

Response to the Independent Review of complexity in the National Registration and Accreditation Scheme (NRAS)
Transforming health professionals regulation in Australia actions

The Health Ministers Meeting (HMM) [Communique 1 May 2026](#) outlines Health Ministers response to the final report of the NRAS Complexity Review *Transforming health professionals regulation in Australia*. The table below provides Health Ministers response to each of the final report actions.

#	Action
Direction 1: Apply a regulatory stewardship model to set direction, context and accountability	
1.1	A Ministerial Council Statement of Expectations of the National Scheme to be developed and renewed every 2 years and issued to the Ahpra Board. Accepted subject to resourcing
1.2	Confirm the Health Workforce Taskforce (HWT) as an ongoing Advisory Committee to Health Ministers, with the primary role of advancing national workforce projects and initiatives, including overseeing and contributing to processes for aligning workforce planning and health practitioner regulation, in collaboration with relevant professional bodies. Accepted All sub actions accepted
1.3	Health Chief Executives Forum (HCEF) to consider the option of a Strategy Assembly on Health Workforce and Practitioner Regulation to be held every two years. This would consider whole of health workforce data and evidence, innovation in models of care and emerging risks, that may require policy, program or regulatory action. Not accepted The health system is complex with diverse stakeholders. A large biennial Strategy Assembly is unlikely to adequately capture the breadth of different perspectives. HWT stakeholder engagement is addressed at 1.2.1d. to have structures and processes in place for collaboration between jurisdictions and professional membership and peak bodies to support development and implementation of workforce plans and strategies and to inform design and delivery of accreditation and other regulatory functions.
1.4	Australian Government Department of Health, Disability and Ageing to establish and lead a time limited project to streamline Health, Disability and Aged Care Professions Regulation. The project would involve Aged Care Quality and Safety Commission, the NDIS Quality and Safeguards Commission, and Ahpra and report progress to Health Ministers on an annual basis.

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	<p>Defer</p> <p>To be deferred until work is completed by the Australian Government on the productivity project for worker screening across the care economy.</p>
1.5	<p>Health Ministers request HCEF to formalise the composition and reporting line for an Australian Health Regulators Network, to provide a recognised structure for collaboration between all health-related regulators.</p> <p>Accepted in part</p> <p>Regulator collaboration and sharing of regulatory data and intelligence supports a proactive and holistic approach to regulation. The approach needs to be agile and flexible with a problem-solving focus to respond to issues as they arise. It should not contribute to administrative burden of regulation or delay in responding to issues or duplicate existing relationships between regulators but support collaboration on an issues-basis.</p> <p>National health-related regulators and Health Complaints Entities should develop a Statement of Intent that outlines objectives, mechanisms of collaboration and communication protocols. The Statement should be public and support improved understanding of collaborative action among health-related and relevant non-health regulators.</p>
1.6	<p>Health Ministers request that the National Health Reform Agreement includes a health workforce strategy schedule, through which HCEF ensures that there is provision to advance actions 1.1 – 1.4 above (as the preferred alternative to reviewing the existing 2008 Intergovernmental Agreement for the National Scheme or other administrative instruments).</p> <p>Accepted</p>
1.7	<p>Ahpra Board to take three specified data and analysis initiatives to support more proactive health practitioner regulation and health workforce planning and strategy.</p> <p>Accepted</p> <p>All sub actions accepted</p>
<p>Direction 2: Establish an integrated health professions regulation framework, to inform decisions about regulating occupations across the entire Australian health workforce.</p>	
2.1	<p>Endorse an Integrated Health Professions Regulation Framework, which stratifies the intensity of regulation according to risk and ultimately delivers three models of regulation, as a basis for future decision making on the approach to regulation of all health professions.</p> <ul style="list-style-type: none"> • National Board regulation of registered professions that pose the most significant risk to public health and safety. • Enhanced profession-led regulation – uplift of existing self-regulated profession practices and potentially a new Professions Registration Model within the National Scheme, to provide a more cost-effective additional avenue for regulation of lower risk allied health professions.

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	<ul style="list-style-type: none"> • Non-registered Practitioner National Code of Conduct to provide minimum protective standards for all professions, enforced by Health Complaints Entities (HCEs) of the States and Territories. <p>Defer consideration until development of alternative regulatory models at action 2.3</p> <p>An Integrated Health Professions Regulation Framework may be reconsidered following consideration of possible alternative models that provide proportionate risk-based regulation for lower-risk professions in response to action 2.3.</p>
2.2	<p>Health Workforce Taskforce (HWT) to review and revise the risk assessment method and the process for assessing professions for entry to the National Scheme and produce a new Guidance Document for Ministerial endorsement.</p> <p>Accepted</p> <p>All sub actions accepted</p>
2.3	<p>HWT to establish a collaborative process to examine the potential features and feasibility of a Professions Registration Model within the National Scheme, involving the self-regulated professions, allied health peak bodies and Ahpra.</p> <p>Accepted in part subject to resourcing</p> <p>Work to be undertaken to consider viable alternative models that provide proportionate risk-based regulation for lower-risk professions. This will include the feasibility of a Professions Registration Model in addition to alternatives and how to strengthen regulatory linkages between Health Complaints Entities and self-regulated health professions through, for example, greater mutual recognition of the Code of Conduct, profession specific standards and implementation of complaint referral protocols as outlined in action 2.5.</p>
2.4	<p>Pending completion of actions 2.2 and 2.3, HWT to initiate a selective Expressions of Interest process to extend the National Scheme under the existing risk-based method. Jurisdictions would identify professions where available evidence suggests a current and significant risk to public health and safety, such as to warrant consideration of immediate inclusion in the Scheme.</p> <p>Not accepted</p> <p>Work on action 2.2 is scheduled for completion in mid-2026. Therefore, an additional expression of interest process under current arrangements is not required and consideration of regulation of professions under the NRAS may draw on the new Guidance Document from late 2026.</p>
2.5	<p>Health Ministers commit to complete implementation of the National Code of Conduct for Non-Registered Practitioners by all jurisdictions within 24 months (including reaffirming the 2015 decision to establish a National Register of Prohibition Orders and actions to strengthen the effectiveness of the Code).</p> <p>Accepted in part subject to resourcing</p>

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	<p>A National Register of Prohibition Orders supports consumer access to information about non-registered health practitioners and strengthens regulation of this health workforce. Development of National register of Prohibition Orders is accepted in principle pending further advice on hosting and funding arrangements for the National register.</p> <p>Sub actions 2.5.1 (a), (b), (c) are accepted Sub actions 2.5 .1(d) and 2.5.1(e) are not accepted.</p> <p>Ensuring active consideration for HCEs to issue prohibition orders to unlicensed and unaccredited private health organisations is not accepted as it is a matter for individual States and Territories to determine (2.5.1 d)</p> <p>Strengthening regulatory linkages with self-regulated allied health professions via a structured working relationship (most likely through AHPA and NASRHP) and against specific objectives is not accepted (per action (2.5.1(e)). Some non-registered health practitioners are not members of AHPA and NASRHP and establishing a relationship through these groups may exclude other professions when it is important that models to strengthen regulation are inclusive of all professions. While not accepted, the intent and objectives outlined in this sub-action are referred to action 2.3 regarding consideration of alternative proportionate risk-based regulation for lower-risk professions.</p>
<p>Direction 3: Realign functions and structures within the National Scheme to strengthen performance, accountability, and transparency</p>	
3.1	<p>Transition the Ahpra Agency Board to become the National Scheme Board and request HWT and the Ahpra Board to commence specified administrative and strategic adjustments within the existing National Law.</p> <p>Accepted All sub actions accepted</p>
3.2	<p>Ahpra Board to make specified structural governance adjustments within the existing National Law, including the establishment of a Scheme Delivery and Development Leadership Group and a Professions Liaison Group.</p> <p>Accepted All sub actions accepted</p>
3.3	<p>Ahpra Board to commission an Independent Organisational Capability Review of Ahpra Agency with an implementation plan to be communicated to Health Ministers within 12 months.</p> <p>Accepted All sub actions accepted</p>

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3.4	<p>Ahpra Board to pursue immediate strategic priorities identified in this Review through its current cycle of review of the National Scheme Strategy (2025-30) and present the revised Strategy to HWT and Ministers within 6 months, with a report to Ministers on implementation of the Scheme Strategy in each future Quarterly Performance Report.</p> <p>Accepted All sub actions accepted</p>
3.5	<p>Health Ministers to issue a Policy Direction pursuant section 11 of the National Law, requiring the Ahpra Board to strengthen focus and accountability for accreditation functions with specified actions to achieve this over a 2-year period.</p> <p>Accepted All sub actions accepted</p>
3.6	<p>HWT Policy and Legislation Committee to consider and advise on any further administrative, policy or legislative actions required to strengthen accreditation functions, within 24 months.</p> <p>Accepted All sub actions accepted</p>
3.7	<p>Health Ministers agree to maintain the current voluntary approach to amalgamation of existing National Boards. This must be conditional upon the Ahpra and National Boards establishing a transparent governance process for maintaining efficient and effective board structures and driving enhanced cross profession decision making, including specified immediate actions.</p> <p>Accepted in part</p> <p>3.7 – not accepted. Multi-profession boards have potential to improve cross-profession decision-making and efficiency and sustainability of the National Scheme. Health Workforce Taskforce to develop a multi-profession decision making framework to inform decisions about which professions are suitable for a multi-profession board and the composition of such boards.</p> <p>3.7.1 and 3.7.2- accept</p> <p>3.7.3 - Accept in part. Willingness to join a multi-profession board is not a criterion for entry to the National Scheme. Entry is via a risk-based assessment overseen by health ministers. If the risk-based threshold is met, then the decision-making framework will be applied to determine board arrangements.</p> <p>3.7.4- accept in principle. The Reviewer’s action is accepted in principle noting the decision to establish a State or Territory Board is made by the National Board and members of state and territory boards are appointed by the responsible Minister. In considering transition away from state and territory boards there should be consultation with stakeholders, including jurisdictions.</p>
<p>Direction 4: Unified national approach to health complaints/improved management of high-risk matters</p>	

#	Action
4.1	<p>HWT to establish a time limited National Health Complaints System Implementation Group to undertake a 3-year project to deliver a unified national approach to health complaints handling. This would include finalising implementation of the National Code of Conduct for Non-registered Practitioners (in accordance with Action 2.5 under Direction 02).</p> <p>Do not accept- undertake alternative work to improve and streamline health complaints handling subject to resourcing</p> <p>That Health Complaints Entities become the single point of entry for complaints over time (action 4.1) has not been accepted. Work to be undertaken to identify opportunities for collaboration to streamline complaints handling across Ahpra and Health Complaints Entities. This work will consider alternative models including a “no wrong door” approach to management of complaints and in conjunction with work that Ahpra has already progressed to improve notifications processes under actions 4.2 and 4.3.</p>
4.2	<p>Ahpra to take immediate steps to improve the understanding and experiences of notifications processes and to take a more systemic approach to regulation by:</p> <ul style="list-style-type: none"> • a Complaints Navigator Service through a codesign approach with Health Complaints Entities and the Community Advisory Council of Ahpra. • Ensuring implementation of National Health Practitioner Ombudsman recommendations for improving management of vexatious complaints. • Instituting a formal national communications protocol with HCEs, to ensure cross jurisdictional liaison on new serious and sensitive complaints, clear roles and responsibilities, timely action, and agreed public communication messages. • Ensuring that notification management systems and practices identify and examine patterns in notifications and drive proactive consideration of systemic improvements. • Considering the need for additional avenues for ensuring that practitioners are aware of and educated about professional standards and obligations on an ongoing basis. <p>Accepted All sub actions accepted</p>
4.3	<p>Ahpra Board to immediately improve timeliness and quality of investigation processes and decision making and the availability of clinical advice across all regulatory functions, with specified actions to achieve this.</p> <p>Accepted All sub actions accepted</p>
4.4	<p>Ahpra Board to request that the Regulatory Performance Committee identify tribunal cases presenting significant commentary on the adequacy of Ahpra practices and processes, and advise on potential policy or legislative change.</p> <p>Accepted</p>
4.5	<p>Health Ministers request HWT to task the Policy and Legislation Committee to:</p>

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	<ul style="list-style-type: none"> • Prioritise National Law amendments to: (i) establish a statutory right of review of notification decisions under the National Scheme; and, (ii) section 199 of the National Law to put beyond doubt that a practitioner may appeal a Board decision not to revoke an earlier imposed suspension. • Consider and advise on other possible National Law amendments: (i) to make referral to panels a more practical and effective alternative to referral to tribunals; and, (ii) the option of an independent Director of Proceedings in the National Scheme. <p>Accepted in part</p> <p>Refer to HWT Legislation Committee for amendment to section 199 of the National Law to put beyond doubt that a practitioner may appeal a Board decision not to revoke an earlier imposed suspension.</p> <p>Seek advice from Health Workforce Legislation Committee about possible amendment:</p> <ul style="list-style-type: none"> • establish a statutory right of review of notification decisions under the National Scheme • to make referral to panels a more practical and effective alternative to referral to tribunals • the option of an independent Director of Proceedings in the National Scheme.
4.6	<p>Health Ministers seek the agreement of the Attorneys General to establish a process for joint consideration of actions that may be taken to harmonise tribunal rules and practices when deliberating on health professions matters.</p> <p>Accepted in part</p> <p>Following outcomes of the Ahpra response to action 4.7 to research tribunal decisions (2020-2025) consult with Attorneys General on options to address the issues.</p>
4.7	<p>Ahpra to research and report on outcomes of tribunal decisions about health professionals for the period 2020-2025 and advise of any inconsistencies in outcomes that may require action.</p> <p>Accepted</p>