



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

## Information guide

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### Tasmanian Board of the Nursing and Midwifery Board of Australia

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
- declaration of private interest form.

## Information for potential candidates

Expressions of interest are sought from persons interested in being appointed as a practitioner member to the Tasmanian Board of the Nursing and Midwifery Board of Australia (the Tasmanian Board) under the Health Practitioner Regulation National Law Act, as in force in each state and territory (the National Law).

State, territory and regional board appointments are made by the relevant Minister for Health under Section 36 of the National Law.

### State and Territory Boards of the Nursing and Midwifery Board of Australia

The Tasmanian Board meets monthly for up to half a day. It is usual for board members to also be a member of at least one committee. Meetings may be held face-to-face, via teleconference or videoconference, or out-of-session.

Board members receive an iPad and access AHPRA's secure information sharing platform to manage meetings, access board papers and view board member resources and policies.

### 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.

AHPRA provides the administrative and policy level support to the national, state and territory boards and committees. Further information can be obtained on the [AHPRA website](#).

Potential applicants may be interested in accessing the AHPRA and National Board Annual Reports, which provide information on the National Registration and Accreditation Scheme (the National Scheme), including extensive data on health practitioner registration and regulation. The annual reports are accessible from AHPRA's [publications page](#).

### 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

## Role of boards

### National Boards

Part 5 and Schedule 4 of the National Law set out the provisions relating to 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, and
- 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

### Term of appointment

State, territory and regional board appointments are made by the relevant Minister for Health under the National Law. Appointments are for up to three years, with eligibility for reappointment. See **Appendix 2** to this guide for relevant provisions of the National Law.

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.

### 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.

### Membership of other organisations or professional bodies

Board members may also be members of other organisations or professional bodies that may, from time-to-time, express a view on the work of the board or the National Scheme. Although the National Law does not preclude a board member's participation as part of other organisations or professional bodies, due regard should be given to any potential conflicts.

### Managing conflict of interest and bias

The National Law includes extensive provisions in relation to conflicts of interest. Members are to comply with the conflict of interest requirements set out in Clause 8 of Schedule 4 of the National Law.

The National Boards have business rules and processes in place to record and manage real and/or perceived conflicts of interest. As a general rule, board members must declare any actual and possible conflict of interest in relation to matters to be considered at a meeting. Board members must also exclude themselves from decision-making in relation to a matter in which they are biased, or might be perceived to be biased.

## Statutory protections

Under section 236 of the National Law, members of National Boards and state, territory and regional boards are provided with appropriate statutory immunities for exercising their functions in good faith.

## Confidentiality

Members are required to comply with the confidentiality requirements of s.216 of the National Law. Any information that comes to a member's knowledge, in the course of, or because of the member's role is protected information and must not be disclosed or made allowed to be disclosed to another person, organisation or entity.

## Commitment of board members

Board members should be able to give an active commitment to the work of the board.

Board members may be required to attend different types of meetings, including:

- scheduled board meetings, generally held at AHPRA's offices
- additional board meetings, either face to face or via teleconference, when additional matters need to be considered or urgent decisions need to be made
- committee meetings, as it is common for board members to be a member of one or more committees, and
- occasional conferences, weekend retreats or planning days.

Board members are expected, as far as practical, to attend all meetings, including teleconferences and video conferences. An agenda and board papers are provided prior to each meeting.

In the event that a board member cannot attend a meeting, they are required to request leave of absence prior to the meeting. In the unlikely event that a board member is absent without being granted leave by the board for three or more consecutive meetings, the office of the board member may be declared vacant, in accordance with schedule 4, clause 4(1)(d) of the National Law.

## Composition

The Nursing and Midwifery Board of Australia's recommendation for the size and composition of the state and territory boards is nine members, six of whom should be practitioners and three of whom should be community members.

Of the six practitioners, the National Board recommends that at least one should be currently practising as a registered nurse; at least one should be currently practising as a midwife; and one should be currently practising as an enrolled nurse.

## Eligibility requirements

### Community member

To be eligible for appointment under the National Law as a community member, you must **not** currently be, or have previously been, a registered health practitioner in the health profession for which the board is established.

### Practitioner member

To be eligible for the practitioner member vacancies you **must** hold current registration as a health practitioner in the relevant profession (e.g. for the Medical Board, you must be a registered medical practitioner and/or medical specialist). A check of National Board records will be undertaken to ensure that the practitioner is of good standing.

A person is not eligible to be appointed as a board member if the person has at any time, been found guilty of an offence (whether in a state or territory or elsewhere) that in the opinion of the Minister, renders the person unfit to hold the office of a member.

## 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.

### Board member attributes

Further, while the National Law does not define the required attributes of a board member, the National Registration and Accreditation Scheme 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; and creates partnerships within and between boards and AHPRA.

### Chair

Should you be interested in serving in the capacity of Committee Chair, in addition to the attributes above, you must address the following attributes below;

1. **Demonstrates leadership:** is confident; decisive and acts without fear or favour; is at the forefront of professional regulation; drives reform and facilitates change
2. **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
3. **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.

Applicants should ensure they fully addresses their skills, experience and attributes as relevant to the above in their application.

## Remuneration

The remuneration for members of a national 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	Extra travel time	
	(Fee includes preparation and up to 4 hours travel time) Daily sitting fee (more than 4 hours in a day)	Between 4 – 8 hours	Over 8 hours
Board Chair	\$750	\$375	\$750
Board member	\$615	\$307	\$615

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. For meetings of a shorter duration (less than four hours), half the daily fee is payable.

Under the *Superannuation Guarantee (Administration) Act 1992* board members are eligible to receive contributions at 9.5% of total annual remuneration to a chosen superannuation fund, payable when more than \$450 in fees are paid in a calendar month.

## Expenses

Board members are entitled to reimbursement of any reasonable out-of-pocket expenses incurred during the course of undertaking board business.

More information on allowances and the process of payments and claims will be provided if you are appointed.

## Government or statutory employees

AHPRA recognises that government and statutory employees may be bound by their employer policy regarding payment for employment undertaken outside of the employer which may alter the way board members are paid. AHPRA kindly asks that government or statutory employees advise AHPRA accordingly upon application. Information regarding the administration of payment is available on request.

AHPRA recommends potential applicants consult with their employer prior to applying to ensure an acknowledgement of permission from your employer can be arranged, should you be successful.

## **Selection process**

AHPRA facilitates the selection process. A selection advisory panel may be convened as part of this process to provide advice on the most suitable candidates for appointment, for consideration by the Minister for Health.

Shortlisted applicants may be interviewed or otherwise assessed to ensure that they have the necessary qualifications, skills and experience for the position.

Applicants will undergo probity checks, which include:

- a national criminal history check by CrimTrac, processed by a suitably trained AHPRA officer
- an Australian Securities and Investments Commission (ASIC) disqualification register check
- a National Personal Insolvency Index check conducted through the Australian Financial Security Authority (AFSA), and
- in the case of a practitioner member applicant, a check of National Board records will be undertaken to ensure that the practitioner is of good standing.

A signed declaration of private interests form must be submitted upon application.

### **Referee reports**

Referee reports may be obtained for shortlisted candidates. Applicants are asked to nominate three referees who can support the application relevant to the board member attributes and duties of the position.

Please refer to the application form for detailed instructions on submitting your full application.

## 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.

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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.

## 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.