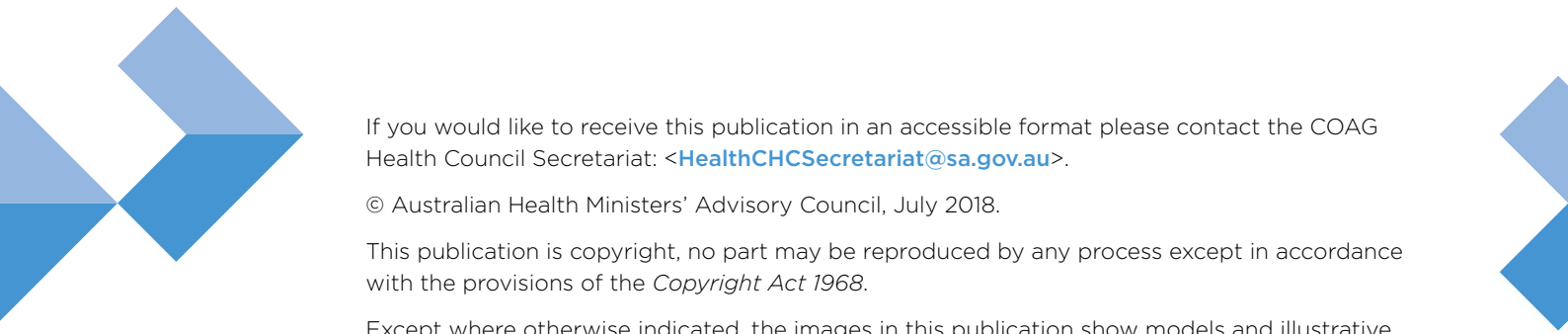




Guide to the National Registration and Accreditation Scheme for health professions



Australian
Health Ministers'
Advisory Council



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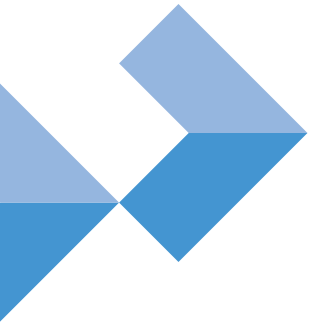
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About this guide

The *Guide to the National Registration and Accreditation Scheme for health professions* has been prepared to assist Australian health ministers and their offices with an understanding of the National Registration and Accreditation Scheme (NRAS or the National Scheme) for health professions, and the associated Ministerial Council consultation and approval processes.





The National Registration and Accreditation Scheme

What are the origins of the NRAS?

The establishment of the National Registration and Accreditation Scheme (NRAS or the National Scheme) for health professions followed publication of the 2005 Productivity Commission report *Australia's health workforce*.¹ The report highlighted difficulties with the fragmented regulatory arrangements and the need for rationalisation: not only to lift standards and provide efficiencies, but also to provide the levers to drive workforce reform and innovation. The report recommended that there be a single national registration and accreditation scheme, to ensure that the Australian health workforce is more responsive and flexible to deal with workforce challenges in the future.

In March 2008 the Council of Australian Governments (COAG) signed the *Intergovernmental Agreement for a National Registration and Accreditation Scheme for the Health Professions*,² which underpins the NRAS. The agreement was to ensure that all registered health professionals are 'registered against the same, high-quality national professional standards' and allows health professionals to practise across state and territory borders without having to re-register in each jurisdiction. It also helps to protect the public.

Following the establishment of the National Registration and Accreditation Scheme, more than 90 registration boards in each state and territory were consolidated into 14 National Boards. A fifteenth National Board was established in October 2017 with the appointment of the Paramedicine Board of Australia. The scheme reduces the regulatory inconsistencies between states and territories, namely the standards for entry to and practice in the registered health professions.

How was the NRAS implemented through legislation?

A common legislative process was adopted to implement the National Registration and Accreditation Scheme.

The NRAS was implemented by all states and territories in 2009 and 2010. It commenced on 1 July 2010, initially regulating 10 health professions (with commencement in Western Australia on 18 October 2010). Four more health professions were regulated under the scheme from 1 July 2012, and the paramedicine profession will join the scheme from late 2018. Queensland is the host jurisdiction for the National Law³ under the *Health Practitioner Regulation National Law Act 2009* (Qld) and the National Law is set out in the schedule to that Act. Under the *Intergovernmental Agreement for a National Registration and Accreditation Scheme for the Health Professions*, proposed amendments to the National Law must be approved by the COAG Health Council.


Which Ministerial Council is responsible for the NRAS?

The COAG Health Council is responsible for overseeing the National Registration and Accreditation Scheme. The National Law contains a definition of 'Ministerial Council' that refers to the COAG Health Council or its successor. When the COAG Health Council makes decisions under the National Law, it only involves ministers of the participating jurisdictions and the Commonwealth who have portfolio responsibility for health. The COAG Health Council is referred to as the 'Ministerial Council' throughout the guide, for simplicity and alignment with the National Law.

1 Available at: <<http://www.pc.gov.au/inquiries/completed/health-workforce>>.

2 Refer to the *Intergovernmental Agreement for a National registration and accreditation scheme for the health professions*, which is available at <<http://www.ahpra.gov.au/About-AHPRA/Ministerial-Directives-and-Communiques.aspx>>.

3 The National Law is the *Health Practitioner Regulation National Law Act 2009*, as in force in each state and territory.



Previously, the Ministerial Council associated with the NRAS was the Australian Health Workforce Ministerial Council (AHWMC). The structure and names of Ministerial Councils are revised by COAG from time to time, and the AHWMC no longer exists as a separate Ministerial Council.

Is the 'National Law' a Commonwealth law?

The 'National Law' is not a Commonwealth law. In most states and territories, the NRAS was implemented using an 'adoption of laws' model (see 'Can changes be made to the NRAS?' in this guide for more details on how all states and territories implement the National Law). The Commonwealth did not need to pass legislation for the scheme to be established.

What is the purpose of the NRAS?

Under the National Law, the objectives of the NRAS⁴ are:

- » 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
- » 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
- » to facilitate the provision of high quality education and training of health practitioners
- » to facilitate the rigorous and responsive assessment of overseas-trained health practitioners
- » to facilitate access to services provided by health practitioners in accordance with the public interest
- » 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.

Has the NRAS been reviewed?

The *Intergovernmental Agreement for a National Registration and Accreditation Scheme for the Health Professions* provided for an independent review of the NRAS after three years of operation. The AHWMC⁵ released the review's [terms of reference](#)⁶ in April 2014, and appointed Mr Kim Snowball as the independent reviewer.

The final report of the independent review made 33 recommendations. The Ministerial Council announced its response⁷ to the report on 7 August 2015. The council:

- » accepted nine recommendations
- » accepted 11 recommendations in principle
- » rejected six recommendations
- » deferred decisions on seven recommendations pending further advice.

4 Section 3 of the National Law.

5 Note: The *Intergovernmental Agreement for a National Registration and Accreditation Scheme for the Health Professions* referred to the Australian Health Workforce Ministerial Council (AHWMC), however the responsible Ministerial Council is now referred to as the COAG Health Council. The structure and names of Ministerial Councils are revised by COAG from time to time. The 'Australian Health Workforce Ministerial Council' no longer exists as a separate Ministerial Council and its work has been included in the ambit of the COAG Health Council. See 'Which Ministerial Council is responsible for the NRAS?' on page 2 for more information.

6 The terms of reference for the review are available at: <www.ahpra.gov.au/About-AHPRA/Ministerial-Directives-and-Communiqués.aspx>.

7 The [COAG Health Council's full response](#) is available in its 7 August 2015 communiqué at: <<https://www.coaghealthcouncil.gov.au/Announcements/Meeting-Communiqués>>.



How are the NRAS review recommendations being implemented?

The implementation of the Ministerial Council's response to the independent review is occurring in stages or 'tranches'. The first tranche of amendments are implemented through the *Health Practitioner Regulation National Law and Other Legislation Amendment Act 2017*⁸ (Tranche 1 Amendment Act), which was passed by the Queensland Parliament on 6 September 2017, and received assent on 13 September 2017. The Western Australian Parliament passed its Amendment Bill: *Health Practitioner Regulation National Law (WA) Amendment Act 2017* on 10 April 2018, which received Royal Assent on 19 April 2018.

The Tranche 1 Amendment Act includes the following key reforms to the National Law:

- » National regulation of paramedics, including the establishment of the Paramedicine Board of Australia.
- » Enabling the Ministerial Council to make changes to the structure of the National Boards by regulation following consultation.
- » Recognition of nursing and midwifery as two separate professions, rather than a single profession (with the professions continuing to be regulated by the Nursing and Midwifery Board of Australia).
- » Improvements to the complaints (notifications) management, disciplinary and enforcement powers of the National Boards to strengthen public protection and ensure fairness for complainants (notifiers) and practitioners.
- » Technical amendments to improve the efficiency and effectiveness of the National Law.

Information regarding further amendments to the National Law can be accessed on the [COAG Health Council website](http://www.coaghealthcouncil.gov.au) <www.coaghealthcouncil.gov.au>.

How does the NRAS protect the public?

The National Law lists a number of offences under a protection of title model (with limited practice protections, as well as statutory offences to prevent unregistered or unauthorised persons using professional titles). These protected titles include 'medical practitioner', 'nurse' and 'acupuncturist'. The full list can be found in the 'title protections' provisions of the National Law (see sections 113 and 115). The NRAS also protects the public through the notifications process, which is outlined in the 'Notifications' section of this guide.

What is the organisational structure of the NRAS?

The key bodies and reporting relationships are highlighted in Figure 1.

In the National Law, the Ministerial Council comprises health ministers from each state and territory and the Commonwealth. According to the *Intergovernmental Agreement for a National Registration and Accreditation Scheme for the Health Professions*, Ministerial Council decisions about the National Registration and Accreditation Scheme must be made by consensus.

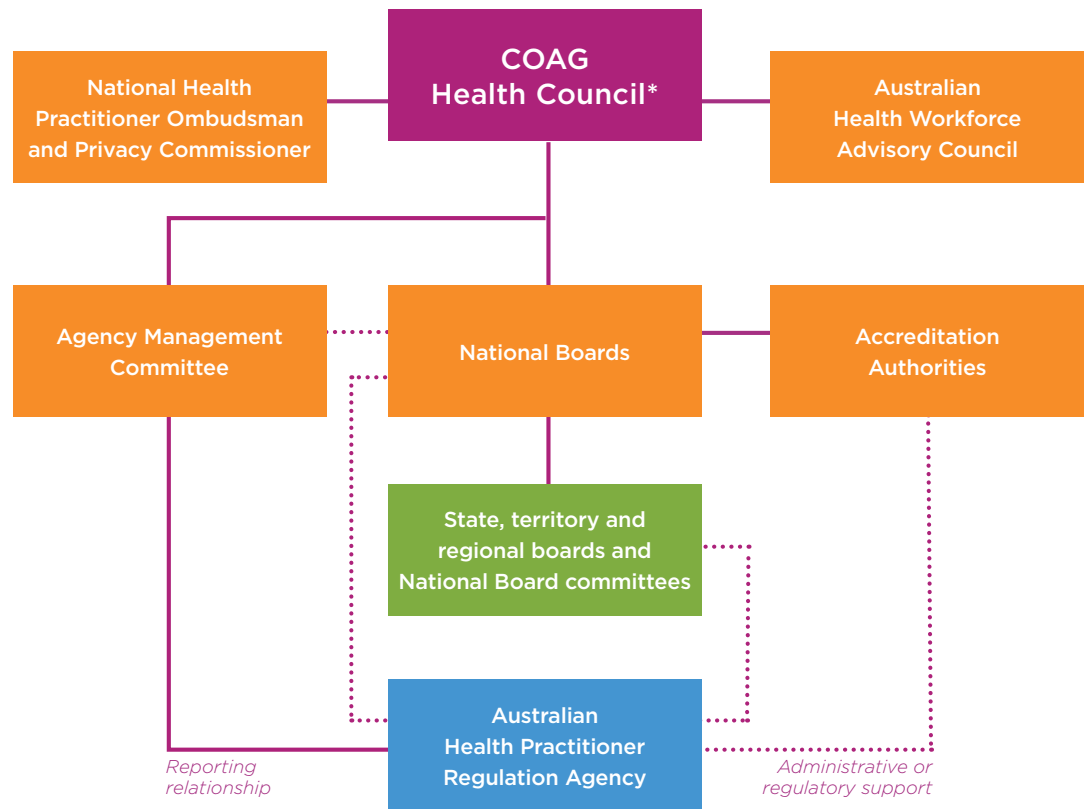
The Australian Health Workforce Advisory Council (AHWAC)⁹ provides independent advice to health ministers about any matter relating to the National Registration and Accreditation Scheme. AHWAC consists of seven members appointed by the COAG Health Council and is not currently active. No references have been made to AHWAC since 2011.

8 The full *Health Practitioner Regulation National Law and Other Legislation Amendment Act 2017* is available at: <<https://www.legislation.qld.gov.au/view/html/asmade/act-2017-032>>. The [Explanatory Notes for the legislation](https://www.parliament.qld.gov.au/work-of-committees/committees/HCDSDFVPC/inquiries/past-inquiries/NationalLaw) are available at: <<https://www.parliament.qld.gov.au/work-of-committees/committees/HCDSDFVPC/inquiries/past-inquiries/NationalLaw>>.

9 Refer to Attachment A in the *Intergovernmental Agreement for a National Registration and Accreditation Scheme for the Health Professions*, which can be found on the AHPRA website <<http://www.ahpra.gov.au/About-AHPRA/Ministerial-Directives-and-Communiqués.aspx>>.



Figure 1: Structure of the National Registration and Accreditation Scheme.



* For the purposes of the National Law, the COAG Health Council is constituted by ministers of the governments of the participating jurisdictions and the Commonwealth who have portfolio responsibility for health.

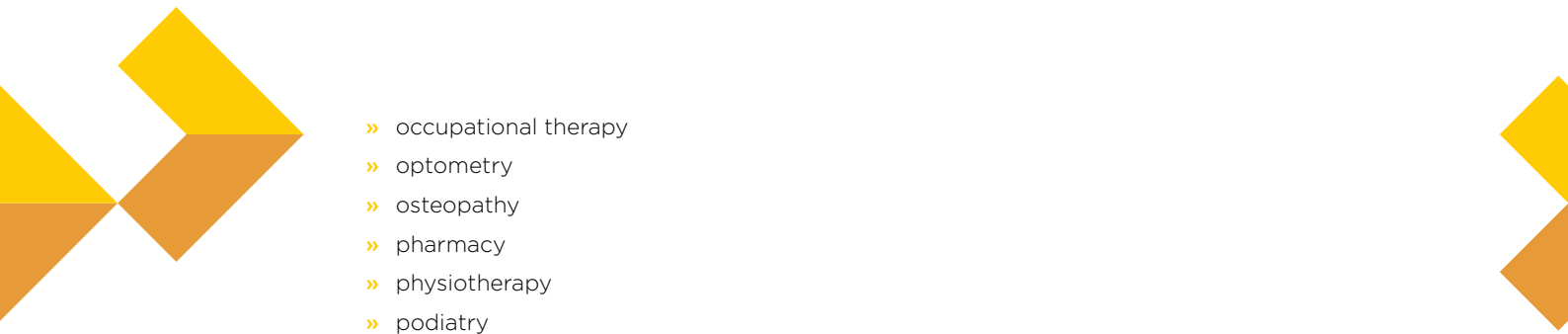
What are the functions of the Australian Health Practitioner Regulation Agency in the NRAS?

The **Australian Health Practitioner Regulation Agency** (AHPRA) is the statutory authority responsible for administering the NRAS. It also provides support to the National Boards. AHPRA is required to establish procedures for developing registration standards, accreditation standards and codes and guidelines to ensure that they are developed in accordance with good regulatory practice. Fourteen¹⁰ health professions are regulated under the NRAS:

- » Aboriginal and Torres Strait Islander health practice
- » Chinese medicine
- » chiropractic
- » dental (including dentists, dental therapists, dental hygienists, dental prosthetists and oral health therapists)
- » medical radiation practice
- » medical
- » nursing and midwifery

¹⁰ This will change to 15 health professions with the commencement of the Tranche 1 Amendment Act provisions in 2018, to recognise nursing and midwifery as two separate professions (with the professions continuing to be regulated by the Nursing and Midwifery Board of Australia). This will further change to 16 health professions in late 2018, with the commencement of the Tranche 1 Amendment Act provisions relating to the national regulation of paramedics.



- 
- » occupational therapy
 - » optometry
 - » osteopathy
 - » pharmacy
 - » physiotherapy
 - » podiatry
 - » psychology.

Can other professions be regulated under the NRAS?

Other health professions may be regulated under the NRAS only if the Ministerial Council agrees and the National Law is amended accordingly. The *Intergovernmental Agreement for a National Registration and Accreditation Scheme for the Health Professions*¹¹ contains six criteria, which occupations must meet in order to be considered for registration under the NRAS:

- » Is it appropriate for health ministers to exercise responsibility for regulating the occupation in question, or does the occupation more appropriately fall within the domain of another ministry?
- » Do the activities of the occupation pose a significant risk of harm to the health and safety of the public?
- » Do existing regulatory or other mechanisms fail to address health and safety issues?
- » Is regulation possible to implement for the occupation in question?
- » Is regulation practical to implement for the occupation in question?
- » Do the benefits to the public of regulation clearly outweigh the potential negative impact of such regulation?

In addition, COAG requires that a 'regulatory impact statement' (RIS) be prepared and published whenever a Ministerial Council is considering introducing new regulations. This is in order to maximise the efficiency of new or amended regulations and to avoid unnecessary compliance costs and restrictions on competition (see *COAG Best Practice Regulation: A guide for Ministerial Councils and national standard setting bodies*,¹² October 2007).

Is there any overarching regulation for professions not under the NRAS?

A code of conduct regulatory regime currently exists in New South Wales, South Australia, Queensland and Victoria. The main elements to a code are:

- » a statutory 'code of conduct' that sets standards, which apply to all unregistered healthcare workers, as well as any registered health practitioner who provides health services that are unrelated to their registration
- » regulatory powers to deal with complaints from consumers (or other persons) about healthcare workers who breach the code of conduct.

Where an unregistered healthcare worker is investigated following a complaint and is found to have breached the code of conduct – and the person's continued practice is considered to present a serious risk to public health and safety – the responsible commissioner (or a tribunal) may issue a 'prohibition order'. The effect of such an order may be to prohibit the person

11 Refer to Attachment B in the *Intergovernmental Agreement for a National Registration and Accreditation Scheme for the Health Professions*, which can be found on the AHPRA website <<http://www.ahpra.gov.au/About-AHPRA/Ministerial-Directives-and-Communiqués.aspx>>.

12 Available at: <www.pmc.gov.au/resource-centre/regulation/best-practice-regulation-guide-ministerial-councils-and-national-standard-setting-bodies>.



from continuing to provide health services or to impose conditions on their practice in that jurisdiction. It is a criminal offence for a person to breach such a prohibition order.

In April 2015 the Ministerial Council agreed to strengthen state and territory health complaints mechanisms via a single National Code of Conduct to be enacted in each state and territory, as well as statutory powers to enforce the code by investigating breaches and issuing prohibition orders. Ministers also agreed to a National Code of Conduct website, which publishes the following information about unregistered healthcare workers who present serious risk to the public:

- » a public national register of interim prohibition orders
- » prohibition orders including mutual recognition orders
- » public statements and warnings
- » media releases.

Work is being undertaken to implement the National Code of Conduct for healthcare workers in all jurisdictions.

Can changes be made to the NRAS?

Changes can be made to the NRAS. Any party to the *Intergovernmental Agreement for a National Registration and Accreditation Scheme for the Health Professions* (the Commonwealth, states and territories) may propose changes to the Ministerial Council for consideration. If the changes require legislative amendment, the lead jurisdiction (Queensland):

- » submits a Bill to its parliament, in a form agreed by the Ministerial Council, which has the effect of amending the legislation in the manner agreed
- » takes all reasonable steps to secure the passage of the Bill and bring it into force in accordance with a timetable agreed by the Ministerial Council.

To give effect to the changes enacted by the Queensland Parliament, Western Australia passes legislation to amend its *Health Practitioner Regulation National Law (WA) Act 2010* and South Australia enacts a regulation to modify the *Health Practitioner Regulation National Law (South Australia) 2010*. For all other participating jurisdictions, the amendments to the National Law enacted by the Queensland Parliament are adopted and applied automatically, without the need for further legislative action.





Registration

What is the process of registration?

Each of the National Boards consider every application for registration by assessing it against the eligibility requirements for registration. There are different categories of registration in each health profession.

What is the process for renewing registration?

All health practitioners must renew their registration annually. The National Law provides for a one-month late period for renewals. If a practitioner does not renew their annual registration within the time period, the practitioner's name is removed from the national register and their registration will lapse.

Anyone can search the online national register to check the registration status and details of health practitioners. This is available on the [AHPRA website](http://www.ahpra.gov.au) <www.ahpra.gov.au>.

Are the fees set by the National Boards published?

Registration application and annual fees are accessible from each National Board's website. See Table 1 for details.

Are students registered?

All students enrolled in an approved program of study, or who are undertaking clinical training, must be registered as a student with their respective National Board. There is no fee for student registration. The student register is not published. More information about student registration can be found on the [AHPRA website](http://www.ahpra.gov.au) <www.ahpra.gov.au>.



National Boards

What is the role of the National Boards?

The National Boards:

- » develop registration standards
- » develop and approve professional codes and guidelines
- » set registration fees
- » approve accreditation standards and accredited programs of study
- » protect the public through the effective and efficient operation of the NRAS.

They are principally responsible for registering suitably qualified and competent practitioners and determining the necessary requirements for registration. The National Boards, with support from AHPRA, also oversee the receipt, assessment and investigation of complaints (called 'notifications' under the National Law) about registered health practitioners in the health profession, although different arrangements do apply in Queensland and NSW – see information under the 'How do the notifications or complaints arrangements work in a co-regulatory jurisdiction?' section of this guide). The National Boards can take a range of regulatory actions on grounds related to the conduct, health or performance of a registered health practitioner (see section 178 of the National Law).

What is the composition of the National Boards?

The National Law sets out the membership requirements for the National Boards.

All National Boards must comprise at least:

- » one practitioner member from *each* of the large jurisdictions (Queensland, Western Australia, NSW, South Australia and Victoria) and at least one practitioner member from a small jurisdiction (Northern Territory *or* Tasmania *or* the Australian Capital Territory)
- » fifty per cent of members from the relevant profession, with no more than two-thirds of the board, including the chairperson, being members of the relevant profession
- » two community members being persons who are not and have never been registered in the profession regulated by that National Board
- » one member (either practitioner or community) who is from a regional or rural area.

The Ministerial Council may decide the size and composition of a National Board. It appoints the chairperson of a National Board from the appointed practitioner members for that profession. There are no legislative requirements for the maximum number of chairpersons who can reside in one jurisdiction.

How are the National Boards appointed?

The Australian Health Ministers' Advisory Council (AHMAC) considers proposed candidates and puts forward recommendations to the Ministerial Council on National Board appointments. This procedure is consistent with agreed processes and approved selection criteria.

In deciding whether to appoint a person as a board member, the Ministerial Council must consider the skills and experience of the person that are relevant to the board's functions, and other eligibility requirements relevant to the appointment as a board member, community member or National Board Chairperson. They include leadership, integrity and strong communication skills.



Appointment of board members by the Ministerial Council are announced in a communiqué published on the [COAG Health Council website](https://www.coaghealthcouncil.gov.au/Announcements/National-Board-Appointments) <<https://www.coaghealthcouncil.gov.au/Announcements/National-Board-Appointments>>. Details of the boards are listed in Table 1.

Table 1: National Boards for health professions in Australia.

Aboriginal and Torres Strait Islander Health Practice Board of Australia	www.atsihealthpracticeboard.gov.au
Chinese Medicine Board of Australia	www.chinesemedicineboard.gov.au
Chiropractic Board of Australia	www.chiropracticboard.gov.au
Dental Board of Australia	www.dentalboard.gov.au
Medical Board of Australia	www.medicalboard.gov.au
Medical Radiation Practice Board of Australia	www.medicalradiationpracticeboard.gov.au
Nursing and Midwifery Board of Australia	www.nursingmidwiferyboard.gov.au
Occupational Therapy Board of Australia	www.occupationaltherapyboard.gov.au
Optometry Board of Australia	www.optometryboard.gov.au
Osteopathy Board of Australia	www.osteopathyboard.gov.au
Paramedicine Board of Australia ¹³	www.paramedicineboard.gov.au
Pharmacy Board of Australia	www.pharmacyboard.gov.au
Physiotherapy Board of Australia	www.physiotherapyboard.gov.au
Podiatry Board of Australia	www.podiatryboard.gov.au
Psychology Board of Australia	www.psychologyboard.gov.au

¹³ The inaugural Paramedicine Board of Australia was appointed by the Ministerial Council on 19 October 2017 in preparation for regulation of the profession from late 2018.



Notifications

What are notifications and complaints?

Notifications are complaints made about a health practitioner's health, conduct or performance. Any person or organisation can make a notification if they believe a registered health practitioner may be putting the public at risk. AHPRA receives notifications on behalf of the relevant National Board. However, co-regulatory jurisdiction¹⁴ notifications are managed through the relevant health complaints organisation (sometimes called a 'health complaints entity').

Boards are bound by the rules of natural justice when dealing with any notifications, and must ensure that all their processes accord with procedural fairness.

A notification can be made if a person thinks:

- » a practitioner's behaviour is placing the public at risk
- » a practitioner is practising their profession in an unsafe way
- » a practitioner's ability to make safe judgements about their patients might be impaired because of their health.

Other complaints, such as those relating to health systems, hospitals or health service providers are referred to the [health complaints organisations](#) in all jurisdictions.

What are mandatory notifications?

Practitioners, employers and education providers are all mandated under the National Law to report 'notifiable conduct' relating to a registered health practitioner. Each National Board has published guidelines for mandatory notifications on their website.¹⁵

How are notifications handled?

The National Boards have a set of powers that they can exercise to appropriately respond to notifications, including having a panel hearing for conduct and performance matters and for impairment. The most serious notifications against health practitioners are referred to an appropriate tribunal in their jurisdiction. There are a common set of findings the tribunals can make, but the specific arrangements for the tribunal are specified in the legislation of each state and territory.

How do the notifications or complaints arrangements work in a co-regulatory jurisdiction?


Different arrangements are in place in co-regulatory jurisdictions, which can use their own state or territory legislation for handling complaints. The outcomes are reported to the National Boards, particularly if AHPRA and the National Boards need to take action, such as removing a practitioner's name from the national register or placing conditions on registration.

NSW has been a co-regulatory jurisdiction since the start of the National Registration and Accreditation Scheme on 1 July 2010. Complaints about health practitioners and providers are handled by the [Health Care Complaints Commission](#) (HCCC) in partnership with the [Health Professional Councils Authority](#) (HPCA). The HPCA provides administrative support to 14 NSW health professional councils. Once the HCCC receives a complaint, AHPRA is informed because

¹⁴ For more information on co-regulatory jurisdictions, see the section, 'How do the notifications or complaints arrangements work in a co-regulatory jurisdiction?' in this guide.

¹⁵ These mandatory notifications guidelines are accessible from the 'Codes and guidelines' page of each National Board website, for example: <http://www.medicalboard.gov.au/Codes-Guidelines-Policies/Guidelines-for-mandatory-notifications.aspx>.





it oversees practitioner registration. Communication between the HCCC, HCPA and AHPRA ensures that practitioner records are kept up to date.

On 1 July 2014 Queensland became a co-regulatory jurisdiction, with all complaints received by the Queensland **Office of the Health Ombudsman**. The ombudsman is the single point of entry for all health service complaints in Queensland. The Office of the Health Ombudsman assesses all complaints to determine the most appropriate action for achieving a timely resolution. All complaints relating to registered health practitioners that the Office of the Health Ombudsman determines as serious are retained by the office for action, with less serious matters being referred to AHPRA and the National Boards for management. For more information see the **Office of the Health Ombudsman's website** <www.oho.qld.gov.au>.



What privacy and ombudsman arrangements are in place for the NRAS?

The **National Health Practitioner Ombudsman and Privacy Commissioner** (NHPOPC) provides an avenue to make a complaint if a person believes they have been treated unfairly in administrative processes by a national agency within the NRAS, or if they believe an agency has inappropriately handled their personal information. As co-regulatory jurisdictions, NSW and Queensland provide additional avenues for achieving redress as mentioned previously.

The National Health Practitioner Ombudsman and Privacy Commissioner provides independent oversight and is required to achieve redress for individuals. Another function of the office is to seek changes in the work of the agencies in its jurisdiction, both individually and collectively, where systemic issues have been identified. The NHPOPC is funded by the NRAS.



Setting standards, codes and guidelines for health professions

Who sets standards, codes and guidelines?

Responsibility for standard setting under the NRAS is shared between a number of bodies. The Ministerial Council approves registration standards, while National Boards approve the codes, guidelines and accreditation standards for the profession they regulate. These respective roles and responsibilities are set out in Table 2.

Table 2: Roles and responsibilities: National Board standards, codes and guidelines.

What	Function	Who develops	Who approves
Registration standard	Sets requirements for registration	National Board	Ministerial Council
Accreditation standard	Sets requirements for approved programs of study that qualify practitioners for registration	Accreditation entity or accreditation committee of National Board	National Board
Codes and guidelines	Provide guidance to registered health practitioners	National Board	National Board

What are the different types of standards, codes and guidelines?

Registration standards

The National Boards develop registration standards that set out the requirements that practitioners must meet in order to register or renew their registration. Registration standards are approved by the Ministerial Council.

While registered, practitioners must continue to meet registration standards for their profession. A breach of a registration standard may be taken into account in disciplinary proceedings.

Under the National Law, all National Boards are required to have registration standards for:

- » professional indemnity insurance arrangements
- » continuing professional development
- » recency of practice
- » criminal history
- » English language skills.

Apart from these mandatory registration standards, a National Board may develop other registration standards. These other standards, which also need to be approved by the Ministerial Council, may set requirements relevant to the eligibility of individuals for registration or the suitability of individuals to competently and safely practise their profession. This includes, for example, requirements to identify those registrants with additional training and competencies that qualify them to prescribe scheduled medicines.

Limited registration is a type of registration available under the National Law for practitioners who are not qualified for general or specialist registration, but can meet the other eligibility requirements under section 65 of the National Law.





Limited registration can be granted (subject to a full assessment of the person's application) for:

- » postgraduate training or supervised practice
- » area of need
- » public interest
- » teaching or research.

Accreditation standards

An accreditation standard is a standard used to assess whether a program of study, and the education provider that provides that program, provides persons who complete the program with the knowledge, skills and professional attributes necessary to practise the profession. Further information on accreditation can be found in the next section.

Codes and guidelines

Codes and guidelines for a profession may be developed and approved by the National Board. They provide guidance to registered health practitioners and, like registration standards, may be taken into account in determining whether regulatory action is necessary regarding a registered health practitioner. Examples include a code of conduct, supervision guidelines and continuing professional development (CPD) guidelines, which must be read in conjunction with the CPD registration standard.

What is the consultation process for National Board standards?

The National Law requires that when a National Board develops a registration standard, code or guideline, it must ensure there is wide-ranging consultation about its content. National Boards must also comply with procedures set by AHPRA and their own [consultation procedures](#).

The National Boards release consultation papers asking stakeholders to provide input that helps shape registration standards, codes, guidelines and policies. Jurisdictions are also invited to provide submissions as part of the preliminary and public consultations. Preliminary consulting involves testing proposals with key government and non-government stakeholders.

Additionally, if a National Board proposes to recommend a registration standard to the Ministerial Council that another National Board may reasonably be expected to have an interest in, then consultation must occur between the boards. Any contrary views expressed by another board must also be provided with the recommendation to the ministers.

The [Office of Best Practice Regulation](#), Department of the Prime Minister and Cabinet, is contacted at the preliminary consultation stage for an assessment of the potential regulatory impact of the draft standard and whether it is necessary for the National Board to develop a regulatory impact statement (RIS).

A registration standard must be approved by the Ministerial Council for it to come into effect.



How does the Ministerial Council consider the approval of a registration standard?

Following consultation, the National Board submits any new or revised registration standard to the Ministerial Council for approval via the Australian Health Ministers' Advisory Council (AHMAC).

AHMAC considers the National Board's submission and makes recommendations to the Ministerial Council. Health department representatives from each state, territory and the Commonwealth brief their respective AHMAC members.

The Ministerial Council may approve a registration standard only if its approval is recommended by the National Board established for the health profession, and it does not provide for a matter about which an accreditation standard may provide. Ministers can only give directions to National Boards or AHPRA under limited circumstances specified in the legislation.¹⁶

Under the National Law, the Ministerial Council is responsible for approving:

- » registration standards put forward by the National Boards
- » specialties and specialist titles, for the purpose of specialist registration in a profession
- » areas of practice for the purposes of endorsement.

¹⁶ Refer to 'Policy Directions' in section 11 of the National Law: <<http://www.ahpra.gov.au/About-AHPRA/What-we-do/Legislation.aspx>>.





Accreditation

What is the role of accreditation?

One of the objectives of the National Law is to facilitate high-quality education and training of health practitioners. The accreditation function is the primary way of achieving this. Each National Board determines the appropriate accreditation authority to exercise accreditation functions under the NRAS. This can be an external accreditation council or a committee established by the board. The accreditation authorities are responsible for accrediting education providers and their programs of study.

A number of accreditation authorities also assess the skills, knowledge and professional attributes of international graduates for the purposes of gaining a skilled migration visa into Australia. It is important to note, however, that if successful, these international graduates are still required to go through the process of gaining registration through the appropriate registration board. For some professions, the accreditation authorities also assess the skills and knowledge of international medical graduates for the purposes of registration.

In 2012 AHPRA undertook a formal review of accreditation arrangements for the 10 professions that entered the National Scheme in 2010. Following this review, the National Boards decided that the appointed accreditation authorities would continue to exercise accreditation functions, most for a further three to five years, but some needed to change their governance arrangements to meet contemporary expectations.

The Australian Health Ministers' Advisory Council commissioned the *Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions* in 2016. See the [COAG Health Council website](https://www.coaghealthcouncil.gov.au/Projects/Accreditation-Systems-Review) for further information about the review and its recommendations <<https://www.coaghealthcouncil.gov.au/Projects/Accreditation-Systems-Review>>.

What are accreditation standards?

Accreditation standards are used to assess whether a program of study and the education provider delivering the program of study provides practitioners who complete the program with the knowledge, skills and professional attributes to practise the profession.

In the National Registration and Accreditation Scheme, the accreditation authority or committee develops the required accreditation standards, which are approved by the relevant National Board. Accreditation authorities undertake wide-ranging consultation on the development of accreditation standards, and the [AHPRA Procedures for the development of accreditation standards](#) apply.

Does the Ministerial Council approve accreditation standards?

The accreditation functions are undertaken independent of governments, with the National Boards having responsibility for approving accreditation standards.

However, the Ministerial Council may issue a policy direction to a National Board about an accreditation standard if:

- » in the Ministerial Council's opinion, the proposed accreditation standard or amendment will have a substantive and negative impact on the recruitment or supply of health practitioners
- » the Ministerial Council has first given consideration to the potential impact of its direction on the quality and safety of healthcare.



Who are the accreditation authorities?

Initially (for the first 10 professions) the Ministerial Council appointed an entity, external to a National Board, to exercise accreditation functions on behalf of the board. Alternatively, the National Board can decide to establish an accreditation committee, for example, if there is not a suitable entity available to provide this service. As such, accreditation authorities may be either an external accreditation body or an accreditation committee established by a National Board.

AHPRA and the National Boards work with accreditation authorities to make sure that the education and training of registered health practitioners meets the requirements for registration in Australia.

There are separate accreditation entities for all health professions¹⁷ regulated under the National Registration and Accreditation Scheme. See Table 3 for details.

Table 3: Accreditation entities for health professions.

Aboriginal and Torres Strait Islander Health Practice Accreditation Committee	www.atsihealthpracticeboard.gov.au/Accreditation/ATSIHP-Accreditation-Committee www.atsihealthpracticeboard.gov.au/Accreditation
Chinese Medicine Accreditation Committee	www.chinesemedicineboard.gov.au/Accreditation/Committee www.chinesemedicineboard.gov.au/Accreditation
Council on Chiropractic Education Australasia	www.ccea.com.au www.chiropracticboard.gov.au/Accreditation
Australian Dental Council	www.adc.org.au www.dentalboard.gov.au/Accreditation
Australian Medical Council	www.amc.org.au www.medicalboard.gov.au/Accreditation
Medical Radiation Practice Accreditation Committee	www.medicalradiationpracticeboard.gov.au/Accreditation/Accreditation-Committee www.medicalradiationpracticeboard.gov.au/Accreditation
Australian Nursing and Midwifery Accreditation Council	www.anmac.org.au www.nursingmidwiferyboard.gov.au/Accreditation
Occupational Therapy Council (Australia & New Zealand) Ltd	www.otcouncil.com.au www.occupationaltherapyboard.gov.au/Accreditation
Optometry Council of Australia and New Zealand	www.ocanz.org www.optometryboard.gov.au/Accreditation

¹⁷ The Paramedicine Board of Australia is yet to determine its accreditation authority.



Australasian Osteopathic Accreditation Council	www.anzoc.org.au www.osteopathyboard.gov.au/Accreditation
Australian Pharmacy Council	www.pharmacycouncil.org.au www.pharmacyboard.gov.au/Accreditation
Australian Physiotherapy Council	www.physiocouncil.com.au www.physiotherapyboard.gov.au/Accreditation
Australian and New Zealand Podiatry Accreditation Council	www.anzpac.org.au www.podiatryboard.gov.au/Accreditation
Australian Psychology Accreditation Council	www.psychologycouncil.org.au www.psychologyboard.gov.au/Accreditation



Acronyms and abbreviations

AHMAC	Australian Health Ministers' Advisory Council
AHPRA	Australian Health Practitioner Regulation Agency
AHWAC	Australian Health Workforce Advisory Council
AHWMC	Australian Health Workforce Ministerial Council (now referred to as the COAG Health Council) ¹⁸
COAG	Council of Australian Governments
CPD	continuing professional development
HCCC	Health Care Complaints Commission
HPCA	Health Professional Councils Authority
National Law	Health Practitioner Regulation National Law Act 2009, which is in force in each state and territory
NHPOPC	National Health Practitioner Ombudsman and Privacy Commissioner
NRAS or National Scheme	National Registration and Accreditation Scheme
RIS	regulatory impact statement

¹⁸ For further information, please refer to footnote 5 on page 3.

