



Aboriginal and Torres Strait  
Islander health practice  
Chinese medicine  
Chiropractic  
Dental  
Medical  
Medical radiation practice  
Nursing and Midwifery  
Occupational therapy  
Optometry  
Osteopathy  
Pharmacy  
Physiotherapy  
Podiatry  
Psychology

Australian Health Practitioner Regulation Agency

# AHPRA REPORT

AHPRA Report Edition 13, December 2013

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## A message from the CEO

**We are near the end of another big year of both challenges and opportunities, in which AHPRA teams across Australia have worked closely with Boards to deliver effective and efficient regulatory services in the public interest.**

There are now more than 590,000 health practitioners registered to practise in Australia – an increase in all professions and more than ever before – with one in 20 working Australians a registered health practitioner.

Our [2012/13 annual report](#) was published on 1 November 2013. This provides a national snapshot of the work and finances of the National Scheme and is tabled in the parliaments of each state and territory and the Commonwealth. A particular feature this year has been the publication of much more data detailing our work.

Highlights include our registration renewal systems. Midway into our fourth year, we regularly analyse our renewal data to identify and better meet the needs of health practitioners when they apply to renew their registration each year. More than 94% of health practitioners renewed their registration online this year, and more than 97% on time.

The annual report also profiles our work on managing notifications. We have made significant additional investment in new staff, processes and systems to improve timeliness, consistency and the experience of both notifiers and practitioners. This will be an area of ongoing focus.

The value of national, multi-professional registration data continues to be realised. In this edition, we highlight the establishment of the [Practitioner Information Exchange \(PIE\) service](#). PIE is designed to provide easier access to

public register data for health care organisations and others who require volumes of information on registered health practitioners. The pilot work with Melbourne's Epworth Hospital and the Registry of Births, Deaths and Marriages has demonstrated the value of this service both in terms of reducing risks and cutting costs.

A particular highlight this year has been the establishment of a first national [Community Reference Group \(CRG\)](#). Established in May 2013, the CRG has set its initial focus on notifications. The group is reviewing the *Guide for notifiers* published earlier this year to help the community understand how we manage notifications and will be giving us advice about how we can improve the information we give to notifiers who have raised a concern.

AHPRA stays in touch with professional associations through our [Professions Reference Group \(PRG\)](#). All the professions in the scheme are represented in this group, which meets with AHPRA quarterly to exchange ideas, provide advice and stay up to date with the important regulatory issues that affect their members. The PRG focus is on the operational aspects of the National Scheme managed by AHPRA. Ideas and information exchanged at the PRG complement the individual relationships that professional associations have established with each National Board.

The [Victorian Parliamentary Committee Inquiry into the Performance of AHPRA](#) is due to hand down its report in mid-March 2014. In December, AHPRA and the Medical Board of Australia welcomed the opportunity to update the committee on our work during the year, in particular how we work in Victoria. »

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Looking forward, our focus on 2014 will be on greater transparency and accountability, through increased performance reporting; continuing to develop ways to smartly use our data to improve safety and quality in regulation, and; consolidating the systems and processes that support our work and our teams across Australia. Improving the notifier experience is also an important priority for AHPRA.

By any measure, it's been a big year. I thank all our stakeholders who have worked with us to improve safety and quality in health practitioner regulation, in the public interest.

I wish you and your families a safe and peaceful festive season.

**Martin Fletcher**  
**Chief Executive Officer**  
[martin.fletcher@ahpra.gov.au](mailto:martin.fletcher@ahpra.gov.au)

## New data exchange service

**AHPRA has launched a new data exchange service that will better protect the public, while saving time and money in the health sector.**

Known as the Practitioner Information Exchange (PIE), the service offers immediate access to AHPRA's data about health practitioners that is currently published on the register of practitioners. The service enables bulk data-transfer about a number of selected practitioners (such as those employed in a particular hospital), while the public register is only searchable name by name. This will make it easier for healthcare organisations make sure the registration data they hold about health practitioners working in their facilities is accurate and up to date. The service is being established on a cost-recovery basis.

Healthcare organisations in Australia face a daily requirement to make sure their health practitioners meet the standards set by health regulators and have current registration. Employers need to know about the registration status of the people they employ. So do people managing or working with health practitioners, and PIE makes sure the information is available to the people who need it, when they need it. PIE also helps manage organisational risk and streamline employer costs.

AHPRA partnered with Melbourne's Epworth Hospital to pilot the new PIE service. As part of their accreditation and reference checking process, Epworth now receives electronic notification within 24 hours if any Epworth doctor's national registration is cancelled, suspended, or restricted in any way.

Epworth's Group Manager of Medical Services, Dr Liz Morton, said the quality of Epworth's accreditation-related data has been greatly improved by PIE's electronic and automated solution.

'We can now conduct registration checks in minutes rather than days. We have also significantly improved our risk management and the system supports a high standard of clinical/professional governance,' Ms Morton said.

The Registry of Births, Deaths and Marriages (BDM) Victoria, is the most recent organisation to start using AHPRA's PIE 'find' service to simplify the validation of death certificates by registered medical practitioners in Victoria.

'BDM Victoria registers more than 35,000 deaths each year and this process saves us and the practitioner processing time and simplifies data validation,' Ms Morton said.

To enquire about the PIE service, please email [pie@ahpra.gov.au](mailto:pie@ahpra.gov.au)

## Audit

**AHPRA and the National Boards have developed a nationally consistent approach to auditing health practitioners' compliance with mandatory registration standards.**

Audits are an important part of the way National Boards and AHPRA can better protect the public. They help to ensure that practitioners are meeting the mandatory registration standards and provide important assurance to the community and the Boards.

Pilots were conducted with a number of professions in 2012 and 2013 that helped determine the size, frequency and type of audits required. We used these pilots to help establish our ongoing audit methodology. Details of the pilots, including reports are available on the [Audit page](#) under the *Registration* tab on the AHPRA website.

From July 2013, all professions can be audited against the respective mandatory registration standards for their profession. These are:

- criminal history
- continuing professional development
- recency of practice, and
- professional indemnity insurance arrangements.

### How audit works

Audits of random samples of practitioners from all professions will occur periodically throughout the year.



The selection for audit is a random process, with sample sizes determined for statistical significance according to the profession size and the registration types of each profession.

Each time a practitioner applies to renew their registration, they make a declaration that they have (or have not) met some or all of the registration standards for their profession. The audit requires practitioners to provide further information to support their declarations and as relevant, explanations to support why some requirements may not have been met.

The audit notice that is sent to the registrant identifies which standard/standards are being audited.

What is being audited	What it means for a practitioner
Criminal history registration standard	AHPRA uses an independent service provider to check practitioners' criminal history. This will happen automatically at no cost to practitioners, who do not have to do anything further unless asked for more information.
Continuing professional development (CPD) registration standard	Practitioners must provide evidence of the CPD activities they have undertaken to meet the requirements of their Board's registration standard.
Recency of practice registration standard	Practitioners must provide evidence of recency of practice activities they have undertaken which meet the requirements of their Board's registration standard.
Public indemnity insurance arrangements registration standard	Practitioners must provide evidence of PII arrangements which meet the requirements of their Board's registration standard.

## Annual report

The 2012/13 annual report of AHPRA and the National Boards of the 14 registered health professions was published on 1 November 2013. The report includes five times more data tables than the previous report, detailing the work of the National Registration and Accreditation Scheme over the 12 months to 30 June 2013.

Each year, AHPRA and the National Boards report to the Ministerial Council on activities and performance. The annual report provides a national snapshot of the work and finances of the National Scheme and is tabled in the parliaments of each state and territory and the Commonwealth.

Our annual report explains the work we do, and accounts to the community, health practitioners and governments about how we do it.

There are now more than 590,000 health practitioners registered to practise in Australia – an increase in all professions and more than ever before – with one in 20 working Australians a registered health practitioner.

The National Scheme has a significant impact on the lives of all Australians – directly on all health practitioners who are registered to practise, and indirectly through our work in partnership with National Boards to protect public safety and maintain professional standards.

Highlights detailed in the report include:



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Effective, proportionate and timely regulation is the constant goal of all National Boards. Every decision National Boards make consciously focuses on striking the right balance between public safety and facilitating access to health services.

The priority of the 2013 year was to improve the management of notifications in the National Scheme. AHPRA continues to work closely with National Boards.

We have introduced better measurement and reporting systems and are committed to meeting agreed performance expectations for managing notifications.

Other highlights for the year include the smooth introduction of four new health professions into the National Scheme, bringing 40,000 additional practitioners into national regulation – many of them now registered for the first time.

The report also details our work in strengthening links with the community and the professions.

The annual report is published on the AHPRA website under [Publications](#). It includes a detailed report – including data – for each National Board. For further information contact [communications@ahpra.gov.au](mailto:communications@ahpra.gov.au).

## Engagement

**We are bringing out the best of the National Scheme by working closely with our stakeholders, including in the professions, the community, employers, government and the wider health sector.**

### Our work with the community

AHPRA's newly established **Community Reference Group (CRG)** is already working hard to improve the transparency and accessibility of the National Scheme to health consumers and the wider community.

Established in May 2013, the CRG has set its initial focus on notifications. The group is reviewing the *Guide for notifiers* published earlier this year to help the community understand how we manage notifications in the National Scheme; and will be giving us advice about how we can improve the information we give to notifiers.

The CRG is also providing feedback on AHPRA's *Service charter*; has asked its contacts in the community to join our online community of interest; is reviewing and providing feedback on the National Boards' consultation on registration standards for criminal history and English language skills; and set up a framework for advising National Boards on the codes, guidelines, policies and standards they set for practitioners to help protect the public.

We established the CRG to work with AHPRA and the National Boards, as an important feature of our wider engagement with the community. This is the first time a national group of this kind, with a focus on health practitioner regulation, has been established in Australia. Ten members from the community, who are not health practitioners, have been appointed to the group, which is chaired by Mr Paul Laris, a community member on two Boards in the National Scheme.

More information about the CRG, its terms of reference, membership and communiqués of meetings is published on the AHPRA website under [Community Reference Group](#).

### Our work with professions

As well as the efforts made by all National Boards to engage with the stakeholders in their professions, AHPRA stays in touch with professional associations for the regulated professions through our **Professions Reference Group (PRG)**.

All the professions in the scheme are represented in this group, which meets with AHPRA quarterly to exchange ideas, provide advice and stay up to date with the important regulatory issues that affect their members. Ideas and information exchanged at the PRG complement the individual relationships that professional associations have established with each National Board.

The PRG focus is on the operational aspects of the National Scheme managed by AHPRA. PRG members had a substantial role advising AHPRA as we developed the *Guide for practitioners – notifications in the National Scheme* and have provided feedback and advice on other proposed services affecting registered practitioners.

More information about the PRG will be published on the AHPRA website soon. For further information contact [communications@ahpra.gov.au](mailto:communications@ahpra.gov.au).

As well as the PRG, AHPRA is building a list of registered health practitioners interested in providing feedback on our services and on draft information for practitioners developed by National Boards. We hope that people in this group will take part from time to time in social research, including focus groups, to make sure that the information we publish and services we provide are as clear, straightforward and easy to use as we intend.

## Customer service team revitalised

**In October 2013, we launched AHPRA's single customer service team to answer phone inquiries, after consolidating several state and territory-based customer service teams (CST) into a single, national CST.**

Now based in four offices (Brisbane, Sydney, Melbourne and Perth), the 'virtual' team collaborates nationally to answer the incoming calls. No matter where a caller is located, they have access to a team working across a national network. This has already cut waiting times for people dialling in for advice or information.

In the weeks since the launch, the new national CST has worked hard to establish team structures and implement new policies and processes. We are pleased to have met

these challenges, while providing a consistent service during the November renewal period, when calls to the team increase by over 30%.

As the team settles in and adapts to new ways of working, it will focus on providing high-quality and timely service to callers. Establishing a national CST has been important in supporting our commitments in the 2012 and 2013 business plans to consistency, service and capability in the National Scheme.

## Guidelines and registration standards

**In 2014 the National Boards will begin to implement their revised registration standards, codes and guidelines, which are the standards that practitioners must meet to become, and remain, registered.**

The revised *Advertising guidelines*, *Social media policy*, *Mandatory reporting guidelines* and *Code of conduct* (the medical code is called *Good medical practice*) will be published in February next year, and come in to effect a month later. Supporting materials for these documents will also be published in February, to help practitioners understand the difference between the current and new requirements.

As you may be aware, the Boards consulted widely this year on the draft versions of these documents (and continue to consult on important documents, see the [Consultations](#) section of the AHPRA website).

Much work has also gone in to making sure that the format and language used in the documents meet plain language requirements, to make it easier to understand the important information in them. This month we are running a series of focus groups that will test the way the documents are presented, so that the final design is easy to read and understand.

More information about the revised registration standards, codes and guidelines will be published on the AHPRA and National Boards' websites.

## Health profession agreements published

**Under the National Law, the Boards and AHPRA work in partnership to implement the National Scheme, each with specific roles, powers and responsibilities set down in the National Law.**

The guiding principles of the National Law require the National Scheme to operate in a 'transparent, accountable, efficient, effective and fair way'; and for registration fees to be reasonable '...having regard to the efficient and effective operation of the scheme'.

Each year each of the National Boards and AHPRA publish a health profession agreement that details the fees payable by health practitioners, the annual budget of the National

Board and the services provided by AHPRA that enable the National Boards to carry out their functions under the National Law.

AHPRA and the National Boards are progressively publishing the [2013/14 health profession agreements with National Boards, available on our website](#).

## The value of ongoing renewal data

**Midway into our fourth year, we are now analysing our renewal data to identify and better meet the needs of health practitioners when they apply to renew their registration each year.**

Putting our effort into streamlining online renewals is working well for practitioners and the National Scheme, by making the process quicker and easier and keeping costs down.

Renewal campaigns for all 14 regulated health professions produced strong results in 2013.

Of the 12 professions due to renew by 30 November, more than 97% have done so, 94.6% online. One per cent used our new service to let us know they did not intend to renew, so we could stop sending them reminders.

Practitioners registered with 12 of the 14 National Boards are now in the late renewal period and have until 31 December to apply to renew. Practitioners who apply after 1 January must lodge a new application for registration.

### Renewal highlights

When the **medical** campaign was launched in late July, 13% of the 87,000 medical practitioners due to renew their registration on 30 September immediately applied to renew. By mid-September, four per cent more medical practitioners had renewed than at the same time in 2012.

By 30 September, 94% of medical practitioners had renewed – and 95.6% of them did so online. At the end of October 2013 (the end of the late period), 99% of medical practitioners had responded to the renewal campaign. In total, more than 95% of medical registrants renewed online.

The 2013 **nursing and midwifery** renewal cycle recorded a significant jump (to 96%) in the number of nurses and midwives renewing online – with 94% also completing the workforce survey. This year, we printed and mailed 200,000 fewer hard copy application forms to nurses and midwives than last year.

We are grateful to all the partners who supported our 2013 renewal campaigns stakeholders – including government departments, employers and professional associations – and are always open to feedback. Send us any suggestions for improvement to [communications@ahpra.gov.au](mailto:communications@ahpra.gov.au).



## Accreditation news

### Psychology accreditation update

The Australian Psychology Accreditation Council's (APAC) future membership constitution and governance have been considered by representatives of the National Board and the Australian Psychological Society (APS), and an 'in-principle' understanding between the participants has been reached. The membership of APAC will now consist of three members, the APS, the Heads of Departments and Schools of Psychology Association (HODSPA) and a nominee of the National Board. This change is designed to vest ownership of APAC in each of these three stakeholders in equal proportions.

The Chair of the Psychology Board of Australia, Professor Brin Grenyer, said the changes would ensure APAC meets the needs of the National Registration and Accreditation Scheme and it is a measure of the strength of the working relationship between the Board and the APS that we have agreed to a clear, constructive and independent future for psychology accreditation.

More detail is on the [Psychology Board of Australia website](#).

### Accreditation committees update

The National Law empowers each National Board to decide whether accreditation functions for its profession will be carried out by an external accreditation entity, or a committee established by the Board.

Three of the National Boards for the professions that joined the National Scheme on 1 July 2012 decided to exercise accreditation functions through a committee established by the National Board. The committees are:

- Aboriginal and Torres Strait Islander Health Practice Accreditation Committee
- Chinese Medicine Accreditation Committee, and
- Medical Radiation Practice Accreditation Committee.

AHPRA has established an accreditation unit to provide high quality support so the accreditation function can be delivered within the National Scheme. One of the roles of the accreditation unit is to provide secretariat and general support to the committees.

### Accreditation functions of the committees

AHPRA currently supports the three accreditation committees to enable them to exercise the following three accreditation functions under the National Law:

- developing accreditation standards for approval by the Board
- assessing education providers and programs of study to determine whether they meet the approved accreditation standards, and
- making recommendations and giving advice to the Board about accreditation functions and associated issues.

### Accreditation committee standards and processes

Developing accreditation standards and accreditation processes has been a focus for AHPRA and the accreditation committees during 2013. For six weeks between late July and early September, AHPRA and the committees consulted widely to ensure stakeholders had a chance to provide feedback on draft versions of the accreditation standards and accreditation processes.

In November, the Aboriginal and Torres Strait Islander Health Practice, Chinese Medicine and Medical Radiation Practice Boards of Australia approved the accreditation standards and endorsed the accreditation processes for their professions.

In the new year, AHPRA will publish the three sets of accreditation standards on the relevant Boards' websites and the three accreditation processes on each of the committee's websites.

Each of the committees has, with support from AHPRA, developed accreditation standards that require an education provider to provide evidence of its outcomes, in order to meet the standards. The outcomes-focused approach was guided by AHPRA's comprehensive review of accreditation standards and processes nationally and internationally, including a cross-profession analysis of accreditation standards and processes for the 14 health professions within the National Scheme.

### Applications for accreditation

AHPRA will publish application forms and guidance materials to enable education providers to apply to the committees for accreditation of their courses. AHPRA expects the application forms to be available soon.

### Call for expressions of interest for assessment teams

Each of the committees has called for expressions of interest to participate in on-site assessment teams. Information is available on each committee's website.

### Assessor training

AHPRA is working with the committees to develop assessor training to be delivered in early 2014.

Watch our website for details of these important initiatives. If you have questions, please email them to [accreditation.unit@ahpra.gov.au](mailto:accreditation.unit@ahpra.gov.au).

## Consultation update

**National Boards are continuing their scheduled assessment of registration standards, codes and guidelines that are due for review at least every three years. Individual Boards are also running Board-specific consultations on a number of issues.**

Consultation is an important part of the National Boards' engagement with health practitioners, members of the public and other stakeholders. Feedback provided is greatly valued, and informs Boards' development of proposed regulatory matters.

Public consultations are widely communicated in the National Board communiqués, newsletters and websites, and are open to everyone.

### Current public consultations

- All National Boards review of registration standards (closes 23 December):
  - English language skills, and
  - criminal history.

To access the consultation papers, please visit the relevant National Board website and go to *News>Current consultations*.

### Upcoming consultations

- Ten National Boards that entered the National Scheme in 2010, and Medical Radiation Practice Board of Australia – profession-specific registration standards (and associated documents) for:
  - continuing professional development (CPD)
  - recency of practice, and
  - professional indemnity insurance (PII) arrangements
- Aboriginal and Torres Strait Islander health practice – draft supervision guidelines
- Chinese medicine – supervision guidelines, and guidelines on writing prescriptions, labelling and dispensing for Chinese medicine practitioners
- Medical – Guidelines for cosmetic medicine and surgery
- Medical radiation practice – proposed general registration and limited registration standards
- Nursing and midwifery
  - Guidelines and prescribing formulary for endorsed eligible midwives
  - Nurse practitioner endorsement standard and guidelines, and
  - Enrolled nurse standards for practice

- Pharmacy
  - Compounding guidelines
  - Guidelines for dispensing of medicines
  - Guidelines on practice-specific issues
  - Guidelines on specialised supply arrangements, and
  - Guidelines for proprietor pharmacists
- Podiatry
  - Review of *Guidelines for working with podiatric assistants*, and
  - Review of *Guidelines for infection control*

### Recently closed consultations

- All National Boards – international criminal history checks: further public consultation (closed 31 October 2013)
- Aboriginal and Torres Strait Islander health practice – draft accreditation standards and process (closed 6 September 2013)
- Chinese medicine – draft accreditation standards and process (closed 6 September 2013)
- Chiropractic – Guidelines for the further education and training of chiropractors when required by the National Law (closed 29 November 2013)
- Medical – consultation on the draft revised *Good medical practice: a code of conduct for doctors in Australia* (closed 27 September 2013)
- Medical radiation practice
  - Supervised practice guidelines (closed 22 July 2013)
  - Professional capabilities for medical radiation practitioners (closed 22 July 2013)
- Nursing and midwifery
  - Registration standard for scheduled medicine endorsement (closed 4 November 2013)
  - Supervised practice for re-entry (closed 9 December 2013)
- Osteopathy – second round consultation on the Framework: pathways for registration of overseas-trained osteopaths (closed 9 August 2013), and
- Psychology – Guidelines for the 5+1 internship programs (closed 8 July 2013).

For information on the outcomes of these consultations, visit the relevant National Board website and go to *News>Past consultations*.

## Registration fees

### **In July, National Boards announced practitioner registration fees for 2013/14, applying from 1 August 2013.**

Four boards cut their fees, two froze their fees and eight limited their fee increases to the national consumer price index. The new fees applied from 1 August 2013.

Read the AHPRA [media release](#) for a view across professions, supported by profession-specific releases for each Board. The fee schedules and forms for all professions are published on the National Board websites.

## National Board news

### **Aboriginal and Torres Strait Islander health practice news – Stakeholder forums and health practitioner skills recognition and upskilling project**

The Board is conducting stakeholder forums in the five capital cities with the largest potential registrant base for the new Aboriginal and Torres Strait Islander health practice profession. This will give stakeholders a chance to give feedback on the usefulness and relevance of the Board's standards, processes and decisions. The forums also allow the Board to promote the benefits of registering as an Aboriginal and Torres Strait Islander health practitioner.

The Board is represented in an advisory group for an Aboriginal and Torres Strait Islander health practitioner skills recognition and upskilling project funded by Health Workforce Australia (HWA) and the Department of Industry, Innovation, Climate Change, Science, Research and Tertiary Education (DIICCSRTE).

See the Board's [website](#) for further information.

### **Chinese medicine news – Guidelines on infection prevention and control for acupuncture practice, and use of protected titles**

The Board has published new guidelines to inform acupuncturists on infection prevention and control. These guidelines are adapted from National Health and Medical Research Council (NHMRC) *Australian guidelines for the prevention and control of infection in healthcare*. The new guidelines, explanatory statement and FAQ are published on the Board's website under [Codes and guidelines](#).

In September, the Board published a [position statement](#) and [FAQ](#) about protected titles, endorsement to practise acupuncture and 'holding out' under the National Law.

### **Chiropractic news – Protecting the public**

The Board issued a [media release](#) in August after the Victorian Civil and Administrative Tribunal (VCAT) backed the Board's commitment to protect the public and cancelled the registration of chiropractor Dr Malcolm Hooper. The Board prosecuted the case for three years, in one of the most protracted legal actions in health practitioner regulation in Australia.

### **Dental news – Information and consultation**

The Board has published its latest newsletter, been consulting on common registration standards, reminding practitioners about registration renewal and keeping stakeholders informed about its work in communiqués.

### **Medical news – National Internship Framework, and changes to pathways for international medical graduates**

The Board, with the Medical Council of Australia, has issued updates about the National Internship Framework.

Changes to the specialist pathway and competent authority pathway for international medical graduates will come into effect on 1 July 2014.

### **Medical radiation practice news – Online presentation for graduates and information sessions for practitioners**

The Board has released a presentation for graduates available on the [student registration page](#). Under the National Law, students enrolled in an approved program of study or who are undertaking a period of clinical training must be registered with the Board. There are no fees for student registration.

The Board held information sessions for medical radiation practitioners in Melbourne, Sydney and Brisbane. The sessions included a focus on complaints processes now applicable to medical radiation practitioners under national registration, and encouraged questions about all aspects of the Board's work.

### **Nursing and midwifery news – Application fee reduction for new graduates seeking registration, and new publications released**

The Board has reduced the application fee for final-year students seeking registration as an enrolled nurse, registered nurse or midwife to \$20, saving new graduates \$140. This fee reduction took effect from 16 October 2013. Read the [media release on the fee reduction](#) on the Board's website.

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The Board has released a number of new publications:

- [Guidelines on professional indemnity insurance \(PII\) arrangements for enrolled nurses, registered nurses and nurse practitioners](#)
- [Revised explanatory note and FAQ on title protection](#)
- [Framework for assessing national competency standards for registered nurses, enrolled nurses and midwives](#)
- [New nurse practitioner standards for practice](#): these will take effect on 1 January 2014 to replace existing national competency standards.

#### **Occupational therapy news – Consultation and information**

The Board has been consulting on English language and criminal history registration standards, preparing for the audit program, reminding practitioners about registration renewal and keeping stakeholders informed about its work in communiqués.

#### **Optometry news – Accreditation function of CPD activities**

The Board released [frequently asked questions \(FAQ\)](#) in relation to the expressions of interest to undertake the accreditation function of continuing professional development activities.

#### **Osteopathy news – International Osteopathic Alliance partner membership, and new pathway for overseas osteopaths**

The Board is now a partner member in the Osteopathic International Alliance (OIA). The OIA represents over 70 organisations from 27 countries on five continents and over 110,000 osteopathic practitioners.

In September 2013, the Board announced that overseas osteopaths who qualified from certain UK courses will be able to apply for registration to work in Australia through a new competent authority pathway. The new pathway sits alongside the current standard pathway for overseas practitioners. Read the media release on the [new pathway for overseas osteopaths](#) for more information.

#### **Pharmacy news – Continuing professional development**

In October 2013, the Board published the CPD requirements for pharmacists for the period between 1 October 2013 and 30 September 2014. Read more on the Board's [Professional practice issues page](#).

#### **Physiotherapy news – Bi-national entry-level qualifying statements project**

The Board undertook a request for tender process with the New Zealand Physiotherapy Board to develop bi-national entry-level qualifying statements for the physiotherapy profession. Among other things, this involves a review of the Australian Physiotherapy Council's *Australian standards for physiotherapy* (2006) and leads to a related project to review accreditation requirements for Australian programs of physiotherapy study. The review is expected to finish in late 2014.

#### **Podiatry news – Infection control and clinical record-keeping guidelines published**

The Board has published a link to the NHMRC *Australian guidelines for the prevention and control of infection in healthcare*. It is critical for podiatrists and podiatric surgeons to ensure that effective infection prevention and control is an integral part of all aspects of their professional practice.

The Board has also published *Guidelines on clinical records*. The guidelines set out the minimum requirements for clinical records whether they are in paper or electronic form.

The new guidelines and the NHMRC guidelines link are available under [Codes and guidelines](#) on the Board's website.

#### **Psychology news – New guidelines for the National Psychology Exam, and new supervision policies published**

The Board has released new *Guidelines for the National Psychology Exam*. The guidelines specify the examination eligibility requirements, examination rules and specific exam policies. Web content on the exam has also been updated and exam candidates can now check the upcoming examination dates and apply to sit the exam using the examination portal.

For more information, visit the [National Psychology Exam](#) section of the Board's website.

The Board has published two new supervision policies:

- *Policy on refusing or revoking Board-approved supervisor status*, and
- *Policy on the revocation of Board-approved supervisor training provider status*.

The policies are available under [Codes, guidelines and policies](#) on the Board's website.

## AHPRA people: meet Matthew Hardy

**Matthew Hardy is Director Regulatory Operations, Queensland. He has held senior roles in both the Tasmanian and Queensland offices of AHPRA but his involvement with the National Scheme started much earlier.**

In 2009-10, while at the Department of Health and Human Services, Matthew provided legislative advice to the Minister for Health on the introduction in the Tasmanian Parliament of the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).

'I had worked on national legislative projects before, but nothing quite as ambitious as this scheme and none that had managed to pass through the parliaments of each of the states and territories with as few amendments,' Matthew said.

'I was impressed with the model for the National Scheme.'

Matthew, who has a Bachelor of Laws from the University of Technology in Sydney and postgraduate qualifications in legal practice and public policy, worked closely with chairs and registrars of each of the former regulatory bodies in Tasmania.

'I could see the potential for the scheme to live up to its objectives but was also acutely aware of some of the challenges that would need to be overcome to make the National Scheme a success,' he said.

Implementation of the National Scheme started in July 2010 and Matthew was offered the role of legal officer in the AHPRA Tasmania office in October 2010. Two years later he was appointed as the office's state manager.

'I was fortunate to be given the opportunity to work across a range of operational issues at AHPRA and was not limited to regulatory matters,' Matthew said.

'I will be drawing on my experiences in Tasmania, particularly around stakeholder engagement, to tackle the challenges now facing the Queensland office.'

Matthew was appointed director of regulatory operations in Queensland in mid-2013. The Queensland Government recently passed legislation to modify the health complaints process which will be managed by a health ombudsman from mid-2014.

'Interaction between AHPRA and the office of the new health ombudsman will be critical to the future success of complaints handling in Queensland,' Matthew said.



'The better our processes and the clearer our business rules are, the more we can assist the new health ombudsman in achieving the objectives and timeframes established by this new legislation.'

Matthew is confident that Queensland staff are up to the challenge.

'Change is inevitable and there is not a day that goes by that we don't deal with change at AHPRA,' he said.

'Moving to a new complaints handling system in Queensland means more significant change for staff but one thing that has always impressed me at AHPRA is the commitment of our staff to make the National Scheme as good as it can be.'

'I have no doubt that as we move to a co-regulatory model in Queensland our staff will continue to focus their efforts to ensure the ongoing protection of the public.'

As the National Scheme nears its first three-year review, Matthew says AHPRA should never lose sight of the fact that it is being judged on its service every day.

'The way we deal with a complaint from the public or how we manage an application from a health practitioner can always be improved,' he said.

## Advice and information

### Information online

Our [website](#) is a great place to start when you are looking for information on many different questions about the National Scheme. Try our new and improved search function to find the information you need quickly.

### Email advice

Submit an [online enquiry form](#) any time and we will get back to you as soon as possible. There are categories of enquiries to select, reflecting the most common information requests, including getting your user ID and password reissued, or checking your application status.

### Phone

Our customer service teams have a detailed knowledge and understanding of National Board standards, guidance and advice. Call from within Australia on 1300 419 495 between 09:00am – 05:00pm local time or from overseas on +61 3 8708 9001 between 09:00am – 05:00pm Australian Eastern Standard Time Monday to Friday.

### State and territory offices

AHPRA has an office in each capital city. [Contact details](#) are published on our website.



Aboriginal and Torres Strait Islander health practice	Occupational therapy
Chinese medicine	Optometry
Chiropractic	Osteopathy
Dental	Pharmacy
Medical	Physiotherapy
Medical radiation practice	Podiatry
Nursing and Midwifery	Psychology

Australian Health Practitioner Regulation Agency

### Publications and other information

National Boards produce registration standards, along with guidance and advice that expand on these standards, to support professional practice. We publish detailed information on the National Board websites about registration standards and a wide range of general news and information relevant to health practitioners. You can access all publications through the [AHPRA website](#), which provides a portal to the websites of the National Boards.

### Current consultations

The National Boards frequently seek feedback from the professions, the community and other stakeholders on a range of issues. Check the National Board websites regularly via the [AHPRA website](#) to keep up to date with current consultations.

## Think before you print

### Any comments?

If you have any comments about this report, please [email us](#).

Further information can be found on the Australian Health Practitioner Regulation Agency website at [www.ahpra.gov.au](http://www.ahpra.gov.au).

### Australian Health Practitioner Regulation Agency

GPO Box 9958 in your capital city

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

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