



Draft guidance on developing professional capabilities

August 2024

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Introduction

The purpose of the draft guidance on developing professional capabilities (draft guidance) is to foster good practice and enhance efficiency and consistency in the development of new or revised professional capabilities across health professions regulated under the [National Registration and Accreditation Scheme](#) (National Scheme). It reflects contemporary approaches and good regulatory practice in the development of standards and capability documents and is consistent with Ahpra's *Procedures for the development of accreditation standards*.¹

The draft guidance was developed by the independently chaired Accreditation Committee (the committee). In developing the guidance, the committee undertook a confidential round of preliminary consultation with key stakeholders, including but not limited to accreditation authorities and professional associations.

This document outlines the draft guidance for development of professional capabilities, consistent with Ahpra's [Procedures for the development of accreditation standards](#). It also discusses issues raised by stakeholders during preliminary consultation about the governance and ownership of professional capabilities documents and the potential to have core capabilities shared across professions. Information on how to provide feedback on these issues is outlined below.

What are professional capabilities?

Every profession regulated by the National Scheme has a document outlining the knowledge, skills and professional attributes required to safely and competently practise as a registered health practitioner in Australia.² Some professions call these professional capabilities, while others call them professional competencies, graduate outcomes or standards for practice. This document uses the term 'professional capabilities', in line with other work undertaken by the committee, and by Ahpra and the National Boards.

Under the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law), individuals seeking registration as a health practitioner in Australia must be qualified for registration. Most applicants qualify for registration by completing an approved program of study. To become an approved program of study, an education program must be assessed against the accreditation standards for the relevant profession. The accreditation standards require education providers to design and implement programs that map the curriculum to the professional capabilities for that profession. The professional capabilities identify the knowledge, skills and professional attributes required for safe and competent practice.

Accreditation of a program therefore assures the National Boards and the community that students graduating from the program will have the professional capabilities (knowledge, skills and professional attributes) needed to practise safely and competently in Australia. The relationship between professional capabilities and accreditation standards is shown in Figure 1 below.

¹ Ahpra, [Procedures for the development of accreditation standards](#), November 2023.

² Appendix A provides links to the current professional capabilities documents for all professions regulated by the National Scheme.

Figure 1: The relationship between professional capabilities and accreditation standards



In addition to their use in accreditation, professional capabilities are used by the National Boards as a reference for threshold capability when exercising their statutory functions, including for:

- registration of suitably qualified and competent individuals as health practitioners in Australia,
- re-registration of individuals who were previously registered as a health practitioner in Australia,
- assessment of internationally qualified health practitioners seeking registration in Australia, and
- assessing a practitioner's competence to practise, for example if the Board receives a notification about that registrant.

The professional capabilities may also be used to communicate to the public, consumers, employers, insurance companies and other stakeholders the standards to expect from health practitioners.

The independently chaired Accreditation Committee

The draft guidance was developed by the independently chaired [Accreditation Committee](#) (the committee) which was established by Ahpra Board in 2021, consistent with [Ministerial Council Policy Direction 2020-1](#). The committee provides independent and expert advice on accreditation reform and other National Scheme accreditation matters to National Scheme entities ([National Boards](#), [accreditation authorities](#) and Ahpra). Other external entities performing accreditation roles as part of the National Scheme, such as specialist colleges and postgraduate medical councils, must also consider the committee's advice where relevant.

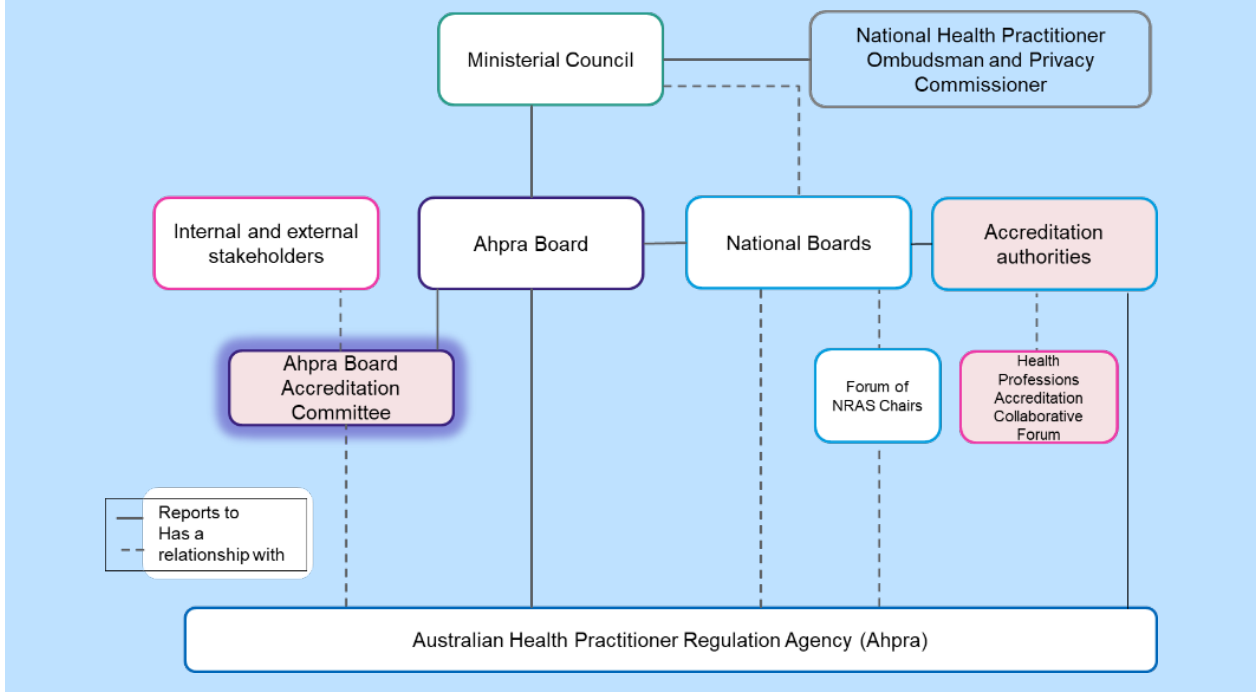
Professional capabilities are usually developed by National Boards or accreditation authorities, but any external bodies developing professional capabilities for National Scheme professions should also consider this advice.

The relationships between the committee and other National Scheme entities are shown in Figure 2.

The intent of the [Ministerial Council Policy Direction](#) is that all National Scheme entities, including Ahpra, National Boards and accreditation authorities are accountable for considering the committee's advice when exercising their functions for the purpose of the [Health Practitioner Regulation National Law](#) as enacted in each state and territory (National Law). The policy direction states Ahpra and the

National Boards are to document the outcome of their consideration and require accreditation authorities to also document the outcome of their considerations.

Figure 2: Relationships between the Accreditation Committee and other National Scheme entities



Public consultation

The committee invites you to give feedback on the draft guidance.

Public consultation starts on 23 August 2024 and closes on 18 October 2024.

There are specific questions regarding the draft guidance which you may wish to address in your response. They are:

- Question 1: Does any content need to be added to or amended in the draft guidance on developing professional capabilities?
- Question 2: Are there any implementation issues that the Accreditation Committee should be aware of?
- Question 3: Are there any potential unintended consequences of the draft guidance?
- Question 4: Do you have any general comments or feedback about the draft guidance on developing professional capabilities?
- Question 5: Do you agree that the threshold capabilities required for registration should be owned and governed by Ahpra and the National Boards? Why or why not?
- Question 6: Do you support having shared professional capabilities across health professions regulated by the National Scheme? Why or why not?
- Question 7: What professional capabilities do you think should be shared across professions?

Please use the response template to provide your feedback and email the completed template to AC_consultation@ahpra.gov.au. The response template is provided at Appendix B, and is also available on the 'Current consultations' section of the committee's website.

Publication of submissions

We publish submissions at our discretion. We generally publish submissions on our website to encourage discussion and inform the community and stakeholders. Please advise us if you do not want your submission published.

We will not place on our website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the subject of the consultation. Before publication, we may remove any personally identifying information from submissions, including contact details.

We can accept submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. A request for access to a confidential submission will be determined in accordance with the *Freedom of Information Act 1982* (Cth), which has provisions designed to protect personal information and information given in confidence. Please let us know if you do not want us to publish your submission or want us to treat all or part of it as confidential.

Published submissions will include the names of the individuals and/or the organisations that made the submission unless confidentiality is expressly requested.

Next steps

The committee will consider any feedback from this consultation before finalising the guidance on developing professional capabilities.

For more information about this project, please email: AC_consultation@ahpra.gov.au

Guidance on developing professional capabilities - draft

The purpose of this guidance is to foster good practice and enhance efficiency and consistency in the development of new or revised professional capabilities for health professions regulated under the National Scheme. The process outlined below reflects contemporary approaches and good regulatory practice and is consistent with Ahpra's *Procedures for the development of accreditation standards*.³

1. Maintaining contemporary professional capabilities

Professional capabilities should reflect contemporary practice and healthcare delivery, and to an extent appropriate and relevant emerging practice and technologies. When developing new or revised professional capabilities, consideration should be given to the sustainability and adaptability of the capabilities, recognising that they will need regular review as healthcare is evolving rapidly.

2. Consultation

Entities developing professional capabilities should engage in broad consultation on any proposed changes to existing professional capabilities, and content of any new professional capabilities. Consultation enables the consideration of valuable perspectives of stakeholders likely to be impacted by the professional capabilities, including the potential benefits and any potential risks related to new or revised capabilities. Consultation should be undertaken for a period that allows stakeholders sufficient time to consider and respond to the materials.

Stakeholders to be engaged in consultation include, but are not limited to:

- accreditation authorities and the Health Professions Accreditation Collaborative Forum
- registered health practitioners from the relevant profession including peak and professional bodies
- education providers
- patient safety bodies
- relevant community and consumer groups
- co-regulatory bodies including the Office of the Health Ombudsman in Queensland and the Health Professional Councils Authority and the Health Care Complaints Commission in New South Wales
- governments including Commonwealth, State and Territory health departments
- Aboriginal and Torres Strait Islander health leaders and experts
- organisation(s) with a special interest in rural practice or the health of consumers living in rural areas e.g. Australian Rural Health Education Network (ARHEN) and Federation of Rural Australian Medical Educators (FRAME)
- organisation(s) with a special interest in the health of lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual or gender-diverse individuals
- culturally, racially and linguistically diverse communities, including organisations working with migrants, refugees and asylum seekers
- other National Scheme entities, and
- employers and health service providers, both public and private.

Consultation can include the gathering of information through written submissions, online surveys, stakeholder roundtables, focus groups or other means, as appropriate. Information should be provided to stakeholders about how to respond to the consultation, the publication of feedback (except where confidentiality is required or requested) and how key issues raised in the feedback will be addressed.

For professional capabilities developed by National Boards, the diagram in Figure 2 shows the process that is often followed. This is similar to the process followed by some accreditation authorities. It includes two phases of consultation: a preliminary and public consultation phase on a draft of the proposed new or revised professional capabilities. The preliminary phase of consultation is designed to 'road test' the proposed content and considers implementation and any issues that must be addressed. After the National Board has considered feedback from preliminary consultation, it will undertake public consultation. In this phase of consultation, information will be published on the Board's website and consultation material will be distributed to stakeholders widely. Information about the feedback received

³ Ahpra, [Procedures for the development of accreditation standards](#), November 2023.

will also be published (except where confidentiality is requested or required) and how the proposed new or revised professional capabilities address key issues raised in the feedback. Further details about this process can be found in Ahpra's [Consultation process of National Boards](#)⁴.

Figure 3: Consultation process of National Boards



3. Regulatory impact assessment requirements

When preparing new or revised professional capabilities for preliminary and public consultation, the body developing the capabilities needs to prepare a proposal for National Boards on the potential regulatory impacts against the principles below. This will enable the National Board, as the decision maker, to decide if a Regulatory Impact Statement (RIS) needs to be prepared. This is in line with changes made to impact analysis requirements by National Cabinet in April 2023 and aligns with the process outlined in the *Procedures for the development of accreditation standards*.⁵

If the proposed new or revised professional capabilities substantially change during finalisation of the documents, the developing entity may need to confirm with the National Board that the original assessment on if a RIS is required remains before submitting the final proposed new or revised professional capabilities to the National Board for approval.

The [Office of Impact Analysis](#) has a range of resources that may assist in preparing proposals on potential regulatory impacts of proposed new or revised professional capabilities.⁶

4. Proposal to the National Board for approval – principles

When proposed new or revised professional capabilities are submitted to the National Board for consideration, the proposal must:

4.1 Describe how the proposed new or revised professional capabilities:

- a) take into account the paramount principle, objectives and guiding principles in the National Law⁷, as outlined in figure 4 below
- b) draw on available evidence, including relevant international statements relating to capabilities in the profession and the capabilities applied in countries with comparable education and practice standards for the profession.

⁴ Ahpra, [Consultation process of National Boards](#), November 2023. Accessed 7 May 2024.

⁵ Ahpra, [Procedures for the development of accreditation standards](#), November 2023.

⁶ See Office of Impact Analysis's [resources and guidance](#). Accessed 7 May 2024.

⁷ See section 3 and 3A of the National Law.

Figure 4: Objectives and guiding principles in the National Law

3 Objectives	3A Guiding principles
<p>(1) The object of this Law is to establish a national registration and accreditation scheme for—</p> <p>(a) the regulation of health practitioners; and</p> <p>(b) the registration of students undertaking—</p> <p>(i) programs of study that provide a qualification for registration in a health profession; or</p> <p>(ii) clinical training in a health profession.</p> <p>(2) The objectives of the national registration and accreditation scheme are—</p> <p>(a) to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered; and</p> <p>(b) to facilitate workforce mobility across Australia by reducing the administrative burden for health practitioners wishing to move between participating jurisdictions or to practise in more than one participating jurisdiction; and</p> <p>(c) to facilitate the provision of high quality education and training of health practitioners; and</p> <p>(ca) to build the capacity of the Australian health workforce to provide culturally safe health services to Aboriginal and Torres Strait Islander Peoples; and</p> <p>(d) to facilitate the rigorous and responsive assessment of overseas-trained health practitioners; and</p> <p>(e) to facilitate access to services provided by health practitioners in accordance with the public interest; and</p> <p>(f) to enable the continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivery by, health practitioners.</p>	<p>(1) The main guiding principle of the national registration and accreditation scheme is that the following are paramount—</p> <p>(a) protection of the public;</p> <p>(b) public confidence in the safety of services provided by registered health practitioners and students.</p> <p>(2) The other guiding principles of the national registration and accreditation scheme are as follows—</p> <p>(a) the scheme is to operate in a transparent, accountable, efficient, effective and fair way;</p> <p>(aa) the scheme is to ensure the development of a culturally safe and respectful health workforce that—</p> <p>(i) is responsive to Aboriginal and Torres Strait Islander Peoples and their health; and</p> <p>(ii) contributes to the elimination of racism in the provision of health services;</p> <p><i>Example—</i></p> <p><i>Codes and guidelines developed and approved by National Boards under section 39 may provide guidance to health practitioners about the provision of culturally safe and respectful health care.</i></p> <p>(b) fees required to be paid under the scheme are to be reasonable having regard to the efficient and effective operation of the scheme;</p> <p>(c) restrictions on the practice of a health profession are to be imposed under the scheme only if it is necessary to ensure health services are provided safely and are of an appropriate quality.</p>

4.2 Describe how the proposed new or revised professional capabilities support or contribute to:

- a) improving patient safety, effective evidence-based and person-centred care, and health outcomes for Aboriginal and Torres Strait Islander Peoples and other members of the community as relevant to the proposal, such as:
 - people living in geographically diverse locations, including rural or regional areas of Australia
 - people who are culturally, racially and linguistically diverse
 - women
 - people with a disability and/or their advocates
 - older people
 - young people
 - lesbian, gay, bisexual, transgender, intersex, queer, asexual and other sexually or gender diverse (LGBTIQ+) people, and
 - people with lived experience of health care.
- b) preparing practitioners who have the knowledge, skills and professional attributes to deliver culturally safe care, as defined in the [Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025](#)
- c) preparing practitioners who understand the health system in Australia and their roles, responsibilities and safe and ethical conduct when working within the system

- d) preparing practitioners to respect diversity and understand the principles of inclusive practice
- e) embedding interprofessional education and preparing practitioners who have the knowledge, skills and professional attributes to engage in interprofessional collaborative practice, in line with the committee's [Interprofessional collaborative practice statement of intent](#)⁸
- f) addressing health and workforce priorities such as family, domestic and sexual violence, mental health, environmental sustainability and climate resilience, emerging technologies and practitioner wellbeing, noting that information about new priorities may be published as they emerge, and
- g) avoiding duplication and minimising regulatory burden.

4.3 Outline steps taken during the development of the proposed professional capabilities to:

- a) achieve greater consistency within the National Scheme (for example, by adopting any National Scheme wide definitions, such as cultural safety, or by using a similar structure to other professions in the National Scheme)
- b) meet the consultation requirements in this document
- c) address the following regulatory principles:
 - whether the proposal is the best option to achieve the proposal's stated purpose and protect the public
 - whether the proposal results in an unnecessary restriction of competition among health practitioners or education providers⁹
 - whether the proposal results in an unnecessary restriction of consumer choice
 - whether the overall costs of the proposal to members of the public and/or education providers and/or registrants and/or governments are reasonable in relation to the benefits to be achieved
 - whether the proposal's requirements are clearly stated using 'plain language' to reduce uncertainty, enable the public to understand the requirements, and enable understanding and compliance by education providers, and
 - whether there are policies or procedures in place to ensure that the proposed professional capabilities remain relevant and effective over time.

- 4.4 Consider any legislative requirements in the relevant state or territory (for example, drugs and poisons legislation).
- 4.5 Describe the nature of any proposed changes made in revised professional capabilities and the rationale for these changes
- 4.6 Describe the rationale for developing any new proposed professional capabilities
- 4.7 Provide feedback to the National Board on regulatory impacts identified in the consultation process or in developing the proposed new or revised professional capabilities, and
- 4.8 Recommend when the new or revised professional capabilities should take effect. If the recommended date is later than the date of publication, explain the reason for the recommended date and outline what implementation or transition arrangements will be put in place.

5. Decision by National Boards

Consistent with the changes agreed by National Cabinet to regulatory impact assessments, the National Board can ask for a RIS to be prepared, if needed. This decision will be informed by the proposal from the

⁸ Accreditation Committee, [Interprofessional Collaborative Practice Statement of Intent](#), 2024. Accessed 7 May 2024.

⁹ Further information on competition and regulation is available [from the Office of Impact Analysis](#).

entity developing the new or revised professional capabilities on its likely regulatory impacts and provided preferably before public consultation is undertaken.

6. Opportunities for consistent approaches

Entities developing professional capabilities should ensure that new and revised capabilities:

- use specific and consistent references to cultural safety, the elimination of racism from healthcare and foster improved health outcomes for Aboriginal and Torres Strait Islander Peoples. References should be consistent with the [National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025](#) or any subsequent version.
- use specific and consistent references to relevant standards of the [Australian Commission on Safety and Quality in Health Care](#)
- are consistent with any cross-profession professional capabilities that may, from time to time, be agreed
- have an appropriate mix of profession-specific and shared professional capabilities to facilitate interprofessional collaborative practice, and
- have an appropriate level of detail that can be easily understood and consistently implemented by users.
- are consistent with the relevant National Board's [Code of conduct](#).

7. Accessibility

All professional capabilities should be accessible from a consistent place on National Boards' webpages and should be available in accessible formats for people with low vision or literacy needs.

8. Date for review

Professional capabilities should include a clearly identified minimum review period (such as every three to five years).

Consultation questions

- Question 1: Does any content need to be added to or amended in the draft guidance on developing professional capabilities?
- Question 2: Are there any implementation issues that the Accreditation Committee should be aware of?
- Question 3: Are there any potential unintended consequences of the draft guidance?
- Question 4: Do you have any general comments or feedback about the draft guidance on developing professional capabilities?

Good practice professional capabilities

Governance and ownership of professional capabilities documents

Historically there have been a range of approaches to the governance and ownership of professional capabilities documents. For some professions, the capabilities have been owned by the profession and developed jointly by stakeholders including the professional association, accreditation authority and National Board, with one stakeholder being appointed as 'custodian'. In other cases, the National Board or accreditation authority has owned and developed the professional capabilities.

Since the start of the National Scheme, the direction has increasingly been for National Boards to own and govern the capabilities. While almost all capabilities are now owned and governed by the National Board and/or the accreditation authority, in two professions the professional capabilities documents are still owned and developed by professional associations. In these professions, the National Boards and accreditation authorities participate in the development of the capabilities, but do not own or govern them.

During preliminary consultation, some stakeholders stated that they believed all professional capabilities documents should be owned by the National Boards.

As a matter of principle, the committee believes that the document describing the threshold professional capabilities required for practice in a profession (or other regulatory purposes) should be governed and owned by National Boards. This would not preclude other organisations from leading or being involved in the development of the capabilities, but it would mean that ownership and governance would reflect the regulatory functions of the capabilities.

This would also be an important signal to all stakeholders about the importance of professional capabilities documents to the Board's regulatory role.

Shared professional capabilities

Each profession in the National Scheme currently has its own professional capabilities document/s. During preliminary consultation, some stakeholders commented on the number of capabilities in these documents that are common to all health practitioners, regardless of profession. For example, all (or almost all) professions have capabilities about:

- culturally safe care for Aboriginal and Torres Strait Islander Peoples
- communicating clearly, respectfully, sensitively and effectively
- interprofessional collaborative practice
- patient-centred care and planning and performing a comprehensive assessment
- professionalism, ethics and working within legislative and regulatory requirements
- quality use of medicines and safe and effective prescribing, and
- lifelong learning.

While these capabilities may be common across professions, each profession uses different language to describe the capability. This means there may not be a shared understanding between practitioners from different professions and patients about shared areas of capability, potentially undermining continuity of care. Practitioners are increasingly being required to practice in multidisciplinary environments and, in this context, it is even more important that they have the same understanding of shared capabilities. The committee believes there is an opportunity to develop shared core capabilities in appropriate areas and that this issue would benefit from further work.

Consultation questions

Question 5: Do you agree that the threshold capabilities required for registration should be owned and governed by Ahpra and the National Boards? Why or why not?

Question 6: Do you support having shared professional capabilities across health professions regulated by the National Scheme? Why or why not?

Question 7: What professional capabilities do you think should be shared across professions?

Glossary

Term	Description
Accreditation standard	A standard(s) used by an accreditation authority to assess whether a program of study , and the education provider that provides the program of study , provide persons who complete the program with the knowledge, skills and professional attributes necessary to practise the profession in Australia. ¹⁰
Professional capability/ capabilities	Used by National Scheme entities to describe the knowledge, skills, and professional attributes needed to safely and competently practice the relevant health profession in Australia. ¹¹
Comparable education and practice standards	Standards taken from comparable countries, based on evidence and system 'fit'. ¹²
Regulatory Impact Analysis (RIA)	A process to identify the potential impact of major decisions, including the nature and extent of the impact on the community (including businesses, community organisations and individuals). ¹³
Regulatory Impact Statement (RIS)	A factual and analytical assessment of the likely impacts of important regulatory decisions. ¹⁴

¹⁰ Independent Accreditation Committee [Glossary of accreditation terms](#), 2023, p5. Accessed 14 May 2024.

¹¹ Independent Accreditation Committee [Glossary of accreditation terms](#), 2023, p5. Accessed 14 May 2024.

¹² Kruk, R. [Independent review of Australia's regulatory settings relating to overseas health practitioners](#). 2023. Commonwealth of Australia.

^{6&7} Office of Impact Analysis (2023). [Regulatory Impact Analysis Guide for Ministers' meetings and national standard setting bodies](#). 2023. Accessed 7 May 2024.

Appendix A – Current professional capabilities documents

Owning entity	Title	Year published
Aboriginal and Torres Strait Islander Health Practice Board of Australia	Professional capabilities for registered Aboriginal and Torres Strait Islander Health Practitioners	2019
Chinese Medicine Board of Australia	Professional capabilities for Chinese Medicine Practitioners	2019
Council on Chiropractic Education Australia	Competency standards for graduating chiropractors	Currently under review
Australian Dental Council	Professional competencies of the newly qualified dental practitioner	2022
Australian Medical Council	Graduate outcome statements in the Standards for assessment and accreditation of primary medical programs	2023
Medical Radiation Practice Board of Australia	Professional capabilities for medical radiation practice	2020
Nursing and Midwifery Board of Australia	Standards for practice	Midwife standards for practice 2018 Registered nurse standards for practice 2016 Enrolled nurse standards for practice 2016 Nurse practitioner standards for practice 2021
Occupational Therapy Board of Australia	Occupational therapy competency standards	2018
Optometry Australia	Entry level competency standards for optometry	2023
Osteopathy Board of Australia	Capabilities for osteopathic practice	2019
Paramedicine Board of Australia	Professional capabilities for registered paramedics	2021
Pharmaceutical Society of Australia	National Competency Standards	2016
Physiotherapy Board of Australia	Physiotherapy practice thresholds in Australia & Aotearoa New Zealand	2023
Podiatry Board of Australia	Professional capabilities for podiatrists and podiatric surgeons	2021
Australian Psychology Accreditation Council	Professional competencies in the Accreditation standards for psychology programs	2019

Appendix B – Response template for the draft guidance on developing professional capabilities – public consultation

July 2024

This response template is the preferred way to submit your feedback to the public consultation on the draft **guidance on developing professional capabilities**.

Please provide any feedback, including your responses to the questions in the text boxes on the following pages. The boxes will expand to accommodate your response. You do not need to respond to a question if you have no comment.

Making a submission

Please complete this response template and email to AC_consultation@ahpra.gov.au using the subject line 'Feedback: Public consultation on guidance on developing professional capabilities'.

Consultation closes on 18 October 2024.

Publication of submissions

We publish submissions at our discretion. We generally publish submissions on our website to encourage discussion and inform the community and stakeholders. Please advise us if you do not want your submission published.

We will not place on our website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the subject of the consultation. Before publication, we may remove any personally identifying information from submissions, including contact details.

We can accept submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. A request for access to a confidential submission will be determined in accordance with the *Freedom of Information Act 1982* (Cth), which has provisions designed to protect personal information and information given in confidence. Please let us know if you do not want us to publish your submission or want us to treat all or part of it as confidential.

Published submissions will include the names of the individuals and/or the organisations that made the submission unless confidentiality is expressly requested.

Initial questions

To help us better understand your situation and the context of your feedback please provide us with some details about you. These details will not be published in any summary of the collated feedback from this consultation.

Question A

Are you completing this submission on behalf of an organisation or as an individual?

Your answer:

Organisation

Name of organisation: [Click or tap here to enter text.](#)

Contact email: [Click or tap here to enter text.](#)

Myself

Name: [Click or tap here to enter text.](#)

Contact email: [Click or tap here to enter text.](#)

Question B

If you are completing this submission as an individual, are you:

A registered health practitioner?

Profession: [Click or tap here to enter text.](#)

A member of the public?

Other: [Click or tap here to enter text.](#)

Question C

Would you like your submission to be published?

Yes, publish my submission **with** my name/organisation name

Yes, publish my submission **without** my name/ organisation name

No – **do not** publish my submission

Your responses to the consultation questions

Good practice in the development of professional capabilities

1. Does any content need to be added to or amended in the draft guidance on developing professional capabilities?

2. Are there any implementation issues the Accreditation Committee should be aware of?

3. Are there any potential unintended consequences of the draft guidance?

4. Do you have any general comments or feedback about the draft guidance on developing professional capabilities?

Good practice professional capabilities

5. Do you agree that the threshold capabilities required for registration should be owned and governed by Ahpra and the National Boards? Why or why not?

6. Do you support having shared professional capabilities across health professions regulated by the National Scheme? Why or why not?

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7. What professional capabilities do you think should be shared across professions?
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Appendix C – Examples of shared professional capabilities that apply across professions

In the United Kingdom, the Health and Care Professions Council has developed standards of conduct, performance and ethics which describe the standards the public can expect from health practitioners across ten different areas. The standards apply equally to 15 health and care professions and are complemented by proficiency standards for each of the professions.¹⁵ The ten areas covered by the standards of conduct performance and ethics are:

1. Promote and protect the interests of service users and clients
2. Communicate appropriately and effectively
3. Work within the limits of your knowledge and skills
4. Delegate appropriately
5. Respect confidentiality
6. Manage risk
7. Report concerns about safety
8. Be open when things go wrong
9. Be honest and trustworthy
10. Keep records of your work

In Australia, in 2015, the Health Professions Accreditation Collaborative Forum first adopted interprofessional learning competencies for use in the accreditation of health practitioner education programs.¹⁶ The competencies were developed by the Australian Government's former Office for Learning and Teaching. They state that, on completion of their program of study, graduates of any professional entry-level healthcare degree will be able to:

- explain interprofessional practice to patients, clients, families and other professionals
- describe the areas of practice of other health professions
- express professional opinions competently, confidently, and respectfully avoiding discipline specific language
- plan patient/client care goals and priorities with involvement of other health professionals
- identify opportunities to enhance the care of patients/clients through the involvement of other health professionals
- recognise and resolve disagreements in relation to patient care that arise from different disciplinary perspectives
- critically evaluate protocols and practices in relation to interprofessional practice, and
- give timely, sensitive, instructive feedback to colleagues from other professions, and respond respectfully to feedback from these colleagues.

In another example, the National Prescribing Competencies Framework (the framework), developed by the former NPS MedicineWise, describes prescribing expectations for all prescribers, regardless of profession, and can be viewed as a description of safe and effective prescribing.¹⁷ Like the professional capabilities, the framework aims to contribute to a shared understanding of the prescribing process and supports:

- the development/review of education and training programs
- the development/review of continuing professional development programs
- individual prescribers' and students' self-reflections
- National Board's regulatory functions, and

¹⁵ Health and Care Professions Council (HCPC). 2016. Standards of conduct, performance and ethics. Available from [the HCPC website](#). Accessed 24 June 2024. Note that revised standards come into effect from 1 September 2024. They cover the same ten areas as the current standards of conduct, performance and ethics. The revised standards can be accessed [here](#).

¹⁶ Health Professions Accreditation Collaborative Forum (HPACF). 2018. Position statement on interprofessional education (updated December 2018). Available [on the HPACF website](#), accessed 25 June 2024.

¹⁷ Ahpra has been contracted by the Department of Health and Aged Care to host the Framework on its website until December 2029 and to review the Framework by June 2025.

- recognition and/or understanding of the prescribing role.

In 2013, Health Workforce Australia developed the National Common Health Capability Resource (the Resource) to promote the development of common capabilities needed within the health workforce and to support workforce innovation and reform. The Resource identified five domains of activity common to the Australian health workforce:

1. Provision of care
2. Collaborative practice
3. Health values
4. Professional, ethical and legal approach
5. Lifelong learning¹⁸

¹⁸ Health Workforce Australia. 2012. [National Common Health Capability Resource: shared activities and behaviours in the Australian health workforce](#). Accessed 24 June 2024.