



Chinese Medicine
Board of Australia

AHPRA

Health Profession Agreement

**Chinese Medicine
Board of Australia**

and

**The Australian Health Practitioner
Regulation Agency**

2013 - 2014

Health Profession Agreement

1. Preamble

- 1.1. The Health Practitioner Regulation National Law Act 2009 requires the Australian Health Practitioner Regulation Agency (Agency) and the Chinese Medicine Board of Australia (the Board) to enter a Health Profession Agreement (Agreement) that provides for the following:
 - 1.1.1.the services to be provided by the Agency to the Board to enable it to carry out its functions;
 - 1.1.2.the fees payable by health practitioners; and
 - 1.1.3.the annual budget of the Board.
- 1.2. The National Law framework for this Agreement is set out in Attachment 1.
- 1.3. In developing and signing this Agreement:
 - 1.3.1.both parties agree that a successful Health Profession Agreement is an important element of an effective working relationship;
 - 1.3.2.the Board will do everything it can to make its requirements clear; and
 - 1.3.3.the Agency will do everything it can to provide the services required by the Board to perform its functions.
- 1.4. The NRAS Strategy 2011 -2014 outlines an agreed high level strategy for the joint work of National Boards and AHPRA. See Attachment 2.
- 1.5. Boards commit to actively co-operate and collaborate with other national Boards wherever appropriate, in areas of mutual interest and of wider importance for the implementation of the National Scheme as a whole.

2. Guiding principles for the Agreement

- 2.1. The guiding principles, which underpin this Agreement, are as follows:
 - 2.1.1.the Board and the Agency recognise each other's distinct and complementary statutory responsibilities;
 - 2.1.2.the Board and the Agency recognise their mutual accountability and partnership;
 - 2.1.3.the implementation of the agreement provides mutually beneficial outcomes for both parties and the community we jointly serve;
 - 2.1.4.the Board and the Agency are committed to the efficient management and continuous improvement of their respective functions;
 - 2.1.5.the Board and the Agency have a commitment to resolve problems or disputes promptly.

3. Scope of this Agreement

- 3.1. This Agreement is for the period 1st July 2013 to 30th June 2014.
- 3.2. Under this Agreement, the Board will recognise its statutory and policy responsibilities. In particular, it will:
 - 3.2.1. advise the Agency of any risks which may impact on its ability to meet its statutory obligations; and
 - 3.2.2. ensure prompt consideration of policy matters necessary to fulfil its obligations under this agreement.
- 3.3. The Board will also recognise the operational responsibilities of the Agency. It will:
 - 3.3.1. provide clear directions on its requirements in relation to the services from the Agency as specified in Schedule 1;
 - 3.3.2. develop a fee structure which provides adequate financial resources to the Agency to enable it to perform its functions under this agreement and which provides an adequate level of equity as agreed between the Board and the Agency;
 - 3.3.3. ensure that Board members are accessible to Agency staff;
 - 3.3.4. ensure prompt consideration of operational matters raised by the Agency as a consequence of its fulfilling its obligations under this agreement and in relation to the shared objective of national consistency and improving the ways AHPRA delivers services on behalf of the Board;
 - 3.3.5. ensure adherence to AHPRA's financial responsibilities in procurement and other operational processes in fulfilling the Board's work plans;
 - 3.3.6. direct any requests for additional tasks, beyond those detailed in Schedule 1 of this Agreement, through the Director, National Board Services. Time frames and impact on other services and priorities will then be negotiated;
 - 3.3.7. authorise the Chair of the Board (or his/her nominee) to act as liaison officer with respect to this Agreement;
 - 3.3.8. provide information requested by the Agency on the Board's performance of its functions for inclusion in the Agency's annual report and other agreed purposes;
 - 3.3.9. liaise and consult with the Agency to develop the Board's strategic and work plans.
- 3.4. Under this Agreement the Agency will recognise its statutory and policy responsibilities. It will:
 - 3.4.1. advise the Board of any risks which may impact on its ability to meet its statutory obligations;
 - 3.4.2. provide policy, secretariat and research support for the Board and its delegate to enable effective and timely decision making including;
 - 3.4.2.1. policy advice
 - 3.4.2.2. advice on regulatory or legislative changes
 - 3.4.2.3. responses to questions from Ministers and parliaments
 - 3.4.2.4. Board appointments
 - 3.4.2.5. Freedom of Information and Privacy legislation and the Ombudsman

- 3.4.2.6. media, public relations, issues management and communication support.
- 3.4.3. ensure that services comply with Board policy and relevant laws;
- 3.5. The Agency will also recognise its operational responsibilities to enable the Board to exercise its functions. It will:
 - 3.5.1. fulfil the requirements for the delivery of services as outlined in Schedule 1 through the provision of appropriately trained and experienced staff;
 - 3.5.2. provide registration and notification services to delegated decision-makers in accordance with agreed Board delegations, operational policies and the National Law;
 - 3.5.3. provide National Boards with information that will enable them to perform their notifications functions in a timely and efficient way;
 - 3.5.4. facilitate Board access to relevant information, facilities and staff of the Agency;
 - 3.5.5. ensure that senior Agency staff liaise and consult with the Board to provide guidance and advice and raise issues likely to impact on the Board's strategic and work plans;
 - 3.5.6. manage financial resources in an efficient, transparent and accountable way ensuring that there are appropriate internal safeguards which are subject to controls and audit;
 - 3.5.7. enter into and manage any third party contracts, agreements or key relationships required by the Board to support its statutory obligations and provide agreed services to support such contracts;
 - 3.5.8. develop and implement operational protocols and guidance to promote nationally consistent service delivery which reflects the Board's standards, guidelines and policies;
 - 3.5.9. maintain relevant website content in line with Board's direction and expectations including updates relating to board activities;
 - 3.5.10. provide responsive customer services including counter, email response and telephone services in support of Board and Agency functions and services;
 - 3.5.11. monitor and regularly report on performance and provide feedback on the level of performance in relation to the standards for the agreed services;
 - 3.5.12. undertake specific projects as requested by the Board within agreed priorities and agreed timeframes. Additional funding may be negotiated with the Board where the work impacts on normal operational staffing and is considered not to be part of routine roles and functions performed by the Agency;
 - 3.5.13. monitor and regularly report on the management of significant risks which may impact the Board's ability to meet its statutory obligations;
 - 3.5.14. manage a program of projects to continuously improve the consistency and quality of services, promote innovation and to adopt contemporary business and service delivery models;
 - 3.5.15. authorise the Director, National Board Services as the Agency's liaison officer with respect to this agreement.

4. Dispute resolution

- 4.1. If a dispute arises, the parties will raise the matter with each other setting out the issues in dispute and the outcome desired. Each party agrees to use its best endeavours to resolve the dispute fairly and promptly.
- 4.2. If the dispute cannot be resolved, the matter will be referred to the Chief Executive Officer of the Agency and the Chair of the Board.
- 4.3. If the dispute cannot be resolved following the steps above, it will be referred to the Chair of the Agency Management Committee and the Chair of the Board.
- 4.4. Either party may request the appointment of an independent, accredited mediator at any stage in the process.
- 4.5. If the Agency and the Board(s) are unable to resolve the dispute it may be referred to the Ministerial Council, consistent with the requirements of the National Law.

5. Review

- 5.1. The Agency and the Board agree to review this agreement on an annual basis. The Agreement continues on the same terms and conditions until either revoked or replaced.

6. Schedules

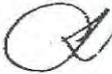
- **Schedule 1: Services to be provided to the Board by AHPRA**
- **Schedule 2: Board's annual work plan**
- **Schedule 3: Income and expenditure budget, balance sheet and budget notes**
- **Schedule 4: Schedule of fees**
- **Schedule 5: Performance indicators and reporting**

This Agreement is made between

The Chinese Medicine Board of Australia

and

The Australian Health Practitioner Regulation Agency (AHPRA)

Signed for and on behalf of AHPRA by:	Signed for and on behalf of the Chinese Medicine Board of Australia by:
<p data-bbox="245 887 544 943"><i>Martin Fletcher</i></p> <p data-bbox="213 983 655 1014">Signature of Chief Executive Officer</p> <p data-bbox="213 1072 440 1099">Mr Martin Fletcher</p> <p data-bbox="213 1218 512 1245">Date 23 September 2013</p>	<p data-bbox="890 869 1002 943"></p> <p data-bbox="772 983 1123 1014">Signature of the Board Chair</p> <p data-bbox="772 1072 1043 1099">Professor Charlie Xue</p> <p data-bbox="772 1218 1070 1245">Date 23 September 2013</p>

Attachment 1: Legislative framework

Health Practitioner Regulation National Law, as in force in each state & territory (the National Law).

Objectives and guiding principles of the legislation

- (1) The object of this Law is to establish a national registration and accreditation scheme for:
- (a) the regulation of health practitioners; and
 - (b) the registration of students undertaking:
 - (i) programs of study that provide a qualification for registration in a health profession; or
 - (ii) clinical training in a health profession.
- (2) The objectives of the national registration and accreditation scheme are:
- (a) to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered; and
 - (b) to facilitate workforce mobility across Australia by reducing the administrative burden for health practitioners wishing to move between participating jurisdictions or to practise in more than one participating jurisdiction; and
 - (c) to facilitate the provision of high quality education and training of health practitioners; and
 - (d) to facilitate the rigorous and responsive assessment of overseas-trained health practitioners; and
 - (e) to facilitate access to services provided by health practitioners in accordance with the public interest; and
 - (f) to enable the continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivery by, health practitioners.
- (3) The guiding principles of the national registration and accreditation scheme are as follows:
- (a) the scheme is to operate in a transparent, accountable, efficient, effective and fair way;
 - (b) fees required to be paid under the scheme are to be reasonable having regard to the efficient and effective operation of the scheme;
 - (c) restrictions on the practice of a health profession are to be imposed under the scheme only if it is necessary to ensure health services are provided safely and are of an appropriate quality.

The Australian Health Practitioner Regulation Agency

Section 26 of the National Law sets out the requirement as follows.

- “(1) The National Agency must enter into an agreement (a health profession agreement) with a National Board that makes provision for the following:
- (a) the fees that will be payable under this Law by health practitioners and others in respect of the health profession for which the Board is established (including arrangements relating to refunds, waivers, or reductions and penalties for late payment),
 - (b) the annual budget of the National Board (including the funding arrangements for its committees and accreditation authorities),
 - (c) the services to be provided to the National Board by the National Agency to enable the National Board to carry out its functions under the national registration and accreditation scheme.”

Among the functions of the National Agency, section 25(d) provides that the Agency must negotiate in good faith with, and attempt to come to agreement with each National Board on the terms of a health profession agreement. Section 35(1)(f) provides a corresponding function for a National Board.

The National Law in section 32(2) limits the powers of the National Board so that, among other limitations, it cannot enter a contract. In this regard the National Board may only engage services through the National Agency.

The activities provided for in a health profession agreement must necessarily relate to the functions of a National Board and the functions of the National Agency.

Finance

Part 9 of the National Law regulates finance for the national scheme. Section 208 establishes the Australian Health Practitioner Regulation Agency Fund (the Agency Fund), to be administered by the National Agency. Sections 209-211 provide for the payments into and out of the Agency Fund as well as the investment of money in the Agency Fund.

Financial management duties of the National Agency and National Boards are provided in section 212. Duties are imposed on the National Agency to ensure its financial management and operations are efficient, transparent and accountable and its financial management practices are subject to appropriate internal safeguards.

A National Board is required to ensure its operations are efficient, effective, and economical, and to take any necessary action to ensure the National Agency is able to comply with its financial management responsibilities.

The National Law provides in section 236(1) protection from personal liability for persons who act in good faith in the exercise of functions under the law. Any liability that arises in this regard attaches to the National Agency.



National Registration & Accreditation Scheme Strategy 2011-2014

OUR VISION

A competent and flexible health workforce that meets the current and future needs of the Australian community

OUR MISSION

To regulate health practitioners in Australia in the public interest

OUR VALUES

In fulfilling our role:

- We act in the interest of public health and safety
- We work collaboratively to deliver high-quality health regulation
- We promote safety and quality in health practice
- Our decisions are fair and just
- We are accountable for our decisions and actions
- Our processes are transparent and consistent

KEY STRATEGIC PRIORITIES 2011-14

In accordance with the National Law and our values, we will:

1. Ensure the integrity of the National Registers
2. Drive national consistency of standards, processes and decision-making
3. Respond effectively to notifications about the health, performance and conduct of health practitioners
4. Adopt contemporary business and service delivery models
5. Engender the confidence and respect of health practitioners
6. Foster community and stakeholder awareness of and engagement with health practitioner regulation
7. Use data to monitor and improve policy advice and decision-making
8. Become a recognised leader in professional regulation



AHPRA
Australian Health Practitioner Regulation Agency

Chiropractic
Dentistry
Medical
Nursing and Midwifery
Optometry

Occupational
Pharmacy
Physiotherapy
Podiatry
Psychology

Schedule 1: Services to be provided to the Board by AHPRA

Business Operations

Notifications, registration applications and renewals

Within approved delegations:

- Manage applications for registration consistent with approved registration standards.
- Manage student registrations.
- Receive and investigate notifications about health practitioners in relation to performance, conduct or health matters and students on grounds specified in the National Law.
- Provide effective coordinated support and comprehensive data and advice for state and territory boards, national committees and registration and notifications committees and immediate action committees in their decision making about registration and notification matters.
- Manage matters relating to practitioner impairment.
- Facilitate communication with stakeholders and manage key relations.
- Provide support for hearing panels - preparation and circulation of agendas and associated papers, drafting decisions and correspondence.
- Establish effective arrangements for professional advisers
- Continuously improve the design and implementation of delegations
- Provide communications support for issues and media management which is consistent with the Board's media strategy
- Increase national consistency and continuous improvement of processes and decision making to implement standards
- Provide legal advice and services

Liaison with external authorities

Where appropriate and in agreement with the Board, enter into memorandums of understanding with relevant authorities to facilitate the application of sections 219 and 221 of the National Law.

Where service levels can be enhanced, work in partnership with external authorities to ensure that relevant issues are considered by both entities.

Online service delivery

Develop online services for health practitioners consistent with agreed business priorities

Promote uptake of online services by health practitioners.

National registers

Maintain a current online national register of registered health practitioners and specialists.

Implement strategies to ensure the accuracy and completeness of data on the registers

Maintain a current national register of students of the profession.

Provide the Board and key partners with relevant workforce registration information.

Customer service

Ensure that practitioners and members of the public can have their phone, email and in person queries dealt with by AHPRA within agreed response times.

Develop and disseminate communications including production of practitioner newsletters

Compliance

Monitor those practitioners who are subject to conditions on their registration, undertakings or who are suspended.

Implement an agreed program of audit of registration standards.

Business Support

Board and committee support

AHPRA will provide sufficient resources to meet the needs of the Board in the following:

- Develop registration standards, codes, guidelines and policy as agreed with the Board and across Boards on agreed priority areas.
- Facilitate stakeholder engagement, government relations including Health Workforce Principal Committee and coordination of whole-of-scheme issues such as community engagement.
- Operational support - arrange Board and committee meetings, travel, accommodation, payment of sitting fees and expenses. Where meetings are held on Agency premises the costs will be charged to the allocated cost pool. Where the Board chooses to meet elsewhere, meeting costs will be charged as a direct cost to the Board and will be treated as part of the Board's budget.
- Secretariat services - prepare and circulate agendas and associated papers, draft decisions, correspondence and communiqués for the Board and its committees.
- Project management – deliver agreed projects on behalf of the Board.
- Legal advice - provide legal advice and services.
- Board effectiveness – services including training, recruitment and succession planning.

Communication

Provide high quality, relevant and current information to stakeholders in a timely and positive manner, enhancing the stakeholder confidence in the Board and the National Scheme and to assist in building key stakeholder relationships. The communications program will be developed in consultation with the Board and will include:

- production and distribution of newsletters to practitioners;
- continual development and enhancement of the Board's website, management of publications, Board events and advice and support on media issues, consistent with the Board's media strategy.

Financial management

Maintain a specific account for the Board within the Agency Fund.

Manage funds in accordance with requirements of the National Law and within guidelines agreed with the Board.

Provide agreed regular financial and performance reports.

Implement appropriate procedures for the collection, refund, reduction and waiver of fees.

Provide financial support and advice to the Board and relevant committees, including strategies for managing specific issues, fee setting and achievement of agreed levels of equity.

Implement measures to improve efficiency and productivity of AHPRA performance through adoption of contemporary business and service delivery models.

Manage and report costs according to established cost allocation principles.

Cost allocation principles

The main objective of cost allocation is to assign each cost to the activity that is most responsible for the generation of that cost. Some costs can be easily identified and attributed to Boards or AHPRA cost centres based on direct causal relationships. Other common or indirect costs need to be shared using accepted cost allocation methodologies.

The allocation methodology used for indirect costs should meet the following criteria.

- Defensible – able to be scrutinised and tested both internally and externally by all impacted parties.
- Auditable – ready to be tested from a financial perspective by an independent arbitrator.
- Understandable – simple, non-complex and understood by all stakeholders, irrespective of their level of financial acumen.

- Flexible – able to alter its calculations and approach as the structure of costs changes over time.
- Accurate – ensures that all costs required to be passed on are calculated accurately and that data capture is robust to enable all costs to be charged back appropriately.

Cost allocation business rules

The principle of no cross-subsidisation of costs will be maintained.

As a first step, where possible AHPRA will allocate costs directly to Boards. If direct allocation is not possible through the identification of a direct causal relationship, costs will be allocated to the indirect cost pool.

The application of the indirect cost allocation framework will result in different cost allocation percentages each year, depending on changes to inputs to the allocation base.

Outcomes of the cost allocation framework will be described in reports to all National Boards each year and will be used as a basis for determining Boards' budgets.

AHPRA will not allocate the same cost more than once. That is, the same cost will not be treated as both a direct and shared (allocated) cost. A direct cost will only be attributed once to a Board. A shared cost will only be allocated once across Boards.

AHPRA will identify to all Boards which costs are charged directly and which are allocated to the indirect cost pool. That is, Boards will be given a clear statement of what services are being delivered via either direct charge or indirect cost allocation.

Risk management

Manage a risk management strategy for both AHPRA and the National Boards.

Communicate to National Boards the identification of and mitigation strategies for extreme and high risks.

Implement an internal audit function to improve AHPRA's management and mitigate risk.

Accreditation

Where accreditation functions are provided by an independent accreditation authority, negotiate and manage an agreement on behalf of the Board for the provision of those functions including any agreed specific projects.

Where the accreditation function is exercised by a committee established by the Board, AHPRA, primarily through its accreditation unit, will support the delivery of the accreditation function.

The accreditation unit will operate the function within the agreed budget and achieve agreed objectives. Maintain a current and publicly accessible list of approved programs of study for the profession.

Board work program

Deliver agreed Board-specific work program within agreed priorities, resources and service standards.

Schedule 2:

Desired Outcomes – Key Strategic Priorities 2013-14.

<p>This document is linked to the Board's Strategic Statement 2013-14 which sets out the Board's key strategic priorities for 2013-14. Some of these may extend beyond this period.</p> <p>The Board's work plan (which follows) sets out the works and projects to be undertaken in 2013-14 to achieve its objectives.</p>	
Key Priority	Priority Explanatory Statement
1. Engender confidence and respect in the Board	Confidence and respect in the Board is paramount to the Board's existence. The Board must operate in an efficient and effective manner and communicate and promote the integrity of its functions as a regulatory body. The Board strives to be recognised, both nationally and internationally, as an effective, efficient and contemporary regulator of Chinese medicine practitioners.
2. Respond effectively to notifications about health, performance and conduct of health practitioners	The effective and timely management of notifications is of critical importance and is paramount to the operations of a respected regulator.
3. Establish clear agenda for practice improvement in areas of high risk to the public	The Board is committed to developing mechanisms for the monitoring of standards, codes and guidelines to assist with the establishment of a clear agenda for practice improvement within the profession.
4. Foster community and stakeholder awareness of and engagement with health practitioner regulation	Effective communication and engagement with key stakeholders including the profession, external stakeholders, other boards and the wider community develops the Board's profile and is critical to asserting the Board's place as the key point of reference for stakeholders on Chinese medicine issues, both nationally and internationally.
5. Build a positive and constructive partnership with AHPRA and the NRAS	The board is committed to building a strong and efficient working relationship with AHPRA and the NRAS. A strong working relationship requires mutual respect and understanding.

2013-14 Business Plan derived from Chinese Medicine Board of Australia key strategic priorities 2013-14

The strategic objectives outline the desired outcomes of the board for the next 3-5 years. The initiatives detailed will be those undertaken in the 2013-14 year to achieve the objectives.

Key Priority 1 : Engender Confidence and Respect in the Board	
Strategic Objectives	Initiatives
<p>The Board is committed to communicating and promoting its regulatory activities and operations. The effective communication of the Board's standards, guidelines and regulatory policies improves transparency and builds confidence in the integrity of its operations.</p> <p>The Board is committed to creating opportunities for engagement with health practitioners through representation at professional conferences and events.</p> <p>The Board undertakes to operate in an effective and proactive manner through committing to tri-annual meetings to discuss strategy, governance and committee structure.</p> <p>The Board will establish a mentoring program for Board members.</p> <p>A comprehensive and committed plan for the effective use of resources is critical to the Board's operations. The Board undertakes to ascertain options for increasing the budget and will work closely with AHPRA to analyse business costs in the process of developing a three year budget projection.</p> <p>The Board is committed to actively engaging with other national and international regulators and to provide assistance and guidance as requested.</p> <p>The Board is the point of reference for stakeholders on Chinese medicine issues.</p>	<ul style="list-style-type: none"> • Provide effective communication of standards, policies and guidance to practitioners and the community • Representation at major professional conferences and events • Tri-annual meetings to discuss strategy, governance and committee structure • Establish a mentoring program of Board members to participate in • Regular analysis of business costs • Involvement in cross-profession initiatives and collaborations within AHPRA • Engagement with other national and international regulators

Key Priority 2 : Respond effectively to notifications about health, performance and conduct of health practitioners	
Strategic Objectives	Initiatives
<p>Effective communication of standards, policies and guidance to practitioners and the community leads to steady rates of notification but reduces the number of serious notifications.</p> <p>The Board undertakes to assist with efforts to improve notifications data reporting and analysis and actively monitor trends in notifications to identify practice improvement priorities.</p> <p>The Board will collaborate with AHPRA to manage risks associated with regulatory decision making to improve notification decisions, reduce number of unnecessary appeals and successful outcomes for necessary appeals.</p> <p>The Board will collaborate in the development of accreditation standards and processes to improve practice standards of the profession.</p>	<ul style="list-style-type: none"> • Communicate effectively with practitioners and the community • Improve notifications data reporting and analysis • Monitor trends in notifications • Collaborate with AHPRA to identify and manage risks • Collaborate with NSW Chinese Medicine Council to identify and manage risks • Collaborate with AHPRA Legal to achieve successful outcomes • Adopt mechanisms to ensure the Board's committees perform their registration accreditation functions effectively and efficiently

Key Priority 3 : Establish clear agenda for practice improvement in areas of high risk to the public	
Strategic Objectives	Initiatives
<p>The Board undertakes to collaborate with AHPRA to complete a review of current standards, codes, guidelines and policies by the end of 2013.</p> <p>The Board will implement a practitioner audit program to assess compliance with standards and identify areas for improvement. Using information from the review, the practitioner audit, stakeholder and community feedback the Board undertakes to develop new standards, guidelines and policies.</p> <p>Allocate resources for ongoing development and for the identification of areas of regulatory risk.</p> <p>The Board will work with the Accreditation Committee to establish national accreditation standards and processes.</p>	<ul style="list-style-type: none"> • Review current standards, codes, guidelines and policies by the end of 2013 • Review practitioner audit programs conducted by other professions within AHPRA • Develop new standards, guidelines and policies in the subjects of: <ul style="list-style-type: none"> a. Chinese herbal prescribing and dispensing guidelines (including labeling) b. Guidelines on supervision of practitioners to be prepared further for consultation process c. Record keeping and case records • Seek stakeholder and community feedback through consultation processes • Identify areas of regulatory risk

Key Priority 4: Foster community and stakeholder awareness of and engagement with health practitioner regulation

Strategic Objectives	Initiatives
<p>The Board commits to the implementation of user-friendly methods of interaction with the Board.</p> <p>Engagement with the community may be through a consumer hotline, website or register.</p> <p>The Board recognises that stakeholders need to understand the National Scheme and so it commits to communicate its role to professionals through major conferences and by conducting workshops at the NRAS conference.</p> <p>The Board undertakes to commission the support of AHPRA in developing a comprehensive communications strategy and negotiate the delivery of priority activities within available budgets.</p> <p>The Board will ensure that AHPRA develops cost-effective processes to increase the Board's profile and credibility both nationally and internationally</p> <p>The Board will work with AHPRA to manage risk to reputation under the guidance of the NRAS risk management framework.</p>	<ul style="list-style-type: none"> • Ongoing engagement with community through the website • Communicate the Board's role to professionals by attending major conferences • Conduct a presentation at the NRAS conference in August • Develop a comprehensive communications strategy with AHPRA • Explore options to increase the Board's profile • Work with AHPRA to identify and manage risk • Access website statistics to analyse use of public register, and downloading of guidance documents from the Board's website

Key Priority 5: Build a positive and constructive partnership with AHPRA and the NRAS

Strategic Objectives	Initiatives
<p>The Board recognises the importance of active participation in the Chair's forum to remain engaged with AHPRA and the NRAS.</p> <p>The board will undertake to join the Strategic Data Committee and engage directly with key AHPRA executives.</p> <p>The Board will actively pursue opportunities to be involved in relevant cross-profession initiatives and collaborations within the scheme.</p> <p>The Board will contribute to the national consistency of standards.</p>	<ul style="list-style-type: none"> • The Chair to continue participation in Chair's forum • Nominate a member to represent the Board in the Strategic Data Committee • Participate in cross-profession initiatives and collaborations within the scheme • Participate in the preliminary and public consultation processes • Monitor performance through the Health Profession Agreement • Exchange advice with AHPRA on key professional standards issues

Schedule 3: Income and expenditure budget and balance sheet summary, budget notes

**CHINESE MEDICINE BOARD OF AUSTRALIA
SUMMARY BUDGET 2013-14**

Item	\$
Total income	2,043,460
Total expenses	2,347,541
Surplus (deficit)	(304,081)
Forecast equity at start of year	1,115,000
Forecast equity at end of year *	810,919
Board indirect cost allocation rate for 2013-14	1.06%

*It is expected that the board will have sufficient equity throughout 2013/14

**CHINESE MEDICINE BOARD OF AUSTRALIA
DETAILED BUDGET 2013-14**

Item	\$
Income	
Registration	1,746,355
Application income	131,061
Interest	84,908
Other income *	81,136
Total Income	2,043,460
Expenses	
Board and committee expenses (see note 2)	308,280
Legal, tribunal costs and expert advice (see note 3)	600,000
Other direct expenditure (see note 4)	282,973
Indirect expenditure (see note 5)	1,136,288
Total Expenses	2,347,541
Net Surplus (Deficit)	(304,081)
Equity at start	1,115,000
Change	(304,081)
Equity at end	810,919

*Other income includes cost recoveries and miscellaneous fees

Budget Notes

1. Registrant numbers	<p>The registration income is derived from the following assumptions.</p> <p>Budgeted registrants invited to renew at 30 November 2013: 3,968</p> <p>Budgeted lapse rate of renewals: 3%</p>
2. Board and committee expenses	<p>Total \$308,280</p> <p>This covers the meeting costs of the National Board, as well as the registration and notification committees, which have the delegated authority to make decisions about individual registered 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>Total \$600,000</p> <p>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 national committees also relates to managing and assessing notifications.</p> <p>A substantial proportion of the staff costs in each state and territory office relate directly to staff who support work about notifications about practitioners as well as introducing nationally consistent systems and processes to manage notifications.</p>
4. Other direct expenditure	<p>Total \$282,973</p> <p>Costs associated with the Board's work on registration standards, policies and guidelines. See work plan 2013/14.</p> <p>This includes the following activities:</p> <ul style="list-style-type: none"> • costs involved in consultation with the community and the profession • engagement of consultants necessary to support the work of the Board • publication of material to guide the profession, such as the Board's newsletter • Board member professional development • policy development and projects • accreditation expenses including the cost of the Board's accreditation committee and contribution to the cost of the internal accreditation unit that will perform accreditation functions on behalf of the Board.

5. Indirect expenditure	<p data-bbox="542 212 1388 257">Total \$1,136,288</p> <p data-bbox="542 268 1388 336">Proportion of indirect costs allocated to the Board is 1.06%. The percentage allocation for the Board in 2012-13 was 1%.</p> <p data-bbox="542 347 1388 537">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. In 2012/13, the Boards and AHPRA reviewed the formula. It is a principle of the National Scheme that there is no cross subsidisation between the professions.</p> <p data-bbox="542 548 1388 616">Costs include salaries, systems and communication, property and administration costs.</p> <p data-bbox="542 627 1388 817">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.</p> <p data-bbox="542 828 1388 896">The 2013-14 AHPRA business plan sets out AHPRA objectives for 2013-14 and how they will be achieved.</p>
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Schedule 4: Schedule of fees effective 1 August 2013

Item	National Fee	Rebate for NSW registrants	Fee for registrants with principal place of practice in NSW
	\$	\$	\$
Application fee for general registration in 1 division of the register*	563		563
Application fee for general registration in 2 divisions of the register*	666		666
Application fee for general registration in 3 divisions of the register*	717		717
Application fee for new graduates in 1 division of the register*	486		486
Application fee for new graduates in 2 divisions of the register*	589		589
Application fee for new graduates in 3 divisions of the register*	640		640
Application for fast track registration*	282		282
Registration fee - general registration in 1 or more divisions	563		563
Registration fee - non practising registration in 1 or more divisions	112		112
Registration fee –limited registration in 1 or more divisions	563		563
Late renewal fee for general registration	141		141
Late renewal fee for limited registration	141		141
Late renewal fee for non-practising registration	28		28
Replacement registration certificate	20		20
Extract from the register	10		10
Copy of the register (if application is assessed as in the public interest)	2,000		2,000
Verification of registration status	50		50

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

Health Profession Agreement

Schedule 5: Performance Indicators and Performance Reporting

Reporting principles:

The following principles underpin performance measures and performance reporting:

- Performance measures must be based on consistent and reportable data that is taken from a common electronic data base
- Data for performance measure reporting should be collected automatically as part of a normal business process (i.e. not separately collected after the event)
- Changes to performance target standards will be based on assessment of current baseline performance and planned initiatives that will impact on baseline
- Priority will be given to performance measures and performance reporting that meets requirements of all boards for monitoring of performance. Consideration will be given to developing customised reports for Boards where appropriate.
- Reports will include analysis of data and where possible, highlight risk profile.

Business Operations Performance Reporting

Report Type	Notifications reporting	Registrations reporting	Other performance reporting
Monthly report	<p>Activity trend lines</p> <p>Notifications received and finalised YTD trend line:</p> <ul style="list-style-type: none"> • current year and prior year all notifications • current year by state breakdown <p>Notifications open at beginning and end of month:</p> <ul style="list-style-type: none"> • trend line YTD all notifications • Trend line YTD x state <p>Notifications inactive at end of month:</p> <ul style="list-style-type: none"> • trend line YTD all notifications • breakdown x state <p>Prior law cases open at end of month:</p> <ul style="list-style-type: none"> • trend line YTD all notifications • breakdown x state <p>Immediate actions initiated:</p> <ul style="list-style-type: none"> • trend line YTD all notifications • current month & YTD breakdown x profession <p>Mandatory notifications received:</p> <ul style="list-style-type: none"> • trend line YTD all notifications • current month :& YTD breakdown x profession <p>National Law offences received:</p> <ul style="list-style-type: none"> • trend line YTD all notifications • current month & YTD breakdown x profession <p>Performance trend lines</p> <p>Time at stage for lodgement, assessment, investigations, performance/health assessments, panel hearings and tribunal hearings:</p> <ul style="list-style-type: none"> • Trend line for Av time at stage for stages closed during the month • Trend line for Av time at stage for notifications open at stage at end of month <p>Attachments</p> <ul style="list-style-type: none"> • Tribunals 	<p>Activity trend lines</p> <p>Registration applications received and finalised trend line YTD:</p> <ul style="list-style-type: none"> • current year and prior year all applications • current year by state • current year by subtype <p>Performance</p> <p>Registration process time by profession and registration type (current month and YTD)</p> <p>Attachments</p> <ul style="list-style-type: none"> • Appeals 	<p>Customer Service:</p> <ul style="list-style-type: none"> • telephone grade of service • Web enquiry grade of service • call volumes & abandonment rate • team activity levels by channel • service requests created <p>Public register availability</p> <p>Website usage</p>

Report Type	Notifications reporting	Registrations reporting	Other performance reporting
<p>Quarterly report</p> <ul style="list-style-type: none"> • Dental • Medical • Nursing & midwifery • Pharmacy • Psychology 	<p>KPI report: % notifications meeting target where stage has closed within the quarter -</p> <ul style="list-style-type: none"> • all professions x state • your profession x state <p>Open notifications time in stage breakdown -</p> <ul style="list-style-type: none"> • all professions x state • your profession x state <p>Received notifications: breakdown x state for your profession -</p> <ul style="list-style-type: none"> • x stream • x grounds • x source <p>Outcomes of notifications breakdown x state:</p> <ul style="list-style-type: none"> • at assessment • at investigation • IA - all • IA linked to mandatory reporting. <p>Mandatory notification breakdown x state:</p> <ul style="list-style-type: none"> • x stream • x grounds • x source <p>Aged notifications breakdown by state:</p> <ul style="list-style-type: none"> • current stage <p>Prior law breakdown by state:</p> <ul style="list-style-type: none"> • current stage 	<p>Registrant profile</p> <p>Registrant numbers x registration type x state</p> <p>Limited registrants x sub type x state</p> <p>Registrant numbers by division x state</p> <p>Registered practitioners by endorsement by state</p> <p>Performance reports</p> <p>KPI report: To be published after finalisation of KPIs for registrations operations</p>	<p>Customer service trend line of performance across quarters:</p> <ul style="list-style-type: none"> • telephone grade of service • Web enquiry grade of service • call volumes & abandonment rate • team activity levels by channel • service requests created <p>Analysis of service type (application)</p>

Report Type	Notifications reporting	Registrations reporting	Other performance reporting
<p>Quarterly reports:</p> <ul style="list-style-type: none"> • ATSI • Chinese medicine • Chiropractic • MRP • OT • Optometry • Osteopathy • Physiotherapy • Podiatry 	<p>KPI report: % notifications meeting target where stage has closed within the quarter -</p> <ul style="list-style-type: none"> • your professions of all professions <p>Open notifications time in stage breakdown for each stage-</p> <ul style="list-style-type: none"> • your profession of all professions <p>Received notifications: breakdown -</p> <ul style="list-style-type: none"> • x stream • x grounds • x source <p>Outcomes of notifications:</p> <ul style="list-style-type: none"> • at assessment • at investigation • IA - all • IA linked to mandatory reporting. <p>Mandatory notification breakdown:</p> <ul style="list-style-type: none"> • x stream • x grounds • x source <p>Aged notifications breakdown:</p> <ul style="list-style-type: none"> • current stage <p>Prior law breakdown:</p> <ul style="list-style-type: none"> • current stage 	<p>Registrant profile</p> <p>Registrant numbers x registration type x state</p> <p>Limited registrants x sub type x state</p> <p>Registrant numbers by division x state</p> <p>Registered practitioners by endorsement by state</p> <p>Performance reports</p> <p>KPI report: To be published after finalisation of KPI for registrations operations</p>	<p>Customer Service trend line of performance across quarters:</p> <ul style="list-style-type: none"> • telephone grade of service • Web enquiry grade of service • call volumes & abandonment rate • team activity levels by channel • service requests created <p>Analysis of service type (application)</p>
<p>End of cycle report</p>		<p>Renewal outcomes:</p> <ul style="list-style-type: none"> • by channel • status of renewals • registrants who did not renew • outcomes by registration type <p>Late renewals</p> <p>Disclosures:</p> <ul style="list-style-type: none"> • nature of disclosures • responses to disclosure questions • registrants with disclosures <p>Not to renew: registrants by state</p>	

Key performance indicators 2013-14: Notifications

Notification Stage & Performance Measure	Start Date	End Date	KPI
<p>1. Lodgement</p> <p>Time taken from <u>date of enquiry</u> to <u>start of assessment</u>. <i>This covers the activities for evaluating the initial risk presented, determining whether particulars have been provided and following up where they have not been.</i></p>	Receipt of notification enquiry	Assessment commences (notification particulars established)	<ul style="list-style-type: none"> • 60% within 14 days • 100% within 30 days
<p>2. Lodgement</p> <p>Time taken from <u>date of enquiry</u> to <u>closure at lodgement</u>. <i>This covers the activities as described above however represents those matters which are closed as enquiries due to the lack of particulars being established.</i></p>	Receipt of notification enquiry	Matter closed as there are insufficient particulars/no identifiable, named individual.	<ul style="list-style-type: none"> • 100% within 30 days <p><i>NB: This may require review where the practitioner has been identified and matter is considered by board (require longer timeframe).</i></p>
<p>3. Initial risk evaluation</p> <p>Time taken to complete triage and initial risk evaluation. <i>NB: use of the word evaluation is to address issues raised by the Risk Manager with respect to what meaning is conveyed by the term "risk assessment" (being a formal analysis using a framework of likelihood and consequence)</i></p>	Receipt of notification enquiry NB capability to capture date being investigated (audit logging on priority field and amending default behaviour would be required).		<ul style="list-style-type: none"> • 100% within 3 days
<p>4. Immediate action (new matters)</p> <p>Time from <u>receipt of notification</u> to <u>IA being convened</u>.</p>	Assessment start date	IA proposed IAC meeting date (committee convened to decide whether to commence IA or not)	<ul style="list-style-type: none"> • 100% within 5 days • Report on all exceptions to 5 day KPI
<p>5. Preliminary assessment</p> <p>Time from <u>receipt of notification</u> to the <u>completion of preliminary assessment (s149)</u> <i>This covers the activities of performing a preliminary assessment in accordance with s149 only.</i></p>	Assessment commences	Date s149 preliminary assessment decision is made	<ul style="list-style-type: none"> • 100% within 14 days
<p>6. Assessment</p> <p>Time from <u>receipt of notification</u> to <u>completion of assessment stage</u>. <i>This covers the activities of performing a preliminary assessment in accordance with s149, seeking practitioner responses, assessing and developing recommendations for boards and consulting with health complaints entities.</i></p>	Assessment commences (notification particulars established)	First Board decision at assessment stage	<ul style="list-style-type: none"> • 100% within 60 days

Notification Stage & Performance Measure	Start Date	End Date	KPI
7. S178 If s178 proposed then time <u>from Board decision to end of assessment stage.</u>	Board decision at Assessment stage: <ul style="list-style-type: none"> • conditions • cautions • accept an undertaking • refer the matter to another entity 	Board decision which closes or progresses the matter at end of show cause period.	<ul style="list-style-type: none"> • 60% within 60 days • 100% within 90 days
8. Investigation Time from <u>beginning to completion of investigation stage.</u>	Board decision to commence investigation	Board decision on outcome of investigation	<ul style="list-style-type: none"> • 80% within 6 months • 95% within 12 months • 100% within 18 months
9. Appointment of investigator Time from <u>decision to direct an investigation to appointment of investigator.</u>	Board decision to commence investigation	Appointment of investigator	<ul style="list-style-type: none"> • 100% within 5 days
10. Health assessment Time from <u>decision to conduct a health assessment to completion of assessment.</u>	Board decision to undertake assessment (May be outcome of assessment, investigation or panel or tribunal).	Board decision on outcome of health assessment	<ul style="list-style-type: none"> • 90% within 3 months • 100% within 6 months
11. Performance assessment Time from <u>decision to conduct a health assessment to completion of assessment.</u>	Board decision to undertake performance assessment (May be outcome of assessment, investigation or panel or tribunal).	Board decision on outcome of performance assessment	<ul style="list-style-type: none"> • 90% within 6 months • 100% within 12 months
12. Panel hearing 12a. Time from <u>decision to conduct a panel hearing to establishment of panel.</u>	Board decision to go to panel hearing (May be outcome of Assessment, Investigation or panel or tribunal).	12a. Panel meeting date	<ul style="list-style-type: none"> • 80% within 3 months • 100% within 5 months
12b. Time from <u>decision to conduct a panel hearing to completion of panel.</u>		12b. Decision date on outcome of panel hearing	<ul style="list-style-type: none"> • 80% within 4 months • 100% within 6 months
13. Tribunal hearing 13a Time from <u>decision to go to tribunal to date of file letter of referral</u>	Board decision to go to tribunal (May be outcome of assessment, investigation, panel or tribunal)	13a Date of file letter of referral	<ul style="list-style-type: none"> • 95% within 3 months • 100% within 4 months
13b Time from <u>decision to go to tribunal to completion of tribunal</u>		13b Decision on outcome on tribunal hearing	Provide report on performance, no KPI set. Report on: <ul style="list-style-type: none"> • Cases settled within 6 months • Cases settled within 12 months

Notification Stage & Performance Measure	Start Date	End Date	KPI
			<ul style="list-style-type: none"> • Cases settled within 18 months • Cases settled beyond 18 months • Cases currently beyond 12 months <ul style="list-style-type: none"> ○ 0-6 months ○ 0-12 months ○ 0-18 months ○ 18+ months • OR <ul style="list-style-type: none"> ○ 0-6 months ○ 6-12 months ○ 12-18 months ○ 18+ months

Business Support Performance Reporting

Business domain	Service level standard	Standard reports
Financial management	Monthly report provided at each Board meeting based on financial performance during the preceding month and year to date.	Income and expenditure report with analysis and narrative.
Accreditation	Where AHPRA provides support to the delivery of the accreditation function by an accreditation committee, twice yearly reports provided on delivery of the function according to the committee's terms of reference, using the Quality Framework for the Accreditation Function and the sample report guide developed through the Accreditation Liaison Group.	Availability of scheduled reports from accrediting authorities as per the signed agreements with external entities or the terms of reference for accreditation committees.
Legal	Legal update at end of each quarter.	<p>Quarterly legal update providing detail on key matters in progress and key legal advice provided.</p> <p>Legal Practice Notes to all Boards.</p> <p>Legal advices for Boards as required.</p>
Board Support for National and State Boards, committees and panels	<u>Timeliness.</u> Board, committee and panel papers available no later than 5 working days prior to the scheduled date of the meeting.	Quarterly report
	<u>Remuneration.</u> Reimbursement of sitting fees and claims paid by electronic funds transfer on the agreed day each month. Measure will be 90% accuracy based on number of corrections to total payments made. Payments will be for all meetings held more that 5 days prior to the scheduled payment date.	Quarterly report
	<u>Financial Reports and Budgets.</u> Financial reports and budgets delivered to National Boards and committees as per dates indicated in the tables below.	Progress reports to National Boards
Risk management	Quarterly report highlighting the current risk management rating for all significant risks.	Quarterly risk management report, including mitigating strategies for extreme and high risks within all areas of AHPRA's and Boards' operations.
	Administrative complaints and Freedom of Information handling in accordance with AHPRA policy	Half yearly report of complaints lodged, detailing the total number of complaints for the profession, trends and learning.
Quality of support services	Administration of annual structured survey of quality of service support provided.	<p>Report on survey results</p> <p>Action plan to address issues raised in survey.</p>

Reporting timetable for 2013/14

Month	Upload to SAI
June 2013	22 July
July	15 August
August	13 September
September	14 October
October	15 November
November	13 December
December	22 January
January	17 February
February	20 March
March	14 April
April	15 May
May	19 June
June 2014	23 July

Budgeting timetable for 2014-15 budget

Month of Board Meeting	Upload to SAI Global
December	AHPRA tables the budget assumptions and principles for 2014-15
February	Budget assumptions provided by National Boards to AHPRA for costing
March	AHPRA tables 1 st draft budget to National Boards
April	First draft 2014/15 Business Plan
April	AHPRA tables 2nd draft budget to National Boards
May	AHPRA tables proposed final budget to National Boards for approval