



Health Profession Agreement

**Podiatry
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 Podiatry 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 Podiatry 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 Podiatry Board of Australia by: |
|--|--|
| <p data-bbox="252 846 550 902"><i>Martin Fletcher</i></p> <p data-bbox="220 943 662 972">Signature of Chief Executive Officer</p> <p data-bbox="213 1061 400 1090">Martin Fletcher</p> <p data-bbox="220 1178 520 1207">Date 24 September 2013</p> | <p data-bbox="794 801 1066 925"></p> <p data-bbox="778 931 1129 960">Signature of the Board Chair</p> <p data-bbox="778 1050 1007 1079">Catherine Loughry</p> <p data-bbox="778 1167 1075 1196">Date 24 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 | Osteopathy |
| Dentistry | Pharmacy |
| Medical | Physiotherapy |
| Nursing and Midwifery | Podiatry |
| Optometry | 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 the national registration and notifications committee and immediate action committee 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 –Podiatry Board of Australia 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 2013-2014 to achieve its objectives.</p> | |
|---|---|
| Key Priority | Desired outcomes of the Board |
| 1. Foster effective relationships with AHPRA and the Board’s accreditation authority to ensure quality delivery of the National Registration and Accreditation Scheme | <ul style="list-style-type: none"> Work in partnership with AHPRA to develop and strengthen pathways to registration and endorsement Work with ANZPAC to ensure the effective delivery of the accreditation function |
| 2. Continue to develop, review, update and publish standards, guidelines and policies to provide clear and appropriate guidance to the podiatry profession. | <ul style="list-style-type: none"> In collaboration with AHPRA, complete the review of the current standards, codes, guidelines and policies by the end of 2013 In collaboration with the Endorsement for Scheduled Medicine (ESM) Working Party and the Scheduled Medicines Advisory Committee (SMAC) complete the review of the Board’s requirements for endorsement for scheduled medicines and associated supporting documentation Identify requirements for new standards, guidelines and policies and allocate resources for their development |
| 3. Drive national consistency of standards, processes and decision-making | <ul style="list-style-type: none"> Work with AHPRA other National Boards to increase national and inter-professional consistency through cross-board collaboration and engagement with state and territory offices |
| 4. Respond effectively to notifications about the health, performance and conduct of health practitioners | <ul style="list-style-type: none"> Improve the timeliness of notifications management and effectively manage risks associated with regulatory decision-making |
| 5. Adopt contemporary business and service delivery models | <ul style="list-style-type: none"> Ensure robust and effective processes are in place for quality delivery of the national registration and accreditation scheme. |
| 6. Engender the confidence and respect of health practitioners | <ul style="list-style-type: none"> The Board operates in a transparent, accountable, efficient, effective and fair way Develop, implement and effectively communicate clear and appropriate professional standards and guidelines for the podiatry profession |
| 7. Foster community and stakeholder awareness of and engagement with health practitioner regulation | <ul style="list-style-type: none"> Ensure that communication with key stakeholders about the regulation, registration and training of the podiatry profession is effective, appropriate and timely. |
| 8. Use data to monitor and improve policy advice and decision-making | <ul style="list-style-type: none"> Improve the use of data generated by the scheme to answer important questions of relevance to the scheme’s objectives, with a particular focus on the podiatry profession |
| 9. Become a recognised leader in professional regulation. | <ul style="list-style-type: none"> The Board has effective, contemporary governance in line with its regulatory obligations The Board contributes to the longer term achievement of the national scheme’s public safety and workforce flexibility objectives, through forward looking and pro-active policy leadership |

2013-14 business plan derived from Podiatry Board of Australia key strategic priorities 2013-14

| Key Priority 1 : Foster effective relationships with AHPRA and the Board's accreditation authority to ensure quality delivery of the National Registration and Accreditation Scheme | |
|--|---|
| Objectives | Initiatives |
| Work in partnership with AHPRA to develop and strengthen pathways to registration and endorsement | <ul style="list-style-type: none"> The Board will work with AHPRA to ensure that the Board's requirements for registration and endorsement are clearly understood by AHPRA staff and that appropriate processes are in place to ensure that applications for registration, endorsement and renewal are processed in a timely and efficient way and where required conduct information sessions on the Board's requirements for AHPRA staff in each state and territory. |
| Work with ANZPAC to ensure the effective delivery of the accreditation function | <ul style="list-style-type: none"> The Board will work with ANZPAC to ensure that programs of study in podiatric surgery are accredited as soon as possible The Board will work with ANZPAC to establish a robust and efficient process for the assessment of overseas trained podiatric surgeons. The Board will work with ANZPAC to strengthen the processes for the assessment and accreditation of education providers, including the review of the entry level accreditation standards and podiatry competency standards, which are due for review in 2014. The Board will review and work with ANZPAC to strengthen and streamline the process for the assessment of the qualifications and skills of overseas trained podiatrists, including consideration of whether a written examination should be part of the process. The Board will commence discussions with ANZPAC regarding the development of a competent authority pathway for overseas trained podiatrists. The Board will work with ANZPAC to agree on funding for the accreditation function and associated projects for 2013/2014 and make provision in the Board's 2013/14 budget for this funding. The Board will work with AHPRA and ANZPAC to negotiate the review of the accreditation agreement as required. Quarterly teleconferences will be held between Board and ANZPAC representatives to discuss accreditation issues and where required ANZPAC representatives will be invited to Board meetings. |

| Key Priority 2 : Continue to develop, review, update and publish standards, guidelines and policies to provide clear and appropriate guidance to the podiatry profession. | |
|--|---|
| Objectives | Initiatives |
| In collaboration with AHPRA, complete the review of the current standards, codes, guidelines and policies by the end of 2013. | <ul style="list-style-type: none"> Ensure the review of registration standards, codes and guidelines builds on and strengthens the professional standards framework for podiatry while maximising flexibility across professions by: <ul style="list-style-type: none"> Engaging collaboratively with AHPRA and other boards in relation to common standards, and contribute actively on issues of importance to the podiatry profession Identifying profession-specific aspects that need to be¹³ |

| | |
|--|--|
| | addressed in the review, including consideration of NZ Board CPD requirements. |
| In collaboration with the ESM Working Party and the Scheduled Medicines Advisory Committee (SMAC) complete the review of the Board's requirements for endorsement for scheduled medicines and associated supporting documentation. | <ul style="list-style-type: none"> The ESM Working Party will hold workshops commencing in January 2013 to identify issues with the current ESM requirements and pathways; draft amendments to the current registration standard and associated documents; seek input from the SMAC where required and advise the Board on any proposed changes. The Board will ensure that the revised registration standard for ESM provides a clear and robust pathway(s) to enable suitably qualified and competent practitioners to have their registration endorsed for ESM and that it aligns with the NPS Prescribing Competencies Framework for health professionals and the HWA Health Professionals Prescribing Pathway (HPPP). |
| Identify requirements for new standards, guidelines and policies and allocate resources for their development | <ul style="list-style-type: none"> Finalise specialist registration standard submission to Ministerial Council for approval Identify areas where new standards, guidelines or policies need to be developed in the next two years and prioritise and plan for their development and implementation, ensuring there are adequate resources and funding (where required) for the project |

Key Priority 3 : Drive national consistency of standards, processes and decision-making

| Objectives | Initiatives |
|---|--|
| Work with AHPRA other National Boards to increase national and inter-professional consistency through cross-board collaboration and engagement with state and territory offices | <ul style="list-style-type: none"> Actively contribute to cross-board issues and projects Take opportunities to lead cross-board work Advance key areas of interest with a view to increasing consistency and efficiency of approaches, including CPD and approaches to embedding professional competencies Use opportunities to interact with AHPRA state and territory office staff, and engage with jurisdictional stakeholders when holding board meetings and when the Chair is visiting. |

Key Priority 4: Respond effectively to notifications about the health, performance and conduct of podiatry practitioners

| Objectives | Initiatives |
|---|---|
| Improve the timeliness of notifications management and effectively manage risks associated with regulatory decision-making. | <ul style="list-style-type: none"> Review committee/working party structures, meeting schedules and format of meetings in 2013 to ensure decision making is timely, efficient and cost effective, including consideration of appointing non board members to committees and working parties Continue to hold monthly RNC meetings and utilise video-conferencing at these meetings where available to engage more directly with notifications staff in all states and territories Meet regularly with Director, National Committees to discuss issues relating to the RNC: <ul style="list-style-type: none"> to improve secretariat support for RNC meetings the timely provision of accurate decisions and actions to ensure that Board decisions are communicated to registrants and notifiers in a timely, clear, accurate and professional manner to provide feedback via the Chair on issues regarding AHPRA agenda papers, including recommendations to the RNC |

Key Priority 5: Adopt contemporary business and service delivery models

| Objectives | Initiatives |
|---|---|
| Ensure robust and effective processes are in place for quality delivery of the national registration and accreditation scheme | <ul style="list-style-type: none"> Identify key priorities and outcomes for 2013/14 and develop and implement an achievable workplan to ensure the Board meets its key strategic priorities. Work with AHPRA to undertake an audit of compliance with the Boards registration standards Negotiate the HPA with AHPRA for 2013/14 Review the Board's delegations and amend where necessary Work with AHPRA to develop and implement effective risk management for the Board |

Key Priority 6: Engender the confidence and respect of the podiatry profession

| Objectives | Initiatives |
|--|--|
| The Board operates in a transparent, accountable, efficient, effective and fair way | <ul style="list-style-type: none"> Review the Board's communications strategy and ensure the provision of opportunities for registrants to engage with the Board, including through forums in each jurisdiction, the national podiatry conference and providing feedback during public consultation on Board standards and guidelines. Plan and budget for interstate Board meetings and road shows for 2013/14 Engage more actively with AHPRA to improve the level of knowledge about profession specific standards and guidelines so that AHPRA has the tools to respond to queries around issues such as ESM; CPD and recency of practice. Use 'plain English' to improve the clarity of Board and AHPRA documents, including standards, guidelines, correspondence and advice |
| Develop, implement and effectively communicate clear and appropriate professional standards and guidelines for the podiatry profession | <ul style="list-style-type: none"> Ensure that the development and implementation of new registration and accreditation standards is undertaken in a fair and transparent way that encourages professional engagement of registrants. Publish at least two newsletters per year, which are emailed or posted to all registrants Publish communiqués after each Board meeting Update the website with current news as required Work with AHPRA Webservices Manager to improve the accessibility of the Board's website. |

Key Priority 7: Foster community and stakeholder awareness of and engagement with regulation of the podiatry profession

| Objectives | Initiatives |
|---|--|
| Ensure that communication with key stakeholders about the regulation, registration and training of the podiatry profession is effective, appropriate and timely | <ul style="list-style-type: none"> Review the Board's communications strategy and ensure that the different needs of the Board's audiences are identified and the best strategies implemented to meet those needs. Meet at least quarterly with ANZPAC and APodC. Meet annually with the Podiatrists Board of New Zealand. 15 |

| | |
|--|--|
| | <ul style="list-style-type: none"> • Meet with key stakeholders in each jurisdiction by holding a board meeting in each jurisdiction at least every two years • Round table meetings with ANZPAC, Heads of School and the association where required. • Publish at least two newsletters per year. • Publish communiqués after each Board meeting. |
|--|--|

Key Priority 8: Use data to monitor and improve policy advice and decision-making

| Objectives | Initiatives |
|--|---|
| Improve the use of data generated by the scheme to answer important questions of relevance to the scheme's objectives, with a particular focus on the podiatry profession. | <ul style="list-style-type: none"> • Establish a working party to develop key questions of importance to the scheme that could be answered by using the scheme's administrative data and survey results; • Contribute to cross-board work in this area through the Chairs' Forum and related mechanisms such as the Strategic Data Committee and Data Access and Research Committee |

Key Priority 9: Become a recognised leader in professional regulation

| Objectives | Initiatives |
|--|---|
| Governance: The Podiatry Board has effective, contemporary governance in line with its regulatory obligations | <ul style="list-style-type: none"> • Implement a Board evaluation process in 2013 and act on identified areas for improvement • Set an appropriate board budget for 2013/14 that enables the Board to carry out its regulatory functions in an efficient, effective, responsible and cost effective manner |
| The Board contributes to the longer term achievement of the national scheme's public safety and workforce flexibility objectives, through forward looking and pro-active policy leadership | <ul style="list-style-type: none"> • In collaboration with the Scheduled Medicines Advisory Committee, develop a long term plan to ensure that podiatric therapeutics, including sufficient clinical training, is appropriately embedded in all entry level podiatry programs to ensure the safe use of scheduled medicines by future podiatry graduates. • Liaise with Health Departments and Ministers to work towards uniform drugs and poisons legislation that recognises the Board's endorsement for scheduled medicines. |

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

**PODIATRY BOARD OF AUSTRALIA
SUMMARY BUDGET 2013-14**

| Item | \$ |
|---|-----------|
| Total income | 1,458,106 |
| Total expenses | 1,394,794 |
| Surplus (deficit) | 63,312 |
| Forecast equity at start of year | 1,143,000 |
| Forecast equity at end of year * | 1,206,312 |
| Board indirect cost allocation rate for 2013-14 | 0.64% |

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

**PODIATRY BOARD OF AUSTRALIA
DETAILED BUDGET 2013-14**

| Item | \$ |
|---|------------------|
| Income | |
| Registration | 1,299,332 |
| Application income | 71,258 |
| Interest | 79,217 |
| Other income * | 8,299 |
| | |
| Total Income | 1,458,106 |
| Expenses | |
| Board and committee expenses (see note 2) | 419,720 |
| Legal, tribunal costs and expert advice (see note 3) | 41,968 |
| Other direct expenditure (see note 4) | 244,943 |
| Indirect expenditure (see note 5) | 688,163 |
| Total Expenses | 1,394,794 |
| | |
| Net Surplus (Deficit) | 63,312 |
| Equity at start | 1,143,000 |
| Change | 63,312 |
| Equity at End | 1,206,312 |

*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: 3,860</p> <p>Budgeted lapse rate of renewals: 3%</p> |
| 2. Board and committee expenses | <p>Total \$419,720</p> <p>This covers the meeting costs of the National Board, as well as the committees of the Board, including the registration and notification committee, which has 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 \$41,968</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 \$244,943</p> <p>This includes the following activities:</p> <ul style="list-style-type: none"> • accreditation expenses including funding provided to the Australian and New Zealand Podiatry Accreditation Council for accreditation functions as well as other projects. • policy development and projects, including the Board's work on registration standards, policies and guidelines. • publication of material to guide the profession, such as the Board's newsletter • costs involved in consultation with the community and the profession • Board member professional development |

5. Indirect expenditure

Total

\$688,163

Proportion of indirect costs allocated to the Board is 0.64%. The percentage allocation for the Board in 2012-13 was 0.45%.

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 podiatry 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.

Costs include salaries, systems and communication, property and administration costs.

AHPRA supports the work of the National Boards by employing all staff and providing systems and infrastructure to manage core regulatory functions (registration, notifications, compliance, accreditation and professional standards), as well as the support services necessary to run a national organisation with eight state and territory offices, and support all National Boards and their committees.

The 2013-14 AHPRA business plan sets out AHPRA objectives for 2013-14 and how they will be achieved.

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* | 188 | | 188 |
| Application fee for specialist registration* | 188 | | 188 |
| Application fee for limited registration* | 188 | | 188 |
| Application fee for non practising registration* | 93 | | 93 |
| Application fee for endorsement of registration* | 188 | | 188 |
| Application fee for fast track registration* | 94 | | 94 |
| Application fee to add specialist registration to current general registration* | 47 | | 47 |
| Registration fee - general registration | 377 | 9 | 368 |
| Registration fee - specialist registration | 377 | 9 | 368 |
| Registration fee - limited registration | 377 | 9 | 368 |
| Registration fee - non practising registration | 189 | 5 | 184 |
| Late renewal fee for general registration | 94 | | 94 |
| Late renewal fee for specialist registration | 94 | | 94 |
| Late renewal fee for limited registration | 94 | | 94 |
| Late renewal fee for non-practising registration | 47 | | 47 |
| 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.

For mutual recognition with New Zealand practitioners

Both application and registration fees are payable.

Schedule 4: Schedule of fees effective 1 September 2013

| Item | National Fee \$ | Surcharge for NSW registrants \$ | Fee for registrants with principal place of practice in NSW \$ |
|---|--------------------|-------------------------------------|---|
| Application fee for general registration* | 188 | | 188 |
| Application fee for specialist registration* | 188 | | 188 |
| Application fee for limited registration* | 188 | | 188 |
| Application fee for non practising registration* | 93 | | 93 |
| Application fee for endorsement of registration* | 188 | | 188 |
| Application fee for fast track registration* | 94 | | 94 |
| Application fee to add specialist registration to current general registration* | 47 | | 47 |
| Registration fee - general registration | 377 | 42 | 419 |
| Registration fee - specialist registration | 377 | 42 | 419 |
| Registration fee - limited registration | 377 | 42 | 419 |
| Registration fee - non practising registration | 189 | | 189 |
| Late renewal fee for general registration | 94 | | 94 |
| Late renewal fee for specialist registration | 94 | | 94 |
| Late renewal fee for limited registration | 94 | | 94 |
| Late renewal fee for non-practising registration | 47 | | 47 |
| 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.

For mutual recognition with New Zealand practitioners

Both application and registration fees are payable.

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>.</p> <p><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>.</p> <p><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.</p> <p><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></p> <p><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>.</p> <p><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 from <u>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 |