Health Profession Agreement

Nursing and Midwifery Board of Australia

and

The Australian Health Practitioner Regulation Agency

2015/16

Health Profession Agreement

Preamble

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

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

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

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

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

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

Accountabilities

**Ministerial Council**

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

**National Boards**

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

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

**AHPRA**

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

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

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

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

Purpose of this Agreement

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

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

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

Scope of this Agreement

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

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

Partnership principles

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

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

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

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

Each of the Partnership Principles is described in detail below.

1. Shared vision and values

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

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

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

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

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

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

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

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

2. Integrity through interdependence

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

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

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

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

3. Transparency and mutual accountability

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

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

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

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

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

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

4. Commitment to joint learning

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

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

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

Dispute resolution

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

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

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

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

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

Review

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

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| Schedules |  |
| Schedule 1: | Summary of Services to be provided to the National Board by AHPRA to enable the National Board to carry out its functions |
| Schedule 2: | Summary of National Board’s regulatory work plan |
| Schedule 3: | Fees payable by health practitioners |
| Schedule 4: | Summary of National Board’s annual budget |
| Schedule 5: | Strategic performance and management framework |

**This Agreement is made between**

**The Nursing and Midwifery Board of Australia**

and

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

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| Signed for and on behalf of AHPRA by: | Signed for and on behalf of the Nursing and Midwifery Board of Australia by: |
| Signature of Chief Executive Officer | Signature of the Board Chair |
| Mr Martin Fletcher | Dr Lynette Cusack RN |
| Date | Date |

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

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| 1.1 Registrations | |
| **Core** | **Profession Specific** |
| 1.1.1 Develop, implement and regularly review nationally consistent procedures for the registration of health practitioners | *Profession-specific services, as listed in the National Board’s regulatory work plan and annual budget.* |
| 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 |

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| 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 | *Profession-specific services, as listed in the National Board’s regulatory work plan and annual budget.* |
| 1.2.2 Manage the end to end notification process |
| 1.2.3 Establish and maintain relationships with co-regulatory authorities. |

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| 1.3 Compliance | |
| **Core** | **Profession Specific** |
| 1.3.1 Develop compliance policy, process and systems | *Profession-specific services, as listed in the National Board’s regulatory work plan and annual budget.* |
| 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 |

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| 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 | *Profession-specific services, as listed in the National Board’s regulatory work plan and annual budget.* |
| 1.4.2 Provide oversight for all Tribunal matters involving AHPRA and the National Boards |

1. Governance and Secretariat

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

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| 2.2 Secretariat | |
| **Core** | **Profession Specific** |
| 2.2.1 Provide secretariat and administrative support for National Board Meetings | *Profession-specific services, as listed in the National Board’s regulatory work plan and annual budget.* |
| 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 |

1. Communication and Engagement

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| 3.1 Communication | |
| **Core** | **Profession Specific** |
| 3.1.1 Develop, implement and review communication strategies, tools and guidelines | *Profession-specific services, as listed in the National Board’s regulatory work plan and annual budget.* |
| 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 |

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| 3.2 Engagement | |
| **Core** | **Profession Specific** |
| 3.2.1 Engage with external stakeholders | *Profession-specific services, as listed in the National Board’s regulatory work plan and annual budget.* |
| 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 |

1. Planning and Reporting

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

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| 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. | *Profession-specific services, as listed in the National Board’s regulatory work plan and annual budget.* |
| 4.2.2 Establish corporate audit and compliance monitoring and reporting |
| 4.2.3 Fulfil annual reporting requirements |

1. Policy and Accreditation

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| 5.1 Policy | |
| **Core** | **Profession Specific** |
| 5.1.1 Maintain procedures for the development of registration standards, codes and guidelines | *Profession-specific services, as listed in the National Board’s regulatory work plan and annual budget.* |
| 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 |

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

1. Data, Research and Analysis

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| 6.1 Evidence Acquisition | |
| **Core** | **Profession Specific** |
| 6.1.1 Assist National Boards to define and articulate regulatory evidence requirements | *Profession-specific services, as listed in the National Board’s regulatory work plan and annual budget.* |
| 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 |

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| 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 | *Profession-specific services, as listed in the National Board’s regulatory work plan and annual budget.* |
| 6.2.2 Develop and maintain core statistical infrastructure to support internal and external research and analyses |
| 6.2.3 Provide tools and training to support evidence informed regulatory policy development |
| 6.2.4 Develop organisational infrastructure for delivering regulatory research |

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

Nursing and Midwifery Board of Australia work plan desired outcomes

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| **National Scheme Business Planning Strategic Priorities 2014-2016:  i. Support our relationships with stakeholders ii. Improve and strengthen the performance of the National Scheme iii. Hold ourselves accountable for what we do** | | | | | | | | | | | | |
|  | **NMBA  Strategic Priority** | **NRAS related  Major Strategies** | **NMBA  Strategic Objective** | | **NMBA  Strategic Initiative** | | **#** | **Board Activity** | **#** | **Related Project Initiative** | **#** | **Business as Usual** |
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| **Governance & Resource Management** | **(1. The National Board) (8. Finances) (9. Resources & Governance)** | |  |  |  |  |  |  |  |  |  |  |
|  | **KSP1: Provide excellent and recognised leadership in the regulation of nursing and midwifery** | **\* Become a recognised leader in professional regulation \* Use data to monitor & improve policy advice & decision making** | **SO1.1** | **A high performing NMBA and its respective committees** | **SI1.1.1** | **Reviewing and improving the induction process for all NMBA Board and Committee members, including improved induction pack for new members** |  | FGC & AHPRA review induction processes for new model implementation with new NMBA member commencement |  |  |  | Updated induction package implemented, now available for new members |
|  |  | **SI1.1.2** | **Implement an annual professional development program for members of the National Board, national committees & the state & territory Boards &committees of NMBA** |  |  |  |  |  | Annually implemented activity, October - December |
| **SO1.2** | **Excellent communication between the National Board, national committees state & territory Boards & committees of NMBA: AHPRA state & territory offices, NWSNMC & ANMAC & state & territory stakeholders** | **SI1.2.1** | **Continue & review implementation of rotating National Board meetings around states/territories to ensure maximum engagement** |  |  |  |  |  | Rotating meetings reviewed towards end of each calender year (Oct/Nov). |
| **SI1.2.2** | **Investigate & implement, if resource effective, an annual conference for members of the National Board & State & Territory Boards** |  | Inaugural conference November 2014. |  |  |  | 2 day conference for convening November 2015, then annually |
| **SO1.3** | **A focussed, relevant research program to inform NMBA activities** | **SI1.3.1** | **Develop and recognise research opportunities which will assist the NMBA in undertaking its regulatory role & functions (Linked with SI2.2.2)** |  |  |  |  |  | Identify and commission research to support the NMBA's regulatory role |
|  |  |  |  |  |  | NMP00055 | Risk-based regulation unit |  |  |
|  | **KSP8:  Utilise financial resources efficiently and effectively** | **\* Adopt contemporary business and service delivery models** | **SO8.1** | **Develop integrated business plan linked to the strategic plan & reflected in the HPA** | **SI8.1.1** | **Develop a three year business plan linked to the strategic plan and in conjunction with AHPRA, that is reflected in the HPA** |  | Annually, 1st draft budget assumptions November 2014 |  |  |  | Annual review of HPA & ANMAC funding |
|  |  |  |  |  |  |  |  | Implementation of project NMP00045 outcomes | NMP00045 | National Health Impairment: Referral, treatment & rehabilitation services for regulated health professionals |  |  |
|  | **KSP9: Practise effective & contemporary governance** | **\* Adopt contemporary business and service delivery models** | **SO9.1** | **A committee structure at national, state & territory level which best allows NMBA to achieve purpose** | **SI9.1.1** | **Review the performance of the National Board committee structure & NMBA Instrument of Delegations** |  | Facilitated workshop structure review, recommendations for improvement based on outcomes |  |  |  |  |
|  |  |  |  |  |  |  | NMP00047 | Exploration of need for national midwifery reg & notifications committee |  |  |
|  |  |  | **SI9.1.2** | **Conduct an annual alternate evaluation of performance for both the NMBA & its state & territory boards** |  |  |  |  |  | Alternative year annual reviews of National Board & State/Territory Boards |
| **Stakeholder communication & engagement** | **(6. Workforce agenda)(7. Stakeholders)** | |  |  |  |  |  |  |  |  |  |  |
|  | **KSP6: Effectively engage with bodies relevant to the nursing & midwifery workforce** | **\* Engender the confidence & respect of health practitioners  \* Become a recognised leader in professional regulation** | **SO6.1** | **Effectively meet objective 2(f) of the National Law with respect to a flexible, responsive & sustainable nursing & midwifery workforce** | **SI6.1.1** | **Effectively position the NMBA as a key informant concerning nursing & midwifery regulation on the national health workforce agenda** |  | Continue with formal structured meetings with key stakeholders;  Stakeholder engagement forums; International engagement |  |  |  |  |
|  | **KSP7: Be the recognised leader in nursing and midwifery regulation** | **\* Foster community & stakeholder awarenss of & engagement with health practitioner regulation  \* Become a recognised leader in professional regulation** | **SO7.1** | **Improve communication & interaction with all key stakeholders including developing a distinct identity for NMBA.** | **SI7.1.1** | **Develop & implement a comprehensive stakeholder & communication strategy - both internal & external - including visual identification and branding** |  | Revised Comms strategy/planning, including mapping of key informants, including health workforce dept. representatives |  |  |  |  |
|  |  |  |  |  |  |  | NMP00028 | NMBA Branding and identity |  |  |
|  |  |  |  |  |  |  | NMP00053 | NMBA stakeholder engagement intiative |  |  |
|  | **SO7.2** | **Increase NMBA contribution & learning through involvement with international nursing & midwifery regulation entities & in forums** | **SI7.2.1** | **Continue with international involvement strategy that positions NMBA as a key informant in nursing & midwifery regulation in Australia** |  | Analysis of outcomes of involvement; Present and/or act upon outcomes |  |  | Maintain membership on international boards/comm'tees; Attendance at international conferences/ forums; Special assignments | |
|  |  |  |  |  |  |  | NMP00025 | International mapping of standards & codes |  |  |
|  |  |  | **SI7.2.2** | **Increase profile & recognition of the NMBA as a contributor to international regulation work** |  | Actively contribute to involvement in international regulatory actitvities; Publish & presenting of research |  |  | Membership on international boards/comm'tees | |
| **Regulatory functions** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Professional Standards** | **(2. Safety & Quality Frameworks)** | |  |  |  |  |  |  |  |  |  |  |
| **KSP2: Ensure contemporary, relevant, well understood & used standards, codes & guidelines for nursing & midwifery** | **\* Drive national consistency of standards, processes & decision-making   \* Use data to monitor & improve policy advice & decision-making** | **SO2.1** | **Contemporary standards, codes & guidelines for nursing and midwifery** | **S12.1.1** | **A five year cycle developed for the review of regulatory standards, codes & guidelines for nursing & midwifery professional practice** |  |  |  |  |  |  |
|  |  |  |  |  |  | NMP00014 | N&M standards/ guidelines /position statements by state and territory to 1/07/2010 |  |  |
|  |  |  |  |  |  | NMP00025 | Nursing & midwifery, codes, guidelines, position statement reviews |  |  |
|  |  |  |  |  |  | NMP00018 | Reg standard Eligible Midwives (Ph 1, 2); guidelines review & implementation planning + Implementation (Ph 4) |  |  |
|  |  |  |  |  |  | NMP00041 | Endorsement NP Reg Standard (Ph 1, 2); Portfolio require'ts & Imp planning (Ph 3) + Implementation (Ph 4) |  |  |
|  |  |  |  |  |  | NMP00006 | EN standards for practice |  |  |
|  |  |  |  |  |  | NMP00011 | RN standards for practice |  |  |
|  |  |  |  |  |  | NMP00012 | Midwife standards for practice |  |  |
|  |  |  |  |  |  | NMP00022 | PPMs Models of supervision |  |  |
|  |  |  |  |  |  | NMP00013 | Exploring specialist registration for the nursing profession |  |  |
|  |  | **S12.1.2** | **Review and monitor emerging trends to ensure relevant information is incorporated into the regulatory codes, standards & guidelines for each profession** |  |  |  |  |  | Review outcomes from compliance reporting; monitor HPA trends |
|  |  |  |  |  |  | NMP00055 | Risk based regulation |  |  |
| **Professional Standards** | **KSP2:Ensure contemporary, relevant, well understood & used professional standards, codes & guidelines for nursing & midwifery** | **\* Drive national consistency of standards, processes & decision-making \* Use data to monitor & improve policy advice & decision-making** | **SO2.2** | **Relevant safety & quality guidelines for nursing & midwifery** | **SI2.2.1** | **As part of the three year plan, determine the use of research, both existing in the public domain & specifically commissioned, to provide evidence to enhance nursing and midwifery standards, codes & guidelines to ensure they are fit for purpose** |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Research project exploring how continuing competence is/can be defined & assessed |  |  |
|  |  |  |  |  |  | NMP00007 | Safety & Quality Guidelines for Midwives |  |  |
|  |  |  |  |  |  | NMP00040 & NMP00039 | Professional Boundaries for Midwives & Professional Boundaries for Nurses |  |  |
|  |  |  |  |  |  | NMP00032 & NMP00037 | Codes of conduct for nurses & midwives review |  |  |
|  |  |  |  |  |  | NMP00057 & NMP00058 | Codes of ethics for nurses & midwives review |  |  |
|  |  |  |  |  |  | NMP00038 | DMFMidwifery & Nursing - tools, flowcharts & guides |  |  |
|  |  |  |  |  |  | NMP00059 | Research to explore factors related to nursing & midwifery medication management & prescribing |  |  |
|  |  |  |  |  | Workshop to develop conceptual model for professional standards, codes, guidelines, including mapping of existing |  |  |  |  |
| **SO2.3** | **Safety & quality guidelines for the nursing and midwifery profession that are well understood & used by nurses and midwives** | **SI2.3.1** | **As part of the Communications Strategy, develop an educative & communication strategy for the safety & quality guidelines, named/ marketed/branded & actively promoted** |  |  |  |  |  |  |
|  |  |  |  |  |  | NMP00054 | Standards & guidelines implementation |  |  |
|  |  |  |  |  |  | NMP00052 | NMBA standards, codes & guidelines education program |  |  |
|  |  | **SI2.3.2** | **Implement an audit/survey of the understanding & use of the safety & quality guidelines for nursing & midwifery** |  |  |  | Add audit/survey to project scope NMP00052 (above) |  |  |
| **Registration** | **KSP3: Drive consistency in the application of NMBA registration standards and decision making** | **\* Drive national consistency of standards, processes & decision-making** | **SO3.1** | **National and consistently applied process and decision making to NMBA registration standards** | **SI3.1.1** | **In conjunction with AHPRA, review the registration process. Analyse the registration pathway & key decision making points in registration to identify & remedy any gaps. Conduct the analysis in all states & territories** |  | Develop registration principles for decision makers |  | Further review of registration principles post-Thoughtpost outcomes |  |  |
|  |  |  |  |  | Scope a comprehensive pilot of IQNM registration documentation and processes from the 'big' 5' countries. |  |  |
|  |  |  |  |  |  | NMP00008 | Re-entry to nursing and midwifery practice |  |  |
|  |  |  |  |  |  | NMP00048 | Management of fraudulent applications for registration |  |  |
|  |  |  |  |  |  | NMP00049 | Orienting IQNMs to the Australian healthcare context |  |  |
|  |  |  |  |  |  | NMP00056 | Outcomes-based assessment of IQNM's competence to practise |  |  |
|  |  |  |  |  |  | NMP00051 | Development & implementation of new model of IQNM assessment |  | IQNM assessment using new model 010715 |
|  |  |  |  |  |  | NMP00046 | IQNM & Cultural competence |  |  |
|  |  |  |  |  |  | NMP00030 (All Boards) | Review All Boards registration standards: CRC, EL |  |  |
|  |  |  |  |  |  | NMP00034/35/36 | Review All Boards registration standards: ROP/CPD/PII |  |  |
|  |  | **SI3.1.2** | **Ensure reporting meets NMBA requirements through developing registration reporting in conjunction with AHPRA** |  |  |  |  |  | Ongoing review HPA & reporting (FGC) |
|  |  | **SI3.1.3** | **Further establish with AHPRA an incident management process to ensure the NMBA is informed of critical events** |  |  |  |  |  | Establish critical events notifications process & monitoring of compliance |
| **Notifications** | **KSP4:Advance quality & consistency around standards, process & decision making no notifications** | **\* Drive national consistency of standards,processes & decision-making\* Respond effectively to notifications about health, performance & conduct of health practitioners** | **SO4.1** | **A national consistently applied notification approach & process** | **SI4.1.1** | **In conjunction with AHPRA, review notification processes. Analyse the notification pathways & key decision making points in the notification process to identify key issues & remedy any gaps. Benchmark performance as appropriate. Conduct analysis in all states & territories.** |  | Development of notification principles; |  |  |  | Education for roll-out;Evaluation of effectiveness |
|  |  |  |  |  | Include in NMBA Conference strategy to consider consistency of decision making |  |  |  |  |
|  |  | **SI4.1.2** | **Ensure reporting meets NMBA requirements through developing notifications reporting in conjunction with AHPRA** |  |  |  |  |  | Ongoing review of notifications reporting |
| **SO4.2** | **Effective communication with key stakeholders about appropriate notifications** | **SI4.2.1** | **In conjunction with AHPRA, develop & implement a communications strategy around notifications** |  |  |  |  |  | Comms strategy to be included in annual plan; Inclusion of coms with State/Territory needed |
| **Accreditation** | **KSP5:Facilitate the effective accreditation functions related to nursing & midwifery** | **\* Drive national consistency of standards, processes & decision-making \* Use data to monitor & improve policy advice & decision-making** | **SO5.1** | **An accreditation agreement with the accreditation authority that is congruent with the purpose of the National Board** | **SI5.1.1** | **Review the role of NMBA as the principal informant of the accreditation agreement between AHPRA & the accreditation authority.** |  |  |  |  |  | Relationship document developed to inform accreditation agreement |
|  |  |  |  |  |  | NMP00023a | Redevelop RN Re-entry & EPIQ RN accreditation standards (Ph 1) |  |  |
|  |  |  |  |  |  | NMP00023b | Redevelop RM Re-entry Midwifery accreditation standards (Ph 2) |  |  |
|  |  |  |  |  |  | NMP00024 | Review interim standards & develop' accred. standard for programs - eligible midwives prescribing scheduled medicines & PPR programs |  |  |
|  |  |  |  |  |  | NMP00026 | Implementation of ANMAC monitoring policy - accredited programs & management of complaints under section 50 National Law. |  |  |
|  |  | **SI5.1.2** | **Further develop NMBA financial commitment & financial sustainability in relation to the accreditation authority** |  |  |  |  |  |  |
|  |  | **SI5.1.3** | **Review the ANMAC reporting process to NMBA to ensure a quality process** |  | AccC review of ANMAC annual reporting documentation |  |  |  |  |
|  |  | **SI5.1.4** | **Collaborate & work with ANMAC to streamline & communicate the current & future processes with respect to the management of IQNMs** |  |  |  |  |  | ANMAC / AHPRA liaison group |
| **Compliance** | **KSP10:  Effectively and efficiently respond to nursing and midwifery performance and conduct issues** | **\* Drive national consistency of standards, processes & decision-making   \* Use data to monitor & improve policy advice & decision-making** | **SO10.1** | **Monitoring and auditing processes that ensure practitioners are complying with Board requirements** | **SI10.1.1** | **Review the AHPRA annual audit results to identify any policy areas or modes of stakeholder communication requiring improvement** |  | Pilot audit |  |  |  | Annual audits implemented for compliance with standards and registration requirements |
|  |  |  | **SI10.1.2** | **Review the AHPRA monitoring of complaints and notifications to work with AHPRA in promoting a fair, effective and efficient response process** |  |  |  |  |  | Monitoring of complaints & notifications, reports to the National Board from AHPRA |

Schedule 3: Fees payable by health practitioners

**NURSING AND MIDWIFERY BOARD OF AUSTRALIA**

| **Item** | **National fee ($)** | **Rebate for NSW registrants ($)** | **Fee for registrants with principal place of practice in NSW ($)** |
| --- | --- | --- | --- |
| Application fee for general registration | 150 | 0 | 150 |
| Application fee for graduates of approved programs of study leading to registration as a nurse or midwife, excluding bridging programs | 20 | 0 | 20 |
| Application fee for limited registration | 150 | 0 | 150 |
| Application fee for non-practising registration | 30 | 0 | 30 |
| Application fee for endorsement of registration | 125 | 0 | 125 |
| Application fee for fast track application | 75 | 0 | 75 |
| Registration fee for general registration | 150 | 0 | 150 |
| Registration fee for limited registration | 150 | 0 | 150 |
| Registration fee for non-practising registration | 30 | 0 | 30 |
| Late renewal fee for general registration | 38 | 0 | 38 |
| Late renewal fee for limited registration | 38 | 0 | 38 |
| Late renewal fee for non-practising registration | 8 | 0 | 8 |
| Replacement registration certificate | 20 | 0 | 20 |
| Extract from the register | 10 | 0 | 10 |
| Copy of the register (if application is assessed as in the public interest) | 2,000 | 0 | 2,000 |
| Overseas assessment charge | 220 | 0 | 220 |
| Verification of registration status (Certificate of Registration Status) | 50 | 0 | 50 |

Schedule 4: Summary of National Board’s annual budget

**NURSING AND MIDWIFERY BOARD OF AUSTRALIA**

Income and expenditure budget and balance sheet summary, budget notes

**SUMMARY BUDGET 2015/16**

|  |  |
| --- | --- |
| **Item** | **$‘000** |
| **Income** |  |
| Registration (see note 1) | 51,380 |
| Application income | 1,741 |
| Interest | 1,841 |
| Late Fees and Fast Track Fees | 269 |
| Other income \* | 340 |
| **Total Income** | 55,571 |
| **Expenses** |  |
| Board and committee expenses (see note 2) | 2,313 |
| Legal, tribunal costs and expert advice (see note 3) | 2,902 |
| Accreditation (see note 4) | 2,619 |
| Office of the Health Ombudsman (Queensland) | 1,236 |
| Other direct expenditure (see note 5) | 4,399 |
| Indirect expenditure (see note 6) | 50,436 |
| **Total Expenses** | 63,905 |
| **Net Result** | (8,334) |

|  |  |
| --- | --- |
| **Statement of changes in Equity** | **$'000** |
| Equity at 1 July 2015 | 25,458 |
| Budgeted Net result 2015/16 | (8,334) |
| **Forecast Equity as at 30 June 2016** | **17,124** |

The Board had equity of $25.458m as at 1 July 2015. During 2015/16 the Board will use a component of this equity to further invest in the program of work and the upgrading of important support systems.

The Board will continue to work in partnership with AHPRA to ensure an appropriate and diligent financial strategy is in place beyond 2015/16.

Refer to the annual report for further information.

**BUDGET NOTES**

|  |  |  |
| --- | --- | --- |
| 1. Registrant numbers | The registration income is derived from the following assumptions:   * Budgeted registrants invited to renew at next renewal period: 362,041 * Budgeted lapse rate of renewals: 3.31% |  |
| 1. Board and committee expenses | This covers the meeting costs of the National Board, as well as the eight state and territory boards and their committees, which have the delegated authority to make decisions about individual registered practitioners.  Costs include sitting fees, travel and accommodation while attending meetings for the Board. |  |
| 1. Legal, tribunal costs, and expert advice | Note: These legal costs do not include the significant proportion of the Board's direct costs (including sitting fees) and a substantial amount of the work of state and territory boards also relates to managing and assessing notifications.  A substantial proportion of the staff costs in each state and territory office relate directly to staff who support work about notifications about practitioners as well as introducing nationally consistent systems and processes to manage notifications. |  |
| 1. Accreditation | Accreditation expenses include the costs of funding provided to the Australian Nursing and Midwifery Accreditation Council (ANMAC) for accreditation functions and projects. |  |
| 1. Other direct expenditure | Costs associated with the Board’s work on registration standards, policies and guidelines. See work plan 2015/16.  This includes the following activities:   * costs involved in consultation with the community and the profession, * engagement of consultants necessary to support the work of the Board, * publication of material to guide the profession, such as the Board’s newsletter, * Board member professional development, * policy development and projects, and * funding of external nurses’ and midwives’ health program. |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | 1. Indirect expenditure | Total $50,435,800  The increased indirect expenditure in 2015/16 reflects both a realignment of staff expenses from direct attribution to indirect, in addition to significant investment in critical service infrastructure. This investment includes replacing existing information systems, and remove inefficiencies in our operational model and existing processes to improve our performance.  Proportion of indirect costs allocated to the Board is 37.00%. The percentage allocation for the Board in 2014/15 was 37.00%.  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.  AHPRA supports the work of the National Boards by employing all staff and providing systems and infrastructure to manage core regulatory functions (registration, notifications, compliance, accreditation and professional standards), as well as the support services necessary to run a national organisation with eight state and territory offices, and support all National Boards and their committees.  The 2015/16 AHPRA business plan sets out AHPRA objectives for 2015/16 and how they will be achieved. |  |

Schedule 5: Strategic performance and management framework

**New performance reporting framework**

At its June 2015 meeting, the National Board advised its preference for monthly volume and trend data and approve the quarterly AHPRA performance report and volume and trend reports be inserted into Schedule 5 of the Health Profession Agreement.

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