



Self Regulating Health Profession Peak Bodies Membership Standards

Updated:	2/12/2016
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Date:	2/12/2016

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Background

Concerns regarding practitioner regulation for health professionals outside of the National Regulation and Accreditation Scheme (NRAS) have been explored both nationally and within some jurisdictions. Concern has been raised by professionals and consumers alike, expressing significant interest in the need for quality assurance and national consistency for services provided by the professions outside of the 14 covered by NRAS and the Health Practitioner Regulation Law. The National Alliance of Self Regulating Health Professions (NASRHP), under the auspice of Allied Health Professionals Australia (AHPA), has long acknowledged this and through submissions to various national bodies over time have expressed both concern and lobbied for inexpensive and effective options to remedy this for self regulating allied health professionals and the safety of Australian health consumers.

In 2010 it became apparent that there was a reluctance to extend the newly operating NRAS to incorporate further professions. At this time NASRHP member organisations commenced working together to benchmark their regulatory standards. In late 2011, an opportunity was identified for NASRHP member organisations to jointly investigate a model that supported the growth and evolution of the professions they represented. Published in March 2012, *Harnessing self regulation to support safety and quality in healthcare delivery* presented a comprehensive model for regulating all health practitioners, within which NASRHP's objectives were stated as:

- Seek clarity regarding regulation for their respective professions
- Benchmark their self regulatory environment
- Advocate on behalf of the public for an improved health regulatory environment
- Address the challenges and consequences for the professions and health agencies of the current fragmentation in health practitioner regulation.

Extensive consultation followed the publication of this model, with feedback suggesting a minimal appetite for the government at that time to invest in the model. Due to the importance of this function, and the recognised need by industry and consumers, NASRHP member organisations committed to invest a significant portion of its limited resources to work towards development of the model independently, whilst continuing to advocate for such a model to be recognised via Government and National Law.

In 2013, state and federal governments agreed in principle to strengthen state and territory health complaints mechanisms via a single National Code of Conduct. To be applicable all Australian health professions, this Code of Conduct is to be regulated in each state and territory, with statutory powers to enforce the code by investigating breaches and issuing prohibition.

The National Code of Conduct for health care workers is a component of a negative licencing scheme for all non-registered healthcare workers, but it is recognised as operating at a reactive, minimum safety-net level, in the setting of generally applicable minimum standards of professional conduct. It does not however purport to incorporate 'best practice' standards that are intended to guide practitioners in attaining the highest professional standards of practice, which underpins the basis of professional self regulation.

Between 2010 and 2014 the NASRHP scoped and undertook development of a framework of common, best-practice standards which should be applied to Australian

national peak professional bodies of self regulating allied health professional associations.

In 2014 the NASRHP made a submission to the Commonwealth review of the NRAS, contending that to protect the interests and safety of the public a single national authority such as the Australian Health Practitioner Regulation Agency (AHPRA) should be responsible for managing the regulation of all health practitioners. This requires an integrated framework covering the registered professions, authorised self regulating professions and negative licensing of those practitioners who do not otherwise fit within the regulation processes.

This submission sought:

- The national law be amended to include a description of self regulating health professions for inclusion under the NRAS.
- Authorised self regulation, with reserved/protected title legislation, will require practitioners utilising the protected title to meet standards for practice set by the professional association. All regulation will be managed by AHPRA and the framework will be fluid, such that on AHPRA's recommendation a profession may move out of or into the NRAS should its demonstrated risk profile change.

In August 2015, Australian governments responded to the recommendation of 2014 review of the NRAS. In their response, they have deferred any further discussion of including additional professions under the NRAS, and rejected the recommendation to establish a system of quality assurance for voluntary registers of self regulated professions.

The proposal

Following four years of consultation, scoping and development, the National Alliance of Self Regulating Health Professions (NASRHP) proposes to provide assurance to consumers, government and other entities regarding the safety and quality of self regulating health services, through the establishment of an evidence-based national framework of regulatory standards.

These standards will be applied by an independent body to approve those Australian peak professional bodies who meet the standards to self regulate and accredit practitioners within that profession. This will facilitate national consistency in quality and support for self regulating health professionals and satisfy national and jurisdictional regulatory requirements, including the National Code of Conduct for health care workers and associated jurisdictional mechanisms, as well as extend practitioners to achieve high quality and evidence-based professional standards

A proposed Governance model and framework composed of the following eleven standards has been developed by NASRHP:

- Scope (Areas) of Practice
- Code of Ethics/Practice and/or Professional Conduct
- Complaints procedure
- Mandatory Declarations
- Professional Indemnity Insurance

- Competency Standards
- Practitioner Certification Requirements
- Course Accreditation
- Recency and Resumption of Practice Requirements
- English Language Requirements
- Continuing Professional Development

There is significant alignment between the work to develop and implement a National Code of Conduct and the work of NASRHP. This proposal presents an opportunity for government to enhance its intention to provide assurance of consumer safety and high quality in the delivery of health services provided by self regulating health professionals, and enable NASRHP to progress this important work in alignment with the timing and function of the National Code of Conduct.

About this document

This proposal is the product of significant work of NASRHP. The standards below have been developed from the substantial environmental scanning undertaken by NASRHP, and subsequent recommendations which informed the development of each standard. The full environmental scanning results, and recommendations, are contained in the *Appendix 1. Environmental scanning for the NASRHP Accreditation Standards* to this paper.

Definitions

Below is a list of standardised terms used throughout this document with statements of the intended interpretation, so with common synonyms. In reading this document, the given term and the synonyms can be read interchangeably.

Appeal Panel means a panel of professionals which considers appeals against outcome and processes, in either assessing professional bodies or under a complaints handling process.

Appropriate indemnity cover means having cover in place which is appropriate to the Scope of Practice, having regard to the nature and extent of its risks. The cover needs to be sufficient to meet any liability that may be incurred if a successful claim is made against the practitioner arising from their professional practice. What is appropriate cover will vary between practitioners and depend upon a number of factors, including; the practice area or areas in which they work, the clients they work with and the risks involved in their practice.

Automatic reinstatement is a provision in policies which allows for the limit of indemnity (amount insured) to be reinstated for new, unrelated claims, after one or more claims have been paid to the limit of the indemnity.

Board can mean the governing body of NASRHP or the Board of the Professional Body/ organisations seeking membership.

Certified practitioner: An individual who meets all standards stipulated by a NASRHP Professional Body.

Competency Standards are standards which set out what individuals should know, understand and be able to do, in order to practice safely and effectively. Applicants must meet these standards to become certified. They describe the combination of skills, knowledge, attitudes, values and abilities that underpin effective performance in a professional or occupational area.

Competency is an observable quality of a health professional that can be measured and assessed to ensure its acquisition by a professional.

Components of Competency Standards:

Units/Domains are succinctly worded statements of the major work roles of a profession. A more lengthy description of each domain is usually provided to allow an overview of the profession if the Units/Domains were to be viewed in isolation.

Each domain contains a list of **activities/elements** which are intended as descriptions of tasks required to perform the work roles listed as domains.

Performance criteria/indicators are then listed to describe the observable and/or measurable actions expected of the workforce when performing each activity.

Range Variables/Statements are intended to define the context in which assessment would occur and the Scope of Practice inferred by the indicator.

Complaint in this standard means a formal expression of dissatisfaction with the process or outcome of assessing a professional body, or a specific action or service of a practitioner who is a member or has certification with a peak professional body. A complaint about a practitioner may include disclosure about the conduct or behaviour of a member/certified practitioner that is a potential breach of the conditions of membership or certification.

Complainant means a person or entity who raises a complaint regarding the process or outcome of assessing a professional body or a member practitioner to an NASRHP Professional Body's Ethics and/or Complaints Committee.

Community Representative means a member of the public who has an interest in the particular profession and can represent a consumer point of view.

Entry Level: Point of time when a practitioner begins practising as a health professional within the Australian workforce.

Ethics and/or Complaints Committee means the committee responsible for the oversight of the complaint management process.

Hearing Panel means a panel of appropriate professionals which allows for the Accreditation Panel or Respondent to formally address the complaint.

IELTS is the International English Language Testing System developed by the University of Cambridge Local Examinations Syndicate, The British Council and IDP Education Australia.

Informed consent refers to a service user having all the necessary information in a format they can understand so that they can make an informed decision about receiving care or a particular service.

Must is used in a Code of Ethics/Practice and/or Professional Conduct where the statement sets a minimum standard that all practitioners are obliged to uphold.

NASRHP: The National Alliance of Self Regulating Health Professions

NASRHP Professional Body/Professional Body: An association representing allied health practitioners in Australia which has been assessed as having the necessary standards in place to satisfy the NASRHP that all certified practitioners of that association offer safe and effective services to the public.

Notifiable Conduct is where a practitioner fails to meet their requirements Code of Ethics/Practice, Competency Standards, Recency of Practice, Fitness to Practice (if the policy is in place) or any other professional requirements of the NASRHP Professional Body.

OET is the Occupational English Test administered by the Centre for Adult Education.

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. For the purposes of this standard, practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct nonclinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession.

Practice standards: evidence based prescriptive methods of conducting treatment based on a review of the evidence based literature and are different to Competency Standards.

Respondent means the member of the NASRHP Professional Body who is alleged to have committed a breach of the NASRHP Professional Body's Code of Ethics/Practice and/or Fitness to Practice requirements.

Scope of Practice is defined as the area or areas of the practitioners' profession in which they have the knowledge, skills and experience to practise lawfully, safely and effectively, in a way that meets professional standards and does not pose any danger to the public or to themselves.

Should is used in a Code of Ethics/Practice and/or Professional Conduct to indicate an aspirational standard that the certified practitioner aims to promote. Here the practitioner is expected to comply, but may use their discretion.

Volunteer – in this context, a practitioner providing a service, related to their professional practice, free of charge.

NASRHP Membership Standards

Governance

The aim of this document is to describe a governance model which is best practice and not overly burdensome for the NASRHP functions.

Structure

NASRHP will be established as an independent company which is registered as a Company Limited by Guarantee with reporting requirements to the Australian Securities and Investments Commission (ASIC).

Board make-up

NASRHP will be governed by a Board of Directors. This Board will be a skills-based Board, aiming for transparency in its selection and representativeness. The Board will consist of a Chair, Vice-Chair, and a Treasurer (Chair of Finance Committee) in the absence of paid staff. The NASRHP Board will define the strategic direction, set the policies and establish the membership standards. This governance structure is similar to those of NASRHP founding organisations, with a Membership Assessment Team to oversee the assessment of applications for membership.

The Board will consist of a maximum of 12 Directors and a minimum of 11. The Board will constitute Directors from the following representative areas:

- Externals: Minimum of three (3) and maximum of four (4) external directors with skills of importance as identified by the Board, with a minimum of one consumer director.
- Founding organisations: a representative from each of the 8 NASRHP founding organisations, being:
 - Audiology Australia
 - Australasian Sonographers Association
 - Australian and New Zealand College of Perfusionists
 - Australian Association of Social Workers
 - Australian Orthotic Prosthetic Association
 - Dietitians Association of Australia
 - Exercise and Sports Science Australia
 - Speech Pathology Australia.

Board selection

An interim Board will be comprised of senior members of each of the founding organisations at the CEO or senior executive level.

Board selection will be based on competency and skill set. Initially there will be one representative for each of the NASRHP founding organisations. The Board of the founding organisations will be required to nominate one representative to the NASRHP Board position. The Board will assess the suitability of the nomination against defined selection criteria and ratify or reject the nomination as appropriate.

NASRHP will seek appropriate external and consumer representatives. Representatives of the founding organisations will appoint the external and consumer directors and from them, the independent chair in the first instance.

Operations

General NASRHP operations will be overseen by the Chair, with financial oversight by the Treasurer. The NASRHP membership process will be operationalized in line with Board approved policies through the Membership Assessment Team. The Board and Membership Assessment Team will operate at arms-length, with the Board setting the strategic direction and signing off policies and procedures and the Membership Assessment Team completing the operation component. The team will have a significant advisory role to the Board.

The NASRHP delegate (administrative staff) will be responsible for the preliminary desk top assessment of all applications for membership and the establishment of Membership Assessment Teams for each application.

Membership Assessment Teams

The Membership Assessment Teams will be drawn from a Pool of Assessors, which will include external representatives, consumer representatives and NASRHP member representatives. The pool will maintain a total minimum of 10 including a minimum of two (2) external and two (2) consumer representatives. The pool will be selected according to defined selection criteria following a call for nominations.

Each Membership Assessment Team will consist of three members selected from the Pool of Assessors with one member elected by the Board as the Leader of the Membership Assessment Team. The Membership Assessment Team must include one (1) consumer or external representative. The team will not consist of any person associated with the body being reviewed.

On completion of a membership assessment, the Leader of the Membership Assessment Team will report the outcome to the Board for ratification. The Board will have a role in determining whether correct process has been followed but has no role in the determination of the outcome of an assessment.

Appeals and Complaints Mechanism

There are two types of complaints and/or appeals that NASRHP will consider. These include:

- Appeals against a membership assessment outcome
- Complaint against a member organisation regarding compliance with a NASRHP standard.

In accordance with the principles of natural justice, an appeals process will be available through a separate Appeals and Complaints Panel. This Panel will be convened as required and consist of three (3) members including one (1) consumer representative, one (1) external and one (1) NASRHP member organisation representative. The Appeals and Complaints Panel members will be selected by the NASRHP Board from the Pool of Assessors, excluding those from the profession involved in the appeal and those assessors who were involved in the membership assessment outcome. It will not consist of any members of the Board. The Appeals and Complaints Panel will consider appeals against outcome and process, will complete further investigation as required and provide a final recommendation to the Board. The Appeals and Complaints Panel will operate under a defined Terms of Reference and in accordance with Board approved policies and procedures.

Forms of Membership

There will be two (2) levels of Membership available.

Full Membership is where a Professional Body meets all standards at 100% level.

Provisional Membership is where the association is demonstrating substantial work toward meeting all standards during the first three (3) years of the program, but meeting 100% of the standards will be expected in order to achieve Full Membership in the fourth and ensuing years.

Membership/Re-joining is current for five (5) years, with annual reporting requirements. To be eligible for re-joining, the Professional Body is required to demonstrate continued compliance with the NASRHP membership standards and re-joining application requirements.

For professions not deemed to meet Full Membership, a review of the decision can be requested through the Appeals and Complaints process.

1. Scope (Areas) of Practice

The key purpose of Scope of Practice in self regulation is to ensure that practitioners only practice within their competent skill set.

Requirements of the standard:

NASRHP Professional Bodies are NOT required to have a Scope of Practice document to meet NASRHP Membership requirements.

NASRHP Professional Bodies ARE required to reference Scope of Practice within the profession's Code of Ethics/Practice and/or Professional Conduct document and meet the NASRHP Competency Standards membership standard.

A suggested definition is: "the area or areas of your profession in which you have the knowledge, skills and experience to practice lawfully, safely and effectively, in a way that meets professional standards and does not pose any danger to the public or to yourself".

2. Code of Ethics/Practice and/or Professional Conduct

A Code of Ethics/Practice and/or Professional Conduct seeks to assist and support practitioners to deliver appropriate, effective services within an ethical framework. Practitioners have a professional responsibility to be familiar with their Code of Ethics/Practice and/or Professional Conduct.

A Code of Ethics/Practice expresses the minimum enforceable values and responsibilities which are integral to, and characterise, the particular allied health profession. It is intended to assist all practitioners, collectively and individually, to act in ethically accountable ways in the pursuit of the profession's aims.

One of the key purposes of a Code of Ethics/Practice and/or Professional Conduct is to hold practitioners accountable for their ethical practice and act as a basis for investigation and adjudication of formal complaints from the public and other practitioners about unethical conduct.

Scope of application

To become a NASRHP Professional Body, a Code of Ethics/Practice and/or Professional Conduct must be in place.

Requirements of the standard

Mandatory compliance with the Code

Compliance with the Code of Ethics/Practice and/or Professional Conduct set by the NASRHP Professional Body must be a mandatory component of maintaining certification for practitioners and a component of demonstrating Fitness to Practice (if a Fitness to Practice policy is in place).

Features of the Code

The following features must be incorporated into the Code of Ethics/Practice and/or Professional Conduct:

- Essential definitions to support public navigation
- An interpretation statement (describing the purpose of the code and where it sits within self regulation)
- Description of the attitudes and expectations of a practitioner with limited reference to practice techniques and technical expectations
- Reference Scope of Practice
- The principles must be assessable and linked to the Complaints process
- There must be a defined review period with a robust review process
- Requirement to comply with Federal and State Laws and regulations.

Declaration requirements

The NASRHP Professional Body must require its certified practitioners to provide a declaration of understanding and compliance with the Code of Ethics/Practice and/or Professional Conduct at the time of initial certification or recertification.

Clarity of language and terms

NASRHP Professional Bodies are encouraged to use Plain English in their Code of Ethics/Practice and/or Professional Conduct, understanding that this is a document available for wide, public consumption. A Guidance document or other appropriate

consumer information must be available to support public understanding of the Code of Ethics and/or Professional Conduct, which may be in document or web page format.

3. Complaints Procedure

The key purpose of a Complaints procedure is to receive and effectively respond to complaints about alleged breaches of Codes of Ethics/Practice and Fitness to Practice requirements. This is a proactive process which allows for the protection of the public through the maintenance of a high standard of professional ethics, competence and Fitness to Practice. A Complaints procedure also acts to protect the reputation of the NASRHP Professional Body and its members, the credibility of the profession as a whole and the credibility of NASRHP and other members.

Scope of application:

To become a NASRHP Professional Body a robust Complaints procedure must be in place, which seeks to respond to alleged breaches of established practice standards and codes that include, but may not be limited to: Code of Ethics/Practice, Competency Standards and Practice Standards (and Fitness to Practice if in place).

Requirements of the standard:

Types of complaints received

The types of complaints which will be addressed by the Ethics and/or Complaints Committee must include alleged:

- Breaches against the Code of Ethics/Practice and/or Professional Conduct
- Non-compliance with Mandatory Declarations in relation to the Code of Ethics/Practice and/or Professional Conduct and Competency Standards
- Failure to meet the Fitness to Practice Policy (if policy is in place).

The NASRHP Professional Body is encouraged to support the public in raising complaints against non-certified practitioners through referral to the appropriate State Based Health Complaints Commissioner.

Preliminary management

The NASRHP Professional Body's Complaints Procedure must allow for preliminary resolution prior to the formalisation of a complaint. Further to this, the option for early assessment of the validity and exclusion of vexatious complaints may also be included. The procedure must allow for the option of mediation and resolution prior to disciplinary processes proceeding with defined timelines in place.

Ethics and/or Complaints Committee

The Ethics and/or Complaints Committee must be independent of the Board, with a diverse range of members, which may include certified practitioners of the NASRHP Professional Body and external representatives. The member make-up of the Ethics and/or Complaints Committee must be explicit. The roles of staff, CEO, Board and Ethics and/or Complaints Committee in the Complaints process must be detailed. The Board may have a role in the determining that due process has been followed and in the determination of sanctions, but it will not have any role regarding the verdict. An Ethics and/or Complaints Committee Terms of Reference must also be in place.

Publicly available information

The guidelines or a summary of the complaint procedure or the actual procedure must be publicly available. The complaint timeline must be clearly documented within the procedure and a flow chart or pictorial is encouraged. The public availability of a

complaints form or proforma is encouraged, which would ensure consistency in reporting and prompting of appropriate detail

Complaint process

Formal stages and processes that must be present within the Complaints procedure include, but are not limited to:

- Formal documentation of the complaint
- Initial consideration and preliminary management
- Opportunity for reply from respondent
- Investigation
- A hearing by a Hearing Panel which allows for the Respondent to formally address the complaint
- A determination of outcome
- An appeals process, including a separate Appeals Panel for independent review.

Available outcomes

Mediation and conciliation should be options available to the Ethics and/or Complaints Committee. Other outcomes from the Complaints process must include, but not be limited to:

- Dismissal of complaint
- Enforceable sanctions e.g. prescribed Continuing Professional Development, formal warning, mandatory supervision/mentoring
- Suspension of certification status
- Termination of certification status
- Termination of eligibility for membership of the Professional Body.

Where there are arrangements in place for an external agency to use a Professional Body's credential to determine eligibility to work within the program, the Complaints Procedure must require the reporting of suspensions and expulsions to that agency.

In the case of suspension or expulsion of a practitioner's certification, the NASRHP Professional Body must publicly list the outcome in a form which is publicly accessible, such as their website.

Recording and reporting

A complaints register must be maintained and de-identified data reported to NASRHP on an annual basis.

Legal Requirements

The legal requirements of Confidentiality, Natural Justice and Privacy must be included and clearly stated within the Complaints Procedure.

If the complaint causes the investigating officer, Board Member, staff or Ethics and/or Complaints Committee to reasonably deduce that there may be a breach of criminal law, the complaint should be referred to the relevant authorities.

If the subject matter of the complaint is also subject to criminal or civil legal proceedings, or investigation of another complaints or regulatory entity, this maybe because to suspend dealing with the complaint. However, the complaints process may resume dealing with the complaint following conclusion of such proceedings.

4. Competency Standards

The concept of competency focuses on what is expected of a practitioner in the workplace, rather than the learning process. Competence relates to the ability to transfer and apply skills and knowledge to new situations and environments whilst integrating components such as values and attitudes. A competency is an observable quality which can be measured and assessed to ensure acquisition by a professional.

Competency Standards describe the combination of skills, knowledge, attitudes, values and abilities that underpin effective performance in a professional or occupational area. Competency Standards utilise the meaning of competence to provide discipline specific detail regarding entry level attributes.

Competency Standards underpin many self regulation processes and therefore play a vital role in ensuring the quality and safety of services provided by health care professionals.

Competency Standards achieve their intended outcome by:

- Providing a basis for assessment of practitioners' performance; ensuring they can safely and effectively fulfil their required role prior to certification
- Informing the public of the role of the professional and the minimum expectations they can have in their interaction with the professional
- Informing the education sector of the professions work place requirements to assist with curriculum development
- Informing government and policy makers of the range and standard of practice they can expect from entry level allied health practitioners in Australia.

Scope of application:

To become a NASRHP Professional Body, a current Competency Standards document reflecting entry level practice in Australia must be publicly available.

Requirements of the standard:

Method of application

All NASRHP Professional Bodies must use assessment of or against Competency Standards to inform practitioner certification. See Practitioner Certification and Course Accreditation standards for details.

The methods proposed by the NASRHP Professional Body to link Competency Standards to practitioner certification, must be clearly documented, robustly developed and able to be consistently applied.

Where NASRHP Professional Bodies rely on an external entity to determine practitioner eligibility against the Competency Standards, in addition to the above evidence, the Professional Body is required to demonstrate how they will monitor the application of the Competency Standards and be aware of any changes which the external entity may implement.

Competency Standards document

All Competency Standards documents must be outcome based and all statements expressed as measurable/observable aspects of knowledge and skills expected of the

workforce within the descriptive categories used. It is preferable that all Competency Standards documents follow the common lay out of Units/domains, Elements/Activities, Performance Criteria/Indicators, Range Variables/Cues in order to assist the public's understanding of the individual professions and the differences between them.

Clinically specific differences between professions are expected and necessary, however at a minimum all NASRHP Professional Bodies must address the following concepts within their Competency Standards document:

- Legal requirements related to practice e.g. confidentiality
- Documentation
- Collaborative approach to practice
- Working within Scope of Practice
- Client focused care
- Culturally responsive and inclusive practice
- Use of best available evidence to inform practice
- Evaluation of care outcomes
- Adherence to ethical and professional standards.

Review Period

A planned review date for Competency Standards documents must be clearly noted. This date should not exceed seven years post the release date of the document.

*All professions should commit to a thorough review of the Competency Standards in a shorter time frame where significant change to the role of the profession occurs, where Competency Standards are thought to no longer be reflective of current practice, or where evidence exists that certified practitioners are not performing safe and effective care.

5. Course Accreditation

Accreditation of educational courses has a number of benefits to the public who use the services of health practitioners, prospective health professionals and education and professional bodies including:

- Promoting accountability and continuous improvement within universities and providing them with support to encourage excellence in professional preparation
- Aligning graduate outcomes with the needs of employers, the profession and the community
- Allowing graduates to make an informed choice for their education.

Ultimately, Higher Education Providers (HEPs) have the primary responsibility for the quality of their courses. For the purposes of self regulation, accreditation standards are used to assess whether a program of study will provide students with the knowledge, skills and professional attributes to safely practice in the profession. In turn, this accreditation is the assurance that graduating students meet NASRHP Professional Body practitioner certification requirements.

Scope of application:

To become a NASRHP Professional Body, nationally consistent course accreditation procedures must meet the following requirements.

Requirements of the standard:

Governance

The NASRHP Professional Body must use either an external entity or establish a committee which works independently of the NASRHP Professional Body Board. The Board may set the procedures however the Board will not interfere with the accreditation assessment outcomes. Responsible for ratifying how course accreditation will influence practitioner certification, the Board will approve decisions of the assessment entity unless there has been a departure from processes.

All NASRHP Professional Bodies which utilise a separate committee must have the following in place to complement their governance model and course accreditation procedures:

- Terms of Reference relating to reporting structures, decision making processes and accreditation team requirements; with all information being well evidenced and appropriate to the professional environment
- A transparent, and equitable appeals process with defined timelines.

Where an external entity is used the NASRHP Professional Body must clearly evidence how this entity meets this standard and other associated NASRHP standards. In particular demonstrating how the profession specific Competency Standards are utilised to inform the course accreditation process. In addition, the NASRHP Professional Body is required to demonstrate how it will monitor the application of these standards and be aware of any changes which the external entity may implement.

The NASRHP Professional Body must provide a minimum 3 years notice if revoking the services of an external entity for the purpose of course accreditation.

All NASRHP Professional Bodies which utilise an external entity must have the following in place to complement their governance model and course accreditation procedures:

- A legal memorandum of understanding between relevant parties prior to initiating the accreditation process, confirming agreement with the assessment/review team and the proposed process, in order to minimize potential appeals
- A transparent, and equitable appeals process with defined timelines.

Details

Qualification Level:

Course accreditation eligibility must be clearly defined as at or above Australian Qualification Framework (AQF) Level 7.

Categories:

The following categories must be the minimum available as assessment outcomes for course accreditation:

- Qualifying (pre-accreditation)
 - New courses seeking for the first time
 - Graduate cohorts during this qualifying period are ineligible for Certification by the NASRHP Professional Body.
- Provisional/Conditional
 - A course which has achieved accreditation for the first time. This provisional accreditation must be achieved prior to the first cohort graduating in order for this cohort to be eligible for membership / certification by the NASRHP Professional Body; OR
 - A course that has previously achieved Full Accreditation and does not subsequently meet accreditation requirements.
 - A maximum review period of two years must be stipulated and graduate cohorts during this provisional period are eligible for membership / certification by the NASRHP Professional Body.
 - Consecutive provisional statuses must not be available, except where an extension has been granted through the NASRHP Professional Body.
- Full accreditation
 - Defined as a maximum accreditation period of five years with annual reporting requirements and mandatory prior notification of possible course changes.
- Not accredited
 - A course that does not meet the requirements of accreditation status.

Notification:

All accredited courses and the accreditation category must appear on the NASRHP Professional Bodies website as soon as is practical following ratification by the Professional Body Board.

Development

Procedures and requirements must be robust, use best available evidence and be environmentally justified.

All course accreditation processes must be based around outcomes focused assessment that relates graduate attainment of skills and knowledge to the Professional Bodies discipline specific Competency Standards. Any changes to profession Competency Standards will be reflected within course accreditation requirements and applied within reasonable transition timeframes. Reasonable transition periods should apply to education providers undergoing or working towards accreditation based on previous Competency Standards.

Required Evidence

Course accreditation must be based on principles and guidelines which allow for diversity, innovation and continuous development. The accreditation must assess the following topics at a minimum:

1. Academic Assessment
2. Governance of university/school
3. Curriculum
4. Clinical placements
5. Recognition of prior learning

6. Continuing Professional Development

This standard adopts the Allied Health Professions project in the UK (2002) definition of CPD, being 'a range of learning activities through which health professionals maintain and develop throughout their career to ensure that they retain their capacity to practise safely, effectively and legally within their evolving Scope of Practice'.

CPD programs have an important role in self regulation and protecting and building public trust. A robust CPD program reflects an expectation from the public and peers that allied health practitioners maintain currency of professional knowledge beyond an initial tertiary qualification.

Compliance with a CPD program demonstrates to clients, employers, colleagues, peers and the public a practitioner's commitment to updating and extending their professional practice abilities. The integration of a mandatory CPD program as part of certification reinforces this expectation

Scope of application:

To become a NASRHP Professional Body, a Continuing Professional Development (CPD) program must be in place.

Requirements of the standard:

Mandatory compliance with the standard

The CPD program set by the NASRHP Professional Body must be a mandatory component of maintaining practitioner certification. The program may be available to all members but is only a mandatory component for those in the certified program, or the practising membership in the absence of a certification program.

Cycle and weightings

CPD programs must run over one year (annual cycle) on either a financial or calendar year basis. It is highly recommended that the cycle is run over the certification period and for streamlined linking with recertification. The CPD program may use either a points or hours weighting system but there must be an annual minimum of 20 hours. If the program uses a weighted points system, then it must demonstrate that the annual point requirement would be equivalent to a minimum of 20 hours.

Categories

The CPD program should encourage practitioners to develop a personal CPD plan annually. The CPD program must have prescribed CPD categories which reflect a wide range of activities, allowing for a balanced mix of work based activities, courses, seminars and conferences, and self-directed informal learning. Skills and knowledge relative to professional practice is a mandatory CPD activity type. This may be a defined category or a combination of categories. The CPD program must have a mandatory requirement for a minimum number of hours to be completed in activities, skills and knowledge relative to maintaining professional competency in the practitioner's current area of practice.

Exemptions and Extensions

CPD exemptions must be a component of the program. Exemptions are to be available by written application and related to personal circumstances and/or professional hardship as defined by the NASRHP Professional Body. The exemptions will be a

reduction in the annual CPD requirements and must not include a waiving of annual CPD requirements, except in extreme circumstances. The NASRHP Professional Body may also choose to offer extensions. An extension will allow for the provision of extra time to meet the annual CPD requirement as determined by the NASRHP Professional Body. This discretion should sit with the Board or relevant Committee.

Declaration and audit requirements

The CPD program must require certified practitioners to provide a declaration of compliance with the mandatory CPD requirement at the time of recertification. The CPD program must include an annual audit component with the following key features:

- A minimum audit of 5% of certified practitioners annually
- In the case of programs run over a two or three year cycle, then annual audits must assess compliance with the minimum annual requirement
- Random auditing, which may also include sub-groups identified by the NASRHP Professional Body requiring mandatory audit i.e. previously failed audit
- The audit outcomes are clearly defined and link to a defined management process
- A requirement of practitioners to maintain evidence for a stipulated period, and definitions regarding the type of evidence which is acceptable for audit purposes.

7. English Language Requirements

English language requirements refer to the minimum English language competency level an overseas qualified certified practitioner must demonstrate to be able to practice safely and effectively. The key purpose of this standard is to ensure overseas qualified practitioners have the required minimum English language competency to provide safe and effective practice.

Scope of application:

To become a NASRHP Professional Body, an English language requirement policy must be in place and applicable at the time of practitioner certification.

Requirements of the standard:

Framework and minimum requirements:

The NASRHP Professional Bodies English language standard must clearly state that where an exemption does not apply, all applicants for certification must demonstrate the appropriate level of English.

The standard must request English language requirements be demonstrated through completion of either the International English Language Testing System (IELTS), Occupational English Test (OET) or equivalent to be completed in no greater than two sittings in a six month period. The policy must state that for both IELTS and OET all 4 components of reading, writing, listening and speaking, must be assessed and meet a stated minimum.

IELTS

- IELTS an overall score of 7 and a minimum score of 7 must be achieved in all four (4) components.
- Test results will only be accepted from one test sitting or a maximum of two test sittings in a six month period only if the applicant achieves:
 - A minimum score of 7 in each sitting
 - A minimum score of 7 in each component across the two sittings
 - No score in any test component of the test is below 6.5.

OET

- OET the applicant must achieve a minimum of a B in each of the four components.
- Test results will only be accepted from one test sitting or a maximum of two test sittings in a six month period only if:
 - The applicant is tested in all four components in each sitting
 - A minimum score of B in each component is achieved across the two sittings
 - No score in any component of the test is below C.

It is expected that some NASRHP Professional Bodies will have a higher standard than this set minimum.

All English language requirement policies should ensure they clearly state who is responsible for meeting the costs of the English language test.

Method of application:

The demonstration of English language abilities is currently only required upon initial application for certification.

Exemptions

The English language requirement policy may allow for exemptions where the following criteria are met by the applicant requesting certification:

- Completion of a course delivered in Australia and accredited by the Professional Body with which certification is sought
- Relevant tertiary qualification successfully completed in English in any of the below countries:
 - New Zealand
 - Canada
 - Republic of Ireland
 - South Africa
 - United Kingdom and
 - United States of America.

Evidence and recency:

The English language standard must stipulate the submission of the original results from the testing body or a certified copy of English language test results at the time of application for practitioner certification.

The results of the English language test must clearly show that the test was completed no more than two (2) years prior to the certification application date. In the event an applicant relies on test results from two sittings, the two years begins on the date of the earlier sitting.

If more than two years, the applicant must be able to demonstrate:

- They have been in continuous employment as a certified practitioner (which commenced within 12 months of the date of the test) in one of the recognised countries where English was the primary language of practice.
- The certification application date must be lodged within 12 months of finishing the last period of employment.

8. Mandatory Declarations

Mandatory Declarations in relation to the regulation of health practitioners refers to the mandatory notification of individual status or circumstances in order to maintain certification.

A Mandatory Declaration policy is a proactive measure which attempts to identify practitioners who may place the public at risk of harm and promotes practitioner reflection in relation to their Fitness to Practice, including the Code of Ethics/Practice and Professional Competency Standards. This standard provides clarity regarding the expectations of NASRHP Professional Bodies in the management of declarations and their interaction with the Fitness to Practice policy (if in place), Code of Ethics/Practice and Complaints and Discipline procedures.

Note:

A Fitness to Practice policy is not a mandatory requirement for NASRHP Membership.

Notifications by another practitioner against the Fitness to Practice policy or relating to breaches of the Code of Ethics/Practice and/or Professional Conduct is not mandatory and is addressed in the Code of Ethics/Practice and/or Professional Conduct Membership Standard.

Scope of application:

To become a NASRHP Professional Body, a Mandatory Declaration policy must be in place.

Requirements of the standard:

Mandatory compliance with the standard

The NASRHP Professional Body must require all practitioners to provide declarations as a mandatory component of certification and recertification. The policy is not applicable to Students.

Practitioner Declarations

The NASRHP Professional Body's Mandatory Declarations policy must require practitioners to declare compliance to the NASRHP Professional Body at the time of certification or recertification in relation to the following standards and policies:

- Code of Ethics/Practice
- Competency Standards
- Any charges, convictions or involvement in proceedings related to a criminal offence
- Recency of Practice
- Fitness to Practice (if the policy is in place).

Thresholds

The thresholds for declaration must be clearly documented and available for practitioners in a Mandatory Declaration policy or supporting Guidance Document. The establishment of thresholds is the responsibility of each individual NASRHP Professional Body.

Assessment of declarations

There must be a formal and transparent process for the assessment of negative declarations against the threshold and the determination of eligibility for certification/recertification.

Clarity of pathway

The Mandatory Declaration policy must detail the pathway for assessment of declarations in a clear format. This policy must be readily available to practitioners seeking certification or recertification.

Exemptions

The Mandatory Declarations policy must not allow for exemptions in declarations. Special consideration may be applied in the assessment of the declaration in regards to thresholds, but the declaration is mandatory.

Declaration and audit requirements

The policy of the NASRHP Professional Body must detail the ability to randomly audit or request evidence of compliance from certified practitioners at its discretion.

9. Professional Indemnity Insurance

Professional Indemnity Insurance is defined as:

- Insurance which covers people who provide professional services and/or advice from civil liability claims arising from that service and/or advice as a result of a negligent act, error or omission in the conduct of the practitioner.

Scope of application:

To become a NASRHP Professional Body, the Professional Body must provide broad and general information regarding Professional Indemnity Insurance for practitioners. All practitioners should be encouraged to review their insurance coverage (with exception for students and non-practising individuals).

10. Practitioner Certification Requirements

Practitioner certification ensures that all practitioners are of a suitable standing in terms of both professional competence and personal attributes, to provide safe and effective services to members of the community.

A practitioner certification program includes a range of standards and declarations that practitioners seeking certification must demonstrate they meet. It also includes a number of declarations that must be in place at the time of recertification.

Scope of application:

NASRHP Professional Bodies must have a practitioner certification program in place. This must be separate and not linked to organisation membership, such that a practitioner is not required to hold organisation membership in order to obtain certification status.

Requirements of the standard:

Education Qualifications

The certification program of NASRHP Professional Bodies must have an established minimum education requirement equivalent to AQF Level 7.

Assessment of competence to practice

The NASRHP Professional Body must demonstrate transparent, consistent and well researched assessment procedures linked to entry level Competency Standards at AQF Level 7 or above for the obtainment of certification status.

The following methods are suitable for assessment of practitioner competence:

- Course accreditation in line with the NASRHP membership standard
- Programs run by the Professional Body which are approved by the relevant government authority for this purpose, including overseas recognition processes.
- Validated procedure against entry level Competency Standards (where Competency Standards are in line with the NASRHP membership standard).

Where certification from an external entity is set as a requirement of eligibility into the certification program, the Professional Body must be able to demonstrate that external entity also meets NASRHP's certification requirements. Further to this, the Professional Body must be able to be immediately aware of any changes to that external entities certification process through formal reporting requirements between the NASRHP Professional Body and external entity. This includes any Mutual Recognition arrangements which may be in place.

Categories

The NASRHP Professional Body must have at least two categories within the certification program:

- Full certification
- Provisional certification.

The NASRHP Professional Body must have a procedure in place which differentiates certified practitioners from other organisation members in a manner which is clear to the public. Provisional certification includes an additional suite of requirements in order to

progress to full certification over a minimum 12 month period. It does not have a mandatory link to Resumption of Practice, but NASRHP Professional Bodies may choose to apply provisional status to practitioners in the Resumption of Practice program.

Initial Certification

The NASRHP Professional Body must require practitioners to submit the following evidence at the time of initial certification:

- Qualifications; certified copies of academic transcript(s) and conferred qualification(s)
- Certified change of name documents, where required
- Certified proof of identity
- Certification history and eligibility from the country where educated, if applicable
- Compliance with English language requirements, if applicable
- Compliance with Recency of Practice requirements.

All documents for which the original is not in English language must be provided in both the original and translated versions in accordance with the NASRHP translated documents policy.

Declarations must be made regarding the following:

- Understanding of and commitment to compliance with the Professional Body's Code of Ethics/Practice and/or Professional Conduct, and all other relevant standards, policies and guidelines
- Compliance with Fitness to Practice requirements (if a Fitness to Practice policy is in place)
- Consent regarding their privacy and use of personal information
- All information provided is true and correct to the best of their knowledge
- Agree to notify the NASRHP Professional Body if information relating to any of the above changes as soon as practical.

Recertification

The NASRHP Professional Body must conduct recertification of practitioners as an annual event, with no longer than twelve months from initial certification to recertification.

Where certified practitioners are non-compliant with any of the requirements at the time of recertification, a grace period of no longer than three (3) months must be enforced.

The NASRHP Professional Body must require, at a minimum, the following evidence at the time of recertification:

- Certified change of name documents where required
- Achievement of CPD requirements.

A declaration must be made regarding the following;

- Recency of Practice according to NASRHP standard 11
- Understanding of and commitment to compliance with the Professional Body's Code of Ethics/Practice and/Professional Conduct, Competency Standards, and all other relevant standards, policies and guidelines
- Compliance with Fitness to practice requirements (if a Fitness to Practice policy is in place)

- Consent regarding their privacy and use of personal information
- All information provided is true and correct to the best of their knowledge
- Agree to notify the NASRHP Professional Body if information relating to any of the above changes as soon as practical.

11. Recency and Resumption of Practice Requirements

The public has the right to expect competent and contemporary service performed in line with best practice from all allied health practitioners.

NASRHP requires that all Professional Bodies ensure certified practitioners maintain their individual competency so that the public receive safe, ethical and effective health care services. Recency of Practice requirements aim to protect the quality and value of the NASRHP standard by making sure that only those practitioners with current knowledge and skills possess the credential.

Recency of Practice refers to the period of time over which an individual has utilised their professional knowledge and skills and the extent to which contemporary practice and competence within a profession has been maintained. Where Recency of Practice cannot be demonstrated, Resumption of Practice requirements outline how an otherwise certified practitioner can demonstrate competency to practice.

Scope of application:

To become a NASRHP Professional Body a Recency of Practice policy must be in place. Where practitioners cannot demonstrate Recency of Practice in line with the policy, clear requirements for how they may update their knowledge and skills and demonstrate competence to practice must be available in a Resumption of Practice policy.

Requirements of the standard:

Definition:

A clear definition of what constitutes practice must be included within the Recency of Practice and Resumption of Practice policy and should be consistent with the NASRHP suggested definition of:

Practice: Indicates that an individual is drawing on their relevant professional skills and knowledge in the course of their work to contribute to safe and effective delivery of services within the profession. For the purposes of this standard, practice is not restricted to the provision of direct clinical care and may also include working in a direct nonclinical relationship with clients; working in management, administration, education, research, advisory, regulatory or policy development roles for example. This work can be of a paid or formal volunteer nature on a full or part time basis.

At least 1000 hours over the previous 5 years must have been attained in order for a practitioner to be considered as practising. Maintenance of certification and CPD does not constitute practice.

Resumption of Practice time frames:

The maximum timeframe allowed for not being certified with the Professional Body is 3 years, after which assessment for Resumption of Practice must be undertaken. A Mandatory Declaration regarding Recency of Practice is required.

NASRHP Professional Bodies may choose to implement Resumption of Practice requirements within a shorter time period than 3 years.

Resumption of Practice requirements:

Where Recency of Practice requirements are not met, a robust Resumption of Practice program must be in place. The Resumption of Practice program must link to the CPD program and include supervised/mentoring of practice as appropriate. The resumption of practice program must include mandatory CPD categories which are linked to the NASRHP Professional Bodies' Competency Standards competency domains.

It must also include a robust method of assessment on completion of the program.

The Resumption of Practice requirements should vary according to the time out of the professional workforce and the individual needs of the practitioner.

Mentor/Supervisor requirements:

The Resumption of Practice policy must state individual requirements for those who can act as a mentor or supervisor. The mentor/supervisor must be a certified practitioner of the relevant professional body. Clear guidelines regarding the mentor/supervisor role and reporting requirements must be in place.

Certification:

Full certification may only occur once all requirements are complete and evidence of doing so has been submitted to the Professional Body.

Evidence:

On request, practitioners must be able to provide evidence to validate claims of 'practice', such as providing an employment contract, statement of service and/or employer contact details on request.

Ongoing requirements:

Certified practitioners must declare they have met the Recency of Practice requirements (i.e. at least 1,000 hours over the previous 5 years) at the time of recertification. The CPD logs of all practitioners with provisional certification must also be included in the annual CPD audit.

A random audit must be conducted on an annual basis to ensure compliance and address any situations where certified practitioners cannot demonstrate the required minimum hours to be considered practising.