

Health Professions

Accreditation Councils' Forum



Aboriginal and Torres Strait Islander Health Practice	Occupational Therapy
Chinese Medicine	Optometry
Chiropractic	Osteopathy
Dental	Pharmacy
Medical	Physiotherapy
Medical Radiation Practice	Podiatry
Nursing and Midwifery	Psychology

Australian Health Practitioner Regulation Agency

## Comparison of international accreditation systems for registered health professions

November 2016

## Health Professions

## Accreditation Councils' Forum



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

### Context

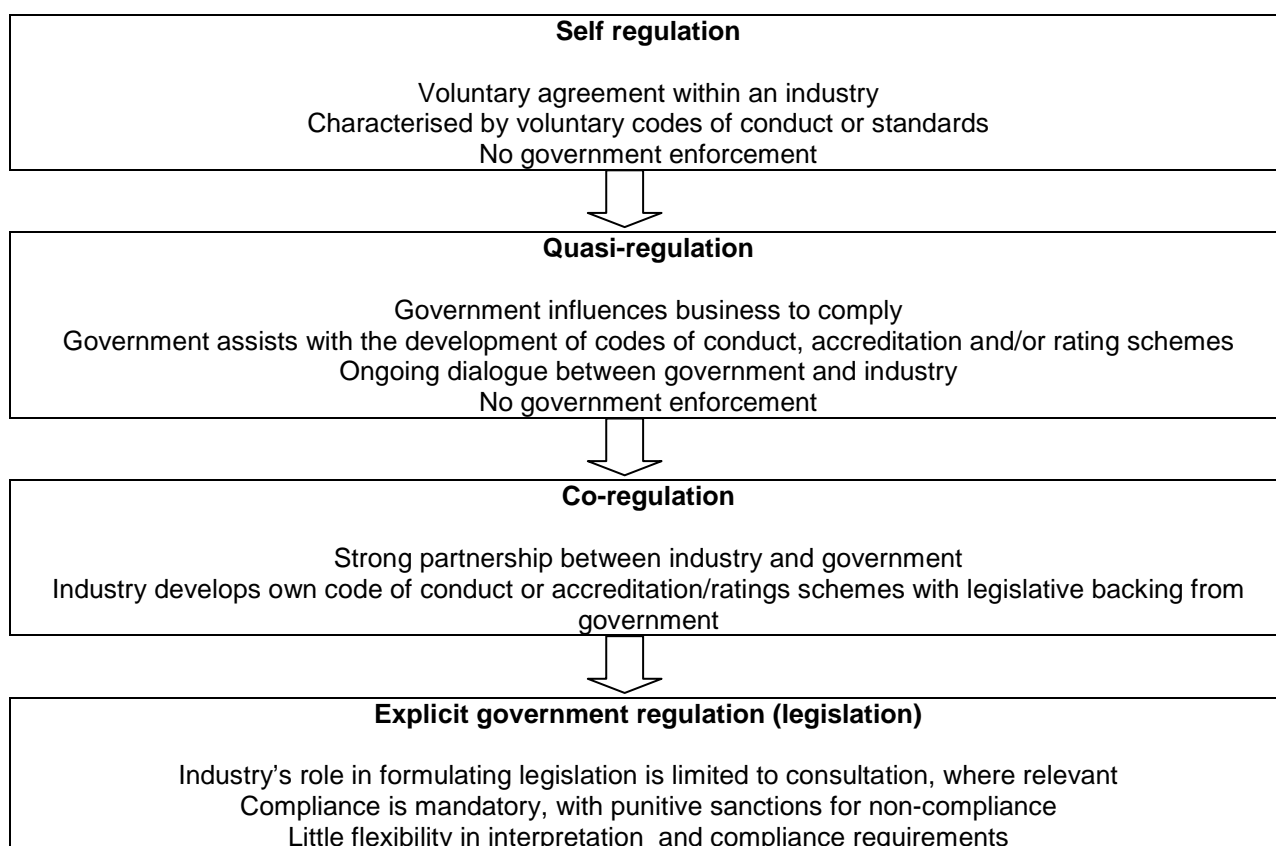
In preparation for the accreditation systems review, the Accreditation Liaison Group (ALG) agreed to undertake a comparison of the overarching arrangements that govern accreditation systems for education of registered health professions in Australia and other countries. ALG agreed that Canada, Ireland, New Zealand, the United Kingdom and the United States of America would be the subject of this comparison. These countries were chosen as they have comparable health standards, well established regulatory structures and comparable standards of education in their health professions.

This paper begins with an overview of the features of the Australian system, and then provides an overview of each of the international systems noted above. In addition, it provides a range of diagrams which depict the requirements for general registration and, where relevant, specialist registration for each profession under the National Registration and Accreditation Scheme (NRAS).

It is intended that this comparison will begin to outline the similarities and differences in accreditation systems for registered health professions across comparable health systems.

### Types of regulatory systems

There are a range of systems used in the regulation of health practitioners and others across a regulation continuum. These include self-regulation, quasi-regulation, co-regulation and explicit government legislation. These systems influence processes and outcomes and are described below<sup>1</sup>.



<sup>1</sup> Commonwealth of Australia (Australian Communications and Media Authority) (2015) 'Optimal conditions for effective self- and co-regulatory arrangements, Occasional paper'

Using these types of regulation systems in the accreditation of regulated health professionals, the countries noted above all work within either a quasi-regulation, co-regulation or explicit government regulation model as shown below.



## Findings

In comparing the overarching legislative arrangements that govern accreditation systems for registered health professions, it became obvious that each country's system has its own complexities. These complexities lead to a range of issues when attempting to undertake comparisons between these systems.

In undertaking these comparisons, it became obvious that there are a number of regulatory models across each of the countries and, subsequently, a range of key differences between these systems. Some of these differences include:

- differences in the legislative frameworks and objectives
  - only Australia has explicit workforce aims within its national legislation
  - Australia's legislation has a quality improvement focus, i.e. continuous development of a flexible, responsive and sustainable Australian health workforce and innovation in education and service delivery
  - some countries and processes have an audit focus - for example, the UK professions regulated by the HCPC
- differences in the legislative arrangements, with some countries having multi-profession legislation and others having single profession legislation
  - for example, Australia and New Zealand have overarching legislation covering all regulated professions
- differences between what is included in "accreditation functions" in each of the countries
  - only Australia includes assessments of overseas trained practitioners and overseas authorities as "accreditation functions". All other countries include these as registration functions
- differences in the characteristics of the body that is delegated to undertake assessment of overseas qualified practitioners
  - for example, in optometry in the UK, the pre-registration year and accompanying exam process is run by a body owned solely by the profession. In Canada, the ten provincial optometry regulators own the examining body. Whilst in the USA, ownership of the optometry examining body is 50% nominees of regulators, 37.5% nominees of education providers' coalition, and 12.5% for an appointed member of public.
- some countries have single government or national regulatory models, whilst others have state and provincial based legislation and practice

- for example, Canada, Australia and the USA have state and provincial based legislation, whilst the other countries have single government or national regulatory models
- professions in some countries have “protected title” regulation whereas others have “scope of practice” regulation
  - for example, NZ and Canada use scope of practice rather than a protected title
- funding models can differ for each country
  - for example, Australia and New Zealand receive funding via education providers and registrants, the USA from education providers and Ireland from registrants and government
- differences in the risk profiles of each profession, and the scopes of practice of professions
  - for example, some professions have prescribing authorities in some countries and not in others
- there are professions which use data from summative assessments (e.g. national registration exams) in some, but not all, countries
  - for example, in the US and Canada a national exam is required for registration as a chiropractor whereas Australia, New Zealand the UK and Ireland requires completion of the accredited chiropractic program with no additional examination.
- there are some instances where multiple professions are regulated within a single profession in some countries but not at all in others
  - for example, in pharmacy in Canada and the UK, pharmacists and pharmacy technicians are regulated by the pharmacy regulator, whereas in Australia and New Zealand pharmacy technicians are not regulated at all.

The matrix below provides a snapshot of some of the differences between the systems in these countries with respect to registered health professions accreditation.

ROLE/PRINCIPLE	Australia	Canada	Ireland	NZ	UK	USA
Focus on regulation	✓	✓	✓	✓	✓	✓
Focus on workforce	✓	✗	✗	✗	✗	✗
National regulatory model	✓	✗	✓	✓	✓	✗
State/Provincial based regulatory model	✗	✓	✗	✗	✗	✓
Protected title regulatory model	✓	✗	✓	✗	✓	✓
Scope of practice regulatory model	✗	✓	✗	✓	✗	✗
Multi-profession regulatory legislation	✓	✗	✗	✓	✗	✗
Professional accreditation funded by providers	✓	✓	✗	✓	✗	✓
Professional accreditation funded by registrants	✓	✗	✓	✓	✓	✗
Professional accreditation funded by registrants <b>alone</b>	✗	✗	✗	✗	✓	✗
Professional accreditation funded by government	✗	✓	✓	✗	✗	✗

National Health Regulator Quality Assurance Agency	✗	✗	✗	✗	✓	✗
National Higher Education Provider Quality Assurance	✓	✓	✓	✓	✓	✗

When considering the pathways to general registration and specialist registration in the 14 NRAS professions, it is clear that embarking on any comparison is a difficult task. The differing range of requirements to meet general or specialist registration combined with the different entities involved across the countries looked at, means that any comparison of these is complex.

This paper includes a comparative high level, visual schematic, using Australia as the comparator, to highlight what is covered by the accreditation functions prior to registration in the National Scheme and how this work is being done in other countries for each of the 14 NRAS professions. This includes the components in each country for general registration and, where relevant, specialist registration for each profession.

For example, whilst the pathway to general registration in chiropractic (see Fig 1) requires completion of the accredited chiropractic program in all countries and, in Canada and the United States, completion of a national exam, the pathway to general registration as a registered nurse is not as simple. In Australia and Ireland, the pathway to general registration as a registered nurse simply requires completion of an accredited nursing program. However, in all other countries there are multiple requirements (see Fig 2).

### Activities leading to general registration Chiropractic



Fig 1 – Activities leading to general registration in Chiropractic

## Activities leading to general registration Registered Nurse

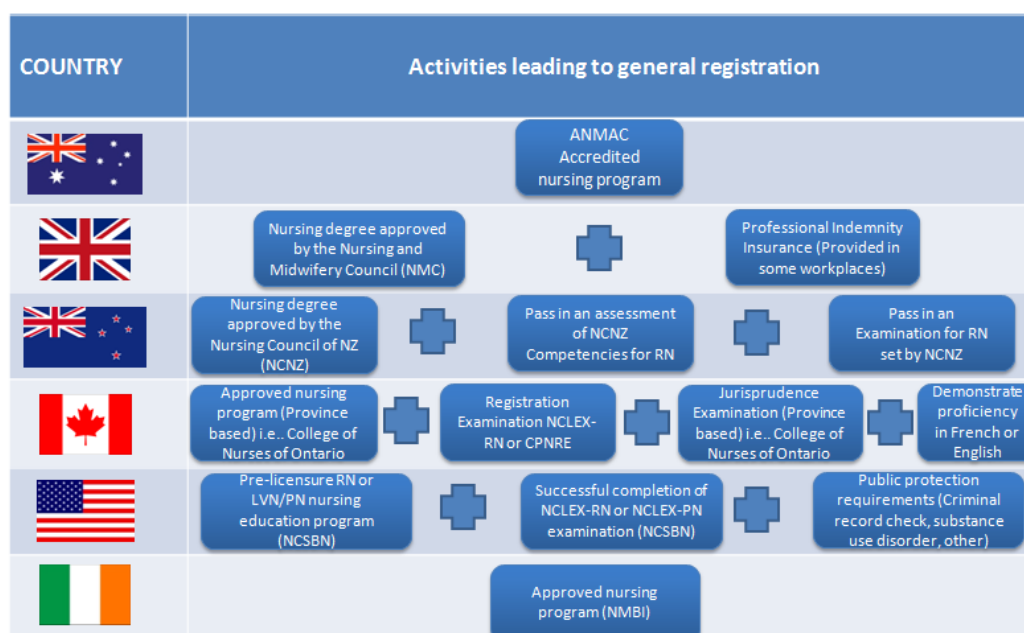


Fig 2 – Activities leading to general registration as a registered nurse

To add to this complexity and the difficulties in comparing across countries, there can be a single or multiple authorities involved in the process. For a registered nurse in the UK, there is a separate accrediting authority and regulatory authority involved that an individual needs to adhere to the requirements of in order to become registered. In Canada, there is a separate examination authority involved, whilst in the United States, there is a single entity who has responsibility for the three components that lead to registration.

Mutual Recognition agreements, such as the Trans-Tasman Mutual Recognition Agreement (TTMRA), add further complexity to comparisons for those professions in which registration and mobility across jurisdictions is governed by law. In New Zealand, while the national law prescribes a single regulatory entity has authority for both accreditation and regulatory functions, a number of the New Zealand authorities have collaborative relationships with Australian accreditation authorities; Medicine, Pharmacy, Dentistry and Podiatry are examples of this. In some of these cases, the Australian accreditation authority provides both accreditation and examination services, such as Pharmacy and Optometry.

Attachment A provides a summary of the overarching legislative arrangements that govern quality assurance of education for registered health professions in Australia, Canada, Ireland, New Zealand, the United Kingdom and the United States of America.

Attachment B provides the breakdown for each of the 14 NRAS professions with the components in each country for general registration and, where relevant, specialist registration for each profession.

## **ATTACHMENT A**

Summary of the overarching legislative arrangements that govern accreditation systems for registered health professions in Australia, Canada, Ireland, New Zealand, the United Kingdom and the United States of America.

It should be noted that there is usually not just one piece of legislation in most jurisdictions that covers health professional education regulation and accreditation, and that those described below are indicative of some of the regulatory instruments used within the country.

## **Comparing the Health Education system between Australia and other countries**

### **Australia**

#### **Legislation underpinning the Health system in Australia**

The Council of Australian Governments (COAG) decided in 2008 to establish a single National Registration and Accreditation Scheme (NRAS) for registered health practitioners.

The Health Practitioner Regulation National Law (The National Law) as in place in each State and Territory enacts NRAS.

The objectives of NRAS 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.

The National Law notes that the guiding principles of NRAS are:

- 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.

#### **Regulation of health professions in Australia, including accreditation**

On 1 July 2010 (18 October for Western Australia), the following professions became nationally regulated by a corresponding National Board:

- chiropractors
- dental practitioners (including dentists, dental hygienists, dental prosthetists & dental therapists)
- medical practitioners
- nurses and midwives
- optometrists
- osteopaths
- pharmacists
- physiotherapists
- podiatrists, and
- psychologists

On July 2012, four additional professions joined NRAS:

- Aboriginal and Torres Strait Islander health practitioners
- Chinese medicine practitioners (comprising acupuncturists, Chinese herbal medicine practitioners and Chinese herbal dispensers)



- medical radiation practitioners (comprising diagnostic radiographers, radiation therapists and nuclear medicine technologists), and
- occupational therapists

### National Boards

The primary role of the National Boards is to protect the public, and they set standards and policies that all registered health practitioners must meet.

Each Board has entered into a health profession agreement with the Australian Health Practitioner Regulation Agency (AHPRA) which sets out, amongst other things, registration fees payable by health practitioners. AHPRA works together with 14 health profession boards (National Boards) to deliver the NRAS.

### Accreditation Authorities

In Australia, under the National Law, accreditation functions are undertaken by a separate authority to the professional regulatory board. Accreditation authorities and National Boards have separate, but complementary functions under the National Law. For example, the National Law provides that an accreditation authority accredits a program of study and the relevant National Board approves the program of study for the purposes of registration.

The National Law as in force in each state and Territory, defines accreditation functions as:

- developing accreditation standards for approval by a National Board; or
- assessing programs of study, and the education providers that provide the programs of study, to determine whether the programs meet approved accreditation standards; or
- assessing authorities in other countries who conduct examinations for registration in a health profession, or accredit programs of study relevant to registration in a health profession, to decide whether persons who successfully complete the examinations or programs of study conducted or accredited by the authorities have the knowledge, clinical skills and professional attributes necessary to practise the profession in Australia; or
- overseeing the assessment of the knowledge, clinical skills and professional attributes of overseas qualified health practitioners who are seeking registration in a health profession under this Law and whose qualifications are not approved qualifications for the health profession; or
- making recommendations and giving advice to a National Board about a matter referred to in paragraph (a), (b), (c) or (d).

Under the National Law, National Boards must decide whether their accreditation function is to be exercised by an external accreditation entity or a committee established by the national board.

The Accreditation authorities in Australia, and their current functions under the National Law, are listed below:

<b><u>National Board</u></b>	<b><u>Accreditation authority</u></b>	<b><u>Functions undertaken under the National Law</u></b>
Aboriginal and Torres Strait Islander Health Practice Board of Australia	<a href="#"><u>Aboriginal and Torres Strait Islander Health Practice Accreditation Committee</u></a>	<ul style="list-style-type: none"> <li>• <a href="#"><u>Development and review of accreditation standards</u></a></li> <li>• <a href="#"><u>Assessing programs of study and education providers against the standards</u></a></li> <li>• <a href="#"><u>Providing advice to board on accreditation functions</u></a></li> </ul>
Chinese Medicine Board of Australia	<a href="#"><u>Chinese Medicine Accreditation Committee</u></a>	<ul style="list-style-type: none"> <li>• <a href="#"><u>Development and review of accreditation standards</u></a></li> <li>• <a href="#"><u>Assessing programs of study and education providers against the standards</u></a></li> <li>• <a href="#"><u>Providing advice to board on accreditation functions</u></a></li> </ul>

<b><u>National Board</u></b>	<b><u>Accreditation authority</u></b>	<b><u>Functions undertaken under the National Law</u></b>
Chiropractic Board of Australia	<a href="#"><u>Council on Chiropractic Education Australasia</u></a>	<ul style="list-style-type: none"> <li>• <a href="#"><u>Development and review of accreditation standards</u></a></li> <li>• <a href="#"><u>Assessing programs of study and education providers against the standards</u></a></li> <li>• <a href="#"><u>Assessing overseas assessing authorities</u></a></li> <li>• <a href="#"><u>Assessing overseas qualified practitioners</u></a></li> <li>• <a href="#"><u>Providing advice to board on accreditation functions</u></a></li> </ul>
Dental Board of Australia	<a href="#"><u>Australian Dental Council</u></a>	<ul style="list-style-type: none"> <li>• Development and review of accreditation standards</li> <li>• Assessing programs of study and education providers against the standards</li> <li>• Assessing overseas qualified practitioners</li> <li>• Providing advice to board on accreditation functions</li> </ul>
Medical Board of Australia	<a href="#"><u>Australian Medical Council</u></a>	<ul style="list-style-type: none"> <li>• Development and review of accreditation standards</li> <li>• Assessing programs of study and education providers against the standards</li> <li>• Assessing overseas assessing authorities</li> <li>• Assessing overseas qualified practitioners</li> <li>• Providing advice to board on accreditation functions</li> </ul>
Medical Radiation Practice Board of Australia	<a href="#"><u>Medical Radiation Practice Accreditation Committee</u></a>	<ul style="list-style-type: none"> <li>• Development and review of accreditation standards</li> <li>• Assessing programs of study and education providers against the standards</li> <li>• Providing advice to board on accreditation functions</li> </ul>
Nursing and Midwifery Board of Australia	<a href="#"><u>Australian Nursing and Midwifery Accreditation Council</u></a>	<ul style="list-style-type: none"> <li>• Development and review of accreditation standards</li> <li>• Assessing programs of study and education providers against the standards</li> <li>• Assessing overseas assessing authorities</li> <li>• Assessing overseas qualified practitioners (Board is also undertaking this function)</li> <li>• Providing advice to board on accreditation functions</li> </ul>
Occupational Therapy Board of Australia	<a href="#"><u>Occupational Therapy Council (Australia &amp; New Zealand) Ltd</u></a>	<ul style="list-style-type: none"> <li>• Development and review of accreditation standards</li> <li>• Assessing programs of study and education providers against the standards</li> <li>• Assessing overseas qualified practitioners</li> <li>• Providing advice to board on accreditation functions</li> </ul>
Optometry Board of Australia	<a href="#"><u>Optometry Council of Australia and New Zealand</u></a>	<ul style="list-style-type: none"> <li>• Development and review of accreditation standards</li> <li>• Assessing programs of study and education providers against the standards</li> <li>• Assessing overseas qualified practitioners</li> <li>• Providing advice to board on accreditation functions</li> </ul>
Osteopathy Board of Australia	<a href="#"><u>Australasian Osteopathic Accreditation Council</u></a>	<ul style="list-style-type: none"> <li>• Development and review of accreditation standards</li> <li>• Assessing programs of study and education providers against the standards</li> <li>• Assessing overseas assessing authorities</li> <li>• Assessing overseas qualified practitioners</li> <li>• Providing advice to board on accreditation functions</li> </ul>
Pharmacy Board of Australia	<a href="#"><u>Australian Pharmacy Council</u></a>	<ul style="list-style-type: none"> <li>• Development and review of accreditation standards</li> <li>• Assessing programs of study and education providers against the standards</li> <li>• Assessing overseas assessing authorities</li> <li>• Assessing overseas qualified practitioners</li> <li>• Providing advice to board on accreditation functions</li> </ul>

<b><u>National Board</u></b>	<b><u>Accreditation authority</u></b>	<b><u>Functions undertaken under the National Law</u></b>
Physiotherapy Board of Australia	<a href="#">Australian Physiotherapy Council</a>	<ul style="list-style-type: none"> <li>• Development and review of accreditation standards</li> <li>• Assessing programs of study and education providers against the standards</li> <li>• Assessing overseas assessing authorities</li> <li>• Assessing overseas qualified practitioners</li> <li>• Providing advice to board on accreditation functions</li> </ul>
Podiatry Board of Australia	<a href="#">Australian and New Zealand Podiatry Accreditation Council</a>	<ul style="list-style-type: none"> <li>• Development and review of accreditation standards</li> <li>• Assessing programs of study and education providers against the standards</li> <li>• Assessing overseas assessing authorities</li> <li>• Assessing overseas qualified practitioners</li> <li>• Providing advice to board on accreditation functions</li> </ul>
Psychology Board of Australia	<a href="#">Australian Psychology Accreditation Council</a>	<ul style="list-style-type: none"> <li>• Development and review of accreditation standards</li> <li>• Assessing programs of study and education providers against the standards</li> <li>• Providing advice to board on accreditation functions</li> </ul>

### **Workforce planning via higher education**

The Australian NRAS scheme includes an objective around the development of workforce, as defined by the following principle:

“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.”

This is unlike other countries compared within this document.

### **Quality Assurance of Higher Education Institutions**

The Tertiary Education Quality Standards Agency (TEQSA) is an independent statutory authority established in 2011. TEQSA regulates and assures the quality of Australia’s higher education sector. This sector comprises both public and private universities, Australian branches of overseas universities, and other higher education providers with and without self-accrediting authority.

TEQSA registers and evaluates the performance of higher education providers against the Higher Education Standards Framework - specifically, the Threshold Standards, which all providers must meet in order to enter and remain within Australia’s higher education system.

## **Comparing the Health Education system between Australia and other countries**

### **Canada**

#### **Legislation underpinning the Health system in Canada**

In Canada, the administration and delivery of healthcare is a provincial concern, but the federal government also has responsibility for protecting the health and well-being of the population.

The federal legislation that currently underpins the health system in Canada is the Canada Health Act. The purpose of the Canada Health Act is to establish criteria and conditions that must be met, in respect of insured health services and extended health care services provided under provincial law, before the province may receive full financial contribution from the federal government. These financial contributions are payable by Canada to each province for each fiscal year. In order to qualify for these contributions, the health care insurance plan of the province must, throughout the fiscal year, satisfy a range of criteria in relation to public administration, comprehensiveness, universality, portability and accessibility.

Individual provinces also have their own health legislation, such as the Health Professions Act in British Columbia, the Regulated Health Professions Act in Ontario and the Health Professions Act in Yukon.

#### **Regulation of health professions in Canada, including accreditation**

Health professionals in Canada are subject to federal laws of general application, but the regulation of such matters is largely a matter of provincial jurisdiction.

Through legislation, provinces then delegate the regulation of health professionals to self-governing professional bodies. Such legislation generally seeks to protect the public through a combination of “input regulations” that focus on who is entitled to provide a particular health service and “output regulations” that focus on the quality and delivery of the service being provided

The relevant health profession education accrediting bodies in Canada are:

<b>Profession</b>	<b>Education accrediting body</b>
Aboriginal & Torres Strait Islander Health Practice	N/A
Chinese Medicine <ul style="list-style-type: none"><li>Regulation of acupuncture and Traditional Chinese Medicine (TCM) in Canada is Province and Territory based</li><li>Currently, British Columbia and Ontario regulate both TCM Practitioners and Acupuncturists</li><li>Alberta, Quebec and Newfoundland and Labrador regulate Acupuncturists only</li></ul>	There is no single body responsible  Relies on the Pan-Canadian exam conducted by Canadian Alliance of Regulatory Bodies of Traditional Chinese Medicine Practitioners and Acupuncturists ( <a href="http://carb-tcmpa.org/">http://carb-tcmpa.org/</a> )
Chiropractic	Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards ( <a href="http://www.chirofed.ca/english/">http://www.chirofed.ca/english/</a> )
Dental	Commission on Dental Accreditation of Canada ( <a href="http://www.cda-adc.ca/cdacweb/en/">http://www.cda-adc.ca/cdacweb/en/</a> )
Medical	Committee on the Accreditation of Canadian Medical Schools ( <a href="https://www.afmc.ca/accreditation/committee-accreditation-canadian-medical-schools-cacms">https://www.afmc.ca/accreditation/committee-accreditation-canadian-medical-schools-cacms</a> )  Has an MOU with Liaison Committee on Medical Education ( <a href="http://lcme.org/">http://lcme.org/</a> )  Specialty programs are governed by Specialist colleges

Profession	Education accrediting body
<p>Medical Radiation Practice</p> <ul style="list-style-type: none"> <li>In Canada Medical Radiation Technologist (MRT) programs are in radiological technology, magnetic resonance, nuclear medicine and radiation therapy</li> <li>MRTs are regulated in Nova Scotia, New Brunswick, Quebec, Ontario, Saskatchewan and Alberta</li> <li>MRTs are not regulated in Newfoundland and Labrador, Prince Edward Island and Manitoba. These jurisdictions require registration with both the provincial association and the Canadian Association of Medical Radiation Technologists (CAMRT)</li> <li>MRTs are not regulated in British Columbia and the territories.</li> </ul>	<p>Canadian Association of Medical Radiation Technologists (<a href="http://www.camrt.ca/">http://www.camrt.ca/</a>)</p> <p>Ordre des technologies en imagerie medicale, en radio-oncologie et en electrophysiology medicale du Quebec (<a href="https://www.otimroepmq.ca/">https://www.otimroepmq.ca/</a>)</p>
Nursing and Midwifery	<p>Canadian Association of Schools of Nursing (<a href="http://www.casn.ca/">http://www.casn.ca/</a>)</p> <p>College of Licensed Practical Nurses of Alberta (<a href="http://www.clpna.com/about-clpna/">http://www.clpna.com/about-clpna/</a>)</p>
Occupational Therapy	Canadian Association of Occupational Therapists ( <a href="http://www.caot.ca/">http://www.caot.ca/</a> )
Optometry	Accreditation Council on Optometric Education ( <a href="http://www.aoa.org/optometrists/for-educators/accreditation-council-on-optometric-education?sso=y">http://www.aoa.org/optometrists/for-educators/accreditation-council-on-optometric-education?sso=y</a> )
Osteopathy	N/A
Pharmacy	Canadian Council For Accreditation of Pharmacy Programs ( <a href="http://ccapp-accredit.ca/">http://ccapp-accredit.ca/</a> )
Physiotherapy	Physiotherapy Education Accreditation Canada ( <a href="http://www.peac-aepe.ca/english/index.php">http://www.peac-aepe.ca/english/index.php</a> )
Podiatry	N/A
Psychology	Canadian Psychological Association ( <a href="http://www.cpa.ca/">http://www.cpa.ca/</a> )

### **Examination for registration**

Many professions in Canada use a National Examination body to prepare and deliver registration examinations as the final component of provincial registration for domestic graduates and internationally trained practitioners. These bodies include the Pharmacy Examining Board of Canada (<http://www.pebc.ca>), the National Dental Examining Board of Canada <https://www.ndeb-bned.ca/en>, the Medical Council of Canada: <http://mcc.ca/examinations/> and the Canadian Examiners in Optometry <http://www.ceo-eco.org/>.

These bodies are independent of the accreditation authorities.

### **Workforce planning via higher education**

Unlike Australia, health workforce issues are not an objective of Canadian accreditors or regulators.

### **Quality Assurance of Higher Education Institutions**

Each Canadian province has its own established system of higher education quality assurance. These systems may be managed by an organisation representing universities, an agency, a provincial government, or a combination of factors.

As in Australia, within these quality assurance systems, each Canadian university is autonomous in academic matters and determines its own quality assurance standards and procedures. These institutional policies and procedures are formal and transparent, and are coupled with an external review by the relevant provincial quality assurance authorities. For some professional programs, institutional policies and processes also undergo professional accreditation.

#### **Future considerations of the Higher Education sector in Canada**

There is no available information on the future considerations for the Higher Education sector in Canada by the Canadian government

## **Comparing the Health Education system between Australia and other countries**

### **Republic of Ireland**

#### **Legislation underpinning the Health system in the Republic of Ireland**

The Health Act 2007 establishes the Health Information and Quality Authority (HIQA). HIQA is an independent authority established to drive high quality and safe care for those using health and social care services in Ireland. HIQA's role is to develop standards for healthcare services, inspect and review health and social care services and support informed decisions on how services are delivered.

#### **Regulation of health professions in the Republic of Ireland, including accreditation**

Dental, Medical, Nursing and Midwifery, Osteopathy and Pharmacy have separate regulatory bodies with individual legislation for each of these professions. The regulators, who are also responsible for accreditation of education, include the following:

- Dental Council of Ireland <http://www.dentalcouncil.ie/>
- Pharmaceutical Society of Ireland <http://www.thepsi.ie>
- Medical Council <https://www.medicalcouncil.ie/>
- Nursing and Midwifery Board of Ireland <http://www.nmbi.ie>
- Osteopathic Council of Ireland <http://www.osteopathy.ie/>

Each of these professions operates under its own legislation. Chiropractic is a self-regulated profession in Ireland.

The Health and Social Care Professionals Council (CORU) regulates other designated Health and Social Care professions in Ireland, under the Health and Social Care Professionals Act 2005.

CORU is made up of the Health and Social Care Professionals Council and the Registration Boards, one for each profession named in the Act.

The professions potentially regulated under this Act are:

- Clinical Biochemists
- Medical Scientists
- Orthoptists
- Physiotherapists
- Podiatrists
- Psychologists
- Social Care Workers
- Dietitians
- Occupational Therapists
- Radiographers and Radiation Therapists
- Social Workers
- Speech and Language Therapists
- Optometrists and Dispensing Opticians

#### **Workforce planning via higher education**

Unlike Australia, health workforce issues are not an objective of Irish health regulators.

#### **Quality Assurance of Higher Education Institutions**

The Higher Education Authority (HEA) is the statutory planning and development body for higher education and research in Ireland.

The HEA exercises functions in respect of:

- Funding

- Accountability
- The quality of outcomes
- Policy research and advice to the Minister
- Data analytics and knowledge management
- Advocacy and communicating higher education
- Co-ordination of interaction between public bodies and the higher education system.

The Universities Act 1997 sets out the objects and functions of a university, the structure and role of governing bodies, staffing arrangements, composition and role of academic councils and sections relating to property, finance and reporting. The governing authorities are required to see that strategic development plans are in place, and that procedures for evaluating teaching and research are in place. The HEA has an overseeing role on such plans and quality assurance procedures. The Institutes of Technology Act, 2006, creates a similar relationship between the institutes and the HEA as that between the HEA and the universities

The Quality and Qualifications Ireland (QQI) is a state agency established by the Quality Assurance and Qualifications (Education and Training) Act 2012. In the area of quality assurance, QQI are responsible for reviewing the effectiveness of quality assurance in further and higher education providers in Ireland. This includes the universities, institutes of technology, Education and Training Boards and providers in the private further and higher education and training sectors.

### **Future considerations of the Higher Education sector in the Republic of Ireland**

The National Strategy for Higher Education to 2030, which was launched in 2011, will see the transformation of Ireland's higher education sector over the next two decades. Endorsed by Government as the future blueprint for the sector, the Strategy sets out changes for the sector that are aimed at providing for:

- a more flexible system, with a greater choice of provision and modes of learning for an increasingly diverse cohort of students
- improvements in the quality of the student experience, the quality of teaching and learning and the relevance of learning outcomes
- ensuring that higher education connects more effectively with wider social, economic and enterprise needs through its staff, the quality of its graduates, the relevance of its programmes, the quality of its research and its ability to translate that into high value jobs and real benefits for society.



## **Comparing the Health Education system between Australia and other countries**

### **New Zealand**

#### **Legislation underpinning the Health system in New Zealand**

The Health Act 1956 gives the Ministry of Health the function of improving, promoting and protecting public health. It contains specific provisions governing the disclosure of health information about identifiable individuals by and between health service providers and other agencies with statutory functions.

The New Zealand Public Health and Disability Act 2000 provides for the public funding and provision of personal health services, public health services, and disability support services. It also establishes new publicly-owned health and disability organisations

#### **Regulation of health professions in New Zealand, including accreditation**

The Health Practitioners Competence Assurance Act 2003 (HPCAA) provides a framework for the regulation of health practitioners in order to protect the public where there is a risk of harm from professional practice. Its purpose is to protect the health and safety of members of the public by providing mechanisms to ensure the life-long competence of health practitioners.

As with Australia, the HPCAA is multi-profession regulatory instrument, which sets the framework for legislation for each of the professions. This allows additional professions to be added as determined by government policy.

Currently there are 16 health regulatory authorities set in place for the regulation and accreditation of 16 health professions. These authorities are funded by a levy on their professions by registration fees. These are:

<b>Regulatory authority</b>	<b>Profession</b>
<a href="#">Chiropractic Board</a>	Chiropractic
<a href="#">Dental Council</a>	Dentistry, dental hygiene, clinical dental technology, dental technology and dental therapy
<a href="#">Dietitians Board</a>	Dietetics
<a href="#">Medical Sciences Council of New Zealand</a>	Medical Laboratory Science, Anaesthetic Technology
<a href="#">Medical Radiation Technologists Board</a>	Medical Imaging Technology Radiation Therapy Nuclear Medicine Technology Magnetic Resonance Imaging Technology Sonography
<a href="#">Medical Council</a>	Medicine
<a href="#">Midwifery Council</a>	Midwifery
<a href="#">Nursing Council</a>	Nursing
<a href="#">Occupational Therapy Board</a>	Occupational Therapy
<a href="#">Optometrists and Dispensing Opticians Board</a>	Optometry and optical dispensing
<a href="#">Osteopathic Council</a>	Osteopathy
<a href="#">Pharmacy Council</a>	Pharmacy
<a href="#">Physiotherapy Board</a>	Physiotherapy
<a href="#">Podiatrists Board</a>	Podiatry
<a href="#">Psychologists Board</a>	Psychology
<a href="#">Psychotherapists Board</a>	Psychotherapy

NRAS professions not included under the Health Practitioners Competence Assurance Act are Aboriginal & Torres Strait Islander Health Practice and Chinese Medicine.

An application to regulate Traditional Chinese Medicine practitioners within the HPCAA is currently being considered.

### **Scope of Practice**

Unlike Australia, under New Zealand legislation each of the regulatory authorities describes scopes of practice for its profession (it should be noted that some Canadian professions also use Scope of Practice). This makes for some differences when working between Australia and New Zealand.

The regulatory authorities also prescribe necessary qualifications, register practitioners and issue annual practising certificates. They also set standards of competence and can investigate individual practitioners' competence and conduct.

### **Accreditation and Examinations with Australian collaborators**

A number of the professions regulated under the HPCAA in New Zealand have close alliance or membership of Australian or Australasian accreditation authorities. These include governance and service provision sharing arrangements for accreditation or examination services or both. This includes Medicine, Pharmacy, Optometry, Dental, Occupational Therapy and Podiatry. In some cases, the New Zealand regulatory body is a member of the Australian accreditation authority, in others there are joint committees, and in others there are service agreements. The accreditation authority for the Optometry and Podiatry professions for Australia and New Zealand include New Zealand in their names; OCAZ and ANZPAC.

### **Workforce planning via higher education**

Unlike Australia, health workforce issues are not an objective of New Zealand regulators.

### **Quality Assurance of Higher Education Institutions**

There are two bodies overseeing the quality assurance of universities in New Zealand:

- Universities New Zealand's Committee on University Academic Programmes (CUAP); and
- the New Zealand Universities Academic Audit Unit (NZUAAU).

CUAP is charged with setting up and applying qualification and regulation approval, accreditation and programme moderation procedures across universities. They use a peer review process to evaluate proposals from the universities, which range from new qualifications and subjects to changed entry requirements and altered subject names.

Once a university qualification has been approved by CUAP it is listed on the New Zealand Qualifications Framework (NZQF) and is eligible for funding from the Tertiary Education Commission (TEC). Universities apply for funding by submitting details of the new qualification to the TEC.

NZUAAU is an independent body which supports universities in their achievement of standards of excellence in research and teaching through regular institutional audit and the promotion of quality enhancement practices across the sector.

### **Further considerations of the Higher Education sector**

In September 2016 the Productivity Commission released its draft report "New models of tertiary education" today.

The report is a detailed inquiry into how well New Zealand's tertiary education system is set up to respond to, and take advantage of, trends in technology, internationalisation, population, tuition costs and demand for skills. As part of the inquiry, the Commission was asked to identify potential barriers to innovation.

"A good tertiary education system is one that meets the needs of all learners – including those from diverse backgrounds and with diverse goals. Our current system serves many students well and does many things very well. However, its design and operation constrain innovation and perpetuate certain inequalities - even though there have been some improvements" says Commission Chair, Murray Sherwin.

“Over time, additional rules and regulations have been added to the system as new fiscal and political risks have emerged. The result is a tightly controlled and inflexible system. This report and its package of recommendations seek to cut through regulatory and administrative knots.”

Key recommendations include better quality control; making it easier for students to transfer between courses; abolishing University Entrance; enabling tertiary institutions to own and control their assets; making it easier for new providers to enter the system; and facilitating more and faster innovation by tertiary education providers.

## Comparing the Health Education system between Australia and other countries

### United Kingdom

#### Legislation underpinning the Health system in the UK

The legislation that currently underpins the health system in the UK is the [Health and Social Care Act 2012](#).

#### Regulation of health professions in the UK, including accreditation

##### Health Professional Regulators

There are nine regulatory bodies who are also responsible for accreditation in the UK, being the:

- General Chiropractic Council (GCC)
- General Dental Council (GDC) which regulates dentists, dental nurses, dental technicians, dental hygienists, dental therapists, clinical dental technicians and orthodontic therapists in the UK
- General Medical Council (GMC)
- General Optical Council (GOC) which regulates optometrists, dispensing opticians, student opticians and optical businesses in the UK
- General Osteopathic Council (GOsC)
- General Pharmaceutical Council (GPhC) which regulates pharmacists and pharmacy technicians in England, Wales and Scotland
- Health and Care Professions Council (HCPC) which regulates arts therapists, biomedical scientists, chiropodists/podiatrists, clinical scientists, dieticians, hearing aid dispensers, occupational therapists, operating department practitioners, orthoptists, paramedics, physiotherapists, practitioner psychologists, prosthetists and orthotists, radiographers and speech and language therapists in the UK, and social workers in England. Social workers, who were added to the HCPC in 2012, will be removed in 2017 and a new regulator/accreditor will be established following a recent government announcement.
- Nursing and Midwifery Council (NMC)
- Pharmaceutical Society of Northern Ireland (PSNI) which regulates pharmacists in Northern Ireland.

There are two NRAS professions that are not covered through these nine regulators – Aboriginal and Torres Strait Islander Health Practice and Chinese Medicine.

Although there is no statutory regulation of acupuncture or Traditional Chinese Medicine in the UK, the British Acupuncture Council (BACc) is a self-regulatory body for the practice of traditional acupuncture in the UK and maintains a register that is accredited by a statutory agency - the Professional Standards Authority. The British Acupuncture Accreditation Board (BAAB) accredits acupuncture courses. Graduates of BAAB accredited courses are eligible to be listed on the BACc Register.

Unlike Australia, each of the nine regulators is governed by a separate pieces of legislation that are outline operations. The principle ones are listed below:

Regulatory body	Governing legislation
General Chiropractic Council	<a href="#">Chiropractors Act 1994</a>
General Dental Council	<a href="#">Dentists Act 1984</a>
General Medical Council	<a href="#">Medical Act 1983</a>
General Optical Council	<a href="#">Opticians Act 1989</a>
General Osteopathic Council	<a href="#">Osteopaths Act 1993</a>
General Pharmaceutical Council	<a href="#">Pharmacy Order 2010</a>
Health and Care Professions Council	<a href="#">Health and Social Work Professions Order 2001</a>
Nursing and Midwifery Council	<a href="#">Nursing and Midwifery Order 2001</a>
Pharmaceutical Society of Northern Ireland	<a href="#">Pharmacy (Northern Ireland) Order 1976</a>

## Role of the regulators of health professions

Each regulator has responsibilities to:

- Set standards of competence and conduct that health and care professionals must meet in order to be registered and practise
- Ensure the quality of education and training courses for registration as health professionals of their professions
- Maintain a public register
- Investigate complaints about registrants fitness to practise

Each regulator is funded from fees from registrants, and this income funds the costs of accreditation. There is no direct charge to the institutions who provide education programs for registered health professions, although some costs of accreditation usually met from fees in Australia have to be met by providers. For example, the HCPC requires the provider to provide at their cost an independent chair and a secretary to support all assessment panel visits (source: HCPC Supplementary Information for Education Providers, page 5).

## Quality assurance of the regulators of health professions

Unlike Australia, the United Kingdom has an overarching body that oversees the work of the nine health profession regulators. This is unique to the United Kingdom

### Professional Standards Authority for Health and Social Care

The Professional Standards Authority for Health and Social Care (PSA) oversees the work of the nine statutory bodies that regulate health and social care professionals in the UK.

PSA was established on 1 December 2012 under the Health and Social Care Act 2012. It continues the work of the Council for Health Care Regulatory Excellence (constituted by the Health and Social Care Act 2008) which was a transformation of the Council for the Regulation of Health Professionals (set up in April 2003 by the National Health Service Reform and Health Care Professions Act 2002).

PSA is funded by the Department of Health in England and by the devolved administrations in Northern Ireland, Scotland and Wales.

PSA has duties and powers in relation to:

- The oversight of nine statutory bodies that regulate health and social care professionals in the UK
- The provision of advice to, and undertaking investigations for, government
- The accreditation of the voluntary registers held by non-statutory regulators of health and care professionals
- The provision of advice to other similar organisations in the UK and overseas.

Each year, the PSA reviews each of the regulators based on their “Standards for Good Practice” (<http://www.professionalstandards.org.uk/docs/default-source/publications/standards/standards-of-good-regulation.pdf?sfvrsn=4>). These Standards describe the outcomes of good regulation for each of the regulators’ functions. They also set out how good regulation promotes and protects the health, safety and well-being of patients, service users and other members of the public and maintains public confidence in the profession.

## Workforce planning via higher education

### Health Education England

Health Education England (HEE) has been established to support the delivery of high quality healthcare and health improvement to the patients and public of England. They do this by ensuring that the current and future workforce has the right numbers, skills, values and behaviours, at the right time and in the right place.

HEE is responsible for commissioning undergraduate and postgraduate education, to ensure that there is sufficient future supply of staff to meet the workforce requirements of the English health system. To

support this, HEE undertakes a comprehensive collection of NHS provider forecasts of what their future demand for staff will be.

#### Wales, Scotland and Northern Ireland

There are no similar organisations in Wales, Scotland or Northern Ireland.

#### **Quality Assurance of Higher Education Institutions**

##### Quality Assurance Agency for Higher Education

The Quality Assurance Agency for Higher Education (QAA) is an independent body that monitors and advises on standards and quality in UK higher education.

In essence, it assesses how universities, colleges and alternative providers of UK higher education maintain their academic standards and quality. It does this through external peer review. Reviewers check that the 19 expectations of the Quality Code, agreed and recognised by the UK higher education sector, are met. It also provides advice to the Privy Council of the United Kingdom on institutions' requests for degree awarding powers and the right to be called a university.

#### **Future considerations of the Higher Education sector in the UK**

In an attempt to address known issues of insufficient competition and a lack of informed choice, the UK Government consulted on proposals to address these via a Green Paper entitled *Fulfilling our Potential: Teaching Excellence, Social Mobility and Student Choice*. A White Paper has recently been released which sets out the Government's response to this consultation process.

The White Paper aims to create a more accessible, accountable and relevant higher education system.

Universities have previously received predictable and steadily-rising grant funding. They have had assured student numbers and protection from competition, within a regulatory regime that they have largely designed and operated for themselves. However, the shift to funding through student tuition fees and the lifting of student quota controls has begun to expose universities to something approaching open market competition. The White Paper extends this process, encouraging the entry of new and alternative higher education providers, and accepting that this could be at the expense of established institutions.

## **Comparing the Health Education system between Australia and other countries**

### **United States of America**

#### **Legislation underpinning the Health system in the USA**

The United States federal government cedes primary responsibility for health to the states. State governments maintain state health departments, and local governments (counties and municipalities) and departments of health.

Federal health legislation covers areas such as health insurance through the *Patient Protection and Affordable Care Act*.

#### **Regulation of health professions in the USA, including accreditation**

In the USA, health professions regulation falls under state jurisdiction. The legal scope of practice for a health profession is typically defined in a state-specific scope of practice Act. These Acts describe the services that professionals can provide and under what conditions they can be provided. Scope of practice Acts also define the requirements for education and training, certification and licensure, and supervision.

There is a much greater mix of private bodies in the USA than in other jurisdictions presented in this report. This includes those in education and training, as well as accreditation and quality assurance. These organisations are independent organisations, not government authorities.

Nationally recognised accrediting authorities in the USA are typically members of the Council for Higher Education Accreditation (CHEA), which is the primary national voice for accreditation and quality assurance to the U.S. Congress and U.S. Department of Education. This membership-based association applies standards to the recognition (accreditation) of all its member accrediting organisations. While there is no national legislation in the USA regulating health professions accreditation, it is clear that the quality assurance bodies in the USA for health professions are generally of very high standard whether or not they are CHEA members. For example, the [Accreditation Council for Graduate Medical Education \(ACGME\)](#) is an esteemed and high quality accreditation body but is not a CHEA member, whereas the [Accreditation Council for Pharmacy Education \(ACPE\)](#) and the [Accreditation Council on Optometric Education \(ACOE\)](#), are both CHEA members.

#### **Examination Bodies**

Many professions in the United States require completion of a National Examination as the final component of registration for both domestic graduates and internationally trained practitioners. These organisations are independent organisations, not government authorities. They include the [National Association of Boards of Pharmacy](#), the [National Board of Examiners in Optometry \(NBEO\)](#) and the [National Boards of Medical Examiners](#). These bodies are independent of the accreditation authorities. Some professions also set state-based legislative examinations, such as pharmacy.

#### **Workforce planning via higher education**

Unlike Australia, health workforce issues are not an objective of US regulators or accreditors.

#### **Quality Assurance of Higher Education Institutions**

The United States does not have a centralised federal authority exercising control over the quality of post-secondary educational institutions, and states assume varying degrees of control over education. As a consequence, American educational institutions can vary widely in the character and quality of their programs.

To ensure a basic level of quality, accreditation is a means of conducting non-governmental, peer evaluation of educational institutions and programs.

There are two basic types of educational accreditation, "institutional" and "specialized" or "programmatic".

#### **Institutional accreditation**



Institutional accreditation applies to an entire institution. There are two types of institutional accrediting agencies in the United States – ‘regional accreditors’ and ‘national institutional accreditors’.

Regional accreditors review colleges and universities located in a specific geographic area. In 2013, there were approximately 3,000 institutions accredited by regional accreditors.

Among the national institutional accreditors are two broad types. National career-related accreditors, who mainly accredit for-profit career colleges and non-degree granting institutions, and national faith-related accreditors, who mainly accredit non-profit religious and doctrinally-based institutions.

Currently, there are seven regional accrediting organisations and eleven national related accrediting organisations (seven career-related and four faith-related). In 2013, approximately 4,400 institutions were accredited by national career-related accreditors and approximately 500 institutions were accredited by national faith-related accreditors.

#### Specialized or programmatic accreditation

Specialized or programmatic accreditation normally applies to programs, departments, or schools that are parts of an institution.

Most of the specialized or programmatic accreditors review units within an institution of higher education that is accredited by one of the regional or national accreditors. However, certain accreditors also accredit professional schools and other specialized or vocational institutions of higher education that are freestanding in their operations. Thus, a "specialized" or "programmatic" accreditor may also function in the capacity of an "institutional" accreditor. Some of these “institutions” are found within non-educational settings, such as hospitals.

Currently, there are 69 specialized or programmatic accrediting organisations for health professions in the United States. These include the [Accreditation Council for Pharmacy Education](#) and the [Commission on Collegiate Nursing Education](#).

#### Funding linked to accreditation

While accreditation is voluntary in the sense that an institution is free to operate without having accredited status, accreditation is essential if an institution wants to attract federal funding. Although institutions receive their authority to operate from one of the fifty states, there is considerable funding available from the federal government for student grants and loans as well as research and programs.

#### Standards for accrediting organisations

The Higher Education Act contains the standards that accreditors must meet and the operating procedures they must follow. The federal government, through the Department of Education, periodically reviews accrediting organisations based on these standards and procedures.

#### Future considerations of the Higher Education sector

On September 22, 2016, Senators Elizabeth Warren (D-Massachusetts), Dick Durbin (D-Illinois) and Brian Schatz (D-Hawaii) announced that they are introducing the Accreditation Reform and Enhanced Accountability Act of 2016. [Click here](#) for a copy of the bill and [click here](#) for a fact sheet.

Some of Bill's provisions include:

- Requiring USDE to establish standards for student outcome data to be used by accrediting organizations when reviewing and evaluating colleges and universities, including student graduation rates, loan repayment rates, loan default rates and job placement rates, and setting minimum standards that colleges must meet.
- Requiring that accrediting organizations carry out an enhanced accreditation review immediately upon learning of any fraud investigations or lawsuits by federal or state governments and requiring that accreditors take action in the case of any warning signs of institutional instability.
- Increasing the information that accrediting organizations must provide to USDE and make publicly available and directing accreditation to establish common definitions for accreditation statuses and actions.



- Giving the Secretary of Education increased authority to fine accreditors or terminate recognition under a variety of conditions.

Commenting on the announcement of the legislation, Judith Eaton, President of the Council for Higher Education Accreditation, stated “The Warren/Durbin/Schatz is yet another indication of the shifting demands on accreditation. Accreditation is now called upon to play a more vigorous public accountability role – to do more to protect students and inform the public. This is in addition to accreditation’s longstanding role in assuring and improving quality, working with institutions and programs. The bill is part of efforts to provide more direct oversight of accreditation by the federal government, whether through the Congress or the U.S. Department of Education.”

## **ATTACHMENT B**

Diagrams for general registration and, where relevant, specialist registration for each NRAS profession









# Activities leading to general registration

## Aboriginal and Torres Strait Islander Health

COUNTRY	Activities leading to general registration
	Accredited Aboriginal and Torres Strait Islander Health Practice Program
	N/A
	N/A
	N/A
	N/A
	N/A









# Activities leading to general registration

## Chinese Medicine – herbal medicine

COUNTRY	Activities leading to general registration			
	Accredited Chinese Medicine Program			
	N/A no statutory regulation			
	N/A no statutory regulation			
	Traditional Chinese Medicine education program		Examination (Province specific)	Statutory regulation in 2 provinces
	Acupuncture Program and/or Oriental Medicine Program		Examination (State specific)	Statutory regulation in 24 states
	N/A no statutory regulation			







# Activities leading to general registration

## Chinese Medicine - acupuncture

COUNTRY	Activities leading to general registration			
	Accredited Chinese Medicine Program			
	N/A no statutory regulation			
	N/A no statutory regulation			
	Traditional Chinese Medicine education program		Examination (Province specific)	Statutory regulation in 5 provinces
	Acupuncture Program and/or Oriental Medicine Program		Examination (State specific)	Statutory regulation in 46 states
	N/A no statutory regulation			







# Activities leading to general registration

## Chiropractic

COUNTRY	Activities leading to general registration
	Accredited chiropractic program
	Accredited chiropractic program
	Accredited chiropractic program
	Accredited chiropractic program + National exam
	Accredited chiropractic program + National exam
	Accredited chiropractic program







# Activities leading to general registration

## Dentist

COUNTRY	Activities leading to general registration		
	ADC accredited General Dentist Program		
	GDC quality assured Bachelor of Dental Surgery (5 years in length)	+	Period of foundation training (supervised practice) – <b>only for individuals wishing to work in the NHS</b>
	Health Sciences First Year program at Otago University	+	Four-year Bachelor of Dental Surgery degree at Otago University
	CDAC accredited program of study in a dental school	+	Successful completion of the NDEB exam
	CODA accredited dental program (DDS/DMD – at least 4 years in length)	+	Successful completion of National Dental Board Part 1 (written) and Part 2 (clinical) Examination
	Dental Council accredited General Dentist Program		

# Activities leading to general registration







## Medical Radiation Practice - Diagnostic radiography

COUNTRY	Activities leading to general registration				
	Approved entry-level Program (3 year)	+	Period of Supervised practice	+	Assessment OR Approved entry-level Program (4 year)
	Accredited program of study				
	Accredited program of study				
	Accredited program of study	+	Certification exam	Statutory regulation in 6 provinces	
	Accredited program of study	+	Certification exam	Radiation licensing but no professional statutory regulation in some states	
	Accredited program of study				









# Activities leading to general registration

## Medical Radiation Practice - Radiation therapy







COUNTRY	Activities leading to general registration
	<div> <div>Approved entry-level Program (3 year)</div> <div>+</div> <div>Period of Supervised practice</div> <div>+</div> <div>Assessment</div> <div>OR</div> <div>Approved entry-level Program (4 year)</div> </div>
	<div>Accredited program of study</div>
	<div>Accredited program of study</div>
	<div> <div>Accredited program of study</div> <div>+</div> <div>Certification exam</div> <div>Statutory regulation in 6 provinces</div> </div>
	<div> <div>Accredited program of study</div> <div>+</div> <div>Certification exam</div> <div>Radiation licensing but no professional statutory regulation in some states</div> </div>
	<div>Accredited program of study</div>

# Activities leading to general registration

## Medical Radiation Practice - Nuclear medicine technology

COUNTRY	Activities leading to general registration
	<div> <div>Approved entry-level Program (3 year)</div> <div>+</div> <div>Period of Supervised practice</div> <div>+</div> <div>Assessment</div> <div>OR</div> <div>Approved entry-level Program (4 year)</div> </div>
	<div>N/A</div> <div>no statutory regulation</div>
	<div>Accredited program of study</div>
	<div> <div>Accredited program of study</div> <div>+</div> <div>Certification exam</div> <div>Statutory regulation in 6 provinces</div> </div>
	<div> <div>Accredited program of study</div> <div>+</div> <div>Certification exam</div> <div>Radiation licensing but no professional statutory regulation in some states</div> </div>
	<div>N/A</div> <div>no statutory regulation</div>







# Activities leading to general registration Medicine

COUNTRY	Activities leading to general registration				
	AMC-accredited primary medical program (may be under- or postgraduate)	+	1 year internship in accredited posts (AMC accredits organisations which accredit posts)		
	General Medical Council approved Medical Degree (may be under- or postgraduate)	+	Completion of first year of two year GMC approved Foundation Training		
	AMC/MCNZ accredited primary medical program (mainly undergraduate)	+	Completion of first year of two- prevocational phase (MCNZ accredited )		
	Committee on Accreditation of Canadian Medical Schools accredited medical degree (mainly postgraduate)	+	Medical Licensing Exams by Medical Council of Canada	+	1 year of postgraduate training/practice accredited by Royal College of Physician & Surgeons
	Liaison Committee for Medical Education accredited medical degree (postgraduate)	+	United States Medical licensing exam	+	1 year of postgraduate training accredited by the Accreditation Council for Graduate Medical Education
	Medical Council accredited medical degree (may be under- or postgraduate)	+	1-year internship accredited by Medical Council		

Note: International standards for medical education and for medical school accrediting authorities are set by the World Federation for Medical Education. WFME has begun a process for international recognition of accreditation agencies. AMC has begun this process and complete in 2017. (US and Canada have completed the process) In the United States there are allopathic and osteopathic schools/colleges of medicine, both of which lead to licensure. There are separate accreditation and licensing examinations for the two streams. Graduates of accredited US Doctor of Osteopathy courses are eligible to seek assessment of registration as medical practitioners in Australia.







# Activities leading to general registration

## Registered Midwife







COUNTRY	Activities leading to general registration		
	ANMAC Accredited Midwifery program		
	Accredited Midwifery program (NMC)		
	Completion of approved Bachelor degree in Midwifery (MCNZ)	+	Pass in the New Zealand Midwifery Examination (MCNZ)
	Approved midwifery program (Province based) ie. College of Midwives of Ontario	+	Canadian Midwifery Registration Exam (CMRE)
		+	Additional requirements (Province based) ie. College of Midwives of Ontario
	Completion of a Member Board approved prelicensure program (AMCB)	+	CNM Exam (AMCB)
	Approved midwifery program (NMBI)		

# Activities leading to general registration

## Registered Nurse







COUNTRY	Activities leading to general registration				
	ANMAC Accredited nursing program				
	Nursing degree approved by the Nursing and Midwifery Council (NMC)				
	Nursing degree approved by the Nursing Council of NZ (NCNZ)	+	Pass in an assessment of NCNZ Competencies for RN	+	Pass in an Examination for RN set by NCNZ
	Approved nursing program (Province based) ie. College of Nurses of Ontario	+	Registration Examination NCLEX- RN or CPNRE	+	Jurisprudence Examination (Province based) ie. College of Nurses of Ontario
	Pre-licensure RN or LVN/PN nursing education program (NCSBN)	+	Successful completion of NCLEX-RN or NCLEX-PN examination (NCSBN)		
	Approved nursing program (NMBI)				

# Activities leading to general registration Occupational Therapy

COUNTRY	Activities leading to general registration				
	Approved Occupational Therapy Program				
	Approved Occupational Therapy Program				
	Approved Occupational Therapy program				
	Accredited Occupational Therapy Program	+	NOTCE examination	+	Province based requirements
	Accredited occupational therapy program	+	NBCOT examination	+	State based requirements
	Approved Occupational Therapy Program				







# Activities leading to general registration

## Optometry

COUNTRY	Activities leading to general registration				
	OCANZ accredited entry-level program				
	Entry-level program approved by the General Optical Council UK	+	Pre-registration supervision for one year		
	OCANZ accredited entry-level program				
	Accredit Council on Optometric Education (USA) approved entry-level program	+	Canadian Examiners in Optometry National Exam	+	Province based requirements
	Accredit Council on Optometric Education (USA) approved entry-level program	+	USA National Board of Examiners in Optometry National Exam	+	State based requirements
	Complete entry-level optometry program at Dublin Institute of Technology	+	Association of Optometrists Ireland clinical exam		

# Activities leading to general registration

## Osteopathy

COUNTRY	Educational Pathways leading to general registration		
	Osteopathy programs accredited by the Australasian Osteopathic Accreditation Council Bachelor/Bachelor or Bachelor/Masters		
	Osteopathy programs recognised by the General Osteopathic Council Bachelor or Masters		
	Osteopathy programs accredited by Osteopathic Council of NZ Bachelor/Masters		
	Bachelor Degree	<div>Licenced to practice as a Doctor of Osteopathy</div> <div>+</div>	<div>Osteopathic Degree</div> <div>+</div> <div>Osteopathic Medicine Licensing Exams</div>
	Bachelor Degree	<div>Licenced to practice as a Doctor of Osteopathy</div> <div>+</div>	<div>Osteopathic degree</div> <div>+</div> <div>Osteopathic Medicine Licensing Exams</div>
	Accredited osteopathic Program		









# Activities leading to general registration

## Pharmacy

COUNTRY	Activities leading to general registration							
	Accredited Pharmacy Degree (APC)	+	1 yr Supervised Practice (Internship)	+	Intern Written (MCQ) Exam (APC)	+	Intern Oral Exam (AHPRA)	
	Accredited Masters degree in pharmacy (GPhC)	+	Internship One year	+	Intern Written (MCQ) Exam (2 papers) (GPhC)			
	Accredited Pharmacy Degree (APC)	+	1 yr Supervised Practice (Internship)	+	Intern Written (MCQ) Exam (PCNZ)	+	Cinical OSCE Exam (PCNZ)	
	Accredited Pharm D degree (CCAPP)	+	Internship (Province-based)	+	National Written (MCQ) Exam (PEBC)	+	National Clinical (OSCE) (PEBC)	
	College prerequisite	+	Accredited Pharm Degree (ACPE)	+	National Written (MCQ) Exam (NAPB)	+	State-based jurisprudence exam	
	Accredited Masters degree in pharmacy (PSI)	+	1 yr Supervised Practice (Internship)	+	National Written (MCQ) Exam (PSI)	+	Cinical OSCE Exam (PSI)	









# Activities leading to general registration

## Physiotherapy







COUNTRY	Activities leading to general registration		
	Approved entry-level Physiotherapy Program (APC)		
	Physiotherapy degree approved by the Health & Care Professions Council (HCPC)		
	Approved entry-level Physiotherapy Program by the Physiotherapy Board of NZ (PBNZ)		
	Professional Master's degree in physiotherapy	+	National Physiotherapy Competency Examination – Canadian Alliance of Physiotherapy Regulators (CAPR)
			Different regulatory bodies by states and territories
	Accredited Physical Therapy Masters degree (CAPTE)	+	National licensure exam Federation of State Boards of Physical Therapy (FSBPT)
			Different regulatory bodies by states
	Approved physiotherapy program (CORU)		

# Activities leading to general registration

## Podiatry







COUNTRY	Activities leading to general registration		
	Primary podiatry qualification		
	Recognised podiatry degree		
	Bachelor of Health Science majoring in podiatry		
	Four year undergraduate program in the sciences		Doctor of Podiatric Medicine degree
	Four year undergraduate program in the sciences		Doctor of Podiatric Medicine degree
	Recognised podiatry degree		

# Activities leading to general registration Psychology

COUNTRY	Activities leading to general registration				
	Primary psychology qualification	+	2 year Internship	OR 1 yr study and 1 yr internship OR 2 year study	
	A British Psychological Society (BPS) accredited degree in psychology	+	Relevant work experience	+	A British Psychological Society (BPS) accredited postgraduate qualification
	Masters or higher degree in psychology	+	1,500 hours of closely supervised practice, approved and evaluated by the New Zealand Psychologists Board		
	Bachelor's degree in psychology	+	Master's degree and/or Doctoral degree		
	Bachelor degree in a relevant field	+	Master's or PhD or a PsyD		
	Psychology degree	+	Completion of a recognised postgraduate training program in clinical psychology		

# Activities leading to specialist registration

## Dental specialist

COUNTRY	Activities leading to specialist registration						
	Be registerable as a General Dentist	+	Minimum two years general dental practice	+	ADC accredited Specialist Dentist Program		
	GDC quality assured Bachelor of Dental Surgery (5 years in length)		+	Specialist training program approved by the GDC			
	General Dentist Program		+	DC(NZ) approved Specialist Dentist Program			
	CDAC accredited program of study in a dental school	+	Successful completion of the NDEB exam	+	Accredited specialty program	+	Royal College of Dentists of Canada National Dental Specialty Examination (NDSE)
	CODA accredited dental program (DDS/DMD – at least 4 years in length)	+	Successful completion of National Dental Board Part 1 (written) and Part 2 (clinical) Examination		+	Specialty degree from a CODA accredited program	
	Dental Council accredited General Dentist Program		+	Recognised specialist training			







# Activities leading to specialist registration

## Medical specialist

COUNTRY	Activities leading to specialist registration				
	AMC-accredited primary medical program	+	1 year internship in accredited posts. Usually extra prevocational years	+	AMC-accredited specialist program (23 recognised specialties & 63 fields of specialty practice).
	General Medical Council approved medical degree	+	Completion of 2 years approved Foundation Training (1 year required for registration)	+	GMC-accredited specialist training program (65 specialties & 43 subspecialties)
	AMC/MCNZ accredited primary medical program) degree	+	2-year accredited prevocational training (1 year required for general registration)	+	AMC/MCNZ accredited specialist training program (links to 35 recognised vocational scopes)
	Committee on Accreditation of Canadian Medical Schools accredited medical degree	+	Medical Licensing Exams – Medical Council of Canada	+	Residency programs: accredited by Royal College of Physicians & Surgeons of Canada or College of Family Physicians of Canada (30 specialties & 30+ subspecialties)
	Liaison Committee for Medical Education accredited medical degree	+	United States Medical Licensing Exams	+	Residency programs in 26 specialties & 130+ subspecialties overseen by American Board of Medical Specialties and accredited by Accreditation Council for Graduate Med Ed
	Medical Council accredited medical degree	+	1-year internship accredited by Medical Council	+	Basic specialty training followed by Higher Specialty training in one of 26 fields. Overseen by specialist medical colleges.

# Activities leading to specialist registration

## Podiatric surgeon

COUNTRY	Activities leading to specialist registration
	<div>Primary podiatry qualification</div> <div>+</div> <div>Practice as a general podiatrist for 2 years</div> <div>+</div> <div>Fellowship Training Program with the ACPS</div> <div>OR</div> <div>UWA Doctor of Clinical Podiatry</div>
	<div>Undergraduate podiatry degree</div> <div>+</div> <div>At least one year clinical practice</div> <div>+</div> <div>Master's degree course in the Theory of Podiatric Surgery</div>
	N/A
	<div>Four year undergraduate program</div> <div>+</div> <div>Four years at an accredited College of Podiatric Medicine</div> <div>+</div> <div>Hospital-based residency programs of 1-3 years duration</div> <div>+</div> <div>Board exams and provincial licensing exams</div>
	<div>Four year undergraduate program</div> <div>+</div> <div>Four years at an accredited College of Podiatric Medicine</div> <div>+</div> <div>Hospital-based residency programs of 1-3 years duration</div> <div>+</div> <div>Board exams and provincial licensing exams</div>
	N/A