



Ahpra Board
**Accreditation
Committee**

Guidance on developing professional capabilities

February 2025

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Introduction

The purpose of the Guidance on developing professional capabilities (the guidance) is to foster good practice and enhance efficiency and consistency in the development of new or revised professional capabilities across health professions regulated under the [National Registration and Accreditation Scheme](#) (National Scheme). It reflects contemporary approaches and good regulatory practice in the development of standards and capability documents and is consistent with Ahpra's Procedures for the development of accreditation standards.¹

The guidance provides entities that currently develop new or revised professional capabilities² with a recommended process for ensuring they:

- reflect contemporary practice
- undergo broad consultation, both preliminary and public, and
- consider regulatory impact.

The guidance also outlines for entities developing professional capabilities:

- information to be included in the proposal to National Boards (see part 4), and
- opportunities for consistent approaches.

Entities developing professional capabilities are expected to consider the guidance when they undertake their next review.

The guidance was developed by the independently chaired Accreditation Committee (the committee). The committee undertook a confidential round of preliminary consultation with key stakeholders, including but not limited to accreditation authorities and professional associations. Public consultation was also held, and submissions were received from a wide range of stakeholders.

The committee acknowledges that there may be current reviews taking place that may impact on the development of professional capabilities, this guidance will be updated as necessary to reflect any policy changes that are made.

What are professional capabilities?

Every profession regulated by the National Scheme has a document outlining the knowledge, skills and professional attributes required for safe and competent practice as a registered health practitioner in Australia, that is culturally safe and free of racism.³ Some professions call these professional capabilities, while others call them professional competencies, graduate outcomes or standards for practice. This document uses the term 'professional capabilities', in line with other work undertaken by the committee, and by Ahpra and the National Boards.

Under the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law), individuals seeking registration as a health practitioner in Australia must be qualified for registration. Most applicants qualify for registration by completing an approved program of study. To become an approved program of study, an education program must be assessed against the accreditation standards for the relevant profession. The accreditation standards require education providers to design and implement programs that map the curriculum to the professional capabilities for that profession.

Accreditation of a program therefore assures the National Boards and the community that students graduating from the program will have the professional capabilities (knowledge, skills and professional attributes) needed for safe and competent practice in Australia that is culturally safe and free of racism. The relationship between professional capabilities and accreditation standards is shown in Figure 1.

Figure 1: The relationship between professional capabilities and accreditation standards



¹ Ahpra, [Procedures for the development of accreditation standards](#), November 2023.

² Appendix A lists the owning entities of professional capabilities

³ Appendix A provides links to the current professional capabilities documents for all professions regulated by the National Scheme.

In addition to their use in accreditation, professional capabilities are used by the National Boards as a reference for threshold capability when exercising their statutory functions, including for:

- registration of suitably qualified and competent individuals as health practitioners in Australia,
- re-registration of individuals who were previously registered as a health practitioner in Australia,
- assessment of internationally qualified health practitioners seeking registration in Australia, and
- assessing a practitioner's competence to practise, for example if the Board receives a notification about that registrant.

The professional capabilities may also be used to communicate to the public, consumers, employers, insurance companies and other stakeholders the standards to expect from health practitioners.

The independently chaired Accreditation Committee

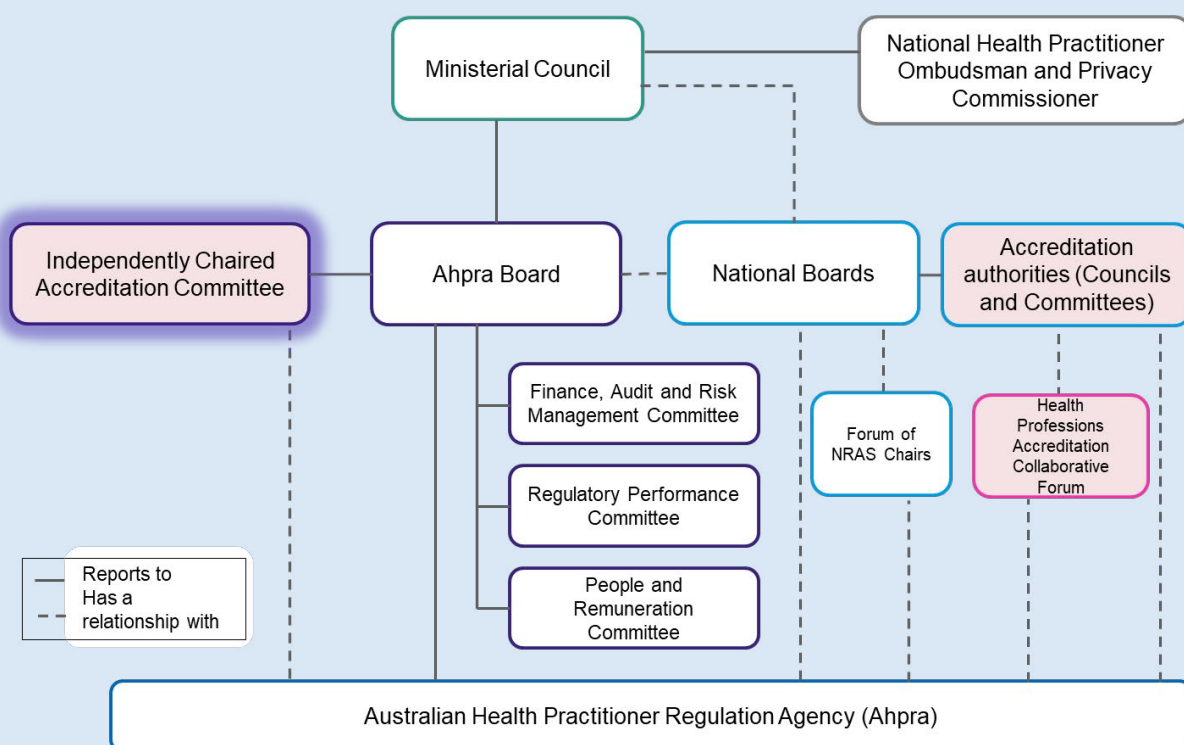
The guidance was developed by the independently chaired [Accreditation Committee](#) (the committee) which was established by the Ahpra Board in 2021, consistent with [Ministerial Council Policy Direction 2020-1](#). The committee provides independent and expert advice on accreditation reform and other National Scheme accreditation matters to National Scheme entities ([National Boards](#), [accreditation authorities](#) and Ahpra). Other external entities performing accreditation roles as part of the National Scheme, such as specialist colleges and postgraduate medical councils, must also consider the committee's advice where relevant.

Professional capabilities are usually developed by National Boards or accreditation authorities, but any external bodies developing professional capabilities for National Scheme professions should also consider this advice.

The relationships between the committee and other National Scheme entities are shown in Figure 2.

The intent of the [Ministerial Council Policy Direction](#) is that all National Scheme entities, including Ahpra, National Boards and accreditation authorities are accountable for considering the committee's advice when exercising their functions for the purpose of the [Health Practitioner Regulation National Law](#) as enacted in each state and territory (National Law). The policy direction states Ahpra and the National Boards are to document the outcome of their consideration and require accreditation authorities to also document the outcome of their considerations.

Figure 2: Relationships between the Accreditation Committee and other National Scheme entities



Overview

1. Understand contemporary practice

Professional capabilities should reflect contemporary practice, healthcare delivery and appropriate and relevant emerging needs, practice and technologies. When developing new or revised professional capabilities, consideration should be given to the sustainability and adaptability of the capabilities, recognising that they will need regular review as healthcare evolves rapidly.

2. Consultation

Entities developing professional capabilities should engage in broad consultation on any proposed changes to existing professional capabilities, and content of any new professional capabilities. Consultation enables the consideration of valuable perspectives of stakeholders likely to be impacted by the professional capabilities, including the potential benefits and any potential risks related to new or revised capabilities. Targeted consultation strategies should be considered to facilitate feedback from specialist content experts, such as individuals with lived experiences of healthcare. Consultation should be undertaken for a period that allows stakeholders sufficient time to consider and respond to the materials.

Stakeholders to be engaged in consultation may include, but are not limited to:

Community stakeholders

- relevant community, consumer and advocacy groups
- Aboriginal and Torres Strait Islander Elders and communities
- culturally, racially and linguistically diverse communities, including organisations working with migrants, refugees and asylum seekers
- content experts with lived experience
- organisation(s) with a special interest in the health of lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual or gender-diverse individuals, and
- organisation(s) that represent people with disabilities.

Health sector stakeholders

- registered health practitioners from the relevant profession including trainee and junior doctors
- peak and professional bodies
- medical colleges
- patient safety bodies
- primary health networks
- other National Scheme entities
- employers and health service providers, both public and private.
- governments including Commonwealth, State and Territory health departments, and
- Aboriginal and Torres Strait Islander health leaders and experts.

Regulatory bodies

- accreditation authorities and the Health Professions Accreditation Collaborative Forum
- co-regulatory bodies including the Office of the Health Ombudsman in Queensland and the Health Professional Councils Authority and the Health Care Complaints Commission in New South Wales, and
- the Australian Commission on Safety and Quality in Health Care.

Others

- education providers
- organisation(s) with a special interest in rural practice or the health of consumers living in rural areas e.g. Australian Rural Health Education Network (ARHEN) and Federation of Rural Australian Medical Educators (FRAME).
- industrial bodies
- practitioner professional indemnity insurance providers, and
- organisation(s) with a special interest in digital health.

Consultation can include the gathering of information through written submissions, interactive workshops online surveys, stakeholder roundtables, focus groups or other means, as appropriate. Information should be provided to stakeholders about how to respond to the consultation, the publication of feedback (except where confidentiality is required or requested) and how key issues raised in the feedback will be addressed.

Preliminary consultation

For professional capabilities developed by National Boards, the diagram in Figure 3 shows the process that is often followed. This is similar to the process followed by some accreditation authorities. It includes two phases of consultation: a preliminary and public consultation phase on a draft of the proposed new or revised professional capabilities. The preliminary phase of consultation is designed to 'road test' the proposed content and considers implementation and any issues that must be addressed. It usually includes a range of key stakeholders. After the National Board has considered feedback from preliminary consultation, it will undertake public consultation.

Public consultation

In the public consultation phase, information will be published on the Board's website and consultation material will be distributed to stakeholders widely. Information about the feedback received will also be published (except where confidentiality is requested or required) and how the proposed new or revised professional capabilities address key issues raised in the feedback. Further details about this process can be found in Ahpra's [Consultation process of National Boards](#).⁴

Figure 3: Consultation process of National Boards



3. Regulatory impact assessment requirements

When preparing new or revised professional capabilities for preliminary and public consultation, the entity developing the capabilities needs to prepare a proposal⁵ for National Boards on the potential regulatory impacts against the principles below. This will normally be submitted before preliminary consultation, and will enable the National Board, as the decision maker, to decide if a Regulatory Impact Statement (RIS) needs to be prepared. This is in line with changes made to impact analysis requirements by National Cabinet in April 2023 and aligns with the process outlined in the *Procedures for the development of accreditation standards*.⁶

Regulatory Impact Analysis (RIA) helps policy makers focus on the potential impact of major decisions such as the nature and extent of the impact on the community including businesses, community organisations and individuals. RIA ensures that the costs and benefits of delivering the intended objective are considered without unduly causing adverse effects.⁷

If the proposed new or revised professional capabilities substantially change during finalisation of the documents, the developing entity may need to confirm with the National Board that the original assessment about if a RIS is required remains valid before submitting the final proposed new or revised professional capabilities to the National Board for approval.

The [Office of Impact Analysis](#) has a range of resources that may assist in preparing proposals on potential regulatory impacts of proposed new or revised professional capabilities.⁸

4. Proposal to the National Board for approval – principles

When proposed new or revised professional capabilities are submitted to the National Board for consideration, the proposal must:

- 4.1 Describe how the proposed new or revised professional capabilities:
 - a. take into account the paramount principle, objectives and guiding principles in the National Law⁹, as outlined in figure 4 below
 - b. draw on available evidence, including relevant international statements relating to capabilities in the profession and the capabilities applied in countries with comparable education and practice standards for the profession.

⁴ Ahpra, [Consultation process of National Boards](#), November 2023. Accessed 7 May 2024.

⁵ The OIA regulatory impact analysis guide and template for a proposal on the potential regulatory impacts are available from Ahpra's Government Relations Team, please email governmentsrelationsteam@ahpra.gov.au.

⁶ Ahpra, [Procedures for the development of accreditation standards](#), November 2023.

⁷ Commonwealth of Australia, Department of Prime Minister and Cabinet, Regulatory Impact Analysis Guide for Ministers' Meetings and National Standard Setting Bodies (2023). Accessed 31 October 2024.

⁸ See Office of Impact Analysis's [resources and guidance](#). Accessed 7 May 2024.

⁹ See section 3 and 3A of the National Law.

Figure 4: Objectives and guiding principles in the National Law

Objectives	Guiding principles
<p>(1) The object of this Law is to establish a national registration and accreditation scheme for—</p> <p>(a) the regulation of health practitioners; and</p> <p>(b) the registration of students undertaking—</p> <p>(i) programs of study that provide a qualification for registration in a health profession; or</p> <p>(ii) clinical training in a health profession.</p> <p>(2) The objectives of the national registration and accreditation scheme are—</p> <p>(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</p> <p>(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</p> <p>(c) to facilitate the provision of high-quality education and training of health practitioners; and</p> <p>(ca) to build the capacity of the Australian health workforce to provide culturally safe health services to Aboriginal and Torres Strait Islander Peoples; and</p> <p>(d) to facilitate the rigorous and responsive assessment of overseas-trained health practitioners; and</p> <p>(e) to facilitate access to services provided by health practitioners in accordance with the public interest; and</p> <p>(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.</p>	<p>(1) The main guiding principle of the national registration and accreditation scheme is that the following are paramount—</p> <p>(a) protection of the public;</p> <p>(b) public confidence in the safety of services provided by registered health practitioners and students.</p> <p>(2) The other guiding principles of the national registration and accreditation scheme are as follows—</p> <p>(a) the scheme is to operate in a transparent, accountable, efficient, effective and fair way;</p> <p>(aa) the scheme is to ensure the development of a culturally safe and respectful health workforce that—</p> <p>(i) is responsive to Aboriginal and Torres Strait Islander Peoples and their health; and</p> <p>(ii) contributes to the elimination of racism in the provision of health services; Example— Codes and guidelines developed and approved by National Boards under section 39 may provide guidance to health practitioners about the provision of culturally safe and respectful health care.</p> <p>(b) fees required to be paid under the scheme are to be reasonable having regard to the efficient and effective operation of the scheme;</p> <p>(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.</p>

4.2 Describe how the proposed new or revised professional capabilities support or contribute to:

- a. improving patient safety and experience, clinical skills, effective evidence-based and person-centred care, and health outcomes for Aboriginal and Torres Strait Islander Peoples and other members of the community as relevant to the proposal, such as:
 - people living in geographically diverse locations, including rural or regional areas of Australia
 - people who are culturally, racially and linguistically diverse
 - women
 - people with a disability and/or their advocates
 - older people
 - children and young people
 - lesbian, gay, bisexual, transgender, intersex, queer, asexual and other sexually or gender diverse (LGBTIQ+) people, and
 - people with lived experience of health care
- b. preparing practitioners who have the knowledge, skills and professional attributes to deliver culturally safe care that is free of racism, as defined in the [Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020–2025](#)
- c. preparing practitioners who understand the health system in Australia and their roles, responsibilities and safe and ethical conduct when working within the system
- d. preparing practitioners to respect diversity and understand the principles of inclusive practice
- e. embedding interprofessional education and preparing practitioners to engage in interprofessional collaborative practice, in line with the committee's [Interprofessional collaborative practice statement of intent](#)¹⁰ including to prepare health practitioners to work across all healthcare settings
- f. the safety of practitioners in respectful workplaces that address psychosocial hazards and work health and safety obligations, including issues of bullying, discrimination and sexual harassment
- g. addressing health and workforce priorities such as family, domestic and sexual violence, mental health, environmental sustainability and climate resilience, emerging technologies and practitioner wellbeing, noting that information about new priorities may be published as they emerge, and
- h. avoiding duplication and minimising regulatory burden.

¹⁰ Accreditation Committee, [Interprofessional Collaborative Practice Statement of Intent](#), 2024. Accessed 7 May 2024.

- 4.3 Outline steps taken during the development of the proposed professional capabilities to:
- achieve greater consistency within the National Scheme (for example, by adopting any National Scheme wide definitions, such as cultural safety, or by using a similar structure to other professions in the National Scheme)
 - meet the consultation requirements in this document
 - address the following regulatory principles:
 - whether the proposal is the best option to achieve the stated purpose and protect the public
 - whether the proposal results in an unnecessary restriction of competition among health practitioners or education providers¹¹
 - whether the proposal results in an unnecessary restriction of consumer choice
 - whether the overall costs of the proposal to members of the public and/or education providers and/or registrants and/or governments are reasonable in relation to the benefits to be achieved
 - whether the proposal's requirements are clearly stated using 'plain language' to reduce uncertainty, enable the public to understand the requirements, and enable understanding and compliance by education providers, and
 - whether there are policies or procedures in place to ensure that the proposed professional capabilities remain relevant and effective over time.
- 4.4 Consider any legislative requirements in the relevant state or territory (for example, drugs and poisons legislation)
- 4.5 Describe the nature of any proposed changes made in revised professional capabilities and the rationale for these changes
- 4.6 Describe the rationale for developing any new proposed professional capabilities
- 4.7 Provide feedback to the National Board on regulatory impacts identified in the consultation process or in developing the proposed new or revised professional capabilities, and
- 4.8 Recommend when the new or revised professional capabilities should take effect. If the recommended date is later than the date of publication, explain the reason for the recommended date and outline what implementation or transition arrangements will be put in place.

5. Decision by National Boards

Consistent with the changes agreed by National Cabinet to regulatory impact assessments, the National Board can ask for a RIS to be prepared, if needed. This decision will be informed by the proposal from the entity developing the new or revised professional capabilities on its likely regulatory impacts and provided preferably before preliminary consultation is undertaken.

6. Opportunities for consistent approaches

Entities developing professional capabilities should ensure that new and revised capabilities:

- use specific and consistent references to cultural safety, the elimination of racism from healthcare and foster improved health outcomes for Aboriginal and Torres Strait Islander Peoples. References should be consistent with the [National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020–2025](#) or any subsequent version.
- use specific and consistent references to relevant standards of the [Australian Commission on Safety and Quality in Health Care](#)
- use specific and consistent references to the [National Principles for Child Safe Organisations](#)
- are consistent with the [Australian Digital Health Capability Framework](#)
- are consistent with any cross-profession professional capabilities that may, from time to time, be agreed
- have an appropriate mix of profession-specific and shared professional capabilities to facilitate interprofessional collaborative practice
- have an appropriate level of detail that can be easily understood and consistently implemented by users, and
- are consistent with the relevant National Board's [Code of conduct](#).

¹¹ Further information on competition and regulation is available [from the Office of Impact Analysis](#).

7. Accessibility

All professional capabilities should be accessible from a consistent place on National Boards' webpages and should be available in accessible formats for people with low vision or literacy needs.

8. Date for review

Professional capabilities should include a clearly identified minimum review period (such as every three to five years).

Glossary

Term	Description
Accreditation standard	A standard(s) used by an accreditation authority to assess whether a program of study , and the education provider that provides the program of study , provide persons who complete the program with the knowledge, skills and professional attributes necessary to practise the profession in Australia. ¹²
Comparable education and practice standards	Standards taken from comparable countries, based on evidence and system 'fit'. ¹³
Contemporary practice	Current practice, whether remunerated or not, in which the individual uses their skills and knowledge as a practitioner in their regulated health profession. Practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with patients or clients, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that impact on safe, effective delivery of health services in the health profession. ¹⁴
Emerging technologies	Emerging health technology might include innovations that are intended to do any of the following: <ul style="list-style-type: none"> • prevent, diagnose or treat medical conditions • promote health • provide rehabilitation, or • organise delivery of healthcare health technologies include: <ul style="list-style-type: none"> • tests • medical devices • medicines • vaccines • blood products • procedures and programs or systems involved in healthcare. ¹⁵
Entity	Company, corporation, individual or organisation, for example, hospital, health practice registered as a business. ¹⁶
Professional capability/capabilities	Used by National Scheme entities to describe the knowledge, skills, and professional attributes needed to safely and competently practice the relevant health profession in Australia. ¹⁷
Regulatory Impact Analysis (RIA)	A process to identify the potential impact of major decisions, including the nature and extent of the impact on the community (including businesses, community organisations and individuals). ¹⁸
Regulatory Impact Statement (RIS)	A factual and analytical assessment of the likely impacts of important regulatory decisions. ¹⁹

¹² Independent Accreditation Committee [Glossary of accreditation terms](#), 2023, p5. Accessed 14 May 2024.

¹³ Kruk, R. [Independent review of Australia's regulatory settings relating to overseas health practitioners](#). 2023. Commonwealth of Australia.

¹⁴ Adapted from the Ahpra [Glossary](#). Accessed 30 October 2024.

¹⁵ Australian Government, Department of Health and Aged Care, [Health technologies and digital health](#). Accessed 30 October 2024.

¹⁶ Ahpra [Glossary](#). Accessed 30 October 2024.

¹⁷ Independent Accreditation Committee [Glossary of accreditation terms](#), 2023, p5. Accessed 14 May 2024.

^{18&19} Office of Impact Analysis (2023). [Regulatory Impact Analysis Guide for Ministers' meetings and national standard setting bodies](#). 2023. Accessed 7 May 2024.

Appendix A – Current professional capabilities documents

Owning entity	Title	Year published
Aboriginal and Torres Strait Islander Health Practice Board of Australia	Professional capabilities for registered Aboriginal and Torres Strait Islander Health Practitioners	2019
Chinese Medicine Board of Australia	Professional capabilities for Chinese Medicine Practitioners	2019
Council on Chiropractic Education Australia	Competency standards for graduating chiropractors	Currently under review
Australian Dental Council	Professional competencies of the newly qualified dental practitioner	2022
Australian Medical Council	Graduate outcome statements in the Standards for assessment and accreditation of primary medical programs	2023
Medical Radiation Practice Board of Australia	Professional capabilities for medical radiation practice	2020
Nursing and Midwifery Board of Australia	Standards for practice	Midwife standards for practice 2018 Registered nurse standards for practice 2016 Enrolled nurse standards for practice 2016 Nurse practitioner standards for practice 2021
Occupational Therapy Board of Australia	Occupational therapy competency standards	2018
Optometry Australia	Entry level competency standards for optometry	2023
Osteopathy Board of Australia	Capabilities for osteopathic practice	2019
Paramedicine Board of Australia	Professional capabilities for registered paramedics	2021
Pharmaceutical Society of Australia	National Competency Standards	2016
Physiotherapy Board of Australia	Physiotherapy practice thresholds in Australia & Aotearoa New Zealand	2023
Podiatry Board of Australia	Professional capabilities for podiatrists and podiatric surgeons	2021
Australian Psychology Accreditation Council	Professional competencies in the Accreditation standards for psychology programs	2019