



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

## State, territory or regional board member appointments

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November 2014

### Application guide

This information package includes:

- information about the role of board member under the Health Practitioner Regulation National Law as in force in each state and territory (the National Law),
- selection criteria,
- selection process,
- sitting fees and remuneration information, if application is successful, and
- relevant sections of the National Law. (Appendices)

Please also refer to the application documents:

- application form with declarations,
- national criminal history check consent form, and
- national declaration of private interests form.

## Attachment 1

### Information for potential candidates

The National Health Practitioner Boards of Australia seek expressions of interest from suitably qualified and experienced persons to be appointed as a member of a state, territory or regional board of a National Board under the Health Practitioner Regulation National Law Act, as in force in each state and territory (the National Law).

### The National Law

#### Objectives and guiding principles

The objectives and guiding principles of the National Law are set out in section 3 of the National Law as follows:

1. The object of this Law is to establish a national registration and accreditation scheme for:
  - a. the regulation of health practitioners, and
  - b. the registration of students undertaking:
    - i. programs of study that provide a qualification for registration in a health profession, or
    - ii. clinical training in a health profession.
2. The objectives of the national registration and accreditation scheme are:
  - 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
  - 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
  - c. to facilitate the provision of high quality education and training of health practitioners
  - d. to facilitate the rigorous and responsive assessment of overseas-trained health practitioners
  - e. to facilitate access to services provided by health practitioners in accordance with the public interest, and
  - 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.
3. The guiding principles of the national registration and accreditation scheme are as follows:
  - a. the scheme is to operate in a transparent, accountable, efficient, effective and fair way
  - b. fees required to be paid under the scheme are to be reasonable having regard to the efficient and effective operation of the scheme
  - 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.

### Australian Health Practitioner Regulation Agency

National Boards are supported by the Australian Health Practitioner Regulation Agency (AHPRA). AHPRA has a National office based in Melbourne and offices in every state and territory to support local boards and committees.

## National Boards

There are 14 National Boards established under the National Law to regulate the corresponding health 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
- Pharmacy Board of Australia
- Physiotherapy Board of Australia
- Podiatry Board of Australia
- Psychology Board of Australia.

Potential applicants may be interested in accessing the AHPRA and National Board Annual Reports, which provide information and data on the National Scheme, including extensive data on health practitioner registration and regulation. The annual reports are accessible from the AHPRA website: [www.ahpra.gov.au/Legislation-and-Publications/AHPRA-Publications.aspx](http://www.ahpra.gov.au/Legislation-and-Publications/AHPRA-Publications.aspx)

## Role of National Boards

The functions of a National Board include:

- registering practitioners and students in the relevant health profession
- developing standards, codes and guidelines for the relevant health profession
- investigating notifications and complaints
- where necessary, conduct panel hearings and refer serious matters to Tribunal hearings
- assessing overseas trained practitioners who wish to practise in Australia
- approving accreditation standards and accredited courses of study.

## State, territory and regional boards

The National Law provides for a National Board to establish state, territory and regional boards to exercise its functions in the jurisdiction in a way that provides an effective and timely local response to health practitioners and other persons in the jurisdiction. Some National Boards have state, territory or regional boards in each jurisdiction; some have state boards and multi-jurisdictional regional boards; and others do not have state or territory boards.

These boards make individual registration and notification decisions, based on national policies and standards set by the relevant National Board. The National Board delegates the necessary powers to the state, territory and/or regional boards.

## Appointment of board members

National Board members are appointed by the Australian Health Workforce Ministerial Council (AHWMC).

State and territory board members are appointed by the Health Minister in the relevant jurisdiction.

## Role and responsibilities of board members

Board members are required to act within the powers and functions set out in the National Law.

Under the National Law, board members are required to act impartially and in the public interest in the exercise of their functions and put the public interest before the interests of particular health practitioners or any entity that represents health practitioners.

In addition to the obligations outlined in the National Law, board members should adhere to the following fundamental principles that define the standards of conduct expected of a board member:

- **Act with honesty and integrity**

This includes:

- being open and transparent in all dealings associated with the Board
- using power responsibly
- not placing yourself in a position of conflict of interest, and
- striving to earn and sustain public trust of a high level.

- **Act in good faith in the best interests of the Board**

This includes:

- demonstrating accountability for your actions
- accepting responsibility for decisions, and
- not engaging in activities that may bring you or the Board into disrepute.

- **Act fairly and impartially**

This includes:

- avoiding bias, discrimination, caprice or self-interest; demonstrating respect for others by acting in a professional and courteous manner.

- **Use information appropriately**

This includes:

- ensuring information gained as a Board member is only applied to proper purposes and is kept confidential, and
- confidential information received by a Board member in the course of exercising their duties as a Board member should not be disclosed unless the disclosure has been authorised by the Board; or the person from whom the information is provided; or is required by law.

- **Use the position appropriately**

This includes:

- not using the position as a Board member to seek an undue advantage for yourself, family members or associates, or to cause detriment to the Board, and
- declining gifts or favours that may cast doubt on your ability to apply independent judgement as a member of the Board.

- **Exercise due care, diligence and skill**

This includes:

- ascertaining all relevant information
- making reasonable enquiries, and
- understand the financial, strategic and other implications of decisions.
- Demonstrate leadership and stewardship.

## Terms and conditions of appointment

### Term of appointment

The term of appointment may vary according to the jurisdiction and composition of existing board members' expiry dates. The appointment may be to a period of up to three years.

### Time commitment

Board members may attend different types of meetings, including:

- Scheduled board meetings, which are routinely held in the AHPRA office;
- Additional board meetings which are held between scheduled board meetings when additional matters need to be considered or urgent decisions need to be made;
- Committee meetings: different committees may meet to consider particular issues and then report back to the board;
- Retreats or planning days: these are often held away from the normal meeting location for a full day or weekend. They allow board members to take part in deeper discussions about strategic challenges and directions for the next year or beyond. The National Law provides that National Board meetings can be face to face, by video conference, or by teleconference.

Board members are expected, as far as practical, to attend all meetings, including teleconferences and video conferences.

### Remuneration

The remuneration for members of a National Board or state, territory or regional board is determined by the Australian Health Workforce Ministerial Council having regard to the remuneration generally applied to regulatory bodies with a substantial influence on the health industry.

The current remuneration (daily sitting fee) is as follows:

Role	Attendance (Fee includes preparation and up to 4 hours travel time)	Extra travel time	
	Daily sitting fee (more than 4 hours in a day)	Between 4 – 8 hours	Over 8 hours
Committee Chair	\$740	\$370	\$740
Committee member	\$607	\$303	\$607

Business rules for the payment of sitting fees and expenses are set by AHPRA.

As a general guide, the daily fee applies for board member attendance in person or by telephone at a scheduled board meeting. The daily fee includes meeting preparation time for the scheduled board meeting and up to four hours of travel time. Where board meetings are held in between scheduled board meetings, they are usually conducted by teleconference or out-of-session and are of a shorter duration (less than four hours). As such, half the daily fee is payable. The fee includes meeting preparation time. Board members are entitled to reimbursement of any reasonable out-of-pocket expenses incurred during the course of undertaking board business.

## Selection criteria

In selecting candidates for appointment to the state, territory and regional boards of Australia, the following criteria will be taken into account:

1. A demonstrated high level of performance in significant fields of endeavour including, if applicable, in the relevant health profession. Demonstrated leadership, teamwork and/or management skills (previous board, tribunal, panel hearings, committees and/or senior management experience would be an advantage).
2. A health practitioner member should be an experienced registered health practitioner of good standing.
3. Demonstrated integrity - a high standing in the community is essential.
4. Capacity to demonstrate impartiality, open-mindedness, sound judgment, and fairness and knowledge of the rules of procedural fairness and natural justice.
5. Appreciation of the need for quality and consistency in decision making.
6. Capacity to develop sound knowledge and understanding of legislation relevant to the board including the National Law as in force in each state and territory.
7. A clear understanding of the objectives, roles, duties and obligations of a member of a board established under the National Law.
8. An appreciation (from either a practitioner's or non-practitioner's perspective) of appropriate standards of professional care and the role of health practitioner registration boards in protecting the public.
9. An understanding of the health sector, broader health issues and how these relate to the health profession regulated by the board.
10. Availability and a good working knowledge and understanding of accountability relationships.
11. Satisfaction of any legislative requirements.

A **community member** must be able to represent the views and opinions of members of the community. They should possess qualifications and/or experience rendering them suitable for appointment. A community member must not at any time have been registered as a health practitioner in the health profession for which the National Board is established.

A **health practitioner** must be a registered health practitioner in the health profession for which the board is established.

## Board member skills experience and attributes

In accordance with the National Law, in deciding whether to appoint a person as a Chair or member of a board, the Minister must have regard to the skills and experience of the person that are relevant to the board's functions.

It is considered that a practitioner member will bring to the board sound experience in the health profession for which the board is established and will have an appreciation and understanding of the role of the board.

With a sound understanding of health issues and services, a community member will represent the views and opinions of members of the community. Under the National Law, all National Board members must act impartially and in the public interest.

Further, while the National Law does not define the required attributes of a board member, the NRAS Governance Steering Committee have endorsed the following attributes for all board members:

1. **Displays integrity:** is ethical, committed, diligent, prepared, organised, professional, principles-based and respectful, values diversity, and shows courage and independence
2. **Thinks critically:** is objective and impartial, uses logical and analytical processes, distils the core of complex issues and weighs up options
3. **Applies expertise:** actively applies relevant knowledge, skills and experience to contribute to decision-making
4. **Communicates constructively:** is articulate, persuasive and diplomatic, is self-aware and reflects on personal impact and effectiveness, listens and responds constructively to contributions from others

5. **Focuses strategically:** takes a broad perspective, can see the big picture, and considers long term impacts
6. **Collaborates in the interests of the scheme:** is a team player, flexible and cooperative, creates partnerships within and between boards and AHPRA.

Applicants are also required to provide information on whether they are current members of other government or statutory bodies. Please ensure your application fully addresses your skills, experience and attributes as above.

### Chair

In addition to the attributes that are expected for all Board members, **Board Chairs** are expected to demonstrate the following attributes:

7. **Demonstrates leadership:** is confident, decisive and acts without fear or favour, is at the forefront of professional regulation, drives reform and facilitates change
8. **Engages externally:** is the spokesperson for the Board and advocate for the Scheme, defines the nature and tone of engagement, builds and sustains stakeholder relationships
9. **Chairs effectively:** establishes and follows well organised agendas, facilitates input from all members, builds consensus, distils core issues, summarises discussion and confirms decisions ensuring they are accurately recorded.

### Selection process

Shortlisted applicants may be interviewed to ensure that they have the necessary qualifications, skills and experience for the position. Applicants are also required to provide information on whether they are current members of other government or statutory bodies.

Applicants will be required to complete the National criminal history check form and provide upfront proof of identity. Shortlisted candidates will undergo probity checks, which include:

- A criminal National Police record check by CrimTrac
- An Australian Securities and Investments Commission disqualification register check, and
- A National personal Insolvency Index check conducted through the Insolvency and Trustee Service Australia.

Where the position is that of a practitioner member, a check of board records will be undertaken to ensure the practitioner is of good standing.

In circumstances where the Selection Advisory Panel (SAP) determines that an interview is not required for a shortlisted applicant, the applicant will be required to submit certified copies of their original proof of identity (POI) documents. Documents can only be certified by an authorised person. Applicants cannot certify their own documents.

The POI documents will be processed by a suitably trained AHPRA officer.

### Referee reports

Referee reports are an important part of the selection process and will be obtained for all shortlisted applicants. Applicants are asked to nominate two or three referees who can support the application relevant to the key selection criteria and duties of the position.



## Appendix 1

### 3 Objectives and guiding principles

- (1) The object of this Law is to establish a national registration and accreditation scheme for:
  - (a) the regulation of health practitioners; and
  - (b) the registration of students undertaking:
    - (i) programs of study that provide a qualification for registration in a health profession; or
    - (ii) clinical training in a health profession.
- (2) The objectives of the national registration and accreditation scheme are:
  - (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
  - (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
  - (c) to facilitate the provision of high quality education and training of health practitioners; and
  - (d) to facilitate the rigorous and responsive assessment of overseas-trained health practitioners; and
  - (e) to facilitate access to services provided by health practitioners in accordance with the public interest; and
  - (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.
- (3) The guiding principles of the national registration and accreditation scheme are as follows:
  - (a) the scheme is to operate in a transparent, accountable, efficient, effective and fair way;
  - (b) fees required to be paid under the scheme are to be reasonable having regard to the efficient and effective operation of the scheme;

- (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.

#### **National Board members**

The following sections of the National Law set out the legislative requirements for appointment of National Board members:

### 33 Membership of National Boards

- (1) A National Board is to consist of members appointed in writing by the Ministerial Council.
- (2) Members of a National Board are to be appointed as practitioner members or community members.
- (3) Subject to this section, the Ministerial Council may decide the size and composition of a National Board.
- (4) At least half, but not more than two-thirds, of the members of a National Board must be persons appointed as practitioner members.
- (5) The practitioner members of a National Board must consist of—
  - (a) at least one member from each large participating jurisdiction; and
  - (b) at least one member from a small participating jurisdiction.

At least 2 of the members of a National Board must be persons appointed as community members.

- (7) At least one of the members of a National Board must live in a regional or rural area.
- (8) A person cannot be appointed as a member of a National Board if the person is a member of the Agency Management Committee.
- (9) One of the practitioner members of the National Board is to be appointed as Chairperson of the Board by the Ministerial Council.
- (10) Schedule 4 sets out provisions relating to a National Board.
- (11) In this section—

**large participating jurisdiction** means any of the following States that is a participating jurisdiction—

- (a) New South Wales;



- (b) Queensland;
- (c) South Australia;
- (d) Victoria;
- (e) Western Australia.

**small participating jurisdiction** means any of the following States or Territories that is a participating jurisdiction—

- (a) the Australian Capital Territory;
- (b) the Northern Territory;
- (c) Tasmania.

### 34 Eligibility for appointment

- (1) In deciding whether to appoint a person as a member of a National Board, the Ministerial Council is to have regard to the skills and experience of the person that are relevant to the Board's functions.
- (2) A person is eligible to be appointed as a practitioner member only if the person is a registered health practitioner in the health profession for which the Board is established.
- (3) A person is eligible to be appointed as a community member of a National Board only if the person—
  - (a) is not a registered health practitioner in the health profession for which the Board is established; and
  - (b) has not at any time been registered as a health practitioner in the health profession under this Law or a corresponding prior Act.
- (4) A person is not eligible to be appointed as a member of a National Board if—
  - (a) in the case of appointment as a practitioner member, the person has ceased to be registered as a health practitioner in the health profession for which the Board is established, whether before or after the commencement of this Law, as a result of the person's misconduct, impairment or incompetence; or
  - (b) in any case, the person has, at any time, been found guilty of an offence (whether in a participating jurisdiction or elsewhere) that, in the opinion of the Ministerial Council, renders the person unfit to hold the office of member.

The following clauses in **Schedule 4** of the National Law are also relevant to the appointment of National Board members:

### 2 Terms of office of members

Subject to this Schedule, a member holds office for the period (not exceeding 3 years) specified in the member's instrument of appointment, but is eligible (if otherwise qualified) for reappointment.

### 3 Remuneration

A member is entitled to be paid such remuneration (including travelling and subsistence allowances) as the Ministerial Council may from time to time determine with respect to the member.

### 4 Vacancy in office of member

- (1) The office of a member becomes vacant if the member—
  - (a) completes a term of office; or
  - (b) resigns the office by instrument in writing addressed to the Chairperson of the Ministerial Council; or
  - (c) is removed from office by the Chairperson of the Ministerial Council under this clause; or
  - (d) is absent, without leave first being granted by the Chairperson of the Board, from 3 or more consecutive meetings of the National Board of which reasonable notice has been given to the member personally or by post; or
  - (e) dies.
- (2) The Chairperson of the Ministerial Council may remove a member from office if—
  - (a) the member has been found guilty of an offence (whether in a participating jurisdiction or elsewhere) that, in the opinion of the Chairperson of the Ministerial Council, renders the member unfit to continue to hold the office of member; or
  - (b) the member ceases to be a registered health practitioner as a result of the member's misconduct, impairment or incompetence; or
  - (c) the member ceases to be eligible for appointment to the office that the member holds on the National Board; or
  - (d) the member becomes bankrupt, applies to take the benefit of any law for the relief of bankrupt or insolvent

debtors, compounds with member's creditors or makes an assignment of the member's remuneration for their benefit; or

- (e) the National Board recommends the removal of the member, on the basis that the member has engaged in misconduct or has failed or is unable to properly exercise the member's functions as a member.

## **5 Vacancies to be advertised**

- (1) Before the Ministerial Council appoints a member of a National Board, the vacancy to be filled is to be publicly advertised.
- (2) The National Agency may assist the Ministerial Council in the process of appointing members of a National Board, including in the advertising of vacancies.
- (3) It is not necessary to advertise a vacancy in the membership of a National Board before appointing a person to act in the office of a member.

*Note. The general interpretation provisions applicable to this Law under section 6 confer power to appoint acting members of a National Board.*

## **6 Extension of term of office during vacancy in membership**

- (1) If the office of a member becomes vacant because the member has completed the member's term of office, the member is taken to continue to be a member during that vacancy until the date on which the vacancy is filled (whether by reappointment of the member or appointment of a successor to the member).
- (2) However, this clause ceases to apply to the member if—
  - (a) the member resigns the member's office by instrument in writing addressed to the Chairperson of the Ministerial Council; or
  - (b) the Chairperson of the Ministerial Council determines that the services of the member are no longer required.
- (3) The maximum period for which a member is taken to continue to be a member under this clause after completion of the member's term of office is 6 months.



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## Appendix 2

### 36 State and Territory Boards

1. A National Board may establish a committee (a State or Territory Board) for a participating jurisdiction to enable the Board to exercise its functions in the jurisdiction in a way that provides an effective and timely local response to health practitioners and other persons in the jurisdiction.
2. A State or Territory Board is to be known as the “[Name of participating jurisdiction for which it is established] Board” of the National Board.
3. The members of a State or Territory Board are to be appointed by the responsible Minister for the participating jurisdiction.
4. In deciding whether to appoint a person as a member of a State or Territory Board, the responsible Minister is to have regard to the skills and experience of the person that are relevant to the Board’s functions.
5. At least half, but not more than two-thirds, of the members of a State or Territory Board must be persons appointed as practitioner members.
6. At least 2 of the members of a State or Territory Board must be persons appointed as community members.
7. Before a responsible Minister appoints a member of a State or Territory Board the vacancy to be filled is to be publicly advertised.
8. The National Agency may assist a responsible Minister in the process of appointing members of a State or Territory Board, including in the advertising of vacancies.
9. It is not necessary to advertise a vacancy in the membership of a State or Territory Board before appointing a person to act in the office of a member.

#### Note.

The general interpretation provisions applicable to this Law under section 6 confer power to appoint acting members of a State or Territory Board.