



**DRAFT: The regulation of health professionals in Australia**

*Who does what?*

QA of higher education	National councils
Registration and licensure	National boards and the Australian Health Practitioners Regulation Agency (AHPRA). Registration only, with different categories – no licensure process
Standards	National boards
Non-adherence to standards	AHPRA and the National boards (except in New South Wales: NSW Health Care Complaints Commission)

**1. Introduction**

Australia has two levels of government – the federal level and state/territory level. There are six states and two major mainland territories. New legislation in 2010, the Health Practitioner Regulation National Law Act, established nationally consistent legislation for the regulation of ten health professions, with national boards for these professions. This replaced the previous state-based structures, with 85 boards and 66 Acts of Parliament. The Australian Health Practitioner Regulation Agency (AHPRA) was established to support the boards in operating the National Registration and Accreditation Scheme. From July 2012, four further groups were brought into the scheme. The boards and AHPRA report to the Ministerial Council.

Registration of regulated health professionals is undertaken by the AHPRA. The National Boards set out the standards of conduct for these professions. AHPRA and the Boards work together to investigate and adjudicate where an allegation is made that standards have not been met (except in New South Wales, where this function is undertaken by the New South Wales Health Care Complaints Commission). Quality assurance of higher education is the responsibility of national councils for each profession, established for this purpose.

<b>States</b>	New South Wales Queensland South Australia Tasmania Victoria Western Australia
<b>Major Mainland Territories</b>	Australian Capital Territory Northern Territory

**Regulated health professionals:**

- Aboriginal and Torres Strait Islander health practitioners
- Chinese medicine practitioners
- Chiropractors
- Dental care providers
- Doctors
- Medical radiation practitioners

Nurses (including nurse practitioners and midwives) Occupational therapists Optometrists Osteopaths Pharmacists Physiotherapists Podiatrists Psychologists
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## 2. Quality Assurance of Higher Education

Each of the national boards has the power to designate quality assurance functions to a single external authority. In Australia, the organisations who undertake these functions are national councils – organisations established for this purpose whose remit covers the whole of Australia, and in some cases further afield. While there are some differences of process, they are all responsible for accrediting education providers and programmes of study for their respective professions, in order to ensure that students are provided with the knowledge, skills and professionalism to practise in the profession. The range of accredited courses include undergraduate and graduate courses leading to registration; post-registration courses such as specialist training programmes; bridging courses for overseas trained practitioners; and re-entry to practice programmes. The national councils also assess educational programmes at overseas institutions in order to assess the suitability of overseas applicants for registration (see below).

### Quality assurance of higher education: national councils

Australian and New Zealand Osteopathic Council Australian and New Zealand Podiatry Accreditation Council Australian Dental Council Australian Medical Council Australian Nursing and Midwifery Accreditation Council Australian Pharmacy Council Australian Physiotherapy Council Australian Psychology Accreditation Council Council on Chiropractic Education Australasia Optometry Council of Australia and New Zealand
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### *Continuing professional development*

Under national law registered health professionals are responsible for meeting CPD requirements and for maintaining a CPD portfolio. CPD requirements are set out by the national boards. CPD must include a range of activities to meet individual learning needs including such processes as clinical audit, peer-review and performance appraisal, courses, conferences, and online learning. The national councils described above assess and approve courses, while CPD portfolios are subject to random audit by the national boards.

## 3. Registration and licensure

Under national law, the national boards set registration standards for their respective professions. The AHPRA, via its state and territory-based offices, accepts all applications for registration for the regulated professions. Only in complicated cases are the national boards involved in individual applications; the majority are processed independently by the AHPRA. An applicant can be registered, registered with conditions, or the application can be rejected. If the applicant wishes to dispute a registration decision, a tribunal may be requested. The registers are available online via the AHPRA website.

Under national law, there are six categories of registration: general; specialist; limited (area of need, teaching, research); provisional; and non-practising. The sixth category is student registration, which is managed by educational institutions. The period of registration for all six categories is not more than 12 months. There is no separate process of licensure in Australia.

**Area of need**

'Area of need' is a type of medical practitioner registration under the 'limited' category. This type of registration applies in areas of medical workforce shortage, usually in a rural or remote location. Practitioners work under supervision and must comply with an agreed supervision plan that involves enrolment in agreed continuing professional development programmes. Areas of need are formally designated as such by the state or territory's Minister of Health.

*Professional mobility*

The national councils assess the knowledge, clinical skills and professional attributes of internationally qualified practitioners. Further examinations, either regarding professional knowledge and/or proficiency in English, may also be required of the applicant as a condition of registration. While the Councils have different assessment processes, they are all dependent to some extent on the country in which an applicant's qualification was received. For example, applications from those who have qualified in countries with similar health, education and professional regulatory structures to Australia (UK, Ireland, USA, Canada, etc) may for example entitle the applicant to either (i) an exemption from the competency-based assessment programme (nurses); (ii) proceed directly to a period of supervised workplace-based performance assessment with limited registration (doctors); or (iii) require a shorter period of supervised practice (pharmacists).

**4. Standards of practice**

Codes of conduct are published by the national boards for their respective professions. There are some differences in detail. For example, while the Boards of Medicine and Pharmacy set out the principles that characterise good practice and make explicit the standards of expected ethical and professional conduct, the Nursing and Midwifery Board has published detailed competency standards and standards of professional conduct for each category of registration.

**5. Failure to adhere to standards**

Any member of the public is able to make a complaint to the AHPRA if they have concerns about a registered health professional. Under national law, expressions of concern are referred to as 'notifications', and when they originate from a member of the public are termed 'voluntary notifications'. Health professionals must act if they have concerns regarding a colleague, by contacting AHPRA; national law specifies 'mandatory notifications' which apply to health practitioners, employers and education providers. Investigation and adjudication functions are distributed between AHPRA and the relevant national boards in all jurisdictions except New South Wales, where different arrangements apply, operated by the NSW Health Care Complaints Commission.

AHPRA assesses all notifications to determine whether any immediate action is necessary. This might include suspension or imposition of a condition on the professional's registration. If immediate action is not required, the AHPRA will assess the notification thoroughly. Its aim is to complete investigations within six months.