



AHMAC information
on regulatory assessment
criteria and process
for adding new professions
to the National Registration
and Accreditation Scheme
for the health professions

The page features four large, overlapping triangles pointing towards the center. The top-left triangle is orange and yellow. The bottom-left triangle is blue and light blue. The bottom-right triangle is green and light green. The text is centered in the white space between these triangles.

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INTRODUCTION

Purpose

The Council of Australian Governments (COAG) Health Council (CHC)¹ is the decision-making body for approval to include additional professions in the National Registration and Accreditation Scheme (NRAS) for health professions (the Scheme). The Independent Review of the NRAS² noted that there would be benefit in clarifying how professions are included in the NRAS and how Health Ministers oversee the regulatory assessment before amending legislation to include additional professions.

In response to the Independent Review this document outlines the criteria and process used by CHC for deciding to extend the scope of the Scheme to include additional professions in the NRAS, including:

- » how CHC considers submissions;
- » details of the six threshold criteria that a profession must meet in order to be considered for regulation under the NRAS including explanatory material to assist professional groups considering making a submission; and
- » the two-stage assessment process which includes: assessment against the six criteria; and a regulatory impact assessment against the *Council of Australian Governments Best Practice Regulation: A Guide for Ministerial Councils and National Standard Setting Bodies* as administered by the Office of Best Practice Regulation (OBPR).

Background to the National Registration and Accreditation Scheme (NRAS)

In March 2008 COAG signed the *Intergovernmental Agreement (IGA) for a National Registration and Accreditation Scheme for the Health Professions*³ which sets out governments' agreement on implementation of the NRAS. The agreement was to ensure that all registered health practitioners 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. The IGA identifies that the objectives of the scheme are to:

- » provide for the protection of the public;
- » facilitate workforce mobility across Australia and reduce red tape;
- » facilitate high quality education and training and responsive assessment of overseas-trained practitioners;
- » have regard to the public interest in promoting access to health services; and
- » have regard to the need to enable the continuous development of a flexible, responsive, sustainable workforce and enable innovation in education and service delivery.

1 The COAG Health Council and its advisory body, the Australian Health Ministers' Advisory Council, provide a mechanism for the Australian Government, the New Zealand Government and state and territory governments to discuss matters of mutual interest concerning health policy, services and programs

2 *Independent Review of the National Registration and Accreditation Scheme for health professions – Final Report December 2014*, <http://www.coaghealthcouncil.gov.au/Projects/Independent-Review-of-NRAS-finalised>

3 A copy of the agreement can be downloaded at: <https://www.ahpra.gov.au/About-AHPRA/Ministerial-Directives-and-Communiqués.aspx>

The NRAS commenced in 2010 with ten professions established under the *Health Practitioner Regulation National Law* (the National Law) as it applies in states and territories⁴. In 2012 an additional four professions were added. The profession of paramedicine will be added to the NRAS in 2018.

The IGA set out criteria for when additional professions may be included for regulation under the National Scheme. Since 2010, a number of unregistered professions have sought consideration for inclusion under the Scheme.

For further information about the NRAS refer to the *Guide to the National Registration and Accreditation Scheme for health professions*⁵.

Other forms of regulation of health and associated professions in Australia

Registration, as occurs under the NRAS, is one of a number of types of regulation governing health workers in Australia. Registration can be restrictive and costly and other forms of regulation may more appropriately provide similar benefits at lower cost to the community. Other forms of regulation include self-regulation, negative licensing, protection of title,⁶ credentialing, and various forms of co-regulation.

In particular, the National Code of Conduct for health care workers⁷ is a negative licensing regulation scheme that sets out minimum practice and ethical standards, with statutory powers to investigate a complaint and prohibit the practice of non-registered health practitioners who have been found in breach of the Code. It allows the vast majority of ethical and competent members of a non-registered health profession to self-regulate, whilst providing an additional level of public protection through national prohibition of health workers found to be in breach of the Code, where their continued practice presents a serious risk to public health and safety. Individual jurisdictions are responsible for implementation of the Code.

See Appendix 1 for a description of the types of occupational regulation that apply to the health professions. Several of these apply to professions that are both registered and non-registered.

4 The ten professions were those subject to statutory registration regimes in all states and territories prior to 2010. Some other professions were 'partially regulated', that is, they were subject to statutory registration in at least one jurisdiction but not all. Of those, four out of seven professions joined the NRAS in 2012 and for the remainder, state registration legislation was repealed.

5 <http://www.coaghealthcouncil.gov.au/NRAS>

6 Protection of title is a key feature of the NRAS, however it may also be used in its own right as a form of regulation

7 <http://www.coaghealthcouncil.gov.au/NationalCodeOfConductForHealthCareWorkers>



PART 1

What does registration under the NRAS involve?

The Health Practitioner Regulation National Law includes core elements that apply to all registered professions, including national board standard setting and oversight, a public register, title protection, a disciplinary framework, accreditation of training programs, and registration fees.

The features of registration include:

National Board oversight

National Boards develop and monitor registration standards, develop and approve professional codes and guidelines, approve accredited qualifications, set registration fees, and protect the public by overseeing health practitioner compliance with key elements of the National Scheme. National Boards oversee the receipt, assessment and investigation of complaints (called 'notifications' under the National Law) about registered health practitioners in the health profession. In co-regulatory jurisdictions of NSW and Queensland state-based bodies deal with complaints instead of the National Boards.

Public register

The NRAS administers a public register that includes the names of all registered practitioners. The register indicates whether there are any conditions placed on the practitioner's registration.

Title protection

The National Law lists a number of offences under a protection of title model. Only registered health practitioners can use titles specified in the National Law. Statutory offences under the National Law prevent unregistered or unauthorised persons using professional titles such as "medical practitioner" and "nurse".

Disciplinary framework

National Boards and state co-regulatory bodies may take disciplinary action against registered health practitioners who have committed relevant offences⁸ or in response to a complaint, under provisions set out in the National Law. Complaints may be about the health, conduct or performance of a health practitioner. Offences may include advertising breaches. The range of responses to offences and substantiated complaints and offences may include conditions placed on a practitioner's registration, suspension or cancellation of registration and penalties.

Registration fees

The NRAS is self-funded through payment of registration fees. Fees are set by National Boards and include registration application and annual fees.

Accreditation

Each National Board uses an accreditation authority to accredit education providers and their programs of study.

For more information refer to the *Guide to the National Registration and Accreditation Scheme for health professions*⁹.

⁸ Some offences and disciplinary action may apply to non-registered people, for example offences relating to use of a title protected under the NRAS.

⁹ <http://www.coaghealthcouncil.gov.au/NRAS>



PART 2

Assessment Criteria for the NRAS

In order for the National Law to be amended to include a new health profession in the NRAS it must first meet the six assessment criteria included in the *Intergovernmental Agreement (IGA) for a National Registration and Accreditation Scheme for the Health Professions*.

The Australian Health Ministers' Advisory Council (AHMAC) developed the criteria in 1995 to achieve greater national consistency in decisions about whether to regulate particular health professions. These criteria were determined to be appropriate for inclusion in the IGA for the NRAS in 2008 and continue to apply for the assessment of health professions.

The guiding principles in developing these criteria were that:

- (a) the sole purpose of registration is to protect the public interest; and
- (b) the purpose of registration is not to protect the interests of health occupations.

The six criteria are:

1. 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?
2. Do the activities of the occupation pose a significant risk of harm to the health and safety of the public?
3. Do existing regulatory or other mechanisms fail to address health and safety issues?
4. Is regulation possible to implement for the occupation in question?
5. Is regulation practical to implement for the occupation in question?
6. Do the benefits to the public of regulation clearly outweigh the potential negative impact of such regulation?

The full criteria with explanatory material and matters requiring consideration are reproduced at Appendix 2.

If CHC considers that a submission sufficiently addresses the criteria it may then refer the submission to the second stage, which is a regulatory impact assessment.



PART 3

Two-stage assessment process: NRAS IGA assessment criteria and Regulatory Impact Assessment

Expansion of the scope of NRAS to include additional professions involves a two-stage process involving two key assessments. In addition to meeting the criteria for inclusion in the Scheme a profession is also subject to a regulatory impact assessment in accordance with the *Council of Australian Governments Best Practice Regulation: A Guide for Ministerial Councils and National Standard Setting Bodies* (the COAG best practice regulation requirements) as administered by the Office of Best Practice Regulation (OBPR)¹⁰.

The Council of Australian Governments (COAG) Health Council (CHC) is the body that determines whether a profession will be included in the NRAS. The profession is included by amending the National Law and regulations, as agreed by all Health Ministers represented at CHC.

CHC oversees the two-stage assessment process prior to approving amendments. The first, or preliminary, assessment includes confirmation that a submission meets the NRAS IGA assessment criteria. The subsequent second assessment requires consideration of the regulatory impact analysis requirements, administered by the OBPR. Following completion of these assessments CHC may then decide whether to amend the National Law to include the profession.

¹⁰ <https://www.pmc.gov.au/resource-centre/regulation/best-practice-regulation-guide-ministerial-councils-and-national-standard-setting-bodies>



PART 4

How Health Ministers consider a submission to include a profession in the NRAS

The process for considering the addition of a profession in the NRAS includes five steps:

1. Submission
2. Preliminary assessment against the NRAS IGA assessment criteria
3. COAG Health Council decision on preliminary assessment
4. Regulatory Impact Assessment
5. COAG Health Council final decision

1. Submission

A submission for inclusion of a profession in the NRAS should first be raised as an item on the COAG Health Council (CHC) by one of its members. The members of CHC include the state, territory and Commonwealth Health Ministers.

A professional association that wishes to make a submission for inclusion of their profession in the NRAS should engage with a CHC member and/or the relevant jurisdiction's health department to seek support for their proposal. It would be expected that the submission addresses Criteria 1-5 (see Appendix 2). Submissions may also address Criterion 6 as optional¹¹. Where the submission is supported, the jurisdiction will arrange for CHC to consider the proposal.

2. Preliminary assessment against the NRAS IGA assessment criteria

After submission of the proposal, a preliminary assessment will be undertaken under the auspices of the Australian Health Ministers' Advisory Council (AHMAC). The purpose of the preliminary assessment is to assess available information and determine whether there is sufficient evidence to justify proceeding to undertake a Regulation Impact Assessment (RIA) in accordance with the COAG best practice regulation requirements.

The preliminary assessment will consider how the submission addresses the assessment criteria including whether the submission falls within the jurisdiction of Health Ministers; whether there is sufficient evidence of risk of harm; and whether or not other forms of regulation address the identified risks.

3. COAG Health Council decision on preliminary assessment

Upon receipt of the preliminary assessment advice, CHC will either:

- » Decide no further action – that a RIA is not warranted at this time.
- » Decide formal regulatory assessment – that a RIA is warranted.

4. Regulatory Impact Assessment (RIA)

Following CHC approval to proceed with formal regulatory assessment, the RIA process includes:

- » preparation of a consultation Regulation Impact Statement (consultation RIS);
- » conduct of a national consultation; and
- » preparation of a final RIS in accordance with the COAG best practice regulation requirements.

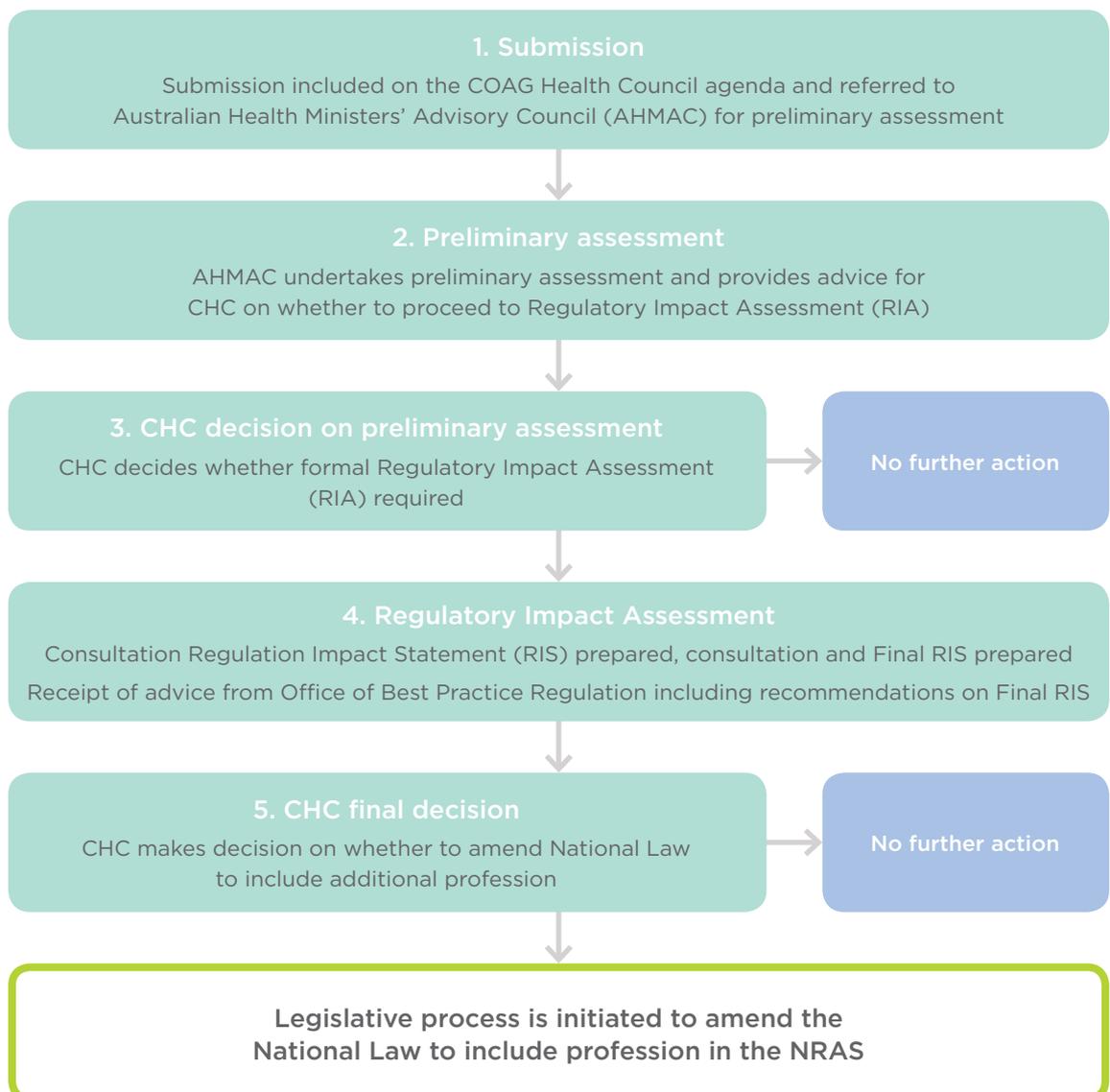
This work will usually be managed by a lead jurisdiction or jurisdictions.

¹¹ Criterion 6 will be addressed independently at the preliminary assessment and regulatory impact assessment stages, rather than in a submission prepared or influenced by a submitting profession. However a submission may address this criterion as optional.

5. COAG Health Council final decision

CHC considers the final RIS and advice from AHMAC and makes a decision on whether or not to amend the National Law to include the profession in the NRAS.

Figure 1 - COAG Health Council process for considering inclusion of additional professions in the NRAS





Appendix 1

Types of occupational regulation

The NRAS as a registration scheme is one of a number of types of regulation. Registration can be restrictive and costly and therefore other forms of regulation may more appropriately provide similar benefits at lower cost. The range of occupational regulation types for health professions are outlined below. These include statutory registration (positive licensing), which reflects the NRAS regulatory type.

Submissions to add a profession to the NRAS will include the need for an applicant profession to demonstrate that other forms of less costly regulation do not deliver equal or greater benefit (per Criterion 3).

Self-regulation/voluntary certification

Self-regulation or voluntary certification is where members of a profession join together to establish an association, which is a legal entity and membership by practitioners is voluntary. The profession is considered “self-regulatory” as there is no underpinning statute that confers powers on an external regulatory body to license members. The association represents its members’ interests and practitioners who do join are bound by the standards and codes of ethics set by the association. The association can also provide a range of member services, such as discounted professional indemnity insurance and continuing professional development programs.

Member certification and compliance with association standards and codes is voluntary. The association may operate a consumer complaints mechanism and the rules may provide for members to be expelled for serious breaches of the code of ethics. However, practitioners can choose not to join an association and still practise, and can continue to practise if expelled from an association for misconduct. Common law and consumer protection law provide the main avenues of redress for aggrieved consumers.

Examples of health professions operating under self-regulatory arrangements and/or with voluntary certification mechanisms include social work, speech pathology, community work, orthoptics and homoeopathy. Professions registered under the NRAS also maintain associations.

Credentialing

Credentialing is a formal process to verify qualifications, experience and attributes of a health practitioner to determine their professional suitability and competence to provide a service. Credentialing can be undertaken by employers or professional associations. Governments may utilise benchmarks set by professional associations for the purposes of eligibility for certain Government subsidies, for example access to Medicare. Many employers and private insurers also require practitioners to be credentialed by their relevant professional association.

Co-regulation

Co-regulation describes a type of occupational regulation where government enters into a partnership arrangement with another entity to regulate a class of person or activity.

The key difference between co-regulation and voluntary certification is that some of the functions of the self-regulating professional association may be carried out under delegation from government, or recognised by government for the purpose of access of members to some authority, benefit or entitlement. This government recognition or delegation may be conditional on the certification body meeting specified standards in relation to governance and its certification standards and processes. This establishes, in effect, a partnership between government and the certifying body, and the benefits that flow to practitioners from certification act as incentives for practitioners to submit to and comply with the self-regulatory standards.

Examples of co-regulation include the partnerships between Medicare Australia and professions such as the dietetics profession and social work profession, allowing certain practitioners to obtain Medicare Provider Numbers and access Medicare rebates for their customers. In these examples, Medicare Australia delegates responsibility for assessing the qualifications and credentials of dietitians to the Dietitians Association of Australia (DAA) and of social workers to the Australian Association of Social Workers (AASW). Those practitioners who meet the respective DAA and AASW requirements can then apply to become an approved Medicare provider.

Other examples of co-regulation include assessing authorities, such as DAA, the AASW and Speech Pathology Australia, which are approved by the Australian Government to conduct skills assessments for skilled migration purposes. Under this partnership, assessing authorities deliver a skills assessment service aligned with Australian Government skills recognition policies.

Statutory registration (positive licensing)

Statutory registration describes a type of occupational regulation where the purpose and functions of the regulatory scheme are not determined by the profession alone (as in the case of self-regulation/voluntary certification), but are set out in legislation and are subject to public scrutiny. A statute establishes a regulatory body with powers to register and regulate practitioners. Entry to a regulated profession is limited only to those the regulatory body considers to be properly qualified and of good character. This gate-keeping role includes “protection of title” powers for the regulatory body to prosecute unregistered persons who ‘hold themselves out’ as qualified to practise the profession when they are not. The statute provides an effective mechanism for restricting entry to the profession, and disciplinary powers to deal with practitioners whose practice falls below an acceptable standard.

While all registration Acts prohibit unregistered persons from using restricted professional titles, or holding themselves out as qualified and registered when they are not, some go considerably further, prohibiting unregistered persons from providing certain types of clinical services. Such laws create an exclusive scope of practice, a market shelter, for the profession concerned.

Legislated scopes of practice with offences for unlicensed practice can both facilitate and hinder people from seeing a particular type of practitioner. Therefore they have a direct impact on access to and cost of care, and may also affect quality of care. They facilitate access because they provide information to consumers about who is qualified to provide a particular type of service, but they can also hinder access, in that they prevent others who are not members of that profession or occupation from providing such services, and in a market where demand for services outstrips supply, allows those who are licensed to charge higher prices for their services.

Code regulation (negative licensing)

Code regulation or negative licensing is an approach where there are no entry barriers to the practice of a profession, but individual practitioners can be prohibited from practising if they are found to be in breach of a regulatory regime e.g. code of conduct.

Several jurisdictions currently use negative licensing schemes to regulate all non-registered health practitioners. Under these schemes a Code of Conduct sets out minimum practice and ethical standards, with enhanced statutory powers of the state health complaints entity to investigate a complaint and prohibit practice in serious cases. Negative licensing is a targeted, less restrictive and less costly form of regulation than statutory registration/positive licensing. It provides a regulatory mechanism to deal directly with practitioners who behave illegally or in an incompetent, exploitative or predatory manner. The vast majority of non-registered health practitioners practice ethically and competently on a self-regulatory basis, however code regulation regimes provide an additional level of public protection for non-registered practitioners, at minimal additional cost to the community.

In 2016 all Australian jurisdictions agreed to the terms of a *National Code of Conduct for health care workers*¹². Several jurisdictions have since passed legislation to commence regulation via a Code of Conduct alongside the pre-existing codes in NSW and South Australia (SA). The National Code is based on the existing NSW and SA codes and forms the basis of codes to be adopted by regulation in each state and territory. A National Register of Prohibition Orders website will be established for the public and employers to safeguard against non-compliant practitioners. The *National Code of Conduct for health care workers* strengthens negative licensing by extending national oversight of practice to non-registered health workers.

Further information on the operation of these schemes is available at the following websites:

- » NSW: www.hccc.nsw.gov.au/Hearings---decisions/Public-Statements-Warnings
- » Queensland: www.oho.qld.gov.au/news-updates/immediate-actions/prohibition-orders/
- » South Australia: www.hcsc.sa.gov.au/orders-issued-code-conduct-unregistered-health-practitioners/
- » Victoria: <https://hcc.vic.gov.au/prohibition-orders-warnings/prohibition-orders>

Other regulation

State and territory poisons and therapeutic goods laws serve to regulate the practice of health professionals by authorising how scheduled medicines are handled, supplied, prescribed and administered and by whom.

Employment frameworks also provide boundaries for health professionals' practice, for example via working conditions and workplace codes of conducts.

¹² <http://www.coaghealthcouncil.gov.au/NationalCodeOfConductForHealthCareWorkers>

Appendix 2

Criteria for assessing the need for statutory regulation of unregulated health occupations (including explanatory material or groups considering a submission)

The NRAS IGA assessment threshold criteria and explanatory notes are included in Attachment B to the *Intergovernmental Agreement for a National Registration and Accreditation Scheme for the Health Professions* (IGA).

The IGA assessment criteria and further explanatory information are set out below including:

- » the guiding principles for inclusion of a profession in the NRAS
- » the criteria for inclusion of a profession in the NRAS.

Further explanatory material is also included below under the heading “Matters for consideration”. These are additional matters that should be explicitly addressed in a submission in order that the criteria can be properly assessed.

Guiding Principles

The IGA guiding principles are that:

- » the sole purpose of occupational regulation is to protect the public interest; and
- » the purpose of regulation is not to protect the interests of health occupations.

Matters for consideration

Any submission for inclusion of a profession in the NRAS should specifically address these two guiding principles by accepting that the primary purpose of making the application is to protect the public interest. Examples of how registration may promote the interests of the profession may be included in the submission, however these examples should demonstrate how promoting the interests of the profession is, in itself, of benefit to the public.

Criterion 1: It is appropriate for Health Ministers to exercise responsibility for regulation of the occupation in question, or does the occupation more appropriately fall within the domain of another Ministry?

Matters for consideration

Once a profession is regulated, registration standards for a profession will be developed by a National Board established to regulate that profession. The COAG Health Council (CHC) is responsible for approving registration standards under the National Law. CHC is made up of Health Ministers from the states, territories and the Commonwealth.

Some professions provide services across a range of portfolios for example, education, justice and community services. Where services cross a range of portfolios, the need for registration standards regarding services other than health should be considered. If the profession mainly provides services outside of the health portfolio, Health Ministers may not be the most appropriate body to approve registration standards. Another form of regulation, other than health professional regulation under the NRAS, may be more appropriate.

Professions should address the contexts in which their members provide services, for example, in the health sector, education sector, child protection or community services sector.

Criterion 2: Do the activities of the occupation pose a significant risk of harm to the health and safety of the public?

The following should be considered when assessing whether there is significant risk of harm to the health and safety of the public:

- » the nature and severity of the risk to the client group;
- » the nature and severity of the risk to the wider public; and
- » the nature and severity of the risk to the practitioner.

Areas which could be explored to identify a risk to public health and safety are:

- » to what extent does the practice of the occupation involve the use of equipment, materials or processes that could cause a serious threat to public health and safety;
- » to what extent may the failure of a practitioner to practice in particular ways (that is, follow certain procedures, observe certain standards, or attend to certain matters), result in a serious threat to public health and safety;
- » are intrusive techniques used in the practice of the occupation, which can cause a serious, or life threatening danger;
- » to what extent are certain substances used in the practice of the occupation, with particular emphasis on pharmacological compounds, dangerous chemicals or radioactive substances; and
- » is there significant potential for practitioners to cause damage to the environment or to cause substantial public health and safety risk.

Epidemiological or other data, (for example, coroners' cases, trend analysis, complaints), will be the basis for determining the demonstration of risk/harm.

Matters for consideration

Health professions must outline (i) the risks posed by the practice of the profession; and (ii) severity of the risk. This should be substantiated, for example, by data on actual injuries/harm/adverse outcomes; and data on prevalence of that outcome in the client group and/or population as a whole. An explanation should be provided of how regulation under the NRAS would limit/mitigate each risk that has been enumerated.

Criterion 3: Do existing regulatory or other mechanisms fail to address health and safety issues?

Once the particular health and safety issues have been identified, are they addressed through:

- » other regulations, for example, risk due to skin penetration addressed via regulations governing skin penetration and/or the regulation of the use of certain equipment, or industrial awards;
- » supervision by registered practitioners of a related occupation; and
- » self-regulation by the occupation.

Matters for consideration

Health professions must address the issue of how relevant jurisdictional Codes of Conduct for unregistered health care workers apply to the practice of their profession, and provide cogent reasons as to why code regulation is insufficient to protect the public and/or client group. For example, it must be explained how sanctions available under the Code (including prohibition orders), are insufficient to reasonably mitigate the risk posed by practice of the profession.

Criterion 4 and 5: Is regulation possible and practical to implement for the occupation in question?

When considering whether regulation of the occupation is possible, the following need to be considered:

- » is the occupation well defined;
- » does the occupation have a body of knowledge that can form the basis of its standards of practice;
- » is this body of knowledge, with the skills and abilities necessary to apply the knowledge, teachable and testable;
- » where applicable, have functional competencies been defined; and
- » do the members of the occupation require core and government accredited qualification.

When considering whether regulation of the occupation is practical the following should be considered:

- » are self-regulation and/or other alternatives to registration practical to implement in relation to the occupation in question;
- » does the occupational leadership tend to favour the public interest over occupation self-interest;
- » is there a likelihood that members of the occupation will be organised and seek compliance with regulation from their members;
- » are there sufficient numbers in the occupation and are those people willing to contribute to their costs of statutory regulation;
- » is there an issue of cost recovery in regulation; and
- » do all Governments agree with the proposal for regulation.

Matters for consideration

Professions must provide evidence of how their profession is defined and how the limits to that profession would be gauged. For example, are there accepted definitions in the literature of what constitutes the profession? What particular titles are used amongst the profession and what titles should be protected? Is there a danger of “over-regulation” because a wide variety of practitioners are accustomed to using the proposed protected title?

Evidence must be provided of the number of practitioners in the profession, and how these practitioners have organised themselves as a profession.

Criterion 6: Do the benefits to the public of regulation clearly outweigh the potential negative impact of such regulation?

Matters for consideration

Professions must clearly address the following possible negative impacts of regulation under the NRAS:

- » Cost to practitioners of registration (noting that the NRAS is practitioner funded, that is, registration fees will be imposed upon registered practitioners to cover the cost of regulation). As a guide, professions may wish to consider the fees that are charged to registered practitioners in other comparable professions under the NRAS. Please note most public sector employers do not cover individual practitioner's registration fees.
- » Possible restriction of services. For example, will registration have unintended consequences in diminishing the number of practitioners who are willing to provide services in that profession.

Criterion 6 is optional for inclusion in a submission. This criterion is addressed independently at the preliminary assessment and regulatory impact assessment stages, rather than in a submission prepared or influenced by a submitting profession. See Part 4 of this document for further information about the stages in the assessment process.

Glossary

AHMAC	Australian Health Ministers' Advisory Council
AHPRA	Australian Health Practitioner Regulation Agency
CHC	COAG Health Council
COAG	Council of Australian Governments
Health Ministers	COAG Health Council
IGA	Intergovernmental agreement
Ministerial Council	COAG Health Council
National Law	Health Practitioner Regulation National Law
National Scheme	National Registration and Accreditation Scheme
NRAS	National Registration and Accreditation Scheme
OBPR	Office of Best Practice Regulation (Commonwealth Government)
RIA	Regulatory Impact Assessment
RIS	Regulation Impact Statement

