NASRHP NEWSLETTER

July 2026

WELCOME

Dear NASRHP Members,

Welcome to the second edition of the NASRHP Newsletter for 2026. This newsletter aims to keep you informed, connected and engaged with activities of NASRHP.

SNAPSHOT: WHAT'S INSIDE

- ❑ Advocacy & consultations update
- ❑ NASRHP in a nutshell!
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BOARD UPDATE

The recruitment for the available Director position is underway and is progressing as planned. For more information on the current NASRHP Board, including membership and governance arrangements, please visit the NASRHP website.

ADVOCACY & CONSULTATIONS

NASRHP continues to represent members across a broad range of consultations, reviews and stakeholder engagement activities. These have included:

Advocacy Area	Activity Undertaken
Allied Health Industry Reference Group	Virtual meeting held 3 June 2026.
Health Complaints Entities (HCEs)	Meetings held with HCEs in QLD (Office of the Health Ombudsman) and SA (Office of the Health and Community Services Complaints Commissioner).
National Registration and Accreditation Scheme (NRAS) review	Ongoing meetings with Health Workforce Taskforce (HWT) and Allied Health Professions Australia (AHPA). NASRHP will collaborate with AHPA regarding further advocacy.
PHN Collaborative Forum	NASRHP attended a meeting held on Monday 11 May 2026.

NASRHP in a nutshell!

A quick guide to who we are, what we do, and why it matters.

At a glance: NASRHP is the national peak body for self regulating health professions in Australia. It provides a quality framework, benchmark standards and national advocacy to support safe, consistent and trusted self-regulation.

What is NASRHP?

The National Alliance of Self Regulating Health Professions (NASRHP) began in 2008 as an informal alliance under Allied Health Professions Australia (AHPA). It later transitioned into an independent body, supported by Australian Government seed funding through the Department of Health, to provide a quality framework for self regulating health professions.

Today, NASRHP sets benchmark standards for the regulation and accreditation of practitioners in self regulating health professions. Its work helps create national consistency, strengthen public confidence and provide assurance that patients are receiving care from certified health professions.

Membership standard: To become a NASRHP member, organisations must demonstrate that they meet NASRHPs 12 regulatory and accreditation standards, which are benchmarked against the Australian Health Practitioner Regulation Agency (Ahpra) standards.

Types of regulation

In Australia, professions are regulated either through the National Registration and Accreditation Scheme (NRAS**)** or through other regulatory frameworks, such as NASRHP.

NRAS, administered by Ahpra, ensures that only appropriately trained and qualified practitioners are registered.

NASRHP administers a similar regulatory framework, but for professions that do not already fall under NRAS.

Why is the role of NASRHP so important?

Not all health professions are regulated by Ahpra. A formal, independent body like NASRHP helps ensure consistency in quality of practitioner regulation and satisfies national and jurisdictional regulatory requirements for professions not under NRAS. Like Ahpra, NASRHP provides assurance to the public that they are receiving care from a certified health professional.

- **For members:** NASRHP provides a collective voice and a recognised standards framework.
- **For stakeholders:** NASRHP offers a single point of contact on matters affecting self regulating professions.
- **For the public:** NASRHP helps provide assurance that certified practitioners meet professional expectations for safe, quality care.

In short: NASRHP strengthens self-regulation by setting standards, supporting consistency, advocating for member professions and helping protect public confidence in health services.

NRAS COMPLEXITY REVIEW

NASRHP actively engaged in the NRAS Complexity Review consultation process and made a formal submission on behalf of self regulating health professions. In our submission, we welcomed the opportunity to contribute to this foundational review while making clear that, in its proposed form, the model outlined in the consultation paper did not provide a sufficiently whole, accountable or practical approach to recognising and regulating self regulating professions. While NASRHP did not support the proposed system, we outlined constructive suggestions for how NASRHP could be utilised if the model progresses, including how our established standards, certification framework and experience as the national peak body could support a more effective future approach.

NASRHP's submission identified key areas, developed collectively by self regulating professions, that should be reflected in any future model of self-regulation. These included:

1. **Legislative title protection** for the profession, making it illegal for any non-certified practitioner to identify themselves as a member of a protected profession for the purpose of providing clinical services, or to use a similar title with the intention of misrepresenting themselves as a member of that profession. For example, Diabetes Education Specialist (where Diabetes Educator would be the protected title).
2. **Title recognition** by other regulators or funders, ensuring that self-regulating health professions are afforded equivalent recognition as their Ahpra-registered colleagues when applying requirements for registration or recognition by other schemes. In future, it should be seen as inappropriate to require fewer checks for Ahpra-registered professions than those that sit within a recognised self-regulation program.
3. **All practitioners within a given profession are required to be certified** with the appropriate certifying entity, regardless of the setting or funding stream in which they are practising, if they are seeking to use the protected title. This would ensure alignment with Ahpra and recognise that the allied health scope of practice is broader than health system-based, direct client roles.
4. Self-regulation activities, including certification of practitioners and other associated **regulatory functions, are carried out by certifying entities** (or an alternative title) that are independently assessed by a statutory body such as a Board of Self-Regulating Allied Health Professions (noting that this could be a new Ahpra Board, an evolution of NASRHP or an entirely new entity) as meeting the minimum standards required to qualify as a certification entity.
5. **Certifying entities are recognised by, and protected in, legislation**.
6. **All certifying entities have publicly available registers** listing all certified practitioners and restrictions on practice (where applicable).
7. **All certifying entities collect workforce data,** aligned with Ahpra and other data collection activities, to support data-sharing with the Commonwealth for the purpose of workforce planning and support.
8. **Collaborative regulatory processes to be established**, supported by appropriate legislation and/or legislative updates, between the Board of Self-Regulating Allied Health Professions (or equivalent entity), certifying entities and other regulators such as state and territory HCEs and the NDIS Commission to allow regulatory activities to be coordinated and information and outcomes relating to individual practitioners to be shared and apply across jurisdictions and settings.

9. Any form of **complaints process** be inclusive of maintenance of professional and ethical standards and not just be based on “misconduct”.

NASRHP and AHPA were invited to an in-person meeting in Melbourne in October 2024 to discuss the draft report and recommendations. This invitation recognised NASRHP’s important role in representing self regulating professions and contributing practical, sector-informed expertise to the Review. At the meeting, NASRHP again outlined the nine key areas it considers essential to any effective future model for self-regulation.

Members may be aware that Health Ministers released a communique in May 2026 outlining their response to the actions identified in the Review. All actions have now been considered by Health Ministers. The communique is available here: Health Ministers’ response to the Independent Review of Complexity in the NRAS

NASRHP acknowledges the strong commitment of its members to safety, quality and public assurance, including the significant resources members invested to meet NASRHPs 12 standards for the regulation and accreditation. NASRHP will remain actively engaged on this issue and will continue to represent the shared interests of self regulating professions as discussions progress. In addition to this, we will continue to advocate for what we have previously submitted in the Review. We will also continue to seek opportunities to collaborate with Health Workforce Taskforce, Ahpra and health complaints entities (HCEs), ensuring the needs and strengths of self regulating professions remain clearly understood and represented.
NASRHP stands with our members, and we are stronger as a collective.

NASRHPs ADVOCACY WITH HEALTH COMPLAINT ENTITIES

NASRHP recently met with state and territory HCEs to strengthen relationships, improve shared understanding, and explore ways to better support consumers, practitioners and professional associations.

The HCEs welcomed engagement with NASRHP and its members and recognised the role of professional associations in supporting safe, ethical and competent practice.

Key messages from these discussions included:

Key message	What this means for members
Health complaints processes vary across jurisdictions	• Each state and territory manages complaints differently, including referral pathways, thresholds, powers and regulatory responses. This reinforces the importance of professional associations understanding the referral pathways and expectations that apply in each jurisdiction where their members practise
Complaints about NASRHP member professions appear to be low	• Health complaints entities noted that they are limited in the data they can share, particularly where complaint numbers are low or information could identify individuals or organisations • They indicated that complaints about allied health professions, including NASRHP member professions,

	are generally low. This can make it difficult to identify profession-specific trends ● Public sources such as prohibition orders, public statements, annual reports and formal reports can help identify broader trends. Common issues may include infection control, financial exploitation, inappropriate touching, boundary concerns and other conduct-related matters
Associations should continue to refer conduct concerns	● HCEs reminded professional associations of the importance of referring matters where there are concerns about practitioner conduct, public safety or consumer protection ● Depending on the jurisdiction and matter, health complaints entities may assess, investigate, conciliate, issue warnings or conditions, make prohibition orders or public statements, or refer matters to other bodies. ● Some entities would welcome more referrals from professional associations ● NASRHP noted that associations may receive concerning information that does not clearly meet referral thresholds or is affected by privacy, evidence or procedural fairness requirements. ● Ongoing dialogue will help clarify when and how matters should be referred
Exploring appropriate ways to share trends	● HCEs were interested to hear that NASRHP and its members collect and monitor complaints and conduct-related information within their own frameworks ● NASRHP will continue to explore lawful and useful ways to share de-identified, aggregated insights about emerging risks or recurring themes. Any approach would need to protect confidentiality and focus on professional standards, consumer protection and system learning
Clinical standards and professional practice advice	● HCEs welcomed the opportunity to contact NASRHP and member bodies for advice on clinical standards, scope of practice and professional expectations ● This is an important area where professional associations can support decision-making by providing profession-specific context, particularly where self-regulating professions are less well understood
Education and resources for members	● HCEs are also interested in using NASRHP as a channel to share relevant information with professional associations ● Some jurisdictions have offered education, guidance or resources for associations and practitioners. NASRHP will help facilitate these opportunities where they are relevant and useful to members

	• NASRHP will continue building constructive relationships with health complaints entities and keep members informed of opportunities for engagement, education and collaboration

NEWSLETTER CONTENT: HAVE YOUR SAY!

We want to ensure that the newsletter is relevant, useful and worth your time. If you have ideas for future content or updates that may be of interest to members, we welcome your suggestions and contributions. Please send these to **info@nasrhp.org.au**

THANK YOU

Thank you for your continued support of NASRHP. We look forward to representing you as we strive for greater recognition for self regulating health professions. Together, we are making a difference.

Warm regards,
NASRHP Board
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https://nasrhp.org.au/

NASRHP
NATIONAL ALLIANCE OF SELF REGULATING HEALTH PROFESSIONS