



# **Appointment to a National Board**

## Information guide

January 2024

## **Closing date**

11:55pm Eastern standard time on **Sunday 18 February 2024**

*This information guide supports applications for advertised vacancies on health profession National Boards.*

*We encourage you to read this guide before starting your application.*

## **Contact details**

If you have questions, please contact the Ahpra statutory appointments team via email to [statutoryappointments@ahpra.gov.au](mailto:statutoryappointments@ahpra.gov.au).

*If you are an Aboriginal and/or Torres Strait Islander Person and would like to discuss the vacancies, please contact Dr Stephen Corporal, our Senior Aboriginal and Torres Strait Islander Engagement Officer, via email to [mobvoices@ahpra.gov.au](mailto:mobvoices@ahpra.gov.au)*

## About the National Registration and Accreditation Scheme for the health professions (the National Scheme)

The National Scheme was established in 2010 to ensure the community has access to a safe health workforce across all registered health professions. Public safety is our number one priority. More than 875,000 practitioners from 16 registered health professions are regulated nationally.

Every decision we make is guided by the Health Practitioner Regulation National Law (known as the National Law), as in force in each state and territory. You can access a copy of the National Law [here](#).

The National Scheme is not a Commonwealth scheme. It is a national regulatory scheme funded by registrants' annual registration fees. Ministerial oversight is provided by the Commonwealth, state and territory health ministers.

There's a lot of information about the work of the National Scheme. A good way to learn more is to read our [Annual Report](#) for 2022/23. In the next section, we set out the National Scheme's key functions, principles, objectives and Ahpra's service charter.

### Key regulatory functions

#### Professional Standards

National Boards establish registration standards, codes and guidelines for health practitioners.

#### Accreditation

We work with accreditation authorities and committees to ensure that graduating students are suitably qualified and skilled to apply for registration as health practitioners.

#### Registration

We ensure that only health practitioners with the skills and qualifications to provide competent and ethical care are registered to practise. We also manage registration and renewal processes for local and overseas qualified health practitioners and manage student registration. We publish a national public register of practitioners (available at [www.ahpra.gov.au](http://www.ahpra.gov.au)) so that important information about individual health practitioners is available to the public.

#### Notifications

We manage complaints and concerns raised about the health, performance and conduct of individual health practitioners on behalf of the National Boards, except in New South Wales and in Queensland (where we only manage those notifications referred to us by the Health Ombudsman of Queensland).

#### Compliance

We monitor and audit registered health practitioners to make sure they are complying with Board requirements.

For more information visit [www.ahpra.gov.au](http://www.ahpra.gov.au) and the linked National Board websites.

## Guiding principles and objectives of the National Scheme

The National Law sets out the objectives and guiding principles for the National Scheme.

Importantly, the National Law provides a main guiding principle for the National Scheme – that protection of the public and public confidence in health services provided by registered health practitioners is paramount.

The other guiding principles and objectives are set out in **Figure 1** below.

Guiding principles
<ul style="list-style-type: none"><li>• The National Scheme is to operate in a transparent, accountable, efficient, effective and fair way.</li><li>• The National Scheme is to ensure the development of a culturally safe and respectful health workforce that:<ul style="list-style-type: none"><li>– is responsive to Aboriginal and Torres Strait Islander Peoples and their health; and</li><li>– contributes to the elimination of racism in the provision of health services</li></ul></li><li>• Fees required to be paid under the scheme are to be reasonable having regard to the efficient and effective operation of the scheme</li><li>• 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 appropriate quality.</li></ul>
Guiding objectives
<ul style="list-style-type: none"><li>• 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</li><li>• To facilitate workforce mobility across Australia by reducing administrative burden for health practitioners wishing to move between participating jurisdictions or to practise in more than one jurisdiction</li><li>• To facilitate the provision of high-quality education and training of health practitioners</li><li>• To build the capacity of the Australian health workforce to provide culturally safe health services to Aboriginal and Torres Strait Islander Peoples</li><li>• To facilitate the rigorous and responsive assessment of overseas-trained health practitioners</li><li>• To facilitate access to services provided by health practitioners in accordance with the public interest</li><li>• 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.</li></ul>

### Figure 1. Guiding principles and objectives of the National Scheme

You can read the guiding principles and objectives in sections 3 and 3A of the [National Law](#).

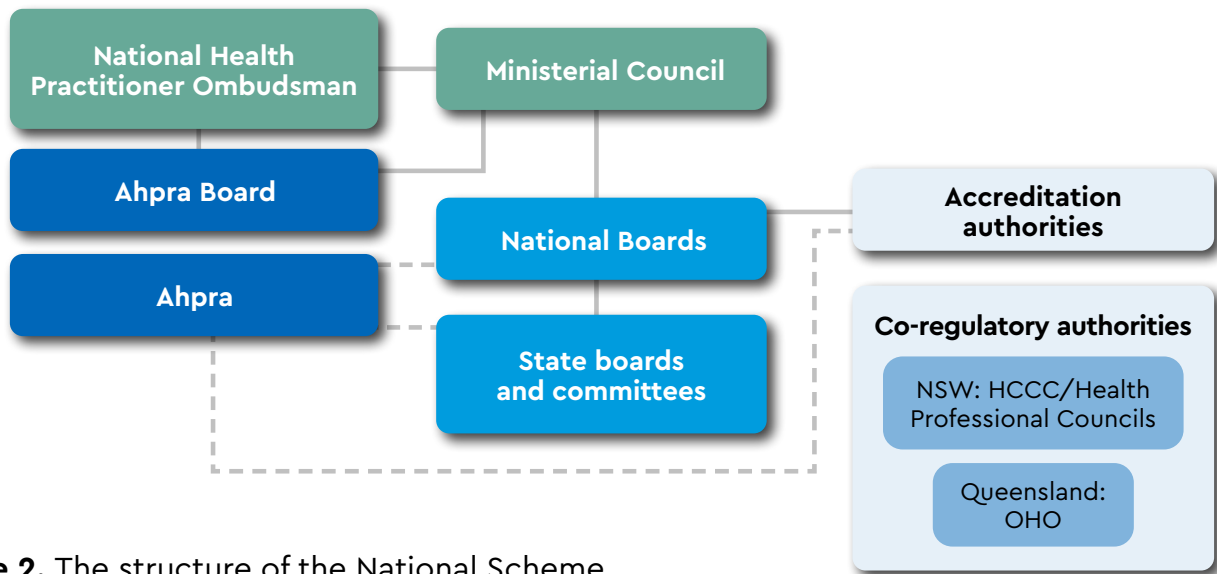
## The Regulatory principles for the National Scheme

Together with the paramount and other guiding principles, our regulatory principles underpin the work of Ahpra and the National Boards. They shape our thinking about regulatory decision making and have been designed to encourage a culturally safe and responsive, risk-based approach to regulation across all professions.

<b>1</b>	The National Boards and Ahpra administer and comply with the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law). The scope of our work is defined by the National Law.
<b>2</b>	Public protection is our paramount objective in the National Registration and Accreditation Scheme. We act to support safe, professional practice and the safety and quality of health services provided by registered health practitioners.
<b>3</b>	We protect the health and safety of the public by ensuring that only registered health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered.
<b>4</b>	<p>In all our work we:</p> <ol style="list-style-type: none"><li>identify the risks that we need to respond to</li><li>assess the likelihood and possible consequences of the risks</li><li>respond in ways that are culturally safe, proportionate, consistent with community expectations and manage risks so we can adequately protect the public, and</li><li>take timely and necessary action under the National Law.</li></ol> <p>This applies to all our regulatory decision-making, the development of standards, policies, codes and guidelines as well as the way we regulate individual registered health practitioners.</p>
<b>5</b>	The primary purpose of our regulatory response is to protect the public and uphold professional standards in the regulated health professions. When we learn about concerns regarding registered health practitioners, we apply the regulatory response necessary to manage the risk, to protect the public.
<b>6</b>	<p>Our responses consider the potential risk of the registered health practitioner's health, conduct or performance to the public including:</p> <ul style="list-style-type: none"><li>• people vulnerable to harm, and</li><li>• Aboriginal and Torres Strait Islander Peoples.</li></ul>
<b>7</b>	When deciding on regulatory responses, we are fair and transparent, and consider the importance of maintaining standards of professional practice that support community confidence in regulated health professions.
<b>8</b>	We work with our stakeholders including patient safety bodies, healthcare consumer bodies and professional bodies to protect the public. We do not represent the health professions, registered health practitioners or consumers. However, we work with practitioners and their representatives and consumers to achieve outcomes that protect the public.

## Who's who in the National Scheme

The National Scheme consists of the following main entities that have been established under the National Law. They are shown in **Figure 2 below**, along with a brief summary of the main responsibilities of each of these entities.



**Figure 2.** The structure of the National Scheme

### National Boards

Under the National Scheme, the National Boards and Ahpra work together to ensure that practitioners are appropriately qualified and competent to practise a registered health profession.

There are 15 National Boards established under the National Law to regulate the corresponding registered health professions:



The primary role of National Boards is regulatory decision making in the public interest. The key functions of a National Board (section 35 of the National Law) include:

- registering practitioners and students in the relevant health profession
- developing standards, codes and guidelines for the relevant health profession
- overseeing receipt, assessment and investigation of notifications and complaints
- where necessary, conducting panel hearings and referring serious matters to tribunal hearings
- overseeing the monitoring and compliance of any restrictions on practitioner or students' registration

- overseeing assessment of overseas trained practitioners who wish to practise in Australia
- approving accreditation standards developed by an accreditation authority, and
- approving accredited programs of study as providing qualifications for registration.

**National Boards publish communiqués and newsletters on [their respective websites](#) which provide an overview of their work and current matters under consideration.**

### **Australian Health Practitioner Regulation Agency (Ahpra)**

Ahpra works in partnership with the National Boards as the national agency for the National Scheme and has a national office based in Melbourne and offices in each state and territory. Key roles of Ahpra include:

- Publish a national register of practitioners so that important information about individual health practitioners is available to the public.
- Managing the registration and renewal processes for local and overseas qualified health practitioners.
- Managing the complaints and concerns raised about the health, performance and conduct of individual health practitioners on behalf of National Boards, except in New South Wales and in Queensland where we only manage those notifications referred to us.
- Monitor and audit registered health practitioners to ensure they are complying with the Board's requirements.
- Work with accreditation authorities and committees to ensure graduating students are suitably qualified and skilled to apply to register as a health practitioner.

Further information is available on the [Ahpra website](#).

### **The Ahpra Board**

The Ahpra Board is the governing board for Ahpra and ensures that Ahpra performs its functions in a proper, effective and efficient way. It is responsible for determining Ahpra's policies, setting the strategic direction for the National Scheme and assuring its performance as a whole.

You can learn more about the work of the Ahpra Board and its current membership [here](#).

### **Accreditation authorities**

Accreditation authorities perform accreditation functions assigned by the National Board. The authorities develop accreditation standards for National Board approval, accredit programs of study, monitor approved programs of study and assess overseas trained practitioners applying for registration in Australia.

### **National Health Practitioner Ombudsman**

The National Health Practitioner Ombudsman is responsible for providing ombudsman, privacy and freedom of information oversight of the National Boards and Ahpra. You can learn more about the work of the NHPO [here](#).

### **Ministerial Council**

The Ministerial Council comprises health ministers from each state, territory and the Commonwealth and is responsible for providing government direction and oversight of the National Scheme. It also

- approves registration standards developed by National Boards
- appoints members to the Ahpra Board and National Boards,
- agrees on the inclusion of new professions to the National Scheme, and
- proposes legislative amendments to the National Law.

Currently, the Ministerial Council meets as the [Health Ministers' Meeting \(HMM\)](#).



## What roles are being advertised?

National Board	Vacancies advertised –		
	Community members <sup>1</sup>	Practitioner members <sup>2</sup>	Chair
<b>Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA)</b>	No vacancies	2 vacancies – practitioner members Western Australia and a small jurisdiction (ACT/NT/TAS)	Yes
<b>Chinese Medicine Board of Australia (CMBA)</b>	No vacancies	2 vacancies – practitioner members from Queensland and a small jurisdiction (ACT/NT/TAS)	No
<b>Chiropractic Board of Australia (ChiroBA)</b>	2 vacancies	4 vacancies – practitioner members from Queensland, Victoria, Western Australia and a small jurisdiction (ACT/NT/TAS)	No
<b>Dental Board of Australia (DBA)</b>	4 vacancies	8 vacancies – practitioner members from the Australian Capital Territory, New South Wales, the Northern Territory, Queensland, South Australia, Tasmania, Victoria and Western Australia	Yes
<b>Medical Board of Australia (MBA)</b>	3 vacancies	8 vacancies – practitioner members from the Australian Capital Territory, New South Wales, the Northern Territory, Queensland, South Australia, Tasmania, Victoria and Western Australia	Yes
<b>Nursing and Midwifery Board of Australia (NMBA)</b>	2 vacancies	5 vacancies – practitioner members from the Australian Capital Territory, New South Wales, the Northern Territory, Tasmania and Western Australia	No
<b>Occupational Therapy Board of Australia (OTBA)</b>	1 vacancy	1 vacancy – practitioner member from a small jurisdiction (ACT/NT/TAS)	No
<b>Optometry Board of Australia (OptomBA)</b>	3 vacancies	4 vacancies – practitioner members from South Australia, Victoria, Western Australia and a small jurisdiction (ACT/NT/TAS)	Yes
<b>Osteopathy Board of Australia (OsteoBA)</b>	2 vacancies	1 vacancy – practitioner member from Queensland	No
<b>Pharmacy Board of Australia (PharmBA)</b>	4 vacancies	8 vacancies – practitioner members from the Australian Capital Territory, New South Wales, the Northern Territory, Queensland, South Australia, Tasmania, Victoria and Western Australia	Yes
<b>Physiotherapy Board of Australia (PhysioBA)</b>	4 vacancies	8 vacancies – practitioner members from the Australian Capital Territory, New South Wales, the Northern Territory, Queensland, South Australia, Tasmania, Victoria and Western Australia	Yes
<b>Podiatry Board of Australia (PodBA)</b>	2 vacancies	6 vacancies – practitioner members from New South Wales, Queensland, South Australia, Victoria, Western Australia and a small jurisdiction (ACT/NT/TAS)	Yes
<b>Psychology Board of Australia (PsyBA)</b>	4 vacancies	6 vacancies – practitioner members from the Australian Capital Territory, New South Wales, Queensland, South Australia, Victoria and Western Australia	Yes

1 Community members may be from any state or territory – there are no jurisdictional eligibility requirements.

2 For **practitioner members**, state or territory eligibility requirements apply as indicated. If a state or territory is not included in this round it is because a member from this state is already appointed to serve a current term on the National Board.



## How do I know if I am eligible?

### Practitioner member applicants

To be eligible for appointment as a practitioner member, **you are required** to hold current registration as a health practitioner in the health profession for which the National Board is established. For example, if you are seeking appointment to the ChiroBA you must be a registered chiropractor. There are also statutory requirements for interested health practitioners to be from a specific jurisdiction (as indicated in the above table). If a state or territory is not included in this round, it is because a member from this state is already appointed to serve a current term on the National Board.

### Community member applicants

It is important that applicants for community member vacancies can demonstrate their ability to provide community perspectives and voices to the work of the National Board. To be eligible for a community member vacancy, **you must not**, at any time, have been registered as a health practitioner in the health profession regulated by that National Board. For example, if you were once registered as a chiropractor, you cannot apply to be a community member on the ChiroBA. In addition, preference will be given to applicants who are not a registered health practitioner in any health profession.

### Other eligibility requirements

A person (practitioner or community member applicant) is not eligible to be appointed as a member of a National Board if the person has at any time, been found guilty of an offence (whether in a state or territory or elsewhere) that, in the opinion of the Ministerial Council, renders the person unfit to hold the office of member.

Shortlisted candidates will be required to complete a National criminal history check form and provide [certified copies of identity documents](#) to enable Ahpra to conduct a criminal history check.

All applicants are required to complete the declaration of private interests' declaration page of the online application form. You must answer all questions and provide supporting information as needed.

### Would you like to know what it is like to be a National Board member?

A National Board practitioner member, and a National Board community member appointed by the Ministerial Council have shared their experiences on being a National Board member. Please go to: <http://www.ahpra.gov.au/National-Boards/National-Boards-recruitment/Our-board-members.aspx>.

## What do I need to consider before I apply for appointment to a National Board?

### Commitment of Chair and members

National Board members are expected, as far as practical, to attend all meetings, including teleconferences and videoconferences. Scheduled meetings are held via Zoom or in person at Ahpra's National Office in Melbourne and typically during business hours; therefore, some members may need the support of their employer to serve on the National Board.

National Board members may be required to attend different types of meetings, including:

- monthly scheduled National Board meetings
- ad hoc meetings (either face to face or via teleconference/videoconference) when additional matters need to be considered or urgent decisions need to be made
- committee meetings for National Board members who are also a member of one or more committees, and
- occasional conferences or planning days.

All **National Board Chairs** have additional responsibilities in this leadership role – including participating in scheme-wide meetings such as the Forum of NRAS Chairs, which meets quarterly.

The table below provides the approximate time commitment and workload for each National Board that is included in this recruitment round.

National Board	Board meetings	Committee meetings
Aboriginal and Torres Strait Islander Health Practice	<ul style="list-style-type: none"> <li>• One in person meeting every quarter held in February, May, August and November</li> <li>• Meetings are half a day</li> <li>• Travel of up to 4 days each meeting may be necessary but attendance by Zoom is possible</li> <li>• Meeting pack is approx. 1500 pages including all-board papers from the previous 2 months</li> </ul>	<ul style="list-style-type: none"> <li>• All members are appointed to the Registration and Notifications Committee</li> <li>• Held on the same day as the Board meeting for 1-2 hours or every 6 weeks if necessary</li> <li>• Meeting pack is approx 1000 pages</li> </ul>
Chiropractic	<ul style="list-style-type: none"> <li>• Held on a Friday of the last full week every month (except January meeting only if required) via Zoom or in person</li> <li>• Length of meeting is 4.5 hours</li> <li>• Meeting pack is approx. 600 pages</li> </ul>	<ul style="list-style-type: none"> <li>• Members will be appointed to the Registration and Notifications Compliance Committee at some point during their tenure</li> <li>• Meetings held monthly for 3 hours after the Board meeting (RNC meeting is also held in January)</li> <li>• Meeting pack is approx. 1000 pages</li> </ul>
Chinese medicine	<ul style="list-style-type: none"> <li>• Held on a Tuesday of the last full week every month (except January)</li> <li>• In person meetings once a quarter and the remaining via Zoom</li> <li>• Virtual meetings are 3-4 hours; in person meetings are 5-6 hours</li> <li>• Meeting packs range from 220 – 1300 pages</li> </ul>	<p>Members are appointed to the Registrations and Notifications Committee (RNC) or Policy, Planning and Communication Committee (PPCC)</p> <p><b>PPCC</b></p> <ul style="list-style-type: none"> <li>• Meetings are held approx. every six weeks and are mostly virtual for 2-3 hours. They will be cancelled if a meeting is not required</li> <li>• Meeting packs range from 30 – 180 pages</li> </ul> <p><b>RNC</b></p> <ul style="list-style-type: none"> <li>• Meetings are held monthly (except January); 4 in person and 7 via Zoom</li> <li>• Length of meetings – 2-3hrs for Zoom and up to 4 hrs in person.</li> <li>• Meeting packs range from 500 – 600 pages</li> </ul>
Dental	<ul style="list-style-type: none"> <li>• Held on a Friday of the last full week every month</li> <li>• Four in person meetings and the remaining held virtually</li> <li>• In person meetings may be up to a day at an Ahpra office</li> <li>• Virtual meetings are usually no longer than four hours.</li> <li>• Meeting packs range from 320 to 1000 pages</li> <li>• Members are expected to attend an annual planning day and the Board's conference held every two years over two days</li> </ul>	<p>Members can nominate to be part of board-specific or scheme-wide work groups as they arise and is usually dependent on the member's interest and availability.</p>
Medical	<ul style="list-style-type: none"> <li>• Held on a Wednesday of the last full week every month virtually or in person</li> <li>• Meeting packs range from 300 – 2000 pages (dependent on number of papers or if there are consultation documents)</li> <li>• Members are expected to attend the Board's annual two-day conference</li> </ul>	<p>Members can nominate to be part of board-specific or scheme-wide work groups as they arise and is usually dependent on the member's interest and availability.</p>

Nursing and midwifery	<ul style="list-style-type: none"> <li>• Held on a Thursday of the last full week every month (except January) via Zoom or in person</li> <li>• Virtual meetings are 5 hours; in person meetings are 6.5 hours</li> <li>• Meeting packs range from 250 – 800 pages</li> </ul>	<ul style="list-style-type: none"> <li>• Members are appointed to one committee</li> <li>• Committees meet once a month</li> <li>• Members can be appointed to an email circulation committee or committees that meet for 2–3 hours a month</li> </ul> <p><b>Meeting packs:</b></p> <ul style="list-style-type: none"> <li>• Policy advisory committee – email circulation committee (15 – 50 pages)</li> <li>• Registration and Notifications Committee (60 – 400 pages)</li> <li>• Finance, governance and communication committee (60 – 550 pages)</li> </ul>
Occupational therapy	<ul style="list-style-type: none"> <li>• Held usually on the 3<sup>rd</sup> Tuesday every month (except January) in person</li> <li>• Meetings are at the national office in Melbourne but may meet in other jurisdictions once or twice a year</li> <li>• Meeting packs range from 300 – 400 pages</li> </ul>	<ul style="list-style-type: none"> <li>• All members serve on the Registration and Notifications Committee on a rotation</li> <li>• Practitioner members serve for 3 consecutive months (i.e. 6 meetings) and 3 consecutive months as a back-up</li> <li>• Held virtually via Microsoft Teams from 4pm to 6pm (VIC time) fortnightly on Tuesdays or Wednesdays</li> <li>• Meeting pack is approx. 500 pages</li> </ul>
Optometry	<ul style="list-style-type: none"> <li>• Held on a Thursday of the last full week every month (except January) via Teams or in person</li> <li>• Length of meeting is 5–6 hours</li> <li>• Meeting packs range from 250 to 450 pages</li> </ul>	<p>Members can be appointed to 2 or 3 committees plus the occasional working group</p> <p><b>Finance and Risk committee</b></p> <ul style="list-style-type: none"> <li>• 3–4 meetings (2 hours); via Zoom or in person</li> <li>• meeting pack is 1 page but links to Board papers</li> <li>• finance papers that are approx. 100 pages</li> </ul> <p><b>Policy and Education Committee</b></p> <ul style="list-style-type: none"> <li>• 4–6 meetings via Zoom only or in person (2–3 hours)</li> <li>• meeting pack is approx. 250 pages</li> </ul> <p><b>Scheduled Medicines Advisory Committee</b></p> <ul style="list-style-type: none"> <li>• 3 meetings (2–4 hours) via Zoom or in person</li> <li>• meeting pack is approx. 250 pages</li> </ul> <p><b>Registration and Notifications Committee</b></p> <ul style="list-style-type: none"> <li>• 12 meetings (2 hours); 11 meetings via Zoom and 1 in person</li> <li>• meeting pack is approx. 500 pages</li> </ul> <p>Information about each committee and their Terms of Reference is available on the <a href="#">Board's website</a></p>
Osteopathy	<ul style="list-style-type: none"> <li>• Held on a Friday of the last full week every month (except January) via Zoom or in person from 9:00am to 3:00pm (VIC time)</li> <li>• Meeting packs range from 600 – 1000 pages</li> </ul>	<ul style="list-style-type: none"> <li>• All community members will also be members of the Registration and Notifications Committee (RNC); practitioner members will be rotated as RNC members</li> <li>• Held on the same day as the Board meeting</li> <li>• Meeting packs range from 300 – 1000 pages</li> </ul>

Pharmacy	<ul style="list-style-type: none"> <li>• Held monthly on Fridays at the end of each month (except January)</li> <li>• Meeting duration is seven hours (face to face with some meetings held online)</li> <li>• Seven meetings held in Melbourne, two held in other capital cities and two via Zoom</li> <li>• Meeting packs on average is 550 pages (300 – 1,300 pages in last 12 months)</li> </ul>	<p>Members are usually appointed to one of the following committees which would require monthly attendance:</p> <ul style="list-style-type: none"> <li>• four-hour meetings of <b>Notifications Committee</b> on Thursdays; ave 1,600 pages (600 – 5,000 in last 12 months)</li> <li>• two-hour meetings of <b>Notifications Assessment Committee</b> on Mondays; ave 500 pages (200-1,500 in last 12 months)</li> <li>• four-hour meetings of <b>Registration and Examinations Committee</b> on Fridays; ave 500 pages (250 – 1,000 in last 12 months)</li> </ul> <p>Members are usually appointed to one of the following advisory committees which would require attendance every two months:</p> <ul style="list-style-type: none"> <li>• six-hour meetings of <b>Finance, Risk and Governance Committee</b> on Thursdays; ave 100 pages (50 – 100 in last 12 months)</li> <li>• six-hour meetings of <b>Policy, Codes and Guidelines Committee</b> on Fridays; ave 200 pages (50 – 400 pages in last 12 months)</li> </ul> <p>Members may be appointed to the Immediate Action Committee which is convened as required</p> <p>Out of session meetings (one to four hours duration) are required from time to time</p>
Physiotherapy	<ul style="list-style-type: none"> <li>• Held on the last Friday of every month (except Jan or public holidays)</li> <li>• 6 to 8 in person meetings and the remaining held virtually</li> <li>• In person meetings are between 8.30 and 3.30pm at an Ahpra office – mostly Melbourne</li> <li>• Virtual meetings are usually no longer than four hours.</li> <li>• Meeting packs normally range from 320 to 1000 pages</li> <li>• Members are expected to attend an annual planning day and a PD session</li> </ul>	<p>Members are expected to be part of board-specific or scheme-wide working groups as they arise, and is usually dependent on the member's interest and availability</p>
Podiatry	<ul style="list-style-type: none"> <li>• Held on a Wednesday of the last full week every month (except January) via Zoom or in person</li> <li>• In person meetings are scheduled from 8:30am to 3:00pm (VIC time)</li> <li>• Every alternate meeting is virtual and scheduled for four hours</li> <li>• Meeting packs range from 300 – 600 pages</li> </ul>	<p>Members can submit an expression of interest for membership of the Board's Registration and Notification Committee or Strategic Planning and Policy Committee. They can also nominate to be part of scheme-wide reference groups as they arise</p>
Psychology	<ul style="list-style-type: none"> <li>• Held on a Friday of the last full week every month (except January)</li> <li>• Five in person meetings and six virtual meetings per year</li> <li>• In person meetings are from 8:00am to 3:00pm at the national office in Melbourne</li> <li>• Virtual meetings start at 9:00am (AEST) (or 10:00am during daylight savings)</li> <li>• Pre-reading for a meeting is approx. 3-4 hours</li> </ul>	<p>Members can nominate to be part of board-specific or scheme-wide work groups as they arise and is usually dependent on the member's interest and availability.</p>

An agenda and board papers are provided before each meeting. National Board members are provided access to Diligent Boards, Ahpra's secure information sharing platform to manage meetings, access board papers and view National Board member resources and policies.

If a National Board member cannot attend a meeting, you may request a leave of absence

from the Board Chair before the meeting. In the unlikely event that a National Board member is absent without being granted leave by the board for three or more consecutive meetings, the office of the National Board member may be declared vacant, under schedule 4, clause 4(1)(d) of the National Law.

### **Government or statutory employees**

Ahpra recognises that government and statutory employees may be bound by their employer policy regarding payment for employment undertaken outside of the employer, which may alter the way National Board members are remunerated. Government or statutory employees are asked to advise Ahpra accordingly on application. Information regarding the administration of payment is available on request.

Ahpra strongly recommends potential applicants consult with their employer before applying to ensure an acknowledgement of permission from your employer can be arranged if it is required, should you be successful in appointment to a National Board.

### **Membership and appointments to boards of other organisations or professional bodies**

Many applicants are members of professional organisations, which are relevant to their practice, and/or their employment and professional interests.

Some applicants may be **appointed/elected** to the executive, a committee, or a board of a professional organisation or decision-making body that represents the interests of a profession or a consumer group, and may at times, express a view on the work of the National Board or the National Scheme.

Although the National Law does not preclude a person being simultaneously appointed to both a National Board and the executive, committee or board of a professional or consumer organisation, this type of dual appointment can often give rise to real or potential conflicts of interest. For example, between meeting your responsibilities to the organisation (e.g. to advocate in the interests of the profession) and ensuring you administer your regulatory obligations as a national board member to act impartially and to place the public interest ahead of professional interests.

Before you apply, we encourage you to consider whether this type of conflict of interest is manageable over a term of appointment that can be for up to three years and whether you will resign your office to accept a National Board appointment. You are asked to identify these types of appointments in your Curriculum Vitae (CV).

## **What is the process for appointment to the National Board?**

### **Appointments**

All National Board appointments are made by consensus by the Ministerial Council which comprises the Health Ministers from each state and territory and the Commonwealth and under the National Law. The term of appointment may be for a period of up to three years as decided by the Ministerial Council. Appointed members may be eligible for reappointment for a further term/s on the National Board.

### **Recruitment and selection process**

It's important to note that this recruitment process takes time. The process can take up to *11 months* from when vacancies are advertised to when appointments are made and announced by the Ministerial Council.

A **selection advisory panel** comprising health departments' officials including Aboriginal and Torres Strait Islander representation will be convened to provide advice to governments on proposed candidates for appointment. Ahpra is not part of the selection advisory panel and does not decide who is selected or appointed.

**Interviews** for shortlisted candidates will be conducted to ensure that they have the necessary qualifications, skills and experience for the position. Interviews will occur online via Zoom or Microsoft Teams.

**Reference checks** for suitable candidates will be conducted. Applicants are asked to nominate three referees who can support their application. Referees must be advised in advance that they may be contacted by Ahpra staff.

All shortlisted candidates will undergo **probity checks**, which include:

- a national criminal history check, processed by a suitably trained Ahpra officer
- an Australian Securities and Investments Commission (ASIC) disqualification register check
- a National Personal Insolvency Index check conducted through the Australian Financial Security Authority (AFSA), and
- a check of the National Board's records to ensure that practitioner member applicants are of good standing in the profession.

## How do Health Ministers decide who to appoint?

Under the National Law, in deciding whether to appoint an eligible and suitable person as a member and Chair of a National Board, the Ministerial Council must have regard to the skills and experience of the person that are relevant to the National Board's functions.

Applications and supporting information such as CVs and response to the National Board member attributes (below) will form the basis of advice provided by governments to the Ministerial Council for consideration of appointments.

It is considered that a **practitioner member** will bring sound experience in the health profession for which the National Board is established and will have an appreciation and understanding of the regulatory role of the National Board.

With a sound understanding of health issues and services, a **community member** will represent the views and opinions of members of the community.

**All applicants** are required to address the following attributes:

- 1. Displays integrity:** is ethical, committed, diligent, prepared, organised, professional, principles-based and respectful; values diversity; and shows courage and independence.
- 2. Thinks critically:** is objective and impartial; uses logical and analytical processes; distils the core of complex issues and weighs up options.
- 3. Applies expertise:** actively applies relevant knowledge; skills and experience to contribute to decision-making.
- 4. Communicates constructively:** is articulate, persuasive and diplomatic; is self-aware and reflects on personal impact and effectiveness; listens and responds constructively to contributions from others.
- 5. Focuses strategically:** takes a broad perspective; can see the big picture; and considers long term impacts.
- 6. Collaborates in the interests of the National Scheme:** is a team player, flexible and cooperative; and creates partnerships within and between boards and Ahpra.

Community member applicants will be required to address the following additional attribute:

- 7. Strong community connection:** can demonstrate a strong community connection/s and an ability to bring a public/lay perspective and voice to the regulatory work of National Boards.



Chair applicants will be required to address the following additional attributes:

**8. Demonstrates leadership:** is confident, decisive and acts without fear or favour, is at the forefront of professional regulation, drives reform and facilitates change.

**9. Engages externally:** is the spokesperson for the Board and advocate for the Scheme, defines the nature and tone of engagement, builds and sustains stakeholder relationships.

**10. Chairs effectively:** establishes and follows well-organised agendas, facilitates input from all members, builds consensus, distils core issues, summarises discussion and confirms decisions ensuring they are accurately recorded.

## If I am appointed as a member of the National Board, is there anything else I need to know?

### Governance training and orientation to the National Scheme

To assist National Board members/Chairs in understanding the governance framework for the National Scheme and perform the roles and responsibilities required under the National Law, members will complete the 'Governance and decision-making in the NRAS' program, during their first term of appointment. Ahpra will schedule the training and provide more information on the 'Governance and decision-making in the NRAS' professional development program to appointed members.

All appointed National Board members also receive an orientation to the National Scheme and a National Board-specific induction at the start of their term.

### Cultural safety

The National Scheme's commitment to eliminating racism from the healthcare system and ensuring patient safety is the norm for Aboriginal and Torres Strait Islander Peoples is detailed in the [National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025 \(the Strategy\)](#) and enshrined in the guiding principles and objectives of the [National Law](#).

It is essential that members understand and uphold the Strategy and National Law by demonstrating culturally safe and anti-racist practise at all times during their appointment. Members must attend cultural safety training delivered by Ahpra in line with the commitment in the Strategy to train all staff, Board and committee members including adhering to any associated policies and procedures.

The Strategy also commits Ahpra to increase the participation of Aboriginal and Torres Strait Islander members (a minimum of two) on each National Board by 2025. The inclusion of Aboriginal and Torres Strait Islander Peoples voices and perspectives in decision-making processes at the board level is critically important in creating a culturally safe and informed regulatory body and healthcare system.

### Role and responsibilities of National Board members

National Board members are required to act within the powers and functions set out in the National Law. Under the National Law, members are required to act impartially and in the public interest in the exercise of their functions and put the public interest before the interests of particular health practitioners or any entity that represents health practitioners (Clause 7 of Schedule 4 of the National Law).

### Managing conflict of interest and bias

The National Law includes extensive provisions concerning conflicts of interest. Members are to comply with the conflict of interest requirements set out in Clause 8 of Schedule 4 of the National Law.



The National Boards have business rules and processes in place to record and manage real and/or perceived conflicts of interest. As a rule, National Board members must declare any actual and perceived conflict of interest concerning matters to be considered at a meeting. National Board members must also exclude themselves from decision-making in relation to a matter in which they are biased or may be perceived to be biased. Penalties apply to unlawful disclosure of protected information.

### Statutory protections

Under section 236 of the National Law, members of National Boards are provided with appropriate statutory protections for exercising their functions in good faith.

### Confidentiality

Members are required to comply with the confidentiality requirements of s.216 of the National Law. Any information that comes to a member's knowledge, in the course of, or because of the member's role is protected information and must not be disclosed or made allowed to be disclosed to another person, organisation or entity.

### Remuneration

The Ministerial Council determines the remuneration for members of a National Board per the National Law. Remuneration is usually adjusted on an annual basis according to the consumer price index. The remuneration (daily sitting fee) as of 1 July 2023 is as follows:

Role	Quarter daily fee	Half daily fee	Full day fee	Extra travel time	
	Less than 2 hours	Up to 4 hours	More than 4 hours		
	Fees <b>include</b> up to 4 hours travel time			Between 4–8 hours	Over 8 hours
Chair	\$218	\$436	\$872	\$436	\$872
Member	\$179	\$358	\$716	\$358	\$716

Ahpra sets the business rules for the payment of sitting fees and expenses.

All meetings or regulatory activities will be paid at a standard sitting fee rate across three time-related bands:

- less than 2 hours requiring no significant preparation time or travel (quarter-daily sitting fee)
- up to 4 hours requiring significant preparation time (half-daily sitting fee)
- greater than 4 hours (full day sitting fee)

Travel time is calculated on a door-to-door basis for each individual member, acknowledging that home location and the availability of flights or other transport will directly affect the amount payable.

Under the *Superannuation Guarantee (Administration) Act 1992*, National Board members are eligible to receive contributions at 11% of total annual remuneration to a chosen superannuation fund.

### Expenses

National Board members are entitled to reimbursement of any reasonable out-of-pocket expenses incurred during the course of undertaking board business. More information on allowances and the process of payments and claims will be provided if you are appointed.