated authority to make decisions about individual registered health practitioners.</p> <p>Costs include sitting fees, travel and accommodation while attending meetings for the Board.</p>
3. Legal, tribunal costs, and expert advice	<p>These costs are incurred in the management of complaints against practitioners (notifications). The costs do not include the significant Board and committee costs, including sitting fees, related to notifications. These are included in '2' above.</p> <p>Also not included are the material staff costs in each state and territory office relating directly to notifications. These are included in "indirect expenditure" below.</p>
4. Accreditation	<p>Accreditation expenses include the costs of funding provided to the Australian Medical Council (AMC) for accreditation and functions and related projects.</p>
5. Other direct expenditure	<p>Costs associated with the Board's work on registration standards, policies and guidelines.</p> <p>This includes the following activities:</p> <ul style="list-style-type: none"> • costs involved in consultation with the community and the profession • engagement of consultants necessary to support the Board's work • publication of material to guide the profession, such as the Board's newsletter • Board member professional development • policy development and projects • funding of external doctors' health programs
6. Indirect expenditure	<p>The proportion of AHPRA's business as usual costs allocated to the Board as indirect costs is 37.30%. The percentage allocation for the Board in 2015/16 was 37.31%.</p> <p>In addition, indirect costs include a one off cost of implementing a major information systems replacement program.</p> <p>Indirect costs are shared by the National Boards based on an agreed formula. The percentage is based on an analysis of historical and financial data to estimate the proportion of costs required to regulate the profession. Costs include salaries, systems and communication, property and administration costs.</p> <p>AHPRA supports the work of the National Boards and committees by employing all staff and providing systems and infrastructure to manage core regulatory (registration, notifications, compliance, accreditation and professional standards) and support services in eight state and territory offices.</p> <p>The 2016/17 AHPRA business plan sets out AHPRA's objectives for 2016/17 and how they will be achieved.</p>

Schedule 5: Performance management framework

Volume and trend data reports

National Boards will receive quarterly AHPRA performance report and volume and trend reports in accordance with the Performance Reporting Framework. The Performance Reporting Framework will be reviewed in 2016/17.