



**NASRHP**  
NATIONAL ALLIANCE  
OF SELF REGULATING  
HEALTH PROFESSIONS



# National Alliance of Self Regulating Health Professions

## Membership Standards Users Guide

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## Using the standards

There are three companion documents relating to the use of these membership standards:

- 1. National Alliance of Self-Regulating Health Professions Certifying Entities Membership Standards (this document)**

Details the minimum requirements that Certifying Entities need to demonstrate to gain membership and that Certifying Entities must continue to meet to maintain their membership.

- 2. Self-Regulating Health Certifying Entities Processes Guide**

Sets out the processes for the membership application stages, timelines and membership fees.

- 3. Self-Regulating Health Profession Certifying Entities Membership Application Form**

This form is designed to assist Certifying Entities to fulfil the requirements of each of the standards.

## Definitions

Below is a list of standardised terms used throughout this document with statements of the intended interpretation for the purposes of this document, some with common synonyms.

In reading this document, the given terms and the synonyms can be read interchangeably.

**Advanced scope of practice** is the demonstrated evidence of increased skills, reasoning, knowledge, and experience leading to expert status in one or more areas of practice within the current scope of practice of a profession.

**Appeals and complaint Panel** means a panel of professionals which considers appeals against outcome and processes, in either assessing or under a complaint handling process.

**Board** means the governing body of NASRHP or the Board of the Certifying Entity seeking membership.

**Certified practitioner** is an individual who meets all standards stipulated by a NASRHP Certifying Entity member. Terms such as accredited practitioner or registered practitioner may also be used to identify individuals who meet all standards.

**Code of Conduct** is an organisation's Code of Ethics, Code of Conduct, Code of Ethical Practices or equivalent name.

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

**Complaint** in this standard means a formal expression of dissatisfaction with the process or outcome of assessing a Certifying Entity, or a specific action or service of a practitioner who is a member or has certification with a peak Certifying Entity. 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 Certifying Entity or a member practitioner to a NASRHP Certifying Entity's Ethics and/or Complaints Committee.

**Entry Level** is a point of time when a practitioner begins practising as a health professional within the Australian workforce.

**Ethical sanction** is a penalty or punishment imposed following a breach of ethical conduct or the Code of Conduct.

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

**Extended scope of practice** is a discrete knowledge and skill base additional to the recognised scope of practice of a profession and regulatory context of a particular jurisdiction.

**Fitness to Practice** refers to whether a practitioner has the appropriate skills, knowledge, character and health to practice their profession safely and effectively.

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

**IELTS Academic** 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.

**NASRHP** is the National Alliance of Self-Regulating Health Professions

**NASRHP Certifying Entity** is an association representing 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.

**NASRHP Certifying Entity Board** is the appointed Board of the NASRHP Certifying Entity which holds membership with NASRHP.

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

**Overseas qualified practitioner** is a practitioner that has been assessed as meeting all professional standards after completing their training/qualifications in countries other than Australia.

**PTE Academic** is the Pearson Test of English (PTE) is a computer-based test which assesses the English language skills of those speakers for which English is not their first language intending to apply for university programs in English-speaking countries.

**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** are evidence based prescriptive methods of conducting treatment based on a review of the evidence-based literature and are different to Professional Standards.

**Professional standards** describe the combination of skills, knowledge, attitudes, values, and abilities that underpin effective performance in a professional or occupational area. Professional Standards build upon the meaning of competence to provide discipline specific detail regarding entry level, and where applicable, extended, and advanced practitioner attributes, by supporting the continuum of professional practice.

**Respondent** means the member of the NASRHP Certifying Entity who is alleged to have committed a breach of the NASRHP Certifying Entity member's Code of Conduct requirements.

**Scope of Practice** the full spectrum of roles, functions, responsibilities, activities, and decision-making capacity that individuals within that profession are educated, competent and authorised to perform.

**Thresholds for declaration** refer to the minimum set of declarations outlined by the NASRHP Certifying Entity member in order for practitioners to be deemed compliant.

**TOEFL iBT** is the Internet-based Test of English as a Foreign Language (TOEFL® iBT) measures a person's ability to use and understand English as read, written, heard, and spoken in universities.

**Value-based care** means maximising value for patients to achieve the best outcomes that matter to them, relative to the total cost of delivering those outcomes.

## Standard 1. Scope (Areas) of Practice

### Purpose of the scope of practice

The key purpose of health professional regulation is to ensure the highest quality care for the public. Within that purpose lies the function to monitor what health practitioners do, or their scope of practice. This includes the application of evidence-based professional standards of practice in relation to actions for which health practitioners have received training (Moore et al., 2021).

The key purpose of this standard in self-regulation is to ensure that practitioners only practice within their professional skill set to protect the public, where practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession.

### What is scope of practice?

Scope (Areas) of Practice refers broadly to any role, whether remunerated or not, in which a practitioner uses their skills and knowledge in their profession. Practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with patients or clients, working in management, administration, student supervision, education, research, advisory, regulatory or policy development roles and any other roles that impact on safe, effective delivery of services in the profession.

NASRHP Certifying Entities should include a definition of Scope of Practice. A suggested and acceptable definition is: “the full spectrum of roles, functions, responsibilities, activities and decision-making capacity that individuals within that profession are educated, competent and authorised to perform” (Queensland Health, 2016).

The scope of practice of an individual may be more specifically defined than the scope of practice of their profession based upon their workplace requirements. To practice within the full spectrum of the scope of practice, the profession may require individuals to update or increase their knowledge, skills, or competence.

Where applicable, NASRHP Certifying Entities may also have defined advanced and extended scopes of practice for their practitioners. These are generally applied to practitioners that have demonstrated evidence of increased skills, reasoning, knowledge, and experience leading to expert status in an area of practice.

### Requirements of the standard:

To become a NASRHP Certifying Entity member, NASRHP Certifying Entities are required to provide a Scope of Practice document AND reference to Scope of Practice within the profession’s Code of Conduct document and within the requirements of the Professional Standards (Refer to Standard 2 - Codes of Conduct and Standard 5 - Professional Standards). In the event that a NASRHP Certifying Entity member does not have a defined Scope of Practice document, reference Scope of Practice within the profession’s Code of Conduct document and within the requirements of the Professional Standards (Refer to Standard 2 - Codes of Conduct and Standard 5 - Professional Standards) is required as evidence towards the standard.

Professional Standards (refer to Standard 5) underpin the scope of practice for a profession, so should be publicly available. NASRHP Certifying Entity members should demonstrate how they support practitioners to work to their full scope safely and effectively. For example, this could be

demonstrated through a defined scope of practice document, or a suite of resources such as Professional Standards and reflective practice tools.



## Standard 2 – Code of Conduct

A Code of 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 Conduct.

A Code of Conduct **expresses the minimum enforceable** ethical and professional values and responsibilities which are integral to, and characterise, the particular profession. It is intended to assist all practitioners, collectively and individually, to act in ethically and professionally accountable ways that protect the public.

One of the key purposes of a Code of Conduct is to hold practitioners accountable for their actions 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 Certifying Entity member, a Code of Conduct must be in place.

### Requirements of the standard

#### *Mandatory compliance with the Code*

Compliance with the Code of Conduct set by the NASRHP Certifying Entity member 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 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.
- Principles of providing culturally safe and responsive healthcare practice (Australian Government Department of Health and Aged Care, 2021; Curtis et al., 2019)
- Requirement for practitioners to engage in ethical practice.
- Requirement for practitioners to engage in continuing professional development (Refer to Standard 7)
- Requirement to comply with Federal and State/Territory Laws and regulations.

#### *Declaration requirements*

The NASRHP Certifying Entity member must require its certified practitioners to provide a declaration of understanding and compliance with the Code of Conduct at the time of initial certification and recertification.

NASRHP Certifying Entity members must provide evidence of processes and policies in place to monitor and maintain compliance with the Code of Conduct. This may include copies of NASRHP Certifying Entity member monitoring procedures or processes which ensure individual practitioners maintain compliance with the Code of Conduct. Processes may include those of the complaints committee which review compliance with the Code of Conduct.

### *Clarity of language and terms*

NASRHP Certifying Entity members are encouraged to use Plain English in their Code of 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 Conduct, which may be in document or web page format.

All information must be available to the public and easily accessible on the NASRHP Certifying Entity member website.

## Standard 3 – Mandatory declarations

Mandatory Declarations in relation to the regulation of health practitioners refers to the mandatory notification of individual status or circumstances 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 Conduct and Professional Standards. This standard provides clarity regarding the expectations of NASRHP Certifying Entities in the management of declarations and their interaction with the Fitness to Practice policy (if in place), Code of Conduct (refer to Standard 2 – Codes of Conduct) and Complaints and Discipline procedures (refer to Standard 4 – Complaints Procedure).

### **Note:**

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

Notifications by another practitioner against the Fitness to Practice policy or relating to breaches of the Code of Conduct is not mandatory and is addressed in Standard 2 - Codes of Conduct.

### **Scope of application:**

To become a NASRHP Certifying Entity member, a Mandatory Declaration policy must be in place.

### **Requirements of the standard:**

#### *Mandatory compliance with the standard*

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

- Code of Conduct
- Professional Standards
- Any charges, convictions or involvement in proceedings related to an ethical sanction, OR 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 Certifying Entity member.

### *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 by the NASRHP Certifying Entity member. This policy must be readily available to practitioners seeking certification or recertification. The NASRHP Certifying Entity member policy must clearly outline a procedure for monitoring compliance with this declaration by practitioners.

### *Exemptions*

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

### *Declaration and audit requirements*

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

## Standard 4 – Complaints Procedure

The key purpose of a Complaints procedure is to receive and effectively respond to complaints about alleged breaches of Codes of Conduct 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 Certifying Entity member and its practitioners, the credibility of the profession as a whole and the credibility of NASRHP and other NASRHP Certifying Entity members.

### Scope of application:

To become a NASRHP Certifying Entity member 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: Codes of Conduct (refer to Standard 2 – Codes of Conduct) and Professional Standards (refer to Standard 5 – Professional Standards) (and Fitness to Practice if in place).

NASRHP Certifying Entity members should seek their own legal advice to ensure they are fully aware of their obligations in relation to self-regulation.

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

The NASRHP Certifying Entity member is encouraged to support the public in raising complaints against non-certified practitioners through referral to the appropriate State or Territory Based Health Complaints Commissioner in accordance with the National Code of Conduct for Health Care Workers.

The NASRHP Certifying Entity member is required as part of annual reporting requirements to include evidence of policies and procedures (and any relevant revisions) in place/enacted to manage robust complaints procedures and reporting of complaints for quality assurance and public safety to higher authorities including National and State Based Health Complaints Commissioners.

#### *Preliminary management*

The NASRHP Certifying Entity member'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 representatives, which may include certified practitioners of the NASRHP Certifying Entity and external representatives, such as consumer representatives.

The 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 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.

The Ethics and/or Complaints Committee should not be limited in its membership such that other key decision-making bodies, for example, accreditation councils could be included.

NASRHP Certifying Entity members should have a diverse pool of representatives from across consumer and gender groups that can be brought into the complaints process and procedures as appropriate. This includes Aboriginal and Torres Strait Islander Peoples and persons with a disability. Involvement may include, but is not limited to committee membership, supporting specific complaints, consultation.

### *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
- An initial 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 of subsequent appeals against decisions.

NASRHP Certifying Entity members should ensure details related to the function and roles of the Hearing Panel and Appeals Panel, and how they interact are clearly defined within the complaint process to ensure a transparent and efficient process.

### *Available outcomes*

Mediation and conciliation should be options available to the Ethics and/or Complaints Committee. Available outcomes should be relevant and linked to the nature and seriousness of the complaint. Timeframes/periods should be specified as part of any sanctions, suspensions or terminations. Other outcomes from the Complaints process must include, but not be limited to:

- Resolution of complaint
- 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 Certifying Entity.

Where the NASRHP Certifying Entity's credentialed professional is determined eligible to work, the Complaints Procedure must require the reporting of suspensions and expulsions of the certified professional to all external agencies that require professionals to hold your certification.

In the case of suspension or expulsion of a practitioner's certification, the NASRHP Certifying Entity must publicly list the outcome in a form which is publicly accessible, such as their website. NASRHP Certifying Entities should seek additional legal advice regarding the level of information to be made publicly accessible.

### *Recording and reporting*

A complaints register must be maintained, and de-identified data reported to NASRHP on an annual basis. These de-identified complaints will be collated into a summary of complaints received from all NASRHP Certifying Entity members to support pooling of resources, more effective updates to professional standards, and improve understanding of similarities and differences between professions.

It is noted that the complaints procedure does not relate to students undergoing health professions education program training. NASRHP Certifying Entity members should provide evidence of policies and procedures in place to support their practitioners/organisations to manage student complaints with their respective education institutions/program providers.

NASRHP Certifying Entity members are required to provide evidence of policy/procedures in place to ensure robust management of complaints and provide updates if these policies are revised within annual reporting requirements.

### *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 representative, 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 state or territory-based authorities such as the State Health Commissioner and criminal authorities.

If the subject matter of the complaint is also subject to criminal or civil legal proceedings, or investigation of other complaints or regulatory entities, this may give reason to suspend dealing with the complaint. However, the complaints process may resume dealing with the complaint following conclusion of such proceedings.

## Standard 5 – Professional Standards

Professional Standards describe the combination of skills, knowledge, attitudes, values and abilities that underpin effective performance in a professional or occupational area. Professional Standards build upon the meaning of competence to provide discipline specific detail regarding entry level, and where applicable, extended, and advanced practitioner attributes, by supporting the continuum of professional practice.

Professional 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.

Professional 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 workplace requirements to assist with curriculum development
- Informing government and policy makers of the range and standard of practice they can expect from entry level, and where applicable, extended and advanced allied health practitioners in Australia.

### Scope of application:

To become a NASRHP Certifying Entity member, current documentation which demonstrates standards of practice to work in the profession independently in Australia must be publicly available.

### Requirements of the standard:

#### *Method of application*

All NASRHP Certifying Entity members must use assessment of or against Professional Standards to inform practitioner certification. See Standard 6: *Practitioner Certification Requirements and Standard 12: Program Accreditation* for details.

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

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

#### *Professional Standards document*

All Professional 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. Documents should be written 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 Certifying Entity members must address the following concepts within their Professional Standards document:

- Legal requirements related to practice e.g. confidentiality
- Documentation
- Collaborative approach to practice/interprofessional practice
- Working within Scope of Practice
- Client focused care
- Value-based care
- Culturally safe and responsive healthcare practice (Australian Government Department of Health and Aged Care, 2021; Curtis et al., 2019)
- Use of best available evidence to inform practice
- Evaluation of care outcomes
- Adherence to ethical and professional standards
- Self-reflective practice and lifelong learning.

**Please note** - NASRHP members whose professional scope involves the manufacture and provision of medical devices, must refer to Therapeutic Goods Administration **regulatory requirements**, within their own competency frameworks

### *Professional Standards development*

When a NASRHP Certifying Entity member reviews or changes the professional standards, NASRHP Certifying Entity members are required to clearly document the review/development process and provide details of the consultation process undertaken.

NASRHP Certifying Entity members are required to provide evidence of broad stakeholder consultation including consultation with relevant State and Territory jurisdictions. This may include but is not limited to consultation, where possible, with representatives of relevant state and territory-based programs, allied health offices, and government departments. Government departments can be large sector employees, but also have policies in place which will need to be considered in light of any changes. Recent or upcoming changes to legislation may also need to be considered.

### *Review Period*

A planned review date for Professional 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 Professional Standards in a shorter time frame where significant change to the role of the profession occurs, where Professional 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.

## Standard 6 – 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 representatives of the community.

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

### Scope of application:

NASRHP Certifying Entity members 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 to obtain certification status. Certification and organisation membership must remain separate as government regulations stipulate that organisational membership cannot be mandated as per the 'Right to Freedom of Assembly and Association' and Fair Work Act 2009 (Australian Government, 2023).

### Requirements of the standard:

#### *Education Qualifications*

The certification program of NASRHP Certifying Entity members must have an established minimum education requirement equivalent to AQF Level 7.

#### *Assessment of competence to practice*

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

The following methods are suitable for assessment of practitioner competence:

- Program accreditation in line with the NASRHP membership standard (refer to Standard 12 – Program accreditation)
- Programs run by the NASRHP Certifying Entity member which are approved by the relevant government authority for this purpose, including overseas qualified practitioner recognition processes.
- Validated procedure against entry level Professional Standards (where Professional Standards are in line with Standard 5 – Professional Standards).

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

At the time of initial certification NASRHP Certifying Entity members may award certification to practitioners who have been assessed as meeting all professional standards but will be supported by the Certifying Entity with additional support, supervision, and mentoring.

NASRHP Certifying Entity members are required to provide evidence of processes in place to support all certified practitioners, including both newly certified and those re-establishing certification through the resumption of practice pathway. NASRHP Certifying Entity members are encouraged to extend this additional support to practitioners in the Resumption of Practice pathway also (refer to Standard 11 – Resumption of Practice). Evidence may include but is not limited to copies of policies and procedures in place related to supervision, mentoring, and monitoring. This may also include copies or details of data management systems used to manage and protect certified practitioners' information.

### *Initial Certification*

The NASRHP Certifying Entity member must require practitioners to submit the following evidence at the time of initial certification:

- Qualifications: copies of academic transcript(s) (which may include digital) and conferred qualification(s) (This may include evidence of successful completion of an accredited program or program as approved by the Board of the NASRHP Certifying Entity member, for example, when a practitioner has graduated from a non-accredited course)
- 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 (evidence should align with Standard 8 - English Language Skills)
- Compliance with Recency of Practice requirements (evidence should align with Standard 10 - Recency of Practice).

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

Declarations must be made regarding the following:

- Understanding of and commitment to compliance with the Certifying Entity's Code of Conduct (refer to Standard 2 – Codes of Conduct), Professional Standards (refer to Standard 5 – Professional Standards), Recency of Practice (refer to Standard 10 – Recency of Practice), 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 Certifying Entity member if information relating to any of the above changes as soon as practical.

### *Recertification*

The NASRHP Certifying Entity member must conduct recertification of practitioners as an annual event. It is recommended that no longer than twelve months passes from initial certification to recertification. However, in the event that practitioners wish to apply for certification out of cycle (i.e. calendar vs financial year) NASRHP Certifying Entity members may offer certification on a pro rata basis into a second year.

For example, if a practitioner wishes to be certified in March, yet the Certifying Entity offers certification on a financial year basis, the Certifying Entity may offer certification until the following year (15 months).

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.

At the time of initial and re-certification individuals must meet compliance with certification requirements for the NASRHP Certifying Entity member as follows:

- Certified change of name documents where required
- Achievement of CPD requirements  
A declaration must be made regarding the following;
- Recency of Practice according to Standard 10 – Recency of Practice
- Understanding of and commitment to compliance with the NASRHP Certifying Entity member’s Code of Conduct, Professional 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 Certifying Entity member if information relating to any of the above changes as soon as practical.

The NASRHP Certifying Entity member must provide evidence of processes in place to support and monitor practitioners who may be working under restricted practice to assist them in meeting compliance requirements within the nominated grace period time frame as determined by the NASRHP Certifying Entity member. Processes should also outline options for practitioners that do not meet these requirements in the nominated grace period time frame.

Therefore, the Certification Program must:

- Have a process for initial certification and recertification.
- Include professional standards and declarations that Practitioners must meet at initial certification and recertification.
- Include requirements regarding CPD and Recency of Practice at time of initial certification and recertification.
- Not be linked to an organisation’s membership, such that a practitioner is not required to hold organisational membership to obtain certification status.

The Certification Program may also include providing evidence such as basic life support training, supervision, and cultural safety training.

## Standard 7 – Continuing Professional Development

This standard adopts the following definition of continuing professional development (CPD): “how practitioners maintain, improve, and broaden their knowledge, expertise, and competence, and develop the personal and professional qualities required throughout their professional lives. Practitioners who are engaged in any form of practice are required to participate regularly in CPD that is relevant to their scope of practice in order to maintain, develop, update, and enhance their knowledge, skills, and performance to help them deliver appropriate and safe care”. (AHPRA, 2023)

CPD compliance has an important role in self-regulation and protecting and building public trust. Robust CPD requirements reflect an expectation from the public and peers that allied health practitioners maintain currency of professional knowledge beyond an initial tertiary qualification. Compliance with CPD requirements demonstrates to clients, employers, colleagues, peers and the public a practitioner’s commitment to updating and extending their professional practice abilities. The integration of mandatory CPD requirements as part of certification reinforces this expectation.

### Scope of application:

To become a NASRHP Certifying Entity member, Continuing Professional Development (CPD) requirements must be in place for certified practitioners.

### Requirements of the standard:

#### *Mandatory compliance with the standard*

NASRHP Certifying Entity must have CPD program in place. The requirements may be available to all practitioners but are only a mandatory component for those in the certification program, or for practising practitioners in the absence of a certification program.

#### *Cycle and weightings*

CPD requirements 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 requirements may use either a points or hours weighting system but there must be an annual minimum of 20 hours. If the requirements use a weighted points system, then the system must demonstrate that the annual point requirement would be equivalent to a minimum of 20 hours.

#### *Categories*

The CPD requirements should encourage practitioners to develop a personal CPD plan annually. The CPD requirements 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. The CPD requirements should encourage practitioners to incorporate a reflective log of their CPD into their annual planning and reporting requirements to support practitioners in identifying the impacts of their CPD on transforming practice.

NASRHP Certifying Entity members should encourage practitioners to include ethics, supervision, mentoring and cultural safety training in their annual CPD requirements.

If a CPD Program is a mandatory component for NASRHP Certifying Entity membership and individual practitioner accreditation, the CPD standard should specify and require the Certifying Entity to provide links or suggestions to a range of CPD activities to enable practitioners to choose and undertake CPD that is relevant to their roles and individual scope of practice (such as clinical (general and specialised), health management/ leadership and administration, education, research, advisory, regulatory or policy development roles).

### *Reductions and Extensions*

CPD reductions must be a component of the standard. Reductions are to be available by written application and related to personal circumstances and/or professional hardship as defined by the NASRHP Certifying Entity member. The reductions will lower the annual CPD requirements and must not include a waiving of annual CPD requirements, except in extreme circumstances. The NASRHP Certifying Entity member 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 Certifying Entity member. This discretion should sit with the Board or relevant Committee.

### *Declaration and audit requirements*

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

- A minimum randomised audit of 5% of practitioners annually (This includes those who are newly certified (i.e., first time being certified), those being recertified and those resuming practice. Refer to Standard 11: Resumption of Practice)
- Auditing, which may also include sub-groups identified by the NASRHP Certifying Entity member 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.

## Standard 8 – English Language Skills

English language requirements refer to the minimum English language skills level an overseas qualified 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 skills to provide safe and effective practice.

### Scope of application:

To become a NASRHP Certifying Entity, 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 Certifying Entities 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 the following acceptable tests. At least two of the following tests must be accepted by the Certifying Entity, as appropriate to the profession:

- International English Language Testing System (IETLS) Academic
- Occupational English Test (OET)
- PTE Academic
- TOEFL iBT

Sitting criteria for these tests will remain the responsibility of the test designers.

#### IELTS Academic

- IELTS an overall score of 7 and a minimum score of 7 must be achieved in all four (4) components (listening, reading, writing and speaking).
- IELTS One Skill Retake tests can be accepted

#### OET

- OET the applicant must achieve a minimum of a B in each of the four components.

#### PTE Academic

- PTE Academic the applicant must achieve a minimum overall score of 65 and a minimum score of 65 in each of the four communicative skills (listening, reading, writing and speaking)

#### TOEFL iBT

- TOEFL iBT the application must achieve a minimum total score of 98 and the follow minimum score in each section of the test: 24 for listening, 24 for reading, 27 for writing and 23 for speaking

It is expected that some NASRHP Certifying Entity members will have higher minimum standards than those outlined above.

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 program delivered in Australia and accredited by the Certifying Entity 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 in accordance with the testing body requirements 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) practicing in English.
- The certification application date must be lodged within 12 months of finishing the last period of employment.



## Standard 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 Certifying Entity member, broad and general information regarding Professional Indemnity Insurance must be provided to practitioners. This must include information related to the National Code of Conduct for health care workers which applies to all health care workers who are not required to be registered under the Health Practitioner Regulation National Law Act 2009 (the National Law) and stipulates in Section 16: *Health care workers to be covered by appropriate insurance. A health care worker should ensure that appropriate indemnity insurance arrangements are in place in relation to his or her practice. (Department of Health Victoria, 2023)*

NASRHP Certifying Entity members should seek legal advice regarding communication of these requirements to practitioners.

The NASRHP Certifying Entity member should encourage all practitioners (including non-practising individuals, self employed practitioners and practitioners employed by organisations) to review their insurance coverage (with exception for students) annually including run off insurance for retiring practitioners and those no longer working as a practitioner.

### Requirements of the standard

The NASRHP Certifying Entity member must provide evidence of processes and information in place for practitioners to ensure all practitioners adhere to the National Code of Conduct for health care workers.

## Standard 10 – Recency of Practice

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 Certifying Entity members 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.

### Scope of application:

To become a NASRHP Certifying Entity member, 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 (refer to Standard 11 - Resumption of Practice).

### Requirements of the standard:

#### *Definition:*

A clear definition of what constitutes practice must be included within the Recency 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.

To meet the Recency of Practice registration standard, a practitioner must have accrued at least 150 hours of practice per year within their scope of practice, or 450 hours of practice over the previous three years within their scope of practice. Maintenance of certification and CPD does not constitute practice (refer to *ongoing requirements below*).

#### ***Recency of Practice:***

The maximum time frame allowed for not being certified with the NASRHP Certifying Entity member is 3 years, after which assessment for Resumption of Practice must be undertaken (refer to Standard 11 - Resumption of Practice). This is to ensure individuals can take breaks from practice without being penalised or need to undertake additional activities. Moreover, it is the responsibility of NASRHP Certifying Entity members to carefully review the recency of practice within the most recent 3 years for practitioners who may not have been certified for more than 3 years before that time (for example, for those practitioners that may not have been certified for 5-10 years but can demonstrate recency of practice in the past 3 years)

A Mandatory Declaration regarding Recency of Practice is required.

NASRHP Certifying Entity members may choose to implement Resumption of Practice requirements within a shorter time period than 3 years.

#### *Certification:*

Certification may only occur once all requirements are complete and evidence of doing so has been submitted to the NASRHP Certifying Entity member. This applies to overseas qualified practitioners also.

#### *Evidence:*

Practitioners must be able to provide evidence to validate claims of 'practice' to meet the previously outlined requirements, such as providing an employment contract, statement of service and/or employer contact details when being considered for certification under the Recency of Practice policy.

#### *Ongoing requirements:*

Certified practitioners must declare they have met the Recency of Practice requirements (i.e., at least 150 hours of practice/year within their scope of practice) at the time of recertification. The CPD logs of all practitioners who are being certified for the first time (this may include new graduates) must also be included in the annual CPD audit and meet the requirements outlined in Standard 7 - Continuing Professional Development).

#### *Auditing*

A random audit for all registered practitioners 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. This audit should include those who have been awarded recency of practice and this is inclusive of the minimum 5% audit of all practitioners referred to in Standards 7 - Continuing Professional Development and Standard 11 - Resumption of Practice.

## Standard 11 – Resumption of Practice

Resumption of Practice requirements, similar to the Recency of Practice requirements in Standard 10, aim to protect the quality and value of the NASRHP standard by ensuring that only those practitioners with current knowledge and skills possess the credential.

Where Recency of Practice cannot be demonstrated (refer to Standard 10), Resumption of Practice requirements outline how a practitioner can demonstrate competency to practice in order to be eligible for certification status.

### Scope of application:

To become a NASRHP Certifying Entity member a Resumption of Practice policy must be in place for when practitioners cannot demonstrate Recency of Practice in line with the policy.

### Requirements of the standard:

#### *Definition:*

A clear definition of what constitutes practice must be included within the Resumption of Practice policy and should be consistent with the NASRHP suggested definition of practice as detailed in Standard 10 - Recency of Practice.

#### *Resumption of Practice time frames:*

The maximum time frame allowed for not being certified with the NASRHP Certifying Entity member is 3 years, after which assessment for Resumption of Practice must be undertaken. A Mandatory Declaration regarding Recency of Practice is required.

NASRHP Certifying Entity members 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 pathway must be in place. The Resumption of Practice pathway must be aligned with the CPD requirements and include support of practice as appropriate. The Resumption of Practice program must be linked to the NASRHP Certifying Entities' Professional Standards domains (refer to Standard 5 – Professional Standards).

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.

The Resumption of Practice policy must explain the support in place for practitioners. Clear guidelines regarding the support and who is responsible must be in place.

#### *Certification:*

Certification may only occur once all requirements are complete and evidence of doing so has been submitted to the NASRHP Certifying Entity member. This applies to overseas qualified practitioners also. During this time, it is acknowledged that practitioners will be practicing- it is the responsibility

of NASRHP Certifying Entity members to ensure that individuals are not falsely identified as certified practitioners to ensure public safety. NASRHP Certifying Entity members are responsible for identifying when and how to apply resumption of practice requirements based on individual needs for a particular practitioner and whether they are considered safe to practice.

*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 150 hours of practice that year or 450 over the previous three years away from the profession) at the time of recertification. The CPD logs of all practitioners must also be included in the annual CPD audit and meet the requirements outlined in Standard 7 - Continuing Professional Development).

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.

## Standard 12 – Program accreditation

Accreditation of educational programs has a number of benefits to the public who use the services of health practitioners, prospective health professionals and education and certifying organisations 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 individuals to make an informed choice for their education.

Ultimately, Higher Education Providers (HEPs) have the primary responsibility for the quality of their programs. For the purposes of self-regulation, accreditation standards ensure graduates meet the knowledge, skills and experience to practice lawfully, safely and effectively, in a way that meets standards for entry to the profession and does not pose danger to the public. In turn, this accreditation is the assurance that graduating students meet both professional standards (Standard 5 - Professional Standards) and NASRHP Certifying Entity member practitioner certification.

### Scope of application:

To become a NASRHP Certifying Entity member, nationally consistent program accreditation procedures must meet the following requirements.

### Requirements of the standard:

#### *Governance*

The NASRHP Certifying Entity member must use either an external entity or establish a committee/council that works independently of their Board. The Board will not interfere with the accreditation assessment outcomes unless there has been a departure from processes. The Board can just approve decisions of the assessment entity

All NASRHP Certifying Entity members which utilise a separate committee must have the following in place to complement their governance model and program 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.
- The program accreditation committee should include representatives from the profession and/or relevant stakeholder organisations.

All NASRHP Certifying Entity members must have policies and procedures in place to manage potential conflicts of interest in the outcomes of program accreditations and provide evidence of processes in place to review program accreditations standards (inclusive of broad consultations with relevant stakeholders relevant to the NASRHP Certifying Entity member including government and health entities).

Where an external entity is used the NASRHP Certifying Entity member must clearly evidence how this entity meets this standard and other associated NASRHP standards. Demonstrating how the profession specific Professional Standards are utilised to inform the program accreditation process. In addition, the NASRHP Certifying Entity member 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 Certifying Entity member must provide a minimum 3 years notice if revoking the services of an external entity for the purpose of program accreditation. All NASRHP Certifying Entity members which utilise an external entity must have the following in place to complement their governance model and program 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:**

Program 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 program accreditation:

- **Qualifying (pre-accreditation)**
  - New programs seeking/undergoing accreditation for the first time.
  - Graduate cohorts during this qualifying period may be eligible for Certification by the NASRHP Certifying Entity following consideration and approval by the NASRHP Certifying Entity Board on a case-by-case basis.
  - The endorsement period in which a program can hold Qualifying status for a specific education program shall be determined by the NASRHP Certifying Entity member.
- **Accredited**
  - This status is applied when the program of study and the education provider that provides that program of study meet the approved accreditation standards for the profession and NASRHP Certifying Entity.
  - Graduate cohorts during this accreditation period are eligible for Certification by the NASRHP Certifying Entity member.
  - The maximum period in which a program can hold Accredited Status is five years before a Re-Accreditation Application.
- **Accredited (with conditions)**
  - This status is applied when the program of study and the education provider that provides that program of study substantially meet the approved accreditation standards for the profession and NASRHP Certifying Entity and the imposition of conditions on the accreditation will ensure the program meets all standards within a reasonably defined time, determined by the NASRHP Certifying Entity member.
  - Graduate cohorts during this accreditation period are eligible for Certification by the NASRHP Certifying Entity member if conditions have been met prior to graduation or following consideration and approval by the NASRHP Certifying Entity Board on a case-by-case basis
- **Not accredited**
  - This status is applied when the program of study and the education provider do not meet the approved accreditation standards.

### *Notification*

All accredited program and the accreditation category must appear on the NASRHP Certifying Entities website as soon as is practical following ratification by the Certifying Entity Board.

### *Development*

Procedures and requirements must be robust, use best available evidence and be environmentally justified. All program accreditation processes must be based around outcomes focused assessment that relates graduate attainment of skills and knowledge to the Certifying Entities discipline specific Professional Standards. Any changes to Professional Standards will be reflected within program accreditation requirements and applied within reasonable transition timeframes. Reasonable transition periods should apply to education providers undergoing or working towards accreditation based on previous Professional Standards.

### *Consultation*

When a NASRHP Certifying Entity member reviews or changes the program accreditation standards, NASRHP Certifying Entity members are required to clearly document the review/development process and provide details of the consultation process undertaken.

NASRHP Certifying Entity members are required to provide evidence of broad stakeholder consultation relevant to the NASRHP Certifying Entity member including consultation with relevant State and Territory jurisdictions. State and Territory jurisdictions not only develop policies which may inform the healthcare sector and healthcare practices but can be large sector employees.

### *Required evidence*

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

- Public safety (Ensuring lawful, safe and effective practice)
- Academic governance and quality assurance (including recognition of prior learning)
- Program design, implementation, and resourcing (including ensuring students meet requirements for work integrated learning settings)
- Student experience (which may also consider recognition of prior learning)
- Assessment



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