

October 2022



Ahpra
& National
Boards

Board member **manual**



Acknowledgement of Country

Ahpra acknowledges the Traditional Owners of Country throughout Australia and the continuing connection to lands, waters and communities. We pay our respect to Aboriginal and Torres Strait Islander cultures and Elders past, present and emerging.



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Introduction

Welcome and congratulations on your appointment. You are now one of the 156 members of fifteen National Boards in the National Registration and Accreditation Scheme and we very much look forward to your contribution over the term of your appointment.

The Australian Health Practitioner Regulation Agency (Ahpra) and its governing Board, the Australian Health Practitioner Regulation Agency Board (Ahpra Board), work in partnership with National Boards to help protect the public by regulating Australia's registered health practitioners. Together our primary role is to protect the public and set standards and policies that all registered health practitioners must meet.

Your work on the National Board will be integral to ensuring that our communities have trust and confidence in regulated health practitioners.

Good governance practice also strengthens confidence in the work of the National Scheme, and this can be achieved when those who have a governance role to play clearly understand the nature of that role, their responsibilities and the nature of the relationship between the various entities and stakeholders in the Scheme.

The relationships between the National Boards, Ahpra and the other parties in the National Scheme can seem complex at times. This Manual has been developed to assist you in fulfilling your responsibilities and meeting mutual expectations by outlining:

- the governance and legislative architecture of the National Scheme
- the role of National Boards in the governance of the National Scheme and how they work with other governance partners
- how National Boards and their committees operate
- governance standards
- working safely
- member remuneration, travel and other entitlements
- resources and abbreviations.

Can we help?

Contact us at boardgovernance@ahpra.gov.au



Governance and Strategic framework

The National Scheme

The National Registration and Accreditation Scheme (National Scheme) was established on 1 July 2010 (1 October 2010 in WA). It is established under the Health Practitioner Regulation National Law (the National Law).

NSW and Queensland are known as co-regulatory jurisdictions. In NSW notification matters (complaints) are managed by the Health Care Complaints Commission and the NSW Councils. Ahpra and National Boards deal only with registration and accreditation matters.

In Queensland the Health Ombudsman receives all notifications and complaints about registered health practitioners and students and deals with the most serious matters. The Health Ombudsman may then refer the less serious matters to Ahpra and the National Boards.

Guiding principle and objectives

The objectives and guiding principles are set out in section 3 of the National Law.

The guiding principle of the National Scheme is to protect the Australian public by regulating the standards of health care expected of those health practitioners in the professions in the Scheme.

The objectives of the Scheme are to:

- protect the public by ensuring only practitioners who are suitably trained and qualified to practise ethically and competently are registered
- facilitate workforce mobility across Australia and remove red tape for practitioners
- facilitate the provision of high-quality education and training and rigorous and responsive assessment of overseas trained practitioners
- have regard to the public interest in promoting access to health services
- have regard to the need to enable the continuous development of a flexible, responsive and sustainable Australian health workforce and enable innovation in education and service delivery.

Regulatory Principles

The National Boards and Ahpra have also adopted a set of [regulatory principles](#) which underpin our work in regulating Australia's registered health practitioners, in the public interest. They shape our thinking about regulatory decision-making and have been designed to encourage a culturally safe and responsive, risk-based approach to regulation across all professions.

The eight regulatory principles, detailed below, consider community expectations and reflect ministerial directions.

1. The National Boards and Ahpra administer and comply with the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law). The scope of our work is defined by the National Law.
2. Public protection is our paramount objective in the National Registration and Accreditation Scheme. We act to support safe, professional practice and the safety and quality of health services provided by registered health practitioners.
3. We protect the health and safety of the public by ensuring that only registered health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered.



4. In all our work we:
 - a. identify the risks that we need to respond to
 - b. assess the likelihood and possible consequences of the risks
 - c. respond in ways that are culturally safe, proportionate, consistent with community expectations and manage risks so we can adequately protect the public, and
 - d. take timely and necessary action under the National Law.

This applies to all our regulatory decision-making, the development of standards, policies, codes and guidelines as well as the way we regulate individual registered health practitioners.

5. The primary purpose of our regulatory response is to protect the public and uphold professional standards in the regulated health professions. When we learn about concerns regarding registered health practitioners, we apply the regulatory response necessary to manage the risk, to protect the public.
6. Our responses consider the potential risk of the registered health practitioner's health, conduct or performance to the public including:
 - people vulnerable to harm, and
 - Aboriginal and Torres Strait Islander Peoples.
7. When deciding on regulatory responses, we are fair and transparent, and consider the importance of maintaining standards of professional practice that support community confidence in regulated health professions.
8. We work with our stakeholders including patient safety bodies, healthcare consumer bodies and professional bodies to protect the public. We do not represent the health professions, registered health practitioners or consumers. However, we work with practitioners and their representatives and consumers to achieve outcomes that protect the public.

The National Law

The National Scheme is governed by a nationally consistent law passed by each state and territory parliament – the Health Practitioner Regulation National Law (the National Law). The National Law is not a Commonwealth or Federal law. It is best described as a state and territory-based law with national effect.

The National Law is based on a protection of title model. It restricts the use of prescribed professional titles and outlines a number of statutory offences to prevent unregistered or unauthorised persons using those professional titles.

Except for three proscribed specific acts, it does not limit the acts a practitioner may undertake in the course of their chosen scope of practice.

Partners in the National Scheme

The National Law establishes the entities that work in partnership to deliver the National Scheme under the broad direction of the Ministerial Council.

All partner entities in the National Scheme are ultimately accountable to the public through the Ministerial Council.

The design of the Scheme creates no single point of accountability for all functions. Good governance relies on each entity understanding the scope and nature of their respective functions and exercising them effectively.

Ministerial Council

The Ministerial Council comprises the health ministers from each state and territory and the Commonwealth.

The Ministerial Council may issue binding policy directions to National Boards and Ahpra about how they exercise their functions. In accordance with the [policy directions](#) issued in 2019, the protection and safety of the public is the paramount consideration when administering the National Scheme.



National Boards

The primary role of National Boards is regulatory policy and standard-setting, decision-making in the public interest and the approval of accreditation standards for the professions in accordance with the National Law and any policy directions.

There are fifteen National Boards regulating sixteen professions:

- Aboriginal and Torres Strait Islander Health Practice Board of Australia
- Chinese Medicine Board of Australia
- Chiropractic Board of Australia
- Dental Board of Australia
- Medical Board of Australia
- Medical Radiation Practice Board of Australia
- Nursing and Midwifery Board of Australia
- Occupational Therapy Board of Australia
- Optometry Board of Australia
- Osteopathy Board of Australia
- Paramedicine Board of Australia
- Pharmacy Board of Australia
- Physiotherapy Board of Australia
- Podiatry Board of Australia
- Psychology Board of Australia

National Agency (Ahpra)

Ahpra administers the Scheme, supports National Board decision-making, undertakes regulatory functions under both its own powers and delegation from the National Boards, including employing staff, dealing with property or entering into contracts (which National Boards do not have the power to do).

Ahpra has five directorates:

Strategy and Policy coordinate and deliver policy advice, strategy, engagement and research capability, and regulatory governance, secretariat and accreditation services to the National Boards and their committees.

Finance and Risk is accountable for Ahpra's finances and business planning, corporate risk management and manages the Health Profession Agreements with Boards.

Information Technology delivers the required technology services to Ahpra and the National Boards.

Regulatory Operations manages regulatory functions (registration, notifications, compliance and legal services).

People and Culture manages human resources to build a positive, engaging and inclusive workplace.

More information about the work Ahpra does to support the Scheme can be found on the Ahpra website and in Part 4 of the [National Law](#).



Australian Health Practitioner Regulation Agency Board (Ahpra Board)

The Ahpra Board is the Board of Ahpra. It oversees the affairs of the Scheme, decides its policies and ensures that Ahpra functions properly, effectively and efficiently in partnership with the National Boards.

The Ahpra Board provides oversight on the effectiveness of the corporate assurance framework and risk management, financial strategy including Health Profession Agreements (HPAs), internal audit functions and overall Scheme performance.

The members of the Ahpra Board are appointed by the Ministerial Council.

The Ahpra Board has established four committees:

- Finance, Audit and Risk Management Committee
- Regulatory Performance Committee
- People and Remuneration Committee
- Accreditation Committee

More information about the Ahpra Board and its committees can be found on the Ahpra website and in Part 4 of the [National Law](#).

Accreditation authorities

Accreditation is a key part of the National Registration and Accreditation Scheme.

The National Law gives separate but related accreditation roles to Accreditation Authorities and National Boards by clearly specifying distinct decision-making roles.

Accreditation authorities may be either an external entity or an internal committee established by the National Board and exercise those accreditation functions assigned to them by the respective National Boards.

The functions of Accreditation are set out in Part 6 of the National Law.

Core functions undertaken by accreditation authorities include the development of accreditation standards for recommendation to the relevant National Board for approval; accredit and monitor education providers; and provide advice to National Boards relating to their accreditation functions.

Some accreditation authorities also undertake the assessment of overseas qualified practitioners and assessment of overseas accrediting authorities.

More information about accreditation in the National Scheme can be found on the [Ahpra website](#).

Finance

The partners in the National Scheme have different but complementary financial management responsibilities.

National Boards and Ahpra collaborate to establish and monitor annual budgets, which are set out in each board's Health Profession Agreement.

Ahpra operational costs are fully recovered from National boards based on an agreed allocation of the costs of activities Ahpra performs on behalf of National Boards.

Section 212 of the [National Law](#) sets out the financial management duties of Ahpra and the National Boards.



Risk

The risks to which National Boards are exposed include regulatory, reputational, legal and financial risks.

Each of the National Scheme's entities, as part of their annual planning, assess the broad domains of risk associated with their functions and develop appropriate risk management strategies.

If a National Board identifies a risk that has the potential to affect other National Scheme bodies, the matter will be referred to Ahpra to coordinate a Scheme-wide response.

Reporting

The annual report of Ahpra and the National Boards details our work to implement the National Scheme. It also contains extensive data on health practitioner registration and regulation, including notifications.

Copies are available at the [Ahpra website](#)



Strategic framework

National Scheme Strategy 2020-2025

Our strategy for 2020-25 describes the vision, purpose, values and strategic themes that guide our work as we continue to evolve to meet the needs of our stakeholders.



Further details are available on the Ahpra [website](#)

Ethical Framework

The following Ethical Framework provides high-level guidance and direction for how we intend to implement our strategy:

- Our values, with an agreed set of behavioural attributes (detailed later in this manual) that describe how they will be demonstrated by Ahpra staff and National Board/Committee members.
- Our regulatory principles, updated in line with the Policy Directions from the Ministerial Council and other key recent developments.
- The Code of Conduct for Board and committee members.
- Current National Board Codes of Conduct and related guidelines.
- Scheme-wide policies including Research Ethics, Whistleblower, Domestic and International Travel, and Gifts, Benefits and Hospitality, and
- A range of other corporate policies, codes and guidelines, including our Fraud and Corruption Control Framework, Procurement and Information Security policies.



The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025

The Aboriginal and Torres Strait Islander Health Strategy Group, consisting of Aboriginal and Torres Strait Islander health sector leaders and representatives from accreditation, National Boards, Ahpra and the Chair of Ahpra's Board, developed the National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety [Strategy 2020-2025](#) and baseline definition of cultural safety (see Glossary) for the National Scheme (in partnership with the National Health Leadership Forum).

Strategy	Initiatives
1. Ensure a consistent definition of 'Aboriginal and Torres Strait Islander health' and 'cultural safety' is adopted across the National Scheme	<ul style="list-style-type: none"> Strategy group defines 'Aboriginal and Torres Strait Islander health' and 'cultural safety' in partnership with the National Health Leadership Forum (NHLF)
2. Ensure consistency for Aboriginal and Torres Strait Islander health and cultural safety in education and training standards and accreditation guidelines	<ul style="list-style-type: none"> National Boards and their committees adopt and endorse the Aboriginal and Torres Strait Islander Health Curriculum framework and maintain a consistency of definition, standards and quality assessment methods
3. Ensure consistency for cultural safety in health professions codes of conduct	<ul style="list-style-type: none"> National Boards adopt consistent guidelines and standards in codes of conduct
4. Recommend and advocate change to the National Law to ensure consistency in cultural safety for Aboriginal and Torres Strait Islander peoples	<ul style="list-style-type: none"> Follow up submission to the National Law review panel with Ministers and Departments
5. Implement cultural safety training for Ahpra staff, Agency Management Committee, National, State, Territory and Regional boards	<ul style="list-style-type: none"> Engage providers to deliver consistent cultural safety training to Ahpra staff, boards and accrediting authorities
6. Develop a Continuous Professional Development (CPD) and upskilling strategy for the registered health workforce	<ul style="list-style-type: none"> Review National Board Standards and Guidelines Review and map existing CPD initiatives (registration standards and guidelines) for all professions Develop a set of core standards and competencies which can be adapted to any profession or location Develop a national cultural safety CPD framework and strategy



National Scheme engagement strategy

We maintain a wide range of important relationships and partnerships across the health care system in Australia as well as internationally. We are committed to working with a broad range of stakeholders and doing our part to protect the health and safety of the public within a wider network of regulation.

The National Scheme Engagement [strategy 2025-2025](#)

- outlines the broad principles to guide our strategic engagement
- aims to ensure that our interactions with individuals and organisations are consistently respectful, person-centred and contribute towards our regulatory objectives, and
- provides an overview of ways we will engage with our stakeholders over the next five years.

The strategy supports the National Registration and Accreditation Scheme Strategy 2020-2025 ([National Scheme strategy](#)).

It expands on the 'Trust and Confidence' pillar and its purpose is to support Ahpra and the National Boards to deliver on the goals and objectives of the National Registration and Accreditation Scheme National Strategy 2020-2025.



National Boards and their committees

Terms of office

Members of National Boards and the Ahpra Board are appointed by the Ministerial Council for a term of up to three years.

When a National Board establishes a state, territory and/or regional Board, the members are appointed by the responsible jurisdiction's health minister. National Boards appoint members to all other committees that they establish to assist them with the exercise of their functions.

Consistent with the Ministerial Council endorsed National Board succession principles, National Board members are eligible for reappointment for a maximum of three consecutive terms. An exception to this may be considered if the need arises to support succession planning and transition for the role of Chair.

Vacancies occur if a member completes their term of appointment, resigns, is removed, is absent without notice, or dies. A member may be removed by the Chairperson of the Ministerial Council.

Further details about vacancies in office, removal of members from Boards and extensions of terms can be found in Schedule 4 of the [National Law](#).

Functions

The functions of National Boards and their committees are set out in section 35 of the [National Law](#).

This includes registration of suitably qualified and competent practitioners; developing standards, codes and guidelines for the profession; approving accredited programs of study; and assessing notifications made about practitioners.

Powers

The powers of the National Boards are set out in section 32 of the [National Law](#).

Section 36 of the [National Law](#) provides for National Boards to establish committees and/or state, territory or regional Boards.

Delegations

Section 37 of the National Law empowers National Boards to delegate any of its functions, other than the power of delegation, to a committee, Ahpra or one of its staff or contractors.

National Board delegations are contained in the Instruments of Delegation that describe, define limits for and establish the accountabilities of delegates. Instruments of Delegation can be revised at any time by resolution of the National Board and the signature of a person authorised by the National Board.

When operating under delegated powers, the delegations are to be exercised in accordance with the delegating body's policies and requirements.

State, territory and regional Boards are committees of National Boards operating under delegated powers and accordingly can only carry out the functions that have been delegated to them by their National Board.

The National Boards have delegated the bulk of their routine regulatory and administrative functions to Ahpra.

The delegations are published on the Ahpra website [here](#).

Additional information about delegations is available in the Guidelines for Board and committee members in exercising delegated functions in the Resource Library on [iinduct](#) or [Diligent Boards](#).



Meetings

Meeting schedule

National Boards will generally meet at least every month. Other Boards and committees will meet as agreed by the National Boards.

Meetings will be scheduled on an 'as needs' basis and convened as appropriate to the needs of the Board.

They may be held face-to-face, via teleconference, videoconference or out-of-session.

Virtual meetings

Zoom and Teams have both been endorsed by Ahpra as its virtual meeting technology platforms.

Meeting papers

If a Board member is submitting a paper on an agenda item or other material for a Board meeting, this must be provided to the Chair at least seven working days before the meeting.

Meeting papers will be provided to members five working days prior to the scheduled meeting.

Agenda items

There is a standard format for agendas and board papers, which usually contain background information, advice and recommendations from Ahpra. Board members can also propose items for the agenda.

Nominations for Board agendas should be provided to the Chair as soon as possible, and no later than seven working days ahead of the meeting at which the matter is to be considered.

Consensus decision making

The National Law sets out provisions for decision-making.

As far as is practical, the entities in the National Scheme use consensus approach in decision-making. Generally, where consensus is not reached in meetings, decisions are based on the majority vote of meeting participants, with each participant, including the Chair (or elected presiding member in the absence of the formal Chair) having one equal vote. In the event of an equality of votes, the Chair (or elected presiding member) has a second or casting vote. Observers may not vote.

Recording dissent

Decisions of Boards and committees may be disclosed in any appeal process. Any indication that the decision-maker disagreed themselves with the decision may not assist the Board's case.

Boards and committees are encouraged to seek consensus, especially when deciding regulatory matters. However, when a member strongly believes that their dissent should be recorded, it can be recorded.

Record of decisions and action items

Process for meetings supported by the National secretariat

Draft records of decisions will be circulated to members prior to the next Board meeting, whether included in the next meeting pack or communicated separately. Members may provide comments or propose amendments for consideration.

The Chair will be responsible for accepting or rejecting amendments to draft decisions. Final decisions and actions will be distributed to the Board members by secure electronic means, prior to the next meeting.

A formal record of all meetings, including decisions and actions, will be held by the relevant Board secretariat.



Process for meetings supported by the Regulatory secretariat

Draft records of decisions not confirmed within a regulatory meeting will be circulated to members by secure electronic means, prior to the next meeting. Any comment or proposed amendments to the draft should be advised by members within five working days.

The Chair will be responsible for accepting or rejecting amendments to draft decisions. Final decisions and actions will be distributed within 10 working days of a regulatory meeting.

A formal record of all meetings, including decisions and actions, will be held by the relevant Board secretariat.

Attendance

Board members are expected to attend all meetings. If a Board member cannot attend a meeting, either in person or by electronic means, they are required to advise the Chair and relevant secretariat prior to the meeting. If an absence is likely to extend for three consecutive meetings, Board members will need to request a leave of absence from the Chair.

Key support staff

Ahpra has dedicated teams to support the work of National Boards and their committees:

- Executive Officers provide high-level executive support leadership and guidance to National Boards.
- National Board Secretariat (Support) Officers provide administrative support to the Executive Officer and National Boards.
- Regulatory Secretariat Officers provide administrative support to state, territory and regional boards and committees and national committees.
- Accreditation support officers.

Speaking on behalf of the Board

Chairs of National Boards are the official spokespeople for their respective National Board. They are also expected to represent and advocate for the Scheme in general.

Board members may not comment publicly as individuals on the work of the Board or the National Scheme without securing the Chair's approval for the statement concerned or in accordance with specific National Board policy. Any comment must be consistent with the requirements of the National Law.

Correspondence

Board members should not respond individually to letters or emails addressed to them individually on matters relating to the Board. Replies to such correspondence will be issued from the National Board Chair or Ahpra (on behalf of the Board), where relevant.

Communications

Communication and reporting between National Boards and committees

Communication to and from National Board committees (including state, territory and regional Boards) is to be determined and managed by the National Board, with the assistance of Ahpra.

A variety of mechanisms is available to facilitate communication and reporting:

- provision of the record of decisions and actions from committee meetings to the National Board
- regular meetings between the Chairs of national committees and/or state/territory/regional Boards and the National Board Chair or a representative
- standing items on committee agendas for issues raised by the National Board
- submission of papers from committees for consideration by the National Board
- executive officer post-meeting briefings for senior Ahpra staff and National Board committees
- consultation with other National Boards



- consultation with national directors or state managers on decisions with operational implications, and
- circulation of communiqués from National Board meetings to key stakeholders, including committees.

Communication and reporting between National Boards and Ahpra

Communication between National Boards and Ahpra is determined and managed using a variety of mechanisms:

- Forum of NRAS Chairs meetings
- standing items on National Board agendas including visits by senior Ahpra staff at each National Board meeting
- submission of papers from Ahpra for consideration by the National Board
- executive officer post-meeting briefings after each National Board meeting, and
- joint planning activities.



Governance standards

Confidentiality

The National Law imposes a number of duties on Board members with respect to ALL information obtained or received in the course of the discharge of their duties or performing a function under the National Law ('protected information').

Those duties relate to:

- making improper use of information, and
- disclosure of information.

The National Law includes penalties for breaches of confidentiality. It is a criminal offence with a maximum penalty of \$5,000 for a contravention by an individual, may result in civil proceedings and/or removal of the Board member from office.

The duty to maintain confidentiality is ongoing beyond the term of appointment.

For further information in relation to confidentiality, refer to the Guidelines for Board and committee members with respect to duty of confidentiality in the Resource Library on Induct or Diligent Boards.

Conflict of interest and bias

Board members have a duty to always put the public interest above their private interests when carrying out their official duties. Clause 7, Schedule 4 of the National Law specifically provides that:

A member of a National Board is to act impartially and in the public interest in the exercise of the member's functions as a member Accordingly, a member of a National Board is to put the public interest before the interests of particular health practitioners or any entity that represents health practitioners.

Board members:

- should avoid situations in which their private interests conflict or might reasonably be perceived to conflict with the impartial fulfilment of their official duties and the public interest
- have a positive obligation to disclose real or perceived conflicts.

All Board members must also declare and exclude themselves from decision-making in relation to a matter in which they are biased or might be perceived to be biased. Bias refers to a failure to bring an impartial mind to decision-making and needs to be acknowledged by the member in the same manner as conflicts of interest.

For further detailed information in relation to conflict of interest and bias, refer to the Guidelines for Board and committee members with respect to conflict of interest in the Resource Library on Induct or Diligent Boards.

Record of declarations of private interests

The Chair, or Ahpra on behalf of the Chair, holds a copy of declarations of private interests provided by Board members on their appointment/reappointment to the Board. In addition, a record of disclosure and the determination of the Board must be kept for each meeting.



Members who may be subject to a complaint or notification

Practitioner members may be subject to notifications during their term of office. All Board members may be subject to complaints about their actions as a board or committee member.

Should this happen, you should immediately advise the Board Chair and declare a conflict of interest. If the matter relates to the Chair, the Chair should alert the Chair of the Ahpra Board and advise the Board in accordance with the usual conflict of interest procedures.

The procedure for board and committee members subject to complaints and notifications provides further guidance on the appropriate actions to be taken. A copy is available in the Resource Library on iinduct or Diligent Boards.

Indemnity and insurance

Section 236 of the National Law provides protection from personal liability for Board members exercising their functions under the National Law in good faith.

In addition, the Scheme has Directors and Officers liability insurance and professional indemnity insurance to cover damages or defence costs in the event of a lawsuit for alleged wrongful acts while acting in their capacity as a Board member.

General duties of members

Board members must

- act with honesty and integrity
- act in good faith
- be financially responsible
- exercise a reasonable degree of care, skill and competence.

Board members must not:

- make improper use of position or knowledge to:
 - gain an advantage for themselves or another person
 - cause detriment to the national registration and accreditation scheme.

Code of Conduct

The Code outlines the standards of behaviour expected of members in performing their duties and in their interactions with each other, Ahpra staff and stakeholders.

We ask members to:

- Be informed
- Be active
- Show respect
- Act ethically

The Code, which was previously part of the Manual, is now a standalone document to make it more accessible for Board and Committee members.

The Code is published on the Ahpra [website](#) and included in the Resource Library on iinduct and Diligent Boards.

Behavioural Attributes

In line with the values articulated in the National Scheme Strategy, the National Boards and Ahpra have agreed to the following behavioural attributes to provide guidance in exercising our respective roles and responsibilities in the National Scheme:



Value	Attributes
Integrity	<ul style="list-style-type: none"> • In line with our Regulatory Principles, we are fair, transparent, objective and consistent in our decision-making. • We are committed to doing what is right, even when it is difficult or unpopular. • We clearly explain the basis of our actions.
Respect	<ul style="list-style-type: none"> • We recognise diversity and treat everyone equitably and with empathy. • We are present, engaged and person-centred. • We support and are accountable to each other in a considerate way. • We foster timely, open and civil interactions with all people.
Collaboration	<ul style="list-style-type: none"> • We work with others for a shared purpose. • We listen, consider feedback and develop responsive solutions, while enabling others to do the same. • We engage with our stakeholders to build constructive relationships and support cultural safety for Aboriginal and Torres Strait Islander Peoples.
Achievement	<ul style="list-style-type: none"> • We actively work together to achieve our Vision. • We empower our people to strive for a culture of excellence and service. • We report accurately and proactively with and external to the Scheme to maintain community trust and practitioner confidence. • We recognise and celebrate our successes.

Cultural safety

The National Scheme's commitment to eliminating racism from the healthcare system and ensuring patient safety is the norm for Aboriginal and Torres Strait Islander Peoples is detailed in the National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025 (the Strategy).

It is expected that members understand and support the actions within the Strategy and demonstrate culturally safe practice (see Glossary) at all times during their appointment. Members must attend cultural safety training delivered by Ahpra in line with the commitment in the Strategy to train all staff, Board and committee members.

The Strategy also commits Ahpra to increasing the participation of Aboriginal and Torres Strait Islander members on National Boards to a minimum of two by 2025. The inclusion of Aboriginal and Torres Strait Islander Peoples' voices and perspectives in decision-making processes at the board level is critically important in creating a culturally safe and informed regulatory body and healthcare system.



Board member health, safety and wellbeing

Health safety and wellbeing policy

Ahpra is committed to providing and maintaining a safe and healthy workplace, systems of work, facilities, equipment and environment. The [Health, safety and wellbeing policy](#) describes Ahpra's commitment to ensuring legislatively compliant policies, procedures, systems and internal controls that enable Ahpra to meet its legally-enforceable responsibility to minimise the risk of harm to the health, safety and wellbeing of workers, visitors to site and others, as far as is reasonably practicable.

Under relevant workplace health, safety and wellbeing legislation, board and committee members are defined as 'workers', and have a legally enforceable responsibility to:

- ensure their own behaviour contributes to a positive working environment that is physically and psychologically safe, is free of racism, discrimination, incivility, bullying, harassment and violence
- take reasonable care to ensure the health, safety and wellbeing of themselves and others
- make sure their actions do not cause or threaten harm to the health, safety and wellbeing of others
- follow Ahpra's HSW policies, procedures, instructions, and rules including Ahpra's Code of Conduct or relevant Board and Committee Codes of Conduct
- participate in safety training, emergency response exercises and debriefings as directed
- report any HSW incidents, injuries, hazards, or near-hit instances in writing using Ahpra's incident reporting methods
- use safety equipment and personal protective equipment as instructed.

Board and Committee Chairs have a leadership responsibility to facilitate and contribute to a safe and healthy environment for all workers.

Vaccination

To minimise the risk of harm to the health, safety and wellbeing of all workers and maintain a safe working environment, Ahpra encourages and requires all workers to be fully vaccinated with a COVID-19 vaccine unless medically contraindicated or medically exempt to be able to access an Ahpra workplace.

Board members will be required to provide evidence of vaccination, exemption or contraindication from a vaccination, or a booking to receive a vaccination, to Ahpra prior to or upon your commencement.

All Board and committee members are required to view and comply with the requirements of the COVID-19 vaccination policy available in the Resource Library on iinduct or Diligent Boards.

If you have any questions, please speak to your Board Chair.

Travel

There is a dedicated team of consultants at Ahpra's travel management company CTM who look after travel bookings for National Boards. To make a booking, send your travel request to your relevant Board support officer.

Travel will be arranged by Ahpra in accordance with the Board member travel policy. Board members undertaking travel for official business must also comply with the COVID-19 vaccination policy.

Due to worldwide constraints on the travel industry, international travel prices are significantly higher than pre-COVID and booking turnaround times have increased significantly. Travelers are experiencing significant disruptions prior to and during travel.

Board and committee members who are required to undertake official travel internationally, will need to commence planning with as much lead time as possible – ideally 8-12 weeks prior to departure - to obtain reasonable rates for flights and accommodation. Board and committee members undertaking international travel (excluding to New Zealand) are permitted to travel in business class. Please contact your Board support officer for assistance with booking and planning for potential disruptions. All international travel requests must be approved by the Executive Director Strategy and Policy in line with approval to undertake official travel by your Board.



EAP (Employee Assistance Program)

Ahpra's EAP is provided by Assure Programs, an independent provider of external employee counselling by tertiary qualified, registered and experienced psychologists. The service is confidential for Ahpra employees, board members and their immediate families, including those living overseas. You can contact the service directly without having to provide any details to Ahpra.

Sessions can be delivered in face-to-face settings, via phone, video-chat or via the Assure Wellbeing Gateway App.

Aboriginal and Torres Strait Islander cultural support (iCare)

Assure also provides a team of qualified and experienced specialist Aboriginal and Torres Strait Islander clinicians to deliver culturally safe counselling and support to Aboriginal and Torres Strait Islander staff and board members, their families and their leaders.

Contact details

Phone

1800 808 374
24-hour crisis support
0439 449 876

I-CARE

1800 971 561
International
+61 7 3211 8919

Board members experiencing threats

Ahpra has a protocol in place to deal with those situations when a specific concern or threat to a Board member might arise. This might include inappropriate or unwelcome contact, harassment from registrants or other members of the public.

Further information can be found in the **Protocol for management of threats to board members** in the Resource Library on iinduct or Diligent Boards.



Member remuneration, travel and other entitlements

Remuneration

The remuneration for Board members is determined by the Ministerial Council having regard to the remuneration generally applied to regulatory bodies with a substantial influence on the health industry.

The schedule of fees currently payable to Board members (Schedule of fees for Board, committee and panel members) is available in the Resource Library on iinduct or Diligent Boards.

Board Members will be paid a sitting fee for their attendance at a meeting or regulatory activity. This fee includes pre-meeting preparation time and up to four hours travel time to and from the meeting.

The amount paid will depend on the length of the meeting or related regulatory activity and the amount of preparation and travel time required. For attendance at meetings or regulatory activities that are:

- less than 2 hours in duration and requiring no significant preparation time or travel, one quarter of the daily sitting fee is paid,
- up to four hours duration, requiring significant preparation time, a half daily sitting fee is paid, and
- greater than four hours duration, requiring significant preparation time, the daily sitting fee is paid.

The level of sitting fee to be paid for each meeting will be determined by Ahpra in consultation with the Chair of the meeting. Where board members attend more than one meeting in a day, the total sitting fee paid will not exceed the daily amount.

Stipend arrangements are available to National Board Chairs.

Board members may not be eligible for remuneration if they are a public sector employee. Members must check their own employment arrangements to determine if this is the case. They may be eligible for payment for work or travel done in their own time i.e. outside usual work hours or whilst on leave without pay.

Travel time

The sitting fee paid under the approved remuneration framework for meetings or regulatory activities includes up to 4 hours total travel time.

If travel time is between 4 and 8 hours, half of the daily sitting fee may be claimed. For travel that exceeds 8 hours, a full daily sitting fee may be claimed. Where travelling time is payable, it is paid in addition to the sitting fee.

Travel time is taken from home to home, less the time normally taken to travel to and from work. It does not include overnight accommodation or time spent at the meeting.

Expenses

Board members are entitled to reimbursement of any reasonable out of pocket expenses incurred while undertaking Board business.

Expenses must be submitted on the Ahpra expense reimbursement claim form and original receipts, invoices and tickets must be attached.

If a receipt is lost or missing a statutory declaration must be attached to the claim.

Private vehicle usage

Motor vehicle personal expenses relevant to Board business can be reimbursed using a per kilometre rate in accordance with the Australian Tax Office (ATO) rates. Claims must be submitted on the Ahpra kilometre expense claim form.

Valet car parking

Valet parking fees are not claimable unless it is required for health reasons and is supported by the relevant



National Board Chair.

Hospitality

Arrangements to offer hospitality for the purpose of promoting the National Board's work must be approved by the National Board Chair prior to the event, or be in accordance with the National Boards Gifts, Benefits and Hospitality [policy](#).

Alcohol

The reasonable cost of the purchase of alcohol for official functions may be available with prior approval by the Board Chair consistent with Ahpra's Gifts, benefits and hospitality policy.

Payment

Sitting fees and travel fees are paid by Ahpra's payroll service on a monthly basis. Tax will be deducted as per ATO requirements.

Payments can only be made to personal accounts. This is to ensure compliance with ATO requirements and avoidance of tax minimisation schemes.

A superannuation guarantee contribution will be paid at the applicable rate as per ATO requirements.

Salary sacrificing is available for all or part of board fees and can be forwarded to a nominated superannuation fund. For details, email payrollboard@ahpra.gov.au

Accommodation

Board members will be accommodated in preferred accommodation in line with the Ahpra travel policy and booked by Ahpra travel.

A charge-back voucher will be sent directly to the hotel on confirmation of accommodation booking. This voucher includes the cost of the room, breakfast, dinner (no alcohol), internet and parking. Mini bar items are not included in the charge-back voucher.

A credit card imprint or cash deposit may be required by the hotel to guarantee any charges not covered by the charge-back voucher.

Other transport

National Board members will be provided with a CabCharge card for use for Board travel.

Travel insurance

Board members are covered by appropriate levels of travel insurance when travelling on approved Board-related matters.



Resources

- [Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025](#)
- [Assure Programs](#)
- [Behavioural attributes](#)
- [Business rules for the payment of sitting fees](#)
- [Code of conduct for board and committee members](#)
- [Consultation process of National Boards](#)
- [COVID-19 vaccination policy](#)
- [Directors and Officers Insurance policy](#)
- [Board member travel policy](#)
- [Guidelines for Board and committee members in exercising delegated functions](#)
- [Guidelines for Board and committee members with respect to conflict of interest](#)
- [Guidelines for Board and committee members with respect to duty of confidentiality](#)
- [Health Practitioner Regulation National Law](#)
- [Health Profession Agreements](#)
- [Information and IT Acceptable Use Policy](#)
- [Instruments of Delegation](#)
- [Making virtual meetings more effective](#)
- [Manual for National Boards and their committees](#)
- [National Boards Gifts, Benefits and Hospitality policy](#)
- [National Scheme Aboriginal and Torres Strait Islander Health Strategy Statement of Intent](#)
- [National Scheme Strategy 2020-25](#)
- [National Scheme Strategy Guide](#)
- [National Scheme Strategy Implementation Map](#)
- [Procedure for Board or committee members subject to complaints or notifications](#)
- [Procedure for the development of registration standards, codes and guidelines](#)
- [Protocol for management of threats to Board members](#)
- [Innovate Reconciliation Action Plan](#)
- [Regulatory Guide](#)
- [Regulatory principles for the National Scheme](#)
- [Schedule of fees for Board, committee and panel members](#)



Glossary

Ahpra

Australian Health Practitioner Regulation Agency

Ahpra Board

Australian Health Practitioner Regulation Agency Board

Board

All Boards inclusive of National Boards and their committees

Board member/s

All Board members inclusive of National Boards, state, territory and regional Boards, and all committees

Chair

Chair of a National Board, state, territory or regional Board, or a committee (or as referred to in the document)

Cultural safety

Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.

Culturally safe practise

Culturally safe practise is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practicing behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.

HPA

Health Profession Agreement

Ministerial Council

The COAG Health Council, or a successor of the Council by whatever name called, constituted by Ministers of the governments of the participating jurisdictions and the Commonwealth with portfolio responsibility for health.

National Board member/s

Members of the National Health Practitioner Board/s

National Law

Health Practitioner Regulation National Law

National Scheme

National Registration and Accreditation Scheme (NRAS)

National Scheme bodies

National Boards (inclusive of National Boards, state, territory and regional Boards, and all committees), the Ahpra Board and its committees and the Australian Health Practitioner Regulation Agency

Ombudsman and Privacy Commissioner

The Office of the National Health Practitioner Ombudsman and Privacy Commissioner established under the National Law

