



Ahpra  
& National  
Boards

# National Scheme Strategy

# 2031

## Acknowledgement of Country

Ahpra and the National Boards acknowledge the Traditional Owners of Country throughout Australia and their continuing connection to lands, waters and communities.

We pay our respects to Aboriginal and Torres Strait Islander cultures and Elders past and present.

The National Scheme is committed to patient safety for Aboriginal and Torres Strait Islander Peoples. Through shared leadership and application of the National Law, we work to ensure that Aboriginal and Torres Strait Islander Peoples have access to, and work within, a health system that is culturally safe and free from racism.

## The future of the National Scheme

In 2031, communities and stakeholders are highly confident in services provided by registered health practitioners. They trust their practitioner is trained and competent, demonstrates high levels of ethical and professional conduct, and puts the safety of Aboriginal and Torres Strait Islander Peoples and all cultures, identities, abilities and beliefs, first.

Ahpra and the National Boards work across the scheme and the health system to demonstrate effective, contemporary regulation. Our approaches are transparent, fair and evidence based. We respond collaboratively and decisively to emerging challenges in healthcare while upholding standards of safety and integrity.



Justin Untersteiner  
CEO Ahpra

Our success is built on a culture that is engaged and capable, with diverse talent that drives regulatory agility and innovation. We leverage data insights and technology, work efficiently, and deliver experiences and outcomes that are valued by the public and practitioners.

We are stewards of the National Scheme, supporting a safe and sustainable health system for Australia.

# Collaborative healthcare regulation

We are pleased to share our whole-of-scheme strategy and continue supporting one of the most respected health systems in the world. An essential element of this system is a responsive, robust regulatory framework – one that adapts to meet the needs of the people it serves.

Ahpra and the National Boards play an integral role in protecting practitioner and public safety, as part of a wider system that includes hospitals and healthcare providers from our major cities to our most remote communities. As demand for health services grows, the needs of communities evolve, and new challenges emerge, this Strategy acknowledges that collaboration is key.

Our work is best achieved through productive partnerships across this dynamic and interconnected sector. Together, we will continue to enable a health system we can all rely on – one with a future-ready workforce, culturally safe norms, and effective harm prevention.



**Ms Gill Callister PSM**

Chair, Ahpra Board  
Co-convenor, National Scheme  
Partnership Committee



**Professor Stephen Gough ASM**

Chair, Paramedicine Board of Australia  
Co-convenor, National Scheme  
Partnership Committee

# National Scheme Strategy | 2031

These themes and attributes describe how the National Registration and Accreditation Scheme will continue to protect public safety and support a safe, professional health workforce for Australia.

## THREE strategic themes



### 1. Effective harm prevention

Peoples' experiences of the health and regulatory systems are safe, free from preventable harm.



### 2. Culturally safe health system for Aboriginal and Torres Strait Islander Peoples

Aboriginal and Torres Strait Islander individuals and communities can access health services and work in a health system that is culturally safe, free from racism and meets their needs.



### 3. Sustainable health workforce

All communities have access to health practitioners that are equipped to meet their needs now and in future.

## SIX strategic attributes



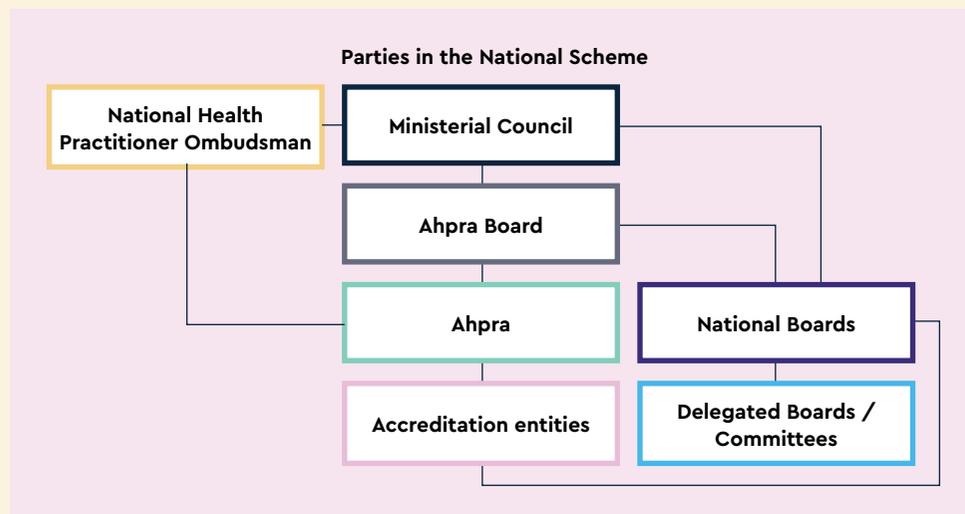
# What this is

This Strategy outlines how we will advance the National Scheme to better protect the public and increase access to, and trust in, regulated health practitioners.

The Australian Health Practitioner Regulation Agency (Ahpra) regulates health practitioners in Australia under the National Registration and Accreditation Scheme, partnering with 15 National Boards, representing 16 health professions. Together, we work in a federated system across eight states and territories, with decentralised accreditation and various complaints-handling models.

In a complex system, it takes significant coordination, collaboration and integration to maintain the integrity of the National Scheme, uphold professional standards, protect the safety of the public and support a thriving health workforce.

Despite efforts to reduce complexity, continually improve and mature our regulatory frameworks and practices, reviews into Ahpra and the National Scheme have exposed gaps and risks – both in terms of the design of the scheme and its operation.



Ambitious reform is needed to ensure Ahpra and the National Scheme can keep pace with increasing demand for health services and rapidly changing delivery models while continuing to protect public and practitioner safety.

This five-year strategy focuses on three strategic themes, complemented by six strategic attributes. It responds to our operating context, identifies areas of focus and shows our commitment to leading regulation. These strategic directions aren't confined by our direct remit, recognising the scheme's pivotal role in facilitating and influencing system-wide outcomes.

Our responsibilities are set by the Health Practitioner Regulation National Law, applied across five core functions: professional standards, accreditation, notifications, compliance and registration.

We continue to meet our obligations, conduct operational activities, and drive continuous improvement to:

- protect the public by setting national standards and only registering suitably qualified health practitioners
- maintain the online *Register of practitioners*
- manage notifications and take action to address behaviours and practices that don't meet standards
- facilitate access to health services across Australia, removing barriers so practitioners can work where they are needed
- build a culturally safe health workforce for Aboriginal and Torres Strait Islander Peoples
- facilitate the provision of high-quality education and training
- embed rigorous assessment of health practitioners, including those trained overseas
- enable a flexible and sustainable health workforce, promoting innovation in education and service delivery.

# Strategic context

The National Scheme's vital role in the health system is widely acknowledged – but there is more to do.

Progress since the establishment of the National Scheme in 2010 is an undeniable achievement, and testament to the ability of diverse contributors to collaborate for the common good. But the scheme continues to face challenges.

Despite improvements, the notification process can be arduous and convoluted, unduly impacting practitioners and notifiers. While robust approaches are essential, we have a duty to ensure timely resolution, transparency, procedural fairness and empathy. Future planning must account for handovers between state and territory complaint entities, growing numbers of notifications and costs associated with system improvements.

Issues of safety in the system are amplified for Aboriginal and Torres Strait Islander Peoples. A lack of cultural safety and persistent racism are unacceptable features of the health system that result in workforce shortages and under-representation across professions.

Disproportionate impacts are also evident for LGBTQIA+ people, culturally and linguistically diverse communities, people with disability, victim-survivors, and those with complex needs who require our focus to improve their understanding of, access to, and trust in the scheme and the wider health system.

Workforce supply is a challenge across professions and jurisdictions. The scheme's role is defined but it can be perceived as a cause of systemic failures. We must be more active and influential, addressing inefficiencies in accreditation, streamlining international pathways, optimising scope of practice and reducing inconsistency and duplication to facilitate life-long careers, increase capability and respond to the needs of a growing population.

In an era of rapid change, we must stay vigilant to risks, committed to reducing complexity and open to new opportunities.

The scheme is founded on a strong purpose and funded by practitioner registrations. Demand on its services is increasing, and strategic priorities and reforms are resource intensive. To realise our goals the scheme must be set up for financial sustainability. Looking forward, we see three broad trends likely to impact:

- 1. Workforce pressures:** A growing and aging population, new scientific evidence and medicines, and changing disease profiles, impact demand for health services. Local education, effective recruitment and retention strategies, different models of care and wider scopes of practice are needed to avoid critical shortages.
- 2. Changes in society:** Australians are self-sourcing health advice. Influencer-driven trends and unregulated commercial alternatives to health care are thriving. This is exacerbated by distrust of public and traditional institutions, especially in some sections of the population. People expect to engage digitally, are time poor and have high expectations of service, efficiency and equity.
- 3. Advancements in technology:** Artificial intelligence (AI), telehealth, social media and other evolving technologies present considerable opportunities for better health care, but they also bring risk. We must take every step to protect the public and practitioners from misuse, considering ethical, data and privacy implications. We anticipate a rise in the diagnostic use of AI, robotic surgery, and bioengineering, driving increased contestability of practitioner decisions and new health business models. The ability of non-regulated entities and practitioners to exploit these advances – operating at scale, often from outside Australia – poses significant threat. We will also adopt AI in our regulatory work and standard business processes, progressing with the right measure of courage and caution.

# Strategic themes





## Effective harm prevention

It is our duty to prevent harm. If we fail to do this, the consequences can be devastating, and we break the trust of the public and practitioners – especially where the risk is evident.

Our role as the regulator of registered health practitioners is to deal with professional misconduct – we must be able to identify emerging behaviours and act swiftly to prevent harm to others.

Preventing harm in all forms – physical, psychological, sexual, discriminatory and institutional – is the essence of safety and our core purpose. Our ability to protect people relies on systemic trust, effective policy and a health system that delivers public value.

Rapidly evolving technologies facilitate and expedite new ways of delivering health services. Digital health options can provide significant benefits, offering faster, easier and greater access, but if used erroneously, enable dangerous practices and expose gaps in regulation. Opportunities for financial gain can also give rise to concerning behaviours that, if left unchecked, can proliferate harm.

Proactive and responsive intervention requires a spectrum of tactics – education to inform decision making and correct behaviour, sanctions to prevent further harm and strong action to demonstrate the consequences of breaking the code or the law.

We also know some aspects of regulation are distressing for those involved. The notification system requires a necessary level of assessment and scrutiny to inform decision making and protect it from being manipulated. While this is key to robust regulation, we must ensure the process is timely, empathetic and transparent.

To prevent harm across the National Scheme and the health system, our focus is twofold:

1. Monitor, assess and intervene early to address emerging risks across the health system.
2. Ensure our functions, systems and processes don't cultivate harm – that is, they don't have unintended or unacceptable consequences.

### Outcome:

Peoples' experiences of the health and regulatory systems are safe, free from preventable harm.

### Commitment:

Where there is evidence of harm, we intervene early and firmly to stop it. We use a range of data sources to detect, understand and quantify risks. Working with stakeholders across the system, we apply these insights to influence practitioner behaviour, raise awareness, deter harmful practices and contribute to policy and legislation.

We understand the effects of our processes and design the regulatory system to ensure the safety of practitioners and notifiers, adjusting our approaches based on effectiveness.

Our early interventions prevent harm to the public and the health workforce, recognising that where possible, prevention is always better than remediation.

### We will:

- develop our regulatory insights capability
- identify, monitor and respond to emerging risks
- continue to develop new risk response tools
- evaluate the effectiveness of our regulatory processes
- increase proactive communication and education
- review and improve our notification system
- streamline regulatory functions
- harness artificial intelligence to scan online environments.



## Culturally safe health system for Aboriginal and Torres Strait Islander Peoples

We must ensure cultural safety and eliminate racism for Aboriginal and Torres Strait Islander Peoples across the health system.

When racism is not addressed, the consequences for Aboriginal and Torres Strait Islander Peoples are profound – people's health, wellbeing, livelihoods and lives are at stake. The National Scheme drives initiatives to eliminate racism and ensure cultural safety for Aboriginal and Torres Strait Islander Peoples who access and work in health services, and across the health system. Cultural safety can only be determined by Aboriginal and Torres Strait Islander Peoples.

Aboriginal and Torres Strait Islander leaders govern this work through authentic partnerships.

The development of the National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy to 2025 was grounded in authentic partnerships with Aboriginal and Torres Strait Islander health leaders, experts and peak bodies, making joint decisions with leaders across the National Scheme.

Our Cultural Safety Strategy has driven significant system-level change but racism remains pervasive, continuing to pose serious risk to Aboriginal and Torres Strait Islander Peoples. Urgent and sustained action is needed. The Cultural Safety Strategy 2031 will build on the work to date and continue to lead bold reform across the health system.

Our unrelenting commitment to eliminating racism and ensuring cultural safety in the health system is not bound by a single theme. It is represented, reflected and prioritised in everything we do – for this generation and those to come.

### Outcome:

Aboriginal and Torres Strait Islander individuals and communities access health services and work in a health system that is culturally safe, free from racism and meets their needs.

### Commitment:

We take a joint leadership approach to drive systemic reform that ensures cultural safety and the elimination of racism.

### We will:

- equalise power imbalances by embedding self-determination and 'being in good relation'
- elevate Aboriginal and Torres Strait Islander voices to ensure regulatory mechanisms address individual and systemic racism in healthcare
- ensure Aboriginal and Torres Strait Islander Peoples experience culturally safe engagement across the health system
- strengthen and oversee accreditation of cultural safety
- embed a culturally safe notification process
- implement Indigenous data sovereignty and Indigenous data governance principles and practices
- require lifelong training on cultural safety and anti-racism capability building across the health workforce and National Scheme
- build and maintain robust, engaged partnerships with Aboriginal and Torres Strait Islander organisations.



## Sustainable health workforce

The health workforce in Australia is a critical national asset. We contribute to sustainable, predictable workforce supply across professions, improving access to services.

Sufficient workforce supply, retention and distribution are foundations for adequate healthcare delivery – but workforce sustainability is multidimensional and accountability is dispersed.

Pressures on the health workforce surface across the system and lifecycle of practitioners. Factors like education pathways, job location, scope of practice, career opportunity and workload all contribute to workforce access, progression and attrition.

Consumers experience workforce shortages through extended wait times, increased costs and the need to travel long distances. This can lead to delays in treatment, detrimental health outcomes and unmanageable pressures in other areas of the system.

While we can't control demand for professional health services, the scheme plays an important role in the supply of services through domestic and international pathways to registration and accreditation. Contemporary accreditation services must balance quality and access to workforce. Education and training to ensure practitioners are competent and able to develop their scope of practice to meet healthcare needs is essential for public safety and workforce sustainability.

Effective workforce management needs collaborative partnerships with governments, employers and other bodies in the health sector. This includes contributing data and insights to support better analysis of the health workforce and identify opportunities to strengthen it.

### Outcome:

All communities have access to health practitioners who are equipped to meet their needs now and in future.

### Commitment:

We work with and through others to eliminate procedural and administrative obstacles to workforce supply.

We implement efficient accreditation models to support access to services while maintaining high-quality education and training standards.

We share data and insights to facilitate the identification of pressure points and opportunities to improve Australia's ability to attract, ensure competency and retain professional expertise.

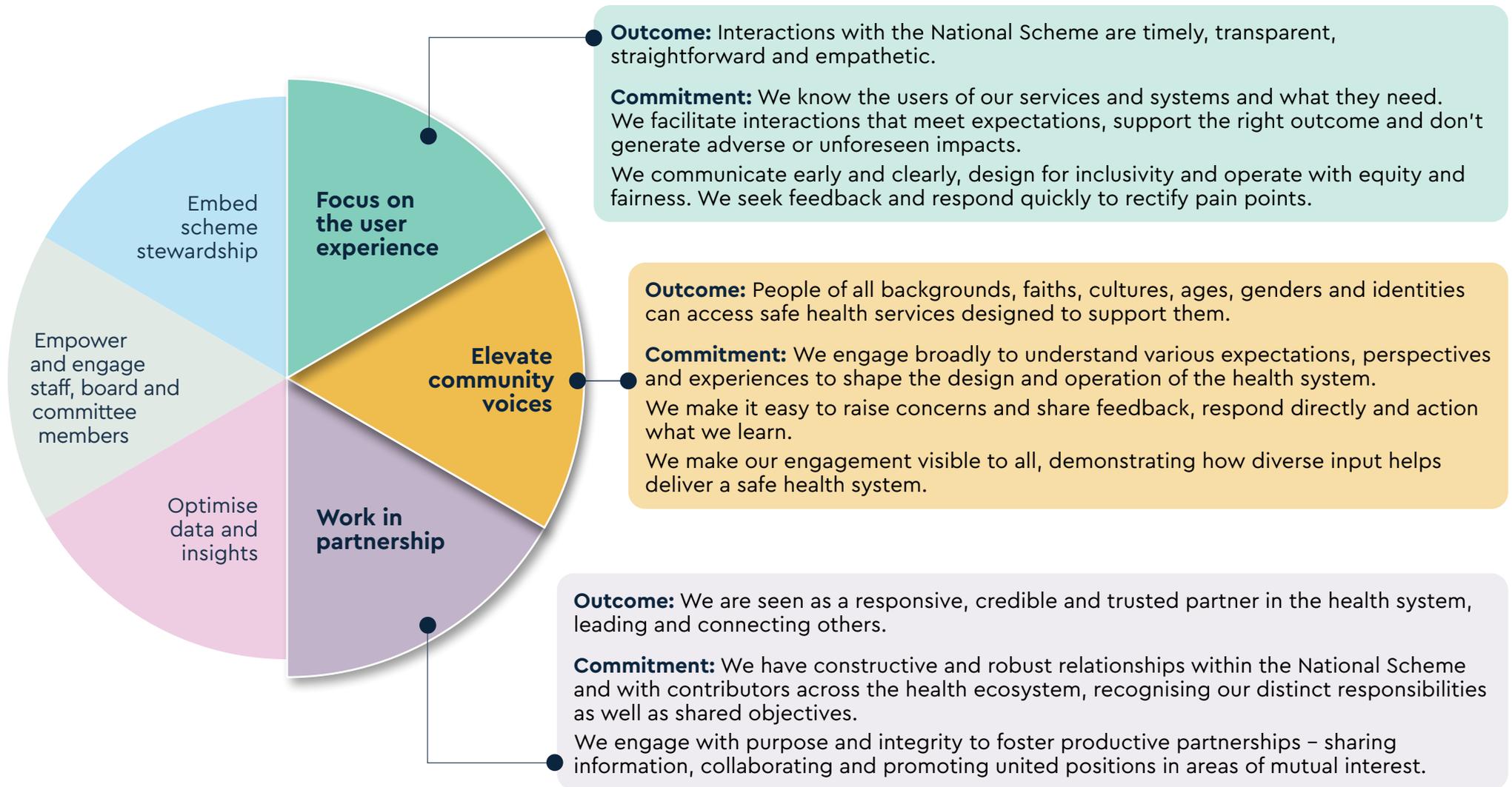
### We will:

- carry out a deep review of accreditation models
- ensure accreditation standards support quality education and training and facilitate access to services
- continue to streamline and strengthen pathways to registration
- introduce a single health practitioner identifier that applies across the practitioner lifecycle from student to retirement
- ensure regulation supports innovative models of care to meet community needs
- promote quality and high-value care
- share workforce data to support system-wide decision making
- support practitioners to develop their scope of practice and enable registration endorsements to meet service delivery needs.

# Strategic attributes



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# Strategic attributes

**Outcome:** People trust the National Scheme to apply robust governance and collaborative leadership to deliver effective, sustainable, future-focused regulation.

**Commitment:** Oversight, decision making, and ways of working across the scheme are facilitated by strong, cohesive leadership and a governance model that supports strategic, ethical, and meaningful change.

We operate as a single scheme, reducing duplication, increasing consistency and working in unity to build public confidence in the regulatory system.

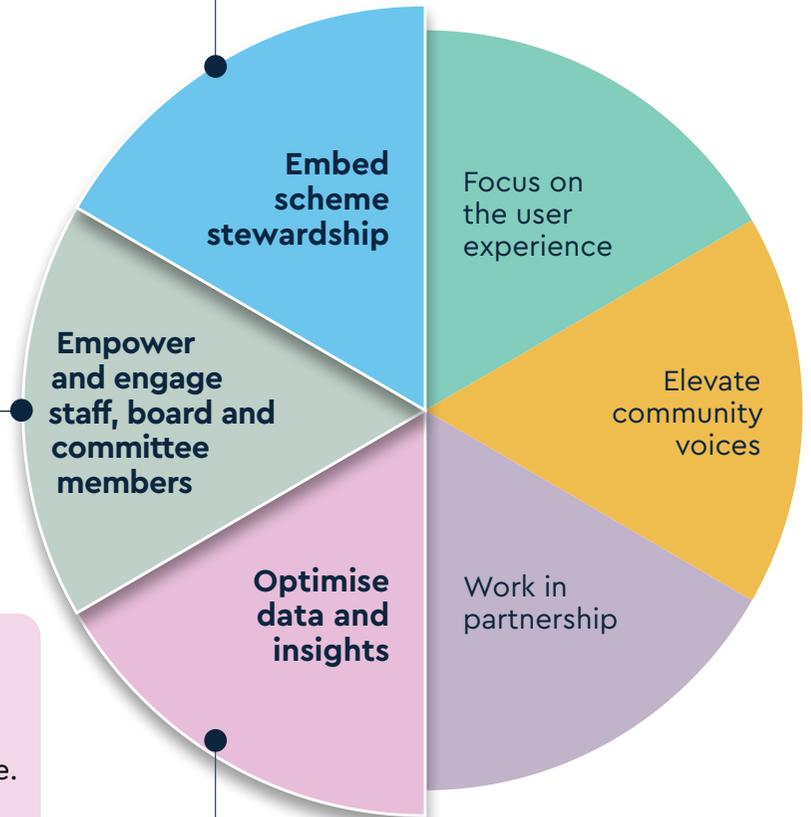
**Outcome:** Our people are capable, curious and adaptive, with the regulatory skills and tools they need to deliver the right outcomes.

**Commitment:** We have a full view of organisational capability, paired with staff and member experiences, to understand and ready our people for a tech-enabled future. Our people have what they need to grow and succeed. We expect excellence in leadership at all levels and celebrate diversity in every form.

**Outcome:** Scheme contributors and partners rely on the data we capture, interpret and report to support decision making.

**Commitment:** The value of data is realised through our ability to capture, interpret, integrate and share intelligence. Reports are holistic and reliable, curatable and actionable. We gather data from practitioners and other sources efficiently and transparently, keep it safe and share it with consent.

We are transparent about our use of AI.



## Demonstrating success

Our ability to implement and evaluate this Strategy, and communicate progress and outcomes, is important for transparency, trust and confidence in the scheme.

This Strategy will be reviewed annually by the Ahpra National Executive, the Ahpra Board and the National Boards. It is operationalised through a suite of scheme-wide and organisational sub-strategies.

Strategic measures allow us to monitor the health and performance of the National Scheme. These are supported by various operational measures, tracked and evaluated through a measurement framework. Contributing work is captured in our corporate plan along with risk management and financial considerations, and other business deliverables.

Strategic measure	Objective
Progress against plan	<b>Deliver 'we will' outputs as described and scheduled</b> People receive everything we say we will deliver on time
Trust and confidence	<b>Increase levels of trust and confidence in the National Scheme</b> People believe the National Scheme is equipped and capable and operates with integrity and fairness, in the public interest
Public safety	<b>Demonstrate regulatory effectiveness to prevent harm</b> We meet our regulatory obligations under the National law and ensure peoples' experiences of the health and regulatory systems are safe, free from preventable harm and racism, accessible and culturally safe for Aboriginal and Torres Strait Islander Peoples
User experience	<b>Increase satisfaction with National Scheme processes and services</b> Interactions are timely, transparent, straight forward and empathetic
Productivity	<b>Increase the value of our regulatory activities</b> Best practice regulation indicates acceptable return on investment and National Scheme sustainability
Perceptions of working in the National Scheme	<b>Improve perceptions of working in the National Scheme</b> People feel positively about engagement, leadership, communication, innovation and wellbeing in the workplace

# Developing this Strategy

Created in consultation with hundreds of stakeholders, this Strategy is informed by a comprehensive research and engagement process.

Research	Stakeholder consultation	Ahpra inputs
<ul style="list-style-type: none"> <li>• Analysis of relevant internal Ahpra documents including communication materials, census reports and performance data</li> <li>• Analysis of independent and external sources including expert commentary, media reports and several National Scheme reviews, including the Independent review of complexity in the National Registration and Accreditation Scheme (or the Dawson review)</li> <li>• Insights from CEO's introductory meetings across the health sector, including with state and territory health ministers</li> </ul>	<ul style="list-style-type: none"> <li>• Ahpra Board</li> <li>• All 15 National Boards and 16 professions</li> <li>• Other groups and committees including:               <ul style="list-style-type: none"> <li>- Board Partnership Committee</li> <li>- Professions Reference Group</li> <li>- NSW Council Presidents Regulatory Insights Joint Working Group</li> <li>- Health Professions Accreditation Collaborative Forum</li> <li>- Community Advisory Council</li> <li>- NSW Regulatory Practice Forum</li> <li>- Jurisdictional Advisory Committee</li> <li>- Health Workforce Taskforce</li> <li>- NSW Health Professional Councils Authority Council Presidents' Forum</li> <li>- Various state and territory health complaints organisations including the Office of the Queensland Health Ombudsman</li> <li>- National Health Practitioner Ombudsman</li> <li>- Privacy Commissioner</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Ahpra staff</li> <li>• Ahpra Aboriginal and Torres Strait Islander Health Strategy Group</li> <li>• Ahpra executive and senior leaders</li> </ul>

# Glossary

A brief explanation of how certain terms are used in this Strategy is provided below. More definitions are available at

[www.ahpra.gov.au/support/glossary](http://www.ahpra.gov.au/support/glossary)

Term	Meaning
Board member	All Board members inclusive of the Ahpra Board, National Boards, state and territory Boards, and all committees, except where otherwise indicated.
Community/ies	Everyone in Australia and all identified sub-populations or segments.
Cultural safety	Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities. Culturally safe practise is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.
Governance	The framework by which the National Scheme is managed. It identifies who can make decisions, who has authority to act and who is accountable for how our organisation and its people behave and perform.
Health services	Recognised employers, organisations and expert individuals that diagnose, treat, prevent and manage injury, illness, disability or psychological health.
Health system	Every aspect of the design, delivery and administration of health, including the National Scheme.
Partners/partnership	Collaborating with individuals and organisations across the health system.

Term	Meaning
Practitioner	An individual registered to practice a specific health profession.
Safety	Protected from harm or danger – or the control of recognised threats or hazards in order to achieve an acceptable level of risk.
Scheme contributors	People working within the National Scheme.
Stewardship	The proactive, system-wide management of the health regulatory framework to improve outcomes for practitioners and the community.
Staff	A person employed directly with Ahpra in a permanent ongoing role, on a temporary or fixed term contract, or on a casual basis and paid through Ahpra's payroll.
The National Scheme/the scheme	The National Registration and Accreditation Scheme. A framework to protect the public by regulating 16 health professions, implemented by the Australian Health Practitioner Regulation Agency (Ahpra), the Ahpra Board and the National Boards.
The Health Practitioner Regulation National Law	A unified state and territory legislation creating Australia's national registration and accreditation system for health professions. Implemented by the National Scheme, applied in each state and territory.
User experience	The overall feeling and satisfaction a person gets when interacting with a product, service, or system.
Workforce	Everyone working in the provision or administration of health services.



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