



**Ahpra**  
**& National**  
**Boards**

# Contribute to public health and safety in Australia

Become a member of a state or territory board – What you need to know

## Message from the CEO

Thank you for taking the time to consider contributing to the National Registration and Accreditation Scheme (the National Scheme) as a state or territory board member.

Regulating the health professions in Australia is a large and important task. State and territory board members play a key role in the regulation of registered health practitioners.

Ahpra works in partnership with the National Boards to manage the registration and notifications about health practitioners and students across Australia. Ahpra has a national office based in Melbourne and offices in every state and territory to support boards and committees.

Of the 15 National Boards that regulate health professions in the National Scheme, two have state and territory boards:

- Nursing and Midwifery Board of Australia
- Medical Board of Australia

These two National Boards make up a significant portion of the regulatory activity undertaken across the National Scheme.

To undertake this important regulatory role, board members are sought with skills and experience that will support informed regulatory decision making.

If you want to contribute to protecting the public via practitioner regulation and are seeking a rewarding and challenging opportunity to contribute your skills and experience, I encourage you to apply for the practitioner or community member vacancies currently being advertised across Australia.

We strongly support Aboriginal and Torres Strait Islander Peoples applying for these roles.

Thanks again for considering an application. Please contact our statutory appointments team with any questions you might have about the application and selection process.



### **Martin Fletcher**

Chief Executive Officer,  
Australian Health Practitioner Regulation Agency

*Further information is available on the [Ahpra website](#).*

*Applicants may access the Ahpra and National Board Annual Reports from Ahpra's [Corporate Publications page](#).*

## Meet our state, territory and regional board members

Board members share their wisdom and experience on what it is like to participate in a regulatory board as part of the National Scheme.

### Mrs Eithne Irving



**Mrs Irving is a registered nurse and a practitioner member and Chair of the New South Wales (NSW) Board of the Nursing and Midwifery Board of Australia.**

*'It is important for board members not to have fixed views or professional bias, especially given that we are considering matters related to two different professions. Decision-making requires impartiality and objectivity.'*

#### **What do you consider to be important attributes to successfully contribute to a health profession board as a practitioner member?**

First, a good understanding of contemporary practice and the education and training of nurses and midwives, especially when considering the registration of international graduates.

Second, at least a minimal understanding of how the National Law operates. It is not a punitive system, but rather a right touch regulatory model that still ensures the protection of the public. It is important to keep that front of mind when considering a matter. From the perspective of personal attributes, it is important for board members not to have fixed views or professional bias, especially given that we are considering matters related to two different professions. Decision-making requires impartiality and objectivity.

Finally, attention to detail and diligence in preparing for meetings are essential skills. There can be a large amount of material to read and not being well prepared will limit your capacity to be an active participant.

#### **What are some of the current challenges facing the board in regulating individual nurses and midwives?**

Applying the right touch to regulation is challenging, and the National Board has developed clear standards and guidelines that we use to guide our decision-making. NSW is a co-regulatory state which means that the NSW Board only deals with matters related to the registration of nurses and midwives. The NSW Board does not investigate notifications matters and must refer these cases to the NSW Nursing and Midwifery Council.

#### **What are some of the main activities you carry out in your role as Chair?**

The Chair is a conduit between the National Board and the NSW Board to ensure that we are taking a consistent approach in the implementation of the national standards when we consider registration issues. During a meeting, my role is to ensure the board has the right information so that we make informed decisions on matters. Everyone should have the opportunity to speak, and discussions must be respectful and constructive. Decisions must be summarised correctly so they can be carried out by Ahpra.

## Ms Joan Wylie



**Ms Wylie is a community member of the Tasmanian Board of the Medical Board of Australia.**

*'Community members should have an absolute passion for the community and a desire or commitment to protecting it by ensuring safe medical practice.'*

### **What do you consider to be important attributes to successfully contribute to a health profession board as a community member?**

A strong community member needs to bring a public perspective to the board. Community members should have an absolute passion for the community and a desire or commitment to protect it by ensuring safe medical practice. You must have the time to devote to the role and the work required.

There are different types of matters that members can become involved in, for example, immediate action, registration and notifications matters, so it is beneficial to make yourself available to participate in the full range of meetings.

### **What extra-curricular activities have you done in addition to your regular duties as a state board member?**

I attend the Medical Board of Australia annual conference. It is essential that state board members attend, as it is worthwhile. The National Scheme's Research Summit and Combined Meeting are also useful because of the topics discussed and the networking opportunities. Also, participating in the Post Graduate Medical Education Council of Tasmania conference added to my overall knowledge.

I accompanied the Tasmanian Board Chair when we went to speak to final year medical students and provided them with information about the work of Ahpra and the state board.

I also think the governance workshops provided by Ahpra are a valuable resource for all board members. It is important that you attend when opportunities such as these arise, as they add to your knowledge and experience when carrying out the board's work.

### **What advice would you give to a new member joining a health profession board for the first time?**

Be prepared for every meeting. Take the time to find out what the role of a member entails. There are national committees in which you can become involved. There are resources available, such as the National Law. You do not need to know it inside out, but if you have some knowledge, it will help your decision-making.

Get to know your fellow board members because they are an incredible source of knowledge and experience. I have learnt a lot about the National Law and the National Scheme from the people that I have had the privilege to work with. Be patient as you cannot learn everything straight away. Be prepared to ask questions and learn the ropes. This may take some time – I am in my second term on the Board and still do have a lot to learn. Remember that the main goal of the National Scheme is to protect the public.

# State and territory boards selection process frequently asked questions

## How do I apply for the state and territory board vacancies?

AHPRA's website lists all vacancies on the Board Member Recruitment page. A listing of all state and territory vacancies can be accessed via the following link:

[www.ahpra.gov.au/National-Boards/Statutory-Appointments/Board-member-recruitment.aspx#state](http://www.ahpra.gov.au/National-Boards/Statutory-Appointments/Board-member-recruitment.aspx#state)

This link will navigate you to the online recruitment platform where you can complete an online application form.

For more information on how to complete your online application form, please refer to the [Applicant instructions for using PageUp](#).

## I am a current board member. Do I need to submit an online application form?

**Yes**, all applicants, including current members must submit an online application form for any board member role for which they are applying.

## Can I submit hard copy application forms?

We do not accept paper-based application forms for these campaigns. If you wish to be considered for one of the member vacancies, you must submit an online application.

## How long will the recruitment process take?

The appointment process includes advertising, collating of applications, shortlisting, probity checking and approval by the Minister of Health in the state or territory where the appointment is made. This means that an appointment process can take **at least six months** to finalise. Ahpra will endeavour to keep applicants up to date with the general progress of campaigns at regular intervals. Communications will be facilitated by email via the online recruitment portal PageUp. At the conclusion of the campaigns, all applicants will be advised via email of the outcome of their application.

## Who will be considering my application to be a board member?

A Selection Advisory Panel (SAP) will be convened to consider applications and provide advice on the proposed candidate(s) for appointment. The SAP usually includes a nominee of the Minister, the National Board and Ahpra.

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

All appointments are made by the Minister for Health in the state or territory where the appointment is to be made.

## How will my application be assessed?

The SAP will look at which candidate(s) have the most suitable skills and experience for appointment to the Board. Here are some of the factors that are considered when assessing applicants:

- Board member attributes – there are six formal attributes for a Board member and three attributes for Board Chairs
- Professional experience / expertise
- Community involvement/activities
- Diversity considerations such as gender, disability, regional/rural, cultural, Aboriginal and Torres Strait Islander
- Board/committee/panel experience, and
- Ability to meet time commitments

## What sort of checks will be undertaken of my professional standing during the recruitment and selection process?

### Probity checks

Probity checks may be undertaken to establish the suitability and character of an applicant:

- a criminal history check
- 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 applicant, a check of the Ahpra's records will be undertaken to ensure that the practitioner is of good standing.

### Reference checks

Reference checks for shortlisted candidates may be conducted. Applicants are asked to nominate three referees who can support their application relevant to the professional requirements of board member attributes.

*Please note that current members of National, State and Territory Boards and their committees, Ahpra staff and other applicants may be considered unsuitable as referees due to potential conflicts of interest that could arise in providing reference checks.*

Referees must be advised in advance that they may be contacted by Ahpra staff.

## Where can I find more specific information about the role and the requirements of being a board member?

Refer to the State and Territory Board member role information which includes more specific details about the role including information about eligibility requirements, time commitments, remuneration, accountabilities of members and the board member attributes.

## How are board members paid?

Board and committee members are paid either a quarter, half or full day sitting fee which is inclusive of preparation time and up to four hours of travel time. The National Boards and Ahpra understand that the remuneration received by board members for their preparation and participation in board and committee meetings is considerably less than what an individual would earn in their professional roles. We appreciate that members make themselves available in the public interest and hope that the experience of ensuring the safety of the public is a challenging and rewarding one.

## Who do I contact if I have further questions?

Please contact statutory appointments via email at [statutoryappointments@ahpra.gov.au](mailto:statutoryappointments@ahpra.gov.au).

## Position information

---

### State and Territory Board Members

#### Position purpose

The National Law provides for a National Board to establish a state or territory board (often known as a STB) 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 STBs in each jurisdiction and others do not have any STBs.

These boards make registration and notification decisions about individual practitioners, based on national policies and standards set by the relevant National Board. The National Board delegates the necessary powers to the STBs. Please note: Notifications are not handled by the state boards in New South Wales. To assist in effectively managing registration and notifications matters, committees of the National Board or the STB have been established in each jurisdiction. Most members of the STBs will be appointed to at least one of these committees. The STBs carry out this regulatory work in partnership with Ahpra. All state and territory board appointments are made by the respective Minister for Health in each jurisdiction under Section 36 of the National Law.



## Position details

<b>STBs of the Nursing and Midwifery (NMBA) and Medical Boards of Australia (MBA) with vacancies</b>	<p>Queensland Board of the MBA Australian Capital Territory (ACT) Boards of the MBA and NMBA</p>	<b>Board meetings</b>	<p>Some board meetings are held in person at the relevant Ahpra office and some board and committee meetings will be held online via Zoom or TEAMS.</p>
<b>Committee membership</b>	<p>Committee membership will vary. The MBA roles may include membership of a registration, notifications and an immediate action committee.</p> <p>Members may be appointed to national committees.</p>	<b>Community Member (CM) and Health Practitioner member (HP) vacancies advertised</b>	<p>There are multiple practitioner member and community member vacancies.</p>
<b>Time commitment</b>	<p>The time commitment required varies.</p> <p>Members should be available for approximately two to three days per month, including reading and preparation time.</p>	<b>Term of appointment</b>	<p>Appointments are for up to three years, with eligibility for reappointment. The length of term is determined by the Minister for Health in the relevant jurisdiction.</p>
<b>Remuneration</b>	<p>Full daily fee: Member - \$716; Chair - \$872. Half daily fee: Member - \$358; Chair - \$436. Quarter daily fee: Member - \$179; Chair - \$218.</p> <p>Government employees are bound by their employer policy regarding payment.</p>	<b>Expenses</b>	<p>Board members are entitled to reimbursement of any reasonable out-of-pocket expenses incurred during the course of undertaking board business.</p>

## Regulatory principles

The regulatory principles underpin the work of the National Boards and Ahpra in regulating Australia's registered health practitioners, in the public interest. They shape our thinking about regulatory decision-making and have been designed to encourage a culturally safe and responsive, risk-based approach to regulation across all professions. The regulatory principles consider community expectations and reflect ministerial directions.

### Regulatory principles

#### The regulatory principles adopted by Ahpra and the National Boards are as follows:

1. The National Boards and Ahpra administer and comply with the Health Practitioner Regulation National Law, as in force in each state and territory. The scope of our work is defined by the National Law.
2. Public protection is our paramount objective in the National Registration and Accreditation Scheme. We act to support safe, professional practice and the safety and quality of health services provided by registered health practitioners.
3. We protect the health and safety of the public by ensuring that only registered health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered.
4. In all our work we:
  - a. identify the risks that we need to respond to
  - b. assess the likelihood and possible consequences of the risks
  - c. respond in ways that are culturally safe, proportionate, consistent with community expectations and manage risks so we can adequately protect the public, and
  - d. take timely and necessary action under the National Law.

This applies to all our regulatory decision-making, the development of standards, policies, codes and guidelines as well as the way we regulate individual registered health practitioners.

5. The primary purpose of our regulatory response is to protect the public and uphold professional standards in the regulated health professions. When we learn about concerns regarding registered health practitioners, we apply the regulatory response necessary to manage the risk, to protect the public.
6. Our responses consider the potential risk of the registered health practitioner's health, conduct or performance to the public including:
  - people vulnerable to harm,
  - and Aboriginal and Torres Strait Islander Peoples
7. When deciding on regulatory responses, we are fair and transparent, and consider the importance of maintaining standards of professional practice that support community confidence in regulated health professions.
8. We work with our stakeholders including patient safety bodies, healthcare consumer bodies and professional bodies to protect the public. We do not represent the health professions, registered health practitioners or consumers. However, we work with practitioners and their representatives and consumers to achieve outcomes that protect the public.

## Board member attributes

The Board member attributes articulate the requirements of board and committee members and are used to inform selection criteria and performance appraisal.

### Board member attributes

Board members are expected to demonstrate the following attributes:

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, 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, diplomatic, 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, cooperative and creates partnerships within and between boards and Ahpra.

**Community member applicants** are asked to address this additional attribute:

**Strong community connection:** can demonstrate a strong community connection/s and an ability to bring a public/lay perspective and voice to the regulatory work of state and territory boards.

**Chair applicants** are asked to address the following attributes:

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 National Board and advocate for the National 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.

## Eligibility requirements

Under the National Law, in deciding whether to appoint an eligible and suitable person as a member and Chair of a state or territory board, the Minister must have regard to the skills and experience of the person that are relevant to the National Board's functions. To be eligible for a role on a state or territory board, applicants must meet the following requirements:

### Eligibility requirements

#### Required

- A person is eligible to be appointed as a practitioner member to a state or territory board only if the person is a registered health practitioner in the health profession for which the board is established.
- Practitioner members bring sound experience in the relevant health profession and will have an appreciation and understanding of the role of the Board and its committees.
- Community members have broad community connections and bring sound community perspectives to the regulation of health practitioners.
- For community member roles, preference will be given to applicants who are not registered health practitioners in any health profession and can demonstrate their ability to provide a community voice to the work of the Board.
- It is expected that members reside and /or practise in the state or territory in which they are applying for appointment.

#### **A person is not eligible to be appointed as a member of a state or territory board if:**

- a practitioner has ceased to be registered in the relevant health profession, whether before or after the start of the National Law, as a result of the person's misconduct, impairment, or incompetence, or
- at any time, has 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 member.
- a community member, is currently, or has previously been, a registered health practitioner in the relevant profession, or
- they are an Ahpra employee or contractor.

## Member responsibilities

If appointed as a member of a state or territory board, is there anything else I need to know about carrying out my duties as a member?

<b>Confidentiality</b>	Members are required to comply with the confidentiality requirements of section 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.
<b>Conflict of interest and bias</b>	<p>The National Law includes extensive provisions in relation to conflicts of interest. Members must comply with the conflict of interest requirements set out in Clause 8 of Schedule 4 of the National Law.</p> <p>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.</p>
<b>Government or statutory employees</b>	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 recommends applicants consult with their employer prior to applying to ensure a written acknowledgement of permission (on the organisation's letterhead) from your employer can be arranged, should your application be successful. This requirement is the responsibility of the prospective board member/applicant.
<b>Statutory protections</b>	Under section 236 of the National Law, members of national boards and state and territory boards are provided with appropriate statutory immunities for exercising their functions in good faith.
<b>Training and development</b>	<p><b>Orientation</b> – Newly appointed members will be provided with a comprehensive orientation program.</p> <p><b>Training</b> – Participation at conferences or professional development may be required. To help members understand the governance framework for the National Scheme and perform the roles and responsibilities required under the National Law, members may have the opportunity to attend governance training during their first term of appointment.</p> <p><b>Performance review</b> – The Board may review the performance of individual members.</p>

<b>Cultural safety</b>	<p>The National Scheme’s commitment to eliminating racism from the healthcare system and ensuring patient safety is the norm for Aboriginal and Torres Strait Islander Peoples and is detailed in the <a href="#">National Scheme’s Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020–2025 (the strategy)</a>.</p> <p>It is expected that members understand and support the actions within the strategy and demonstrate culturally safe practice at all times during their appointment. Members must attend cultural safety training in line with the commitment in the strategy to train all staff, Board and committee members.</p> <p>The Strategy also commits Ahpra to increase the participation of Aboriginal and Torres Strait Islander members (a minimum of two) on each National Board by 2025. The inclusion of Aboriginal and Torres Strait Islander Peoples voices and perspectives in decision-making processes at the board level is critically important in creating a culturally safe and informed regulatory body and healthcare system.</p>		
<b>Key stakeholders</b>	<b>Board</b> <ul style="list-style-type: none"> <li>• National Board</li> <li>• Executive Officer of the National Board</li> </ul>	<b>Ahpra</b> <ul style="list-style-type: none"> <li>• State and Territory Managers</li> <li>• Regulatory secretariat officers</li> <li>• Notifications, registration and compliance officers</li> <li>• Legal advisors</li> </ul>	<b>External</b> <ul style="list-style-type: none"> <li>• Minister for Health in the relevant jurisdiction</li> <li>• Registered health practitioners</li> </ul>