



National Health  
Practitioner  
Ombudsman

# Submission

Health practitioner regulatory settings

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# Submission

The office of the National Health Practitioner Ombudsman (NHPO) is pleased to provide this submission to the independent review of regulatory settings relating to health practitioner registration and qualification recognition for overseas health professionals and international health students (the review).

The NHPO champion fairness through investigating complaints, facilitating resolutions and making recommendations to improve the regulation of Australia's registered health practitioners. Its primary role is to oversight bodies in the National Registration and Accreditation Scheme (National Scheme), including the Australian Health Practitioner Regulation Agency (Ahpra) and the 15 National Health Practitioner Boards (the Boards). More recently, the office's jurisdiction was expanded to include accreditation organisations, including specialist medical colleges.

This submission is largely based on the information the NHPO has received and considered as part of its complaints handling work, including complaints to both the National Health Practitioner Ombudsman and the National Health Practitioner Privacy Commissioner. Due to the nature of the NHPO's role in the National Scheme, this submission focusses on considering and providing suggestions related to good and lawful administrative decision-making. For expediency, the submission focusses on the main areas for improvement the office has identified in relation to overseas health practitioners' engagement with the National Scheme.

## Common registration-related issues for overseas practitioners

Overseas-qualified applicants must, like all applicants, meet the registration standards of their health profession, including the English Language Skills Registration Standard and the Criminal History Registration Standard. Overseas-qualified applicants need their qualifications assessed and, in some cases, their professional knowledge and skills assessed through examinations.

From 1 July 2020 to 31 January 2023 the NHPO recorded 671 issues on complaints which related to registration (see Table 1).<sup>1</sup> The most common issues recorded in relation to registration processes included:

- processing of a new application for registration
- application of an English Language Skills Registration Standard
- assessment of an international qualification.

While the NHPO's case management system cannot distinguish which issues were raised specifically by overseas qualified practitioners, it is clear that some of the most common issues recorded by the NHPO in relation to registration are likely to affect these practitioners.

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<sup>1</sup> 'Issues' here refers to the recorded concern driving a complaint. The NHPO can record multiple issues on each complaint.

**Table 1: Issues recorded on complaints related to registration from 1 July 2020 to 31 January 2023**

Registration processes	Recorded as the main issue on a registration-related complaint	Recorded as an issue on a registration-related complaint
Processing of a new application for registration	84	109
Application of an English Language Skills Registration Standard	58	77
Assessment of an international qualification	32	56
Review of conditions	30	44
Fees for registration	25	40
Processing of a renewal application	27	40
Re-entry to practice	24	35
Change of circumstances application	15	28
Supervision requirements	13	27
Transition between registration types	17	26
Processing of a graduate application	16	22
Access to a preferred practitioner	15	19
Lapse in registration	9	18
Compliance activity	10	18
Application of a Recency of Practice Standard	7	17
Information on the National Register	11	16
Internship requirements	10	15
Health or performance assessment	8	13
Document certification or translation	8	11
Application of a Criminal History Standard	3	9
Certificate of good standing/registration	2	5
Other processes	20	26

## Application of the English Language Skills Registration Standard

The NHPO recently made a submission to the public consultation on the Boards' shared English Language Registration Standard (the Standard).<sup>2</sup> The submission outlines the NHPO's concerns, particularly regarding the approach and evidence base for the pathway requirements and list of recognised countries within the Standard. It also provides suggestions for improvement, including increased discretion/flexibility and accessibility (see Attachment 1).

The case studies in this section provide a more detailed account of individual complainants' concerns found in the submission. This is intended to further contextualise the case studies mentioned in the submission based on how overseas registered health practitioners and international students said they had experienced the Standard.

### Approved programs of study and the Standard

Significantly, 70 per cent of complaints to the Ombudsman about the Standard were made by applicants who had completed their Board-approved qualifications in Australia.<sup>3</sup> Currently, the Standard assumes that practitioners can complete an Australian qualification to become a registered health practitioner without having a safe level of English language skills to practise the profession. Complainants regularly share with the NHPO that they believe it is unfair that they must sit an English language skills test when they completed their qualification in Australia.

#### Case study

A complainant contacted the NHPO with concerns that they were required to sit an English language test to become a registered practitioner when they had successfully completed their approved program of study in Australia.

The complainant explained that they did not meet the requirements of the other pathways in the Standard because they were from an overseas country which was not a 'recognised country' and they had not completed more than six years of continuous education in Australia. The complainant had completed the relevant three year approved program of study, plus over a year of other education in English in Australia.

The complainant explained that they were a refugee and the cost of the English language test was prohibitive. Further, the complainant described that it was difficult to find an available test to sit.

The complainant said they believed the Standard was discriminatory because they were forced to do an English language test to become registered while other graduates from the same approved program of study were not required to do so.

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<sup>2</sup> The NHPO's submission was based on complaints received by the NHPO between 1 July 2020 and 30 June 2022. While the consultation related to the Boards' shared Standard, most complaints received during this time period related to the Nursing and Midwifery Board's Standards and this formed the submission's basis.

<sup>3</sup> Please note that this does not include complainants where it was unknown where they completed their qualification. The NHPO can record multiple issues on each complaint it receives.

### Case study

A complainant raised concerns with the NHPO that it seemed unfair they needed to sit the English language test to become registered as a nurse. The complainant said they had successfully completed their Diploma of Nursing in Australia, had lived in Australia for decades and had successfully undertaken an English language test during the application process for a HECS loan to complete their nursing qualification.

The complainant explained that they did not meet the requirements of the other pathways in the Standard because they were originally from an overseas country which was not a 'recognised country' and they had not completed more than five years of continuous education in Australia.

As the NHPO's submission outlines, comparative regulators appear to be more open to accepting that applicants who have completed an approved program of study have acceptable English language skills. For example, medical practitioners in New Zealand can demonstrate they have a primary medical qualification from a New Zealand medical school or provide evidence that they speak English as a first language and have an acceptable medical qualification from Australia, the United Kingdom, the Republic of Ireland, the United States of America, Canada or South Africa where English is the sole language of instruction of that medical school.<sup>4</sup> Similarly, the General Medical Council (GMC) in the United Kingdom outlines that it may accept primary medical qualifications from an acceptable institution as evidence of knowledge of English, provided the qualification is less than two years old and was taught and examined solely in English.<sup>5</sup>

The submission also suggests that the Boards have a broader responsibility to review whether approved programs of study are sufficiently assessing students if it is believed practitioners are obtaining approved qualifications without the necessary English language skills. This is particularly important given most approved programs of study require some practical experience, such as a student placement. A failure of students to adequately use English language skills in this context is therefore a larger issue that should be raised with the relevant education providers.

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<sup>4</sup> Medical Council of New Zealand, Policy on English language requirements, October 2020

<sup>5</sup> GMC, 'Using your primary medical qualification.' Accessed August 2020: [www.gmc-uk.org/registration-and-licensing/join-the-register/before-you-apply/evidence-of-your-knowledge-of-english/using-your-primary-medical-qualification](http://www.gmc-uk.org/registration-and-licensing/join-the-register/before-you-apply/evidence-of-your-knowledge-of-english/using-your-primary-medical-qualification). Please note that applicants must also supply a letter or certificate from the university or medical college confirming other certain requirements were met.

## Recognised countries list

Complainants regularly raised with the NHPO that the recognised country list is unfair and discriminatory because it preferences some countries above others. The NHPO's submission suggested that there should be a review of the recognition criteria, including consideration of whether the recognised countries list should be set aside for a 'recognised institutions/courses' list which is based on the minimum English requirements to undertake the program of study required for the profession. The NHPO notes that this approach appears to be used by comparable regulators, including the GMC. The GMC's website states that it will sometimes accept an applicants' primary medical qualification as evidence of their knowledge of English. The GMC's website provides a list of qualifications for institutions which cannot be used as evidence of their knowledge of English.

### **Case study**

A complainant contacted the NHPO with concerns that they were required to sit an English language test to become a registered health practitioner.

The complainant explained that English was their first language and that they had undertaken their primary and secondary school studies in English in a country where English was one of the official languages. The complainant said they had completed the relevant approved program of study in Australia and had undertaken further tertiary studies in Australia, including a Masters degree. The complainant said they also held a Certificate of Teaching English to Speakers of Other Languages (TESOL).

The complainant explained that the Department of Immigration accepted evidence of their English proficiency based on their tertiary education history and their previous English language test score.

The complainant later informed the NHPO that they sat the English language test and achieved full marks. However, they explained that taking the test was an unnecessary expense, poor use of time and a cause of stress.

## Inconsistent approach to determining eligibility

One complainant also raised concerns with the NHPO about the different standards for assessing English across different government departments.

### **Case study**

A complainant contacted the NHPO with concerns about the assessment of their qualifications and the requirements of the Standard.

The complainant said they had been invited to Australia under a Distinguished Talent Visa (Visa 124), which could be obtained with an International English Language Testing System (IELTS) score of 5. The complainant said the Standard was inconsistent with the talent attraction program, as it required an IELTS score of 7. The complainant expressed dismay that they were not able to use the skills which led to their receiving a visa to come to Australia.



## Cost and availability of English language tests

Complainants regularly raised the issue of financial and personal cost when they were required to take the test pathway because they did not meet the other available pathways of the Standard.

### Case study

A complainant contacted the NHPO with concerns that their nursing registration application had been withdrawn by Ahpra, despite completing a Bachelor of Nursing Science degree in Australia.

The complainant explained that they had not been able to provide documentation regarding an international criminal history check from their country of birth because they were a refugee and had lived in a refugee camp before coming to Australia.

Further, the complainant said they could not afford the English language test due to their financial difficulties and family obligations. Without the required documentation and successful English language test result, the complainant's application for registration was unable to proceed.

### At-home tests

The NHPO notes that the Boards have approved a temporary position to accept three new types of English language tests. In February 2022 Ahpra announced that the Boards would accept the TOEFL iBT@Home Edition test for applications received until June 2022 (later updated to June 2023) and the OET computer-based test and the OET@home test for applications received until 1 June 2023.

The NHPO's submission suggested that if the Boards have a sufficient evidentiary basis for determining that these test formats are acceptable on a temporary basis, then this rationale should be shared and the Standard permanently updated to reflect this.

## Assessment of overseas qualified practitioners

The NHPO's jurisdiction was expanded in January 2023 to allow it to consider complaints about additional organisations exercising accreditation functions in the National Scheme, including specialist medical colleges. This means the NHPO could not consider complaints related to the processes of these organisations before January 2023. The NHPO will therefore be better placed to provide further insight into the issues which may be affecting overseas health practitioners in the future.

Notwithstanding this, the NHPO received 32 complaints between 1 July 2020 and 31 January 2023 where the assessment of an overseas qualified practitioner was identified as the main issue of a registration-related complaint (see Table 2). These complaints mainly related to the nursing and midwifery professions (25) and medical profession (13).<sup>6</sup>

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<sup>6</sup> Overall, we recorded 56 issues related to the assessment of international qualifications.

**Table 2: Issues recorded related to the assessment of overseas qualified practitioners from 1 July 2020 to 31 January 2023**

Complainant's concern about an international qualification assessment	Recorded as the main issue of a complaint	Recorded as an issue on a complaint
Unfair or unreasonable decision	12	15
Unfair process	10	17
Delayed process	7	15
Evidence not considered	1	1
Inadequate reasons were provided for a decision	-	3
Bias or conflict of interest	-	2
Failure to follow policy	-	1
Other	2	2
<b>Total</b>	<b>32</b>	<b>56</b>

### Costs, delay and procedural issues

As noted, most of the issues related to the assessment of overseas qualified practitioners have been raised with the NHPO in relation to the nursing and midwifery professions. Problems related to delay, communication and procedural issues have been substantiated by the NHPO throughout the assessment process for internationally qualified nurses and midwives (IQNMs).

#### Process for IQNMs who do not hold a relevant qualification

IQNMs who are assessed to not hold a relevant qualification, or do not meet the required assessment criteria, are advised to “upgrade” their qualification in Australia to become eligible to apply for registration. This involves completing an approved program of study, such as a three-year Bachelor of Nursing degree.

The NHPO has heard from some complainants who raise concerns that they are required to obtain new qualifications in nursing to be eligible for registration, rather than being offered an alternative pathway. For example, one complainant said they would be willing to undertake further education, such as a bridging course, to meet the registration requirements, but it was unfair to ask them to complete three years of tertiary study when they had been working as a nurse in a European Union country for over 20 years.

#### Process for IQNMs who hold a qualification that is relevant but not substantially equivalent to an Australian qualification

IQNMs who hold a qualification that is assessed to be relevant but not substantially equivalent to an Australian qualification must successfully complete an outcomes-based assessment (OBA) to be

eligible for registration,<sup>7</sup> including completing a multiple-choice question (MCQ) examination and an objective structured clinical examination (OSCE). The OBA was introduced in 2019 to replace the Bridging Program for Nurses and is focussed on determining which candidates are suitable for registration now, rather than providing pathways for candidates to gain the skills required to become registered in the future.

The NHPO recognises that the OBA pathway is relatively new and that some of the complaints it has received have related to problems associated with the transition to the new pathway. However, the NHPO has continued to hear concerns from complainants about the significant costs associated with the OBA, and that the required tests can be challenging to access.

Further, some practitioners have expressed disappointment that they are no longer able to access a bridging program. For example, one internationally qualified nurse contacted the NHPO because they wanted to be able to access the previously available Entry Program for Internationally Qualified Registered Nurses (EPIQ-RN). The complainant said they were previously due to begin the course but were unable to complete it due to COVID-related border closures. Although the complainant was offered a refund for the course, they wanted to be able to continue with the bridging course once they arrived in Australia.

### **The OSCE**

Applicants currently seeking to undertake the OSCE must travel to South Australia to undertake the test. The NHPO has heard from complainants that travelling to South Australia to undertake the test requires significant resources, including the cost of undertaking the test itself. These costs can make it difficult, or impossible, for some applicants to attend. It also resulted in challenges when different states and territories had health orders in place in response to the COVID-19 pandemic that prohibited interstate travel or made travelling difficult for applicants. Issues have also been raised with the NHPO about the quality of the feedback provided to unsuccessful applicants, and the test's scoring methodology.

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<sup>7</sup> Applicants must also meet all other mandatory registration standards to be eligible for registration, such as the English Language Skills Registration Standard.

### **Mia's story<sup>8</sup>**

Mia, an internationally qualified nurse and midwife, contacted the NHPO with concerns about how Ahpra and the Board had assessed her application for registration as a midwife. Mia was required to successfully complete the OBA process to be eligible for registration.

The NHPO undertook an investigation into the complaint. It found the following:

- It was reasonably open to Ahpra and the Board to decide that Mia's qualification was not equivalent to an Australian midwifery qualification. However, Ahpra should have provided more detailed reasoning to her about the assessment of her qualification.
- It was reasonably open to Ahpra and the Board to decide that Mia was required to complete the OBA process to demonstrate her suitability for registration. However, Ahpra should have informed her when she was invited to undertake the OBA that it was not yet ready to be delivered.
- There was unreasonable delay in Ahpra's publication of the MCQ exam handbook, which contained information Mia should have had access to before sitting the exam.
- Mia was initially not provided with feedback about her failed MCQ exam. When provided, the feedback about the MCQ exam was different for midwives when compared with nurses (primarily due to the test being run by a different external agency).
- It was reasonably open to Ahpra and the Board to require Mia to travel to South Australia for the OSCE, but it would be better if the OSCE was available at additional locations in the future.
- Given the newness of the OSCE assessment (the first OSCE for the midwifery profession was staged in February 2022) it was not unreasonable that the Board began with one assessment location.
- It was unfortunate and understandably frustrating that the COVID-19 pandemic further exacerbated the difficulty internationally qualified midwives faced in accessing the OSCE.

## **Interaction between assessment of qualifications and other processes**

The NHPO recognises that when an applicant's qualifications are deemed substantially equivalent to an Australian qualification, the applicant must also meet a range of other requirements to become registered, including the English Language Skills, Criminal History and Recency of Practice Registration Standards. Complainants have raised concerns with the NHPO about the difficulties they have encountered in meeting these standards following the assessment of their qualification, particularly around providing the required evidence. The NHPO has also heard from complainants who had successfully completed the OBA but raised concerns about their ability to demonstrate they meet the required standards.

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<sup>8</sup> Please note that this case study has been reproduced (with edits) from the NHPO's 2021–22 annual report.

The NHPO is aware that practitioners have sometimes already provided documents, such as International Criminal History Checks, proof of identity documents, certification of good standing and results of English Language tests, prior to applying for registration as part of their visa process.

The NHPO recognises that there is potential for Australian government entities to share information more effectively and efficiently to reduce red tape for practitioners seeking registration. This includes, for example:

- assessments of qualifications which have been undertaken as part of a visa process, such as the General Skills Migration Program, or other information about international qualifications which could be used to inform comparability assessments
- evidence of International Criminal History Checks, proof of identity documents and English language test results.

Centralisation of this information could help to reduce the burden on individuals to provide information, including associated financial and wellbeing costs. However, the NHPO notes that ensuring appropriate and adequate privacy and information security mechanisms would be essential if information was centralised in this manner given its sensitivity. Any associated changes must meet the relevant legislative requirements, and health practitioners must be made aware of how their information would be shared and disclosed.

In addition, the NHPO can see the potential for sharing certain information about international qualifications publicly to enhance transparency within the National Scheme. The NHPO suggests that providing public information about the likely comparability of qualifications could assist prospective overseas practitioners to understand the pathways open to them to become registered in Australia. This information could strengthen available self-check options for health practitioners, bringing greater transparency to which qualifications have not been deemed comparable to an Australian qualification in the past.

The NHPO has similarly previously suggested that a more integrated approach to the assessment of overseas qualifications and the English language skills requirements could be beneficial. This would be particularly relevant if a 'recognised institutions/courses' list was developed based on the minimum English requirements to undertake the program of study.

## Pathways to registration

The NHPO's complaints data suggests that processes related to assessing the qualifications of internationally qualified nurses and midwives is causing more concern compared with assessing the qualifications of international medical graduates. While the NHPO does not have sufficient evidence to determine the causes of this trend, the NHPO notes that the Nursing and Midwifery Board of Australia appears to offer more limited pathways for registration and does not appear to often use the provisional registration pathway. In comparison, the Medical Board of Australia offers provisional registration to applicants in certain circumstances to allow them to complete a period of supervised practice in Australia before becoming eligible for general registration. The NHPO suggests it is worth further exploring the different pathways to registration that are available to internationally qualified practitioners across the professions. The NHPO notes, however, that granting provisional registration

may have other consequences, such as issues associated with finding a suitable supervisor and the quality of supervision.

## Cost recovery

The NHPO recognises that the National Scheme operates on a cost-recovery basis with each Board meeting the full costs for the professions they regulate.

While the NHPO was previously not able to consider all concerns regarding the delivery of the National Scheme's accreditation functions, the office is aware that complainants have raised issues associated with its costs. Most commonly, this has included concerns about exam or test costs (including the management of requests for refunds).<sup>9</sup>

Some overseas practitioners have raised issues with the cost of the registration process as a whole. For example, one overseas practitioner said the process had cost more than \$20,000. Another overseas qualified practitioner who had not gained registration said:

*"...nobody can give me back the time - hours of study, thoughts and effort I put into this process without a chance of success. An exhausting and highly frustrating and disappointing process."*

The NHPO also notes that dissatisfaction with the cost of accreditation related activities, such as exam fees, is currently likely to be underreported. The 2012 Lost in the Labyrinth report regarding a senate inquiry into the registration processes for overseas doctors detailed that:

- nearly one third of international medical graduates requested anonymity when making a submission to the inquiry "citing fears that their chances of progressing through accreditation to registration would be compromised if it became known they commented publicly"
- a number of international medical graduates refused to make formal submissions and chose to share concerns informally from fear of negative consequences.<sup>10</sup>

Similarly, prior to the NHPO receiving its expanded jurisdiction in relation to accreditation some complainants had contacted the NHPO anonymously to raise concerns. In one complaint, the person said they had not contacted the relevant specialist medical college directly out of concern that it would affect their registration.

The issue of funding and cost effectiveness in regard to accreditation has been the subject of previous review and consideration. Most recently, Professor Michael Woods's Accreditation Systems Review was tasked by Health Ministers with assessing the cost effectiveness of the delivery of the National Scheme's accreditation functions. The review found in 2017 that the funding process was "administratively cumbersome" and made three key recommendations regarding funding accreditation functions.<sup>11</sup> In response, Health Ministers agreed in part, with amendment, and in

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<sup>9</sup> Complainant concerns about the costs associated with undertaking the OSCE and English language tests have already previously been discussed in this submission.

<sup>10</sup> House of Representatives Standing Committee on Health and Ageing, Lost in the Labyrinth. Report on the inquiry into the registration processes and support for overseas trained doctors, March 2012

<sup>11</sup> Michael Woods, Australia's Health Workforce: strengthening the education foundation, 2017

principle to the review's three recommendations regarding accreditation funding, with accountability for implementation generally designated to the Independent Accreditation Committee (see Table 3).

**Table 3: Summary of relevant funding recommendations from the Accreditation Systems Review and Health Ministers' response**

Accreditation Systems Review Final Report – consolidated list of recommendations	Consultation report on implementation of recommendations from Australia's Health Workforce: strengthening the education foundation – recommended response
<p>1. Funding principles should be developed to guide accreditation authorities in setting their fees and charges. The funding principles should:</p> <ul style="list-style-type: none"> <li>(a) be founded on transparency, accountability, efficiency and effectiveness</li> <li>(b) establish the full cost of accreditation functions performed by National Scheme entities (including the development of standards, policy advice, joint cross-professional accreditation activities, accreditation and assessment functions)</li> <li>(c) include a cost recovery policy and cost allocation methodology to guide the allocation of costs between registrants (through National Boards) and education providers</li> <li>(d) establish a consistent (accrual) accounting methodology and business principles to enable comparison across professions</li> <li>(e) require the development of a proportionately scaled Cost Recovery Implementation Statement (CRIS) when setting or reviewing fees and charges for accreditation activities.</li> </ul>	<p><b>Accepted in part</b></p> <p>The proposed Independent Accreditation Committee (see Recommendation 19) to provide advice to Ahpra to inform the further development of funding principles that will assist in meeting the intent of these recommendations, without imposing excessive costs on accreditation authorities that would need to be recovered from registrants or education providers.</p> <p>Advice should consider ongoing use of the interim funding and fee principles in accreditation agreements and terms of reference with external accreditation councils and committees from July 2019.</p>
<p>2. The funding principles should be subject to wide stakeholder consultation, be submitted</p>	<p><b>Accepted with the following amendments:</b></p>

to the Ministerial Council for approval and form the basis of funding agreements.	The funding principles should be further developed with the advice of the Independent Accreditation Committee that has appropriate stakeholder representation, and considered by jurisdictions through the Ahpra Jurisdictional Advisory Committee.
3. A set of clear, consistent and holistic performance and financial indicators for the National Scheme should be developed for approval by the Ministerial Council. They should be both quantitative and qualitative and reported on a regular and formal basis to promote continuous improvement.	<p><b>Accepted in principle</b></p> <p>Ahpra to expand scheme-wide performance and financial reporting on accreditation functions via annual reports to the Ministerial Council and other published accreditation activity data. Further information may be requested by the COAG Health Council as required.</p>

According to the Independent Accreditation Committee’s initial workplan, one of its key areas of work is to enhance the “transparency, reporting and comparability of accreditation funding and costs.”<sup>12</sup> The NHPO understands that the Committee’s workplan is currently being refreshed, but that the Accreditation Liaison Group has endorsed an Ahpra-led project to engage a subject matter expert to:

- *progress work to enhance clarity and comparability about accreditation function income and expense information being reported by Accreditation Authorities to National Boards and Ahpra, and*
- *inform further development of the funding principles and fee setting principles.*<sup>13</sup>

The NHPO agrees with Professor Woods’s recommendation that there should be greater transparency about the National Scheme’s cost recovery principles. It is critical that information is publicly available regarding the associated costs of National Scheme activities, and that there is transparency regarding the rationale for these charges. The NHPO similarly agrees that a Cost Recovery Implementation Statement for relevant activities would assist with ensuring this transparency.

The NHPO is undertaking its review into the procedural aspects of accreditation processes, with an emphasis on complaint and appeal processes. The review is focussed on ensuring the implementation of five key principles underpinning effective and efficient processes; that they are people focused, transparent, responsive, fair and accountable. The final report will provide both overarching recommendations for improvement, and prioritised organisation-specific recommendations. Although the NHPO does not wish to pre-empt the review’s findings, the review has focussed on fairness issues regarding the cost and rationale for relevant appeal fees and ensuring transparency regarding fees.

<sup>12</sup> Accreditation Committee, Initial Workplan, Agreed 2 March 2022. Accessed February 2023: [www.ahpra.gov.au/About-Ahpra/Who-We-Are/Agency-Management-Committee/Accreditation-Advisory-Committee.aspx](http://www.ahpra.gov.au/About-Ahpra/Who-We-Are/Agency-Management-Committee/Accreditation-Advisory-Committee.aspx)

<sup>13</sup> Ibid.



In addition, the NHPO notes that Ahpra and the National Boards are currently undertaking a review of performance and progress in advance of the upcoming end to the existing accreditation arrangements of most professions on 30 June 2024 and paramedicine on 30 November 2023. The NHPO anticipates that relevant recommendations from the Accreditation Systems Review and the NHPO's review recommendations will inform this work and has communicated a desire to work with Ahpra to ensure relevant findings are considered and implemented.

The office would also welcome the opportunity to assist with the development, implementation and review of relevant agreed funding principles, and associated processes and mechanisms such as cost recovery implementation statements. The NHPO will continue to consider each complaint it receives in relation to the delivery of accreditation functions to determine whether there are opportunities to improve relevant processes.