

Schedule 3 – Work Plan

For the 2021-2022 financial year the work to be undertaken by the Accreditation Authority is set out in:

1. Schedule 2, and
3. the work plan below, which is based on the domains included in the Quality Framework Report.

The work plan will be reviewed and updated for future years in the Term of the Agreement, in accordance with Clause 6.

Domain 1: Governance

The accreditation authority effectively governs itself and demonstrates competence and professionalism in the performance of its accreditation role.

Activity: 1 July 2021 - 30 June 2022	Start date	Due date
<p>Accreditation Authority’s Board and Governance Committees Accreditation Authority’s Board meet six times per year plus the Annual General Meeting and associated Board Committees including:</p> <p>Finance, Audit and Risk (FAR) Committee:</p> <p>The purpose of the Finance, Audit and Risk Committee is to assist the AOAC Board by providing high level oversight of financial reporting, risk management, advice on governance and audit. The Finance Audit and Risk Committee will meet every two months to monitor monthly, quarterly and annual financial statements. As well as:</p> <ul style="list-style-type: none"> • liaise with external auditor to produce the audited financial statements and Directors report • monitor financial and compliance reporting that informs and meet fiduciary responsibilities of Directors. <p>Accreditation Committee:</p> <p>The Accreditation Committee will meet every two months to promote and protect the health of the community by reviewing the outcomes of assessments undertaken by Accreditation Authority’s assessment teams for osteopathy programs of study and the teams recommendations on accreditation of the programs of study to the Accreditation Authority.</p> <p>Qualifications and Skills Assessment Committee</p> <p>The purpose of the Qualifications and Skills Assessment Committee is to oversee the assessment of the knowledge, clinical skills and professional attributes of overseas qualified osteopaths and other individuals referred to AOAC who are seeking registration as osteopaths in Australia, by:</p>	1 July 2021	30 June 2022

<ul style="list-style-type: none"> • making determinations on the outcome of the assessment of applicants • overseeing the operation of the AOAC overseas assessment process as detailed in the AOAC Procedures Manual – Assessment of Professional Qualification in Osteopathy for Registration and General Skilled Migration and other assessment of competency to practice as an osteopath as referred to AOAC. <p>The Qualifications and Skills Assessment Committee will meet four times in the year.</p> <p>Professional Development for Accreditation Authority’s Board of Directors, including face-to-face cultural safety training.</p> <p>Accreditation Authority’s Board Charter and policies review and update as required.</p> <p>Production of Accreditation Authority’s Annual Reporting requirements:</p> <ul style="list-style-type: none"> • Development of AOAC workplan • Annual Report 2020/2021 • Annual key performance indicator report 1 July 2020 – 30 June 2021 (November 2021) • Mid-year key performance indicator report 1 July 2021 – 31 December 2021 (March 2022). 		
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Domain 2: Independence

The accreditation authority carries out its accreditation operations independently.

Activity: 1 July 2021 - 30 June 2022	Start date	Due date
<ul style="list-style-type: none"> • The AOAC Board has a strong Governance framework with conflict-of-interest policies and a register of interest. This ensures that members are not participating in decisions they may have an actual, potential or perceived conflict of interest in. • There is a process for advertising and interviewing for candidates that are required for Board Directors and Committee Members. 	1 July 2021	Nov 2022

Domain 3: Operational management

The accreditation authority effectively manages its resources to support its accreditation function under the National Law.

Activity: 1 July 2021 - 30 June 2022	Start date	Due date
<p>Operational support is provided by the Australian Nursing and Midwifery Accreditation Council including:</p> <ul style="list-style-type: none"> • Secretariat support for the governance functions <ul style="list-style-type: none"> – Board and board committees • Financial and operational management, to maintain running of the organisation and day to day administration 	July 2021	June 2022

<ul style="list-style-type: none"> • Development of policy, guidelines <p>Management of the qualification and skills assessment through the Secretariat reporting to the AOAC Qualification and Skills Assessment Committee which is responsible to the AOAC Board.</p> <ul style="list-style-type: none"> • Management of the Competent Authority Pathway (CAP) process • Management of the assessment processes in the Standard Pathway Assessment (SPA) • Training and supporting Assessors <p>Management of Accreditation is through the Secretariat reporting to the AOAC Accreditation Committee which is responsible to the AOAC Board:</p> <ul style="list-style-type: none"> • Secretariat organises the process and teams for accreditation assessment • The Accreditation Team consists of a highly qualified member from a different discipline. <p>Management of Accreditation Assessors:</p> <ul style="list-style-type: none"> • Maintain register of assessors • Review Expressions of Interest from Assessors • Analyse skills of assessors and allocate to assessment teams (at least 3 per team) 		
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Domain 4: Accreditation standards

The accreditation authority develops robust accreditation standards which have been set in advance for the assessment or programs of study and education providers.

Activity: 1 July 2021 - 30 June 2022	Start date	Due date
The Accreditation Standards for Osteopathic Course in Australia with an essential evidence guides completed in 2020/21.		

Domain 5: Processes for accreditation of programs of study and education providers

The accreditation authority applies the approved accreditation standards and has rigorous, fair and consistent processes for accrediting programs of study and their education providers.

Activity: 1 July 2021 - 30 June 2022	Start date	Due date
Accreditation workload: <ul style="list-style-type: none"> • Accreditation assessment of 2 programs • 3 Program Monitoring Reports will be assessed • 1 targeted monitoring of an Osteopathic program • Investigation of complaints or appeal requests as required. 	July 2021	June 2022

Domain 6: Assessing Authorities in other Countries

The accreditation authority has defined its standards and procedures to assess examining and/or accrediting authorities in other countries.

Activity: 1 July 2021 - 30 June 2022	Start date	Due date

Domain 7: Assessment of internationally qualified practitioners

Assess and/or oversee the assessment of the knowledge, clinical skills and professional attributes of internationally qualified practitioners seeking registration in the profession under the National Law

Activity: 1 July 2020 - 30 June 2021	Start date	Due date
AOAC's Qualifications and Skills Assessment Committee is responsible for assessing the skills of osteopaths who want to migrate to Australia under the General Skilled Migration program. It also undertakes skills assessments on behalf of the Osteopathy Board of Australia for overseas qualified osteopaths seeking to gain their registration in Australia.	1 Jul 2020	30 Jun 2021
AOAC provides two pathways for the Assessment of internationally qualified Osteopaths these are: <ul style="list-style-type: none"> • Competent Authority Pathway (CAP) Assessment for registration in Australia • Standard Pathway Assessment (SPA) for Registration in Australia 		
Management of the examination process for overseas candidates seeking to migrate to Australia.		

Domain 8: Stakeholder collaboration

The accreditation authority works to build stakeholder support and collaborates with other national and international accreditation authorities including other health profession accreditation authorities.

Activity: 1 July 2021 - 30 June 2022	Start date	Due date
<ul style="list-style-type: none"> • Improve engagement with stakeholders through the bimonthly newsletter • Improve transparency with stakeholders through the circulation of Accreditation Authority’s Board Communique following Accreditation Authority’s Board Meetings. <p>Engage with the Health Professionals Accreditation Collaborative Forum (HPACF) to progress the work they are undertaking.</p> <p>Stakeholder engagement and meetings Conference presentations/attendance:</p> <ul style="list-style-type: none"> • Chair to attend HPACF meetings held every two months • 1 Board Director to attend Osteopathy Conference • 1 Board Director to attend the Colloquium • Chair plus Executive Officer meeting with the Osteopathy Board of Australia x3 • 2 Board Directors to attend NRAS National Conference • 1 Board Director to attend TEQSA Conference 	1 Jun 2021	30 Jul 2022

Schedule 4 – Funding arrangements

Item 1 – Funding Principles

These Funding Principles are to be applied by accreditation authorities, National Boards and Ahpra when they are considering and agreeing on the funding to be provided to the accreditation authority by the National Board/Ahpra for performance of the accreditation functions.

The principles aim to promote consistency, transparency and accountability for use of registrant fees to fund the accreditation function.

Ahpra, in consultation with the National Board, will provide funding through registrant fees to enable the accreditation authority to manage its business and risks by covering some of the indirect costs of activities related to program accreditation including monitoring.

The following principles will apply, in addition to the guiding principles and objectives of the National Law, and the Quality Framework for the Accreditation Functions, when an accreditation authority is requesting funding from a National Board/Ahpra (funding request) and when a National Board/Ahpra decide to provide funding to an accreditation authority (funding decision):

1. Requests for funding should be reasonable and proportionate to the activities being funded.
2. The funding provided by the National Board/Ahpra should cover a proportion of the governance costs related to the accreditation functions.
3. The funding provided by the National Board/Ahpra for the development and review of accreditation standards should be requested and considered separately to the funding of other accreditation functions.
4. Requests for increases in funding from the previous year should not usually exceed the indexation range applicable to National Board fee increases (up to 3% per annum).
5. Where an accreditation authority considers an increase in funding above the indexation range is required, it should put the funding request and a business case supporting the increase above the indexation range to AHPRA and the National Board for their consideration.
6. Such a request and business case should be forwarded to Ahpra and the National Board by mid-February or earlier each year to enable them to have sufficient time to properly consider the funding request.
7. Ahpra and the National Board may agree to the requested increase in funding or propose to agree to a lesser amount. Such a proposal and reasons for that proposal should be forwarded to the accreditation authority to enable it to have sufficient time to properly consider the proposed funding amount and reasons.
8. Ahpra and the National Board should agree to provide sufficient funding to enable the accreditation authority to effectively deliver the accreditation functions through a combination of funding provided by the National Board/Ahpra and funding from other sources that is provided as a direct result of the Accreditation Authority being assigned and exercising statutory functions under the National Law.

Item 2 – Funds

Total funding for 2021/2022 financial year is: \$193,053 (ex GST).

The funding is payable in four instalments on the following dates and in accordance with clause 5.2 of the Head Agreement.

Date	GST exclusive
1 July 2021	\$48,264
1 October 2021	\$48,263
1 January 2022	\$48,263
1 April 2022	\$48,263