



Health Profession Agreement

Medical Board of Australia

and

The Australian Health Practitioner Regulation
Agency

2016-20

Health Profession Agreement

Preamble

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

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

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

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

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

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

Accountabilities

Ministerial Council

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

National Boards

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

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

AHPRA

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

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

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

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

Purpose of this Agreement

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

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

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

Scope of this Agreement

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

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

Partnership principles

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

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

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

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

Each of the Partnership Principles is described in detail below.

1. Shared vision and values

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

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

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

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

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

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

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

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

2. Integrity through interdependence

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

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

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

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

3. Transparency and mutual accountability

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

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

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

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

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

In order to exercise these functions, the National Board must be given the opportunity to review timely information regarding relevant activities undertaken by AHPRA and the National Boards' delegates, to raise questions and concerns and to suggest actions to remediate problems. AHPRA undertakes to

ensure that performance reports will be provided to the National Board to fulfil these oversight functions; in particular these reports will include details of the timeliness, cost and quality of regulatory procedures and services AHPRA provides to the National Board. The performance reports AHPRA will provide, and the performance indicators underpinning them, are set out in Schedule 5 to this HPA.

4. Commitment to joint learning

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

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

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

Dispute resolution

The National Law provides that any failure to reach agreement between National Boards and AHPRA on matters relating to 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 is to be resolved.

Review

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

Schedules

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

This Agreement is made between

Medical Board of Australia

and

The Australian Health Practitioner Regulation Agency (AHPRA)

<p>Signed for and on behalf of AHPRA by:</p>  <p>Signature of Chief Executive Officer Mr Martin Fletcher</p> <p>Date 23/10/16</p>	<p>Signed for and on behalf of the Medical Board of Australia by:</p>  <p>Signature of the Board Chair Dr Joanna Flynn AM</p> <p>Date 26/10/16</p>
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Schedule 1: Summary of services to be provided to the National Board by AHPRA to enable the National Board to carry out its functions

1. Regulatory services, procedures and processes

1.1 Registrations	
Core	Profession Specific
1.1.1	Develop, implement and regularly review nationally consistent procedures for the registration of health practitioners
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
<i>Profession-specific services, as listed in the National Board's regulatory plan and annual budget.</i>	

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
1.2.2	Manage the end to end notification process
1.2.3	Establish and maintain relationships with co-regulatory authorities.
<i>Profession-specific services, as listed in the National Board's regulatory plan and annual budget.</i>	

1.3 Compliance	
Core	Profession Specific
1.3.1	Develop compliance policy, process and systems
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
<i>Profession-specific services, as listed in the National Board's regulatory plan and annual budget.</i>	

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

2. Governance and Secretariat

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

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

3. Communication and Engagement

3.1 Communication	
Core	Profession Specific

3.1.1	Develop, implement and review communication strategies, tools and guidelines	<i>Profession-specific services, as listed in the National Board's regulatory plan and annual budget.</i>
3.1.2	Develop and release National Board communiqués	
3.1.3	Review and release National Board media releases	
3.1.4	Develop and maintain National Board website and resources	
3.1.5	Coordinate and manage the production of the AHPRA annual report and other publications	
3.1.6	Provide communications support for crisis and issue management	
3.1.7	Develop and produce National Board newsletters and news updates	
3.1.8	Develop Branding for National Board and AHPRA Communication	
3.1.9	Report on relevant media coverage	
3.1.10	Manage social media	

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

4. Planning and Reporting

4.1 Planning		
Core		Profession Specific
4.1.1	Inform and support the NRAS Strategy	<i>Profession-specific services, as listed in the National Board's regulatory</i>
4.1.2	Develop and implement AHPRA Business Plan	

4.1.3	Develop and implement National Board Regulatory Plan	<i>plan and annual budget.</i>
4.1.4	HPA engagement and development	

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

5. Policy and Accreditation

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

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

6. Data, Research and Analysis

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

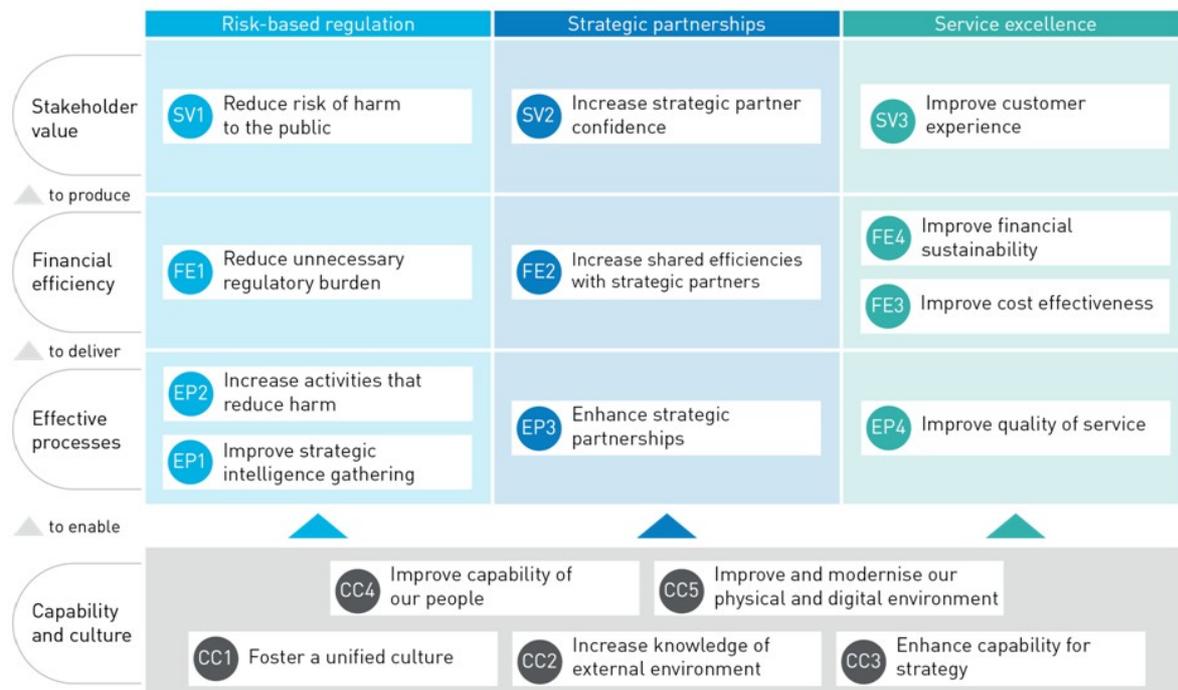
6.2 Data governance and organisational capacity		
Core	Profession Specific	
6.2.1	Develop, implement and manage governance process and procedures for data access, release and exchange	<i>Profession-specific services, as listed in the National Board's regulatory plan and annual budget.</i>
6.2.2	Develop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

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

National Registration and Accreditation Scheme Strategy 2015-20



Strategy implementation map



National Board Regulatory Plan 2017-18

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

Section One is a range of initiatives that the Board, and the staff of Strategy and Policy that directly support the Board, plan to undertake in 2017/18.

Section Two are regulatory priorities for the Board that rely on other parts of AHPRA to complete.

Section One

Project/ Initiative 1 – Actions arising from the independent review of the use of chaperones to protect patients in Australia

Background

The Board and AHPRA commissioned Professor Ron Paterson in August 2016 to review *'whether, and if so in what circumstances, it is appropriate to impose a chaperone condition on the registration of a health practitioner to protect patients while allegations of sexual misconduct are investigated'*.

After an extensive review, Professor Paterson delivered a report with 28 recommendations. The main recommendation is that the use of chaperone conditions be abandoned and be replaced by other immediate action conditions including greater use of gender-based prohibitions or prohibitions on patient contact and suspension. He also recommended that:

- the Board develop highly specialised decision-makers for regulatory decision-making about sexual misconduct cases
- AHPRA develop highly skilled specialised staff and investigators for handling sexual misconduct cases
- the Board audit all sexual misconduct immediate action decisions to ensure they are adequately protecting the public
- all interim restrictions and suspensions be reviewed at least every six months, and earlier if there are triggers for review and not remain on place for more than 12 months except in exceptional cases
- the public Register of practitioners include web links to published disciplinary decisions and court rulings.

Works

The Board will:

- Establish a Sexual Boundaries Notifications Committee to deal with all issues that allege breaches of sexual boundaries and ensure that Committee members receive appropriate training and the Committee is adequately resourced.
- Undertake an audit of immediate action decisions related to breaches of sexual boundaries.

- Commit to at least six-monthly review of all interim restrictions and suspensions
- Work with AHPRA to fulfil all the recommendations in the report.
- Set up an evaluation framework for the Committee's work.

Project/ Initiative 2 - Progress the work on revalidation

Background

Revalidation is a process to support medical practitioners to maintain and enhance their professional skills and knowledge and to remain fit to practise medicine.

In 2015/16 the Board appointed an Expert Advisory Group to provide technical expert advice on revalidation and to propose models for revalidation that are relevant to the Australian context.

In 2016/17 the Board's EAG developed an interim report in which they proposed an approach for revalidation. There was wide-ranging consultation on the EAG's approach and the EAG is scheduled to deliver their final report in mid-2017.

Works

The workplan in relation to revalidation is largely dependent on the EAG's report. At the time that this workplan was developed, the EAG's report had not been submitted.

The Board will consider the EAG's report and decide on a direction. That will determine the workplan in relation to revalidation.

Expected work includes:

- Publishing the EAG's report
- Publishing a response to the EAG's report, including a proposed direction of travel in relation to revalidation
- Discussing the report and the Board's proposed direction with stakeholders.

Other specific actions will depend on the direction of the Board and may include starting work on reviewing the registration standard for continuing professional development and work on risk factors for poor performance.

Project/ Initiative 3 – National training survey

Background

The Board and AHPRA have agreed to lead the implementation of an annual National Training Survey of all trainees and their supervisors. This is intended to give trainees a safe place for them to provide feedback on their training experience and enable systemic issues such as

potential hotspots of bullying and harassment to be identified.

Works

AHPRA and the Board will work with health departments, employers, medical colleges, the Australian Medical Council and junior doctors to develop the governance and funding arrangements.

AHPRA and the Board to develop a detailed project plan, including communications plan and undertake works aiming for the first survey to be administered in the latter part of 2018 or 2019.

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

Background

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

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

While the Board has been collecting annual data from specialist colleges regarding their timeframes, it has decided to commission an external review to evaluate the performance of colleges.

In 2016/17, the Board defined the terms of reference for the review and appointed the reviewer.

Works

- Support the reviewer as required during the course of the review
- After receiving the final report, decide what actions are necessary (if any) and develop a workplan to deal with the recommendations.

Project/ Initiative 5 - Review the Medical Board's decision-making structures and processes

Background

The Board set its current committee structure at the start of the NRAS in 2010. Since then, there have been some local adaptations in committees in response to workloads and the need for timely decision-

making processes. For example, most states have disbanded Health Committees and the Queensland Triage Assessment Committee (QTAC) was established in response to very large workloads in Queensland.

The Board is interested in exploring whether alternative decision-making structures can promote collaboration and learning across states and territories, improve timeliness of decisions and promote more robust and consistent decision-making.

Works

Work collaboratively with Board members and AHPRA to explore how to optimise our decision-making structures and processes.

If indicated, develop a proposal for alternative decision-making structures and processes

Implement the recommendations of the chaperone review that relate to the development of a specialised decision-makers about sexual misconduct (also Initiative 1)

Potentially pilot some alternative models.

Project/ Initiative 6 – Improve the management of notifications

Background

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

Since the start of the National Scheme, improvements have been made to streamline the management of notifications and to reduce the time frames for closing them, while concurrently dealing with increasing numbers of notifications.

There has also been considerable work done to improve the notifier and practitioner experience.

Works

The Board will continue to work with AHPRA on a range of initiatives to continue to improve the process of managing notifications. It will also develop a program of work to oversight decision making by delegates.

Project/ Initiative 7 – Develop an orientation package for international medical graduates

Background

The Board has identified that orientation for IMGs to the Australian health care context is inconsistent in quality. The Board has decided to develop resources for IMGs to support their transition to Australian practice to promote safe patient care.

Works

A body of work will be undertaken to scope the issues to be included in the orientation and the most effective medium for their delivery.

Work on the orientation materials will start in 2017/18.

Project/ Initiative 8 – Develop materials to support good practice for all medical practitioners

Background

The Board has developed and has published a range of guidelines for registered medical practitioners.

The Board will scope whether to develop on-line materials to support medical practitioners by supplementing the existing written guidance on:

- Sexual boundaries
- Bullying and harassment

The Board will also revise Good Medical Practice, including strengthening guidance regarding bullying and harassment and will add guidance regarding vexatious notifications.

Works

Explore the use of other media (videos, on-line resources, social media) as communication tools to support medical practitioners

Revise Good Medical Practice and consult widely.

Develop a project plan for the development of the materials – likely to require external support.

Project/ Initiative 9 – Options to manage concerns about medical practitioners who provide complementary and unconventional medicine and emerging treatments

Background

Feedback has been received from delegated decision-makers that additional guidance would be helpful for medical practitioners who provide complementary and unconventional medicine and emerging treatments. Decision-makers are reporting that they are receiving concerns regard inappropriate tests being ordered, inappropriate prescribing and insufficient information being provided to patients.

The Board developed draft guidelines in 2017.

Works

The Board will consult on the draft guidelines. Further progress will depend on the consultation feedback.

Project/ Initiative 10 – Review and revise the registration standard for endorsement for acupuncture.

Background

Registration standards are developed by the Board and must be approved by the Ministerial Council. Ministers approved the registration standard for endorsement for acupuncture in 2012 and it is scheduled for review.

Works

Review of the registration standard started in 2016/17. The Board will consult on the revised standard before finalising the standard and will submit to Ministerial Council for approval.

Project/ Initiative 11 – Medical Board conference

Background

The Board runs an annual conference for Medical Board members and relevant AHPRA staff.

Works

Secure venue, make all the necessary arrangements and develop the program for the conference.

Section Two

The Board is interested in exploring a range of questions that arise out of its regulatory work but that fall into the operational regulatory function or the research function of AHPRA. The Board would like to work with AHPRA to develop mechanisms for these works to be progressed.

The Board would like to work AHPRA to:

1. Start a program of audit of IMG supervision compliance with the Guidelines - Supervised practice for international medical graduates
2. Focus on a number of areas of research including:
 - a. Examining IMGs with limited registration who were registered before 1 July 2010 to better understand where they are and what they are doing
 - b. Deep diving into our data on IMGs and in particular to better understand trends and what IMGs are doing. For example, how many are progressing/failing to progress/returning overseas/working in other non-medical practitioner roles.

Schedule 3: Fees payable by health practitioners

MEDICAL BOARD OF AUSTRALIA

Registration type	Notes	National Fee			NSW Fee						NSW Rebate		
		2016-17	Change	2017-18	Board	2016-17 Council	Total	Change Board	Change Council	Board		2017-18 Council	Total
Application fee for initial general registration*		724	18	742	724	-	724		-	742	-	742	-
Application fee for initial specialist registration*		724	18	742	724	-	724		-	742	-	742	-
Application fee for provisional registration for Australian and New Zealand graduates		-	-	-	-	-	-		-	-	-	-	-
Application fee for provisional registration for international medical graduates (outside Australia and New Zealand)*		362	9	371	362	-	362		-	371	-	371	-
Application fee for general registration after converting from provisional registration		-	-	-	-	-	-		-	-	-	-	-
Application fee for limited registration*		724	18	742	724	-	724		-	742	-	742	-
Application fee for non-practising registration*		141	4	145	141	-	141		-	145	-	145	-
Application fee for endorsement of registration		100		100	100	-	100		-	100	-	100	-
Application fee for fast track registration*		60		60	60	-	60		-	60	-	60	-
Application fee to add specialist registration to current general registration		181	5	186	181	-	181		-	186	-	186	-
Application fee to add general registration to current specialist registration		181	5	186	181	-	181		-	186	-	186	-
Application fee to add another specialist registration to current specialist registration		181	5	186	181	-	181		-	186	-	186	-
Annual registration fee for general registration		724	18	742	243	395	638	6	0	249	395	644	98
Annual registration fee for specialist registration (for practitioners who do not have general registration)		724	18	742	243	395	638	6	0	249	395	644	98
Annual registration fee for limited registration		724	18	742	243	395	638	6	0	249	395	644	98
Annual registration fee for provisional registration		362	9	371	129	200	329	3	0	132	200	332	39
Annual registration fee for non-practising registration		141	4	145	64	77	141	2	0	66	77	143	2
Annual registration fee for general registration (teaching and assessing)		141	4	145	64	77	141	2	0	66	77	143	2
Late renewal fee for general registration		30		30	30	-	30		-	30	-	30	-
Late renewal fee for specialist registration (for practitioners who do not have a general registration)		30		30	30	-	30		-	30	-	30	-
Late renewal fee for limited registration		30		30	30	-	30		-	30	-	30	-
Late renewal fee for provisional registration		30		30	30	-	30		-	30	-	30	-
Late renewal fee for non-practising registration		5		5	5	-	5		-	5	-	5	-
Late renewal fee for general registration (teaching and assessing)		30		30	30	-	30		-	30	-	30	-
Replacement of registration certificate fee	1	20		20	20	-	20		-	20	-	20	-
Extract from the register fee	1	10		10	10	-	10		-	10	-	10	-
Copy of the register fee (if application is assessed to be in the public interest)	1	2,000		2,000	2,000	-	2,000		-	2,000	-	2,000	-
Verification of registration status fee (Certificate of Registration Status)	1	50		50	50	-	50		-	50	-	50	-

* Payment of both an application fee and registration fee is required at the time of application
 Note 1: These fees are consistent across all professions and remain unchanged

Schedule 4: Summary of National Board's annual budget

MEDICAL BOARD OF AUSTRALIA

Income and expenditure budget and notes

SUMMARY BUDGET 2017/18

Item	
Income	
Registration (see note 1)	\$62,646,612
Application	\$3,000,000
Interest	\$1,118,200
Late Fees and Fast Track Fees	\$85,302
Other	\$1,034,786
Total Income	\$67,884,900
Expenses	
Board and committee (see note 2)	\$3,041,200
Legal, tribunal costs and expert advice (see note 3)	\$6,966,700
Accreditation (see note 4)	\$4,557,200
Office of the Health Ombudsman (Queensland)	\$1,151,700
Other direct expenditure (see note 5)	\$3,882,100
Indirect expenditure (see note 6)	\$56,695,940
Total Expenses	\$76,294,840
Net Surplus (Deficit)	(\$8,409,940)

BUDGET NOTES

1. Registrant numbers	<p>The budget for registration income is based on the following:</p> <ul style="list-style-type: none"> • Number of registrants invited to renew at next renewal period: 112,006 • Lapse rate of renewals:.....2.12%
2. Board and committee expenses	<p>This covers the meeting costs of the National Board and its committees which have the delegated authority to make decisions about individual registered health practitioners.</p> <p>Costs include sitting fees, travel and accommodation while attending meetings for the Board.</p>
3. Legal, tribunal costs, and expert advice	<p>These costs are incurred in the management of complaints against practitioners (notifications). The costs do not include the significant Board and committee costs, including sitting fees, related to notifications. These are included in '2' above.</p> <p>Also not included are the material staff costs in each state and territory office relating directly to notifications. These are included in "indirect expenditure" below.</p>
4. Accreditation	<p>Accreditation expenses include the costs of funding provided to the Australian Medical Council (AMC) for accreditation and functions and related projects.</p>
5. Other direct expenditure	<p>Costs associated with the Board's work on registration standards, policies and guidelines.</p> <p>This includes the following activities:</p> <ul style="list-style-type: none"> • costs involved in consultation with the community and the profession • engagement of consultants necessary to support the Board's work • publication of material to guide the profession, such as the Board's newsletter • Board member professional development • policy development and projects • funding of external doctors' health programs
6. Indirect expenditure	<p>The proportion of AHPRA's business as usual costs allocated to the Board as indirect costs is 38.73%. The percentage allocation for the Board in 2016/17 was 37.30%.</p> <p>In addition, indirect costs include a one off cost of implementing a major information systems replacement program.</p> <p>Indirect costs are shared by the National Boards based on an agreed formula. The percentage is based on an analysis of historical and financial data to estimate the proportion of costs required to regulate the profession. Costs include salaries, systems and communication, property and administration costs.</p> <p>AHPRA supports the work of the National Boards and committees by employing all staff and providing systems and infrastructure to manage core regulatory (registration, notifications, compliance, accreditation and professional standards) and support services in eight state and territory offices.</p> <p>The 2017/18 AHPRA business plan sets out AHPRA's objectives for 2017/18 and how they will be achieved.</p>

Schedule 5: Performance management framework

Volume and trend data reports

National Boards will receive quarterly AHPRA performance report and volume and trend reports in accordance with the Performance Reporting Framework. The Performance Reporting Framework will be reviewed in 2017/18.