Australasian Allied Health Benchmarking Consortium

**APPLICATION FOR MEMBERSHIP**

**Background**

The Australasian Allied Health Benchmarking Consortium (AAHBC) was convened in 1997 as the National Allied Health Benchmarking Consortium (NAHBC) to develop a standardised method of recording allied health practitioners’ activity in Australia's public hospitals.

Its current aim is to enable a network of collaborative teaching hospitals to develop and maintain a standardised approach to benchmarking and subsequently improved practices. AAHBC provides input into allied health and whole of health strategies and projects through the utilisation of quality data sets and the combined input of experienced members across the network of participating hospitals.

AAHBC members share information freely within the group, but consent is required for any external distribution of data, reports or projects.

AAHBC membership is currently comprised of both Australian and New Zealand hospitals as well as representatives from The Health Roundtable. The group meets via bi-monthly teleconference and has a face-to-face meeting annually.

There is an annual cost of membership which covers meeting expenses, project costs and additional reporting requirements.

Application for AAHBC membership requires several specific criteria to be met. Applications provided by prospective members are presented at the next AAHBC meeting and reviewed accordingly.

**Membership criteria**

* Tertiary, teaching hospitals
* Use of the Health Activity Hierarchy to collect allied health activity data collected using the Australian Allied Health Classification System
* Compliance with annual data audit
* Agreement for each site to contribute to one project annually
* Willingness to participate in rotating Chair roster based on location (State, Territory, NZ)

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| **Details of organisation requesting membership***(N.B. If application relates to a hospital network, please provide information on each hospital)* |
| Name of organisation(Facility and service) |  |
| Contact person & position |  |
| Contact details: | Telephone |  |
|  | Email |  |
| Date of application |  |
| **Evidence against membership criteria** |
| Tertiary or teaching hospital status |  |
| Number of beds |  |
| Annual hospital separations*(N.B. If application relates to a hospital network please provide information for each hospital)* |  |
| Allied health activity data is collected using the Australian Health Classification System |  |

If successful, the organisation agrees to comply with:

* Successful completion of annual data audit using the Allied Health Classification System
* Agreement for each site to contribute to one project annually
* Willingness to participate in rotating Chair roster based on location (State, Territory, NZ)
* Payment of annual membership fee (determined annually)
* Active information sharing within the group, but not to distribute other member’s information without consent.

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| **Details of person requesting membership for organisation** |
| Name |  |
| Position |  |
| Date of application |  |