

# *Working Paper Series*

January 2024

# Health Practitioner Regulation Systems

## Annexes



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January - 2024

Anne-Louise Carlton, RMIT University  
Kathleen Leslie, Athabasca University  
Ivy Lynn Bourgeault, University of Ottawa  
Madhan Balasubramanian, Flinders University  
Raha Mirshahi, University of Ottawa  
Stephanie D. Short, University of Sydney  
Jenny Carè, University of Technology Sydney  
Vivian Lin, University of Hong Kong

ISBN: 978-1-7774168-1-2

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## Annex 1: Key topics informing the literature search, inclusion criteria and evidence synthesis

Scope	Related policy questions	Review outputs
<b>Topic 1: Terminology and definitions</b>		
Key terms such as health practitioner, occupational regulation, statutory regulation, occupational licensing, health practitioner regulation, accreditation and health workforce regulation.	<ul style="list-style-type: none"> <li>• How are key terms such as ‘health practitioner’, ‘occupational regulation’, ‘statutory registration’, ‘occupational licensing’, ‘health practitioner regulation’, ‘accreditation’ and ‘health workforce regulation’ defined?</li> <li>• Are there preferred terms and definitions?</li> </ul>	A suite of terms and definitions recommended for use in the glossary of terms of the WHO Global Guidance
<b>Topic 2: Scope and governance of regulatory systems</b>		
Regulatory theories, types of occupation regulation, regulatory management systems, regulatory policy-making and criteria/processes for regulatory assessment.	<ul style="list-style-type: none"> <li>• What constitutes ‘good regulation’?</li> <li>• What principles are used to describe what constitutes ‘good regulation’ and good regulatory practice? (For example: mandate; accountability; transparency; expertise; efficiency; effectiveness; targeting; proportionality; consistency; democratic legitimacy)</li> <li>• What typologies are available to describe or categorize the different types of occupational regulation? (For example, voluntary certification or self-regulation; co-regulation; occupational licensing/statutory registration; negative licensing etc)</li> <li>• To what extent is there a consensus on a typology for models/types of occupational regulation?</li> <li>• What rules apply to the process of regulatory policy making (for example, the criteria for determining the scope of occupational licensing schemes)?</li> <li>• What role do regulatory management systems that include regulatory impact assessment play in ensuring regulation is well designed and implemented and remains fit for purpose?</li> </ul>	<ul style="list-style-type: none"> <li>➤ Recommended typology for describing and categorising models/types of occupational regulation across diverse systems of government – for use in designing, implementing, reviewing and strengthening occupational regulation systems.</li> <li>➤ Recommendations/guidance on principles/criteria for assessing what constitutes ‘good’ regulation – for use in designing, implementing, reviewing and strengthening occupational regulation systems.</li> <li>➤ Recommendations/guidance on good regulatory practice and regulatory management systems - for use in managing the design, implementation, review and strengthening of occupational regulation systems and ensuring the</li> </ul>

		accountability and transparency of regulators.
<b>Topic 3: Regulatory institutions</b>		
Identifiable institutional and governance types/models, trends, best practice innovations.	<ul style="list-style-type: none"> <li>• Through what types of institutional arrangements do countries deliver regulatory functions to assure the quality of their health workforces – who does what?</li> <li>• Are there distinct approaches or models evident, and how do these vary with different systems of government (common law; civil code; Islamic; transitional economies) and different stages of development of health systems (basic health systems; emerging health systems; mature health systems) (for example, Anglo-American, Continental models and models adopted in transitional economies etc)?</li> <li>• If so, how are these various <b>models</b> characterized and what are their distinguishing features, similarities and differences, strengths and weaknesses.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Proposed typology for describing and better understanding how countries with different systems of law and institutional configurations deliver occupational regulation functions.</li> <li>➤ Recommendations/options for structure and governance of regulatory institutions and regulatory systems.</li> <li>➤ Recommendations/guidance for where countries with different legal systems and with basic, developing and mature health systems may best direct their regulatory resources and reform efforts.</li> </ul>
<b>Topic 9: Regulatory system linkages</b>		
Other regulators; health payers; other QA systems; trends; best practice/innovations	<ul style="list-style-type: none"> <li>• What are the <b>'system linkages'</b>, between a health workforce regulatory regime and other systems of quality assurance within and beyond the health system, for instance, what are the linkages with: <ul style="list-style-type: none"> <li>○ health facilities licensing and accreditation</li> <li>○ medicines regulation</li> <li>○ third party payers (public and private health insurers, pharmaceutical benefits schemes)</li> <li>○ public health regulation</li> <li>○ law enforcement</li> <li>○ public prosecutors</li> <li>○ professional representation – unions and professional associations</li> <li>○ employers and their representative bodies</li> <li>○ health service accreditation</li> </ul> </li> <li>• What international or cross-border <b>cooperative arrangements</b> are in operation? For example: <ul style="list-style-type: none"> <li>○ mutual recognition schemes</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>➤ Recommendations/guidance on important linkages between health workforce regulators and other regulators and systems of quality assurance within and beyond the health system, including the linkages with health facilities licensing; public health regulation; medicines and therapeutic goods regulation; public and private health insurers; compensation systems for medical negligence; health workforce planning and development.</li> <li>➤ Recommendations/guidance on best practices in system linkages and how the tools of occupational regulation</li> </ul>

	<ul style="list-style-type: none"> <li>○ joint standard setting bodies</li> <li>○ accreditation/certification bodies</li> <li>○ associations of regulators</li> <li>○ professional representative bodies</li> <li>● What are the <i>issues, challenges, innovations, key considerations</i>?</li> </ul>	<p>may be used to improve clinical governance and support government health workforce planning, development and reform.</p>
<p><b>Topic 5: Registration and monitoring of continuing competence of practitioners</b></p>		
<p>Types of occupational licensing approaches, and factors that inform the development of these models and how they have been applied in countries with diverse geographic, linguistic, political and economic systems.</p>	<ul style="list-style-type: none"> <li>● What <i>key features</i> of occupational licensing regimes are evident? For example: <ul style="list-style-type: none"> <li>○ mandate – legislative basis, purposes, objectives?</li> <li>○ scope – who is regulated?</li> <li>○ governance – what distinct models of governance are evident?</li> <li>○ operational functions – what regulatory functions are evident? <ul style="list-style-type: none"> <li>▪ standard setting and guidance</li> <li>▪ registration and maintenance of the register</li> <li>▪ accreditation of education institutions and programs</li> <li>▪ complaints handling and disciplinary functions (fitness to practise)</li> <li>▪ monitoring compliance and enforcement</li> </ul> </li> </ul> </li> <li>● How are regulatory regimes <i>financed</i>?</li> <li>● What is the nature of the linkages between the regulator and other quality assurance mechanisms (eg facilities licensing, medicines regulation, therapeutic goods, health insurers (public and private), law enforcement etc)</li> <li>● What are the <i>issues, challenges, innovations</i>, key considerations?</li> </ul>	<p>Recommendations/guidance on key considerations, common principles and core elements to support the design, implementation and strengthening of occupational licensing systems, taking account of diverse geographic, linguistic, political and economic systems.</p>
<p><b>Topic 6: Accreditation of health practitioner education (HPE) programs</b></p>		
<p>Role of regulator; governance models; accreditation standards &amp; processes; best practice; trends; best practice/innovations; relationship dynamics.</p>	<ul style="list-style-type: none"> <li>● How do different countries set and enforce qualification standards for entry-to-practice in the regulated and unregulated health professions?</li> <li>● Are national examinations conducted or accreditation of education providers, or a combination of these?</li> <li>● If education providers and their programs are ‘accredited’, who does this, and under what institutional governance arrangements?</li> <li>● How do these arrangements work to ensure practitioners entering practice are trained and competent to deliver health services?</li> <li>● What does best practice look like in accreditation of education programs and what is the role of regulators in achieving this? How effective are different regulatory regimes in delivering best practice accreditation?</li> </ul>	<p>Recommendations/guidance on common principles, core functions, key considerations, innovations and best practice in setting and monitoring qualification standards for entry to practice in the health professions.</p>
<p><b>Topic 4: Regulation of scopes of practice</b></p>		

<p>Approaches to regulating professional scopes of practice; nexus with HRH availability, distribution, workforce flexibility; trends; best practice/innovations</p>	<ul style="list-style-type: none"> <li>• What is the role of regulation in supporting HRH availability, distribution and performance?</li> <li>• What does health workforce reform look like?</li> <li>• How do different models of health workforce regulation facilitate, support, hinder or block health workforce reform, via regulation of professional scopes of practice or other mechanisms?</li> <li>• What are the barriers and facilitators to task shifting for health system responsiveness?</li> <li>• What constitutes <b>health workforce reform</b> and through what processes or mechanisms is it achieved (eg interprofessional collaboration, delegation, substitution, task transfer)?</li> <li>• What does it mean to have a ‘flexible, responsive and sustainable’ health workforce?</li> <li>• How are professional <b>scopes of practice</b> determined – what factors shape or influence scopes of practice and what is the role of health workforce regulation in this process?</li> <li>• What is the relationship between health workforce regulation and health workforce reform?</li> <li>• To what extent do the different models of health workforce regulation support, facilitate, hinder or block the achievement of a flexible, responsive and sustainable health workforce and how?</li> <li>• What are the <b>issues, challenges, innovations, key considerations</b>?</li> </ul>	<ul style="list-style-type: none"> <li>➤ Recommendations/guidance on which models/approaches to regulating professional scopes of practice work best to facilitate workforce reform and more a flexible, responsive and sustainable health workforce.</li> <li>➤ Recommendations/guidance for designing/strengthening regulatory regimes to better facilitate health workforce reform and the achievement of health system goals.</li> </ul>
<p><b>Topic 7: Regulation of complaint-handling and discipline</b></p>		
<p>Role of regulator; governance models; disciplinary pathways; standard/s against which fitness to practice/suitability to practice is judged; procedural fairness; investigation powers; performance assessment (competence); health assessment (impairment); hearings; available sanctions; appeal mechanisms; prosecution for offences.</p>	<ul style="list-style-type: none"> <li>• What systems apply in different countries to deal with health practitioners who are practicing below accepted professional standards?</li> <li>• What key features are evident in the architecture of complaint-handling and disciplinary/fitness to practice systems?</li> <li>• Are distinct models or approaches evident?</li> <li>• What benchmarks apply for assessing departures from accepted professional standards against which professional conduct is assessed?</li> <li>• Are there distinct pathways or streams for dealing with poor conduct, poor performance or ill-health/impairment?</li> <li>• What <b>issues, challenges</b> and tensions are evident in the operation of complaint-handling and disciplinary systems?</li> <li>• What constitutes best practice and what <b>innovations</b> and trends are evident?</li> <li>• How effective are different regulatory regimes in delivering best practice complaint-handling and disciplinary processes?</li> </ul>	<p>Recommendations/guidance on common principles, core functions, key considerations, innovations and best practice in the management of complaint-handling and discipline.</p>
<p><b>Topic 8: Regulation of traditional and complementary medicine practitioners</b></p>		

<p>Types of regulation and where these apply; integration frameworks; challenges; trends; best practice/innovations</p>	<ul style="list-style-type: none"> <li>• What approaches are adopted in different countries to ensure T&amp;CM practitioners are safe and competent to practise?</li> <li>• What types of occupational regulation apply to practitioners of T&amp;CM and where?</li> <li>• What are the <b>similarities and differences</b> in approach, across countries?</li> <li>• What is the role of regulation in facilitating professionalisation of this workforce and integration of established TM professions into wider systems of health service delivery?</li> <li>• What are the <b>issues, challenges, innovations, key considerations</b>?</li> <li>• How successful are different regulatory systems in facilitating professionalization of TM workforce and integration of established TM professions into wider systems of health service delivery?</li> </ul>	<ul style="list-style-type: none"> <li>➤ Description of state of play with occupational regulation of T&amp;CM professions and practitioners – where regulation applies and what type.</li> <li>➤ Recommendations/guidance on best practice regulatory models for T&amp;CM practitioners and how countries may design regulatory systems to foster the integration of T&amp;CM practitioners into broader health systems.</li> </ul>
<p><b>Topics 10 &amp; 11: Impact of regulation on health workforce and health system outcomes, including the effectiveness of regulator responses to the COVID-19 pandemic</b></p>		
<p>Quality; quantity; safety; capability; efficiency; evaluation methods; findings; outcomes</p>	<ul style="list-style-type: none"> <li>• What <b>evaluation models, approaches, principles and criteria</b> are available (regulatory impact assessment, cost benefit analysis, UK PSA’s ‘light touch’ regulation etc)?</li> <li>• Where have the various <b>evaluation models</b> been <b>applied</b> in health workforce regulation and what are the main findings and conclusions about the performance of health practitioner regulatory regimes?</li> <li>• What is <b>regulatory capture</b> and where has it occurred in health practitioner regulation?</li> <li>• What is <b>regulatory failure</b> and where have <b>regulatory failures</b> occurred in health practitioner regulation? Have they been investigated? Are there published reports? What has been learned from these failures?</li> <li>• What are the challenges and demands faced by health practitioner regulators as a result of the <b>COVID-19 pandemic</b> and how have regulators responded to these challenges and demands?</li> <li>• How effective have different regulatory systems and regulators been in responding to the challenges and demands of regulating the workforce during the COVID-19 pandemic?</li> </ul>	<p>Recommendations/guidance on best practice regulatory models and how countries may design better systems to deliver regulatory functions of standard setting, monitoring and compliance, to facilitate achievement of health system goals.</p> <p>Recommendations/guidance on best practice regulatory responses to supporting a surge health workforce during emergencies.</p>

Annex 2: Websites searched for grey literature by type of organization & search results and list of hand-searched reference sources

NO.	NAME OF ORGANIZATION	TYPE OF ORGANIZATION	SEARCH RESULTS
<b>English grey literature websites</b>			
1.	<a href="#">Organization for Economic Co-operation and Development</a>	International organization	Searched; results found
2.	<a href="#">World Bank</a>	International organization	Searched; results found
3.	<a href="#">UTS WHO Collaborating Centre for Nursing, Midwifery and Health Development (UTS: University of Technology, Sydney)</a>	Research institute	Searched; results found
4.	<a href="#">WHO: Regional Office for the Western Pacific</a>	International organization	Searched; results found
5.	<a href="#">World Health Organization</a>	International organization	Searched; results found
6.	<a href="#">WHO: Regional Office for the Eastern Mediterranean</a>	International organization	Searched; results found
7.	<a href="#">WHO: Regional Office for Africa</a>	International organization	Searched; results found
8.	<a href="#">Papua New Guinea Nursing Council</a>	National regulatory body	Searched; results found
9.	<a href="#">South African Nursing Council</a>	National regulatory body	Searched; results found
10.	<a href="#">Global Health Workforce Alliance (transitioned to organization below GHWN)</a>	Advocacy organization	Searched; results found
11.	<a href="#">Global Health Workforce Network</a>	International association	Searched; results found
12.	<a href="#">Pan-American Health Organization (PAHO)</a>	International organization	Searched; results found
13.	<a href="#">NIVEL (Kennis voor betere zorg)</a>	Research institute	Searched; results found
14.	<a href="#">Support for the health workforce planning and forecasting expert network</a>	Regional organization	Results of peripheral interest
15.	<a href="#">Capaciteits orgaan</a>	Other	Searched; results found
16.	<a href="#">European Observatories of Health Policy and Systems</a>	Regional organization	Searched; results found
17.	<a href="#">Asia-Pacific Observatories on Health Systems and Policies</a>	Regional organization	Searched; results found
18.	<a href="#">Association of Southeast Asian Nations (ASEAN)</a>	Regional organization	Searched; results found
19.	<a href="#">Asian Productivity Organization</a>	Regional organization	Searched; results found
20.	<a href="#">East, Central and Southern African Health Community (ECSA-HC)</a>	Regional organization	Searched; results found
21.	<a href="#">World Medical Association</a>	International association	Searched; results found

22.	<a href="#">International Council of Nurses</a>	International association	Searched; results found
23.	<a href="#">International Council of Midwives</a>	International association	Searched; results found
24.	<a href="#">Minnesota Department of Health</a>	Sub-national regulatory body	Searched; results found
25.	<a href="#">New York State Education Department Office of Professions</a>	Sub-national regulatory body	Searched; results found
26.	<a href="#">Virginia Department of Health Board of Health Professions</a>	Sub-national regulatory body	Searched; results found
27.	<a href="#">Council on Licensure, Enforcement and Regulation (CLEAR)</a>	International association	Searched; results found
28.	<a href="#">International Association of Medical Regulatory Authorities (IAMRA)</a>	International association	Searched; results found
29.	<a href="#">UK Department of Health and Social Care</a>	National government	Searched; results found
30.	<a href="#">UK Professional Standards Authority (PSA)</a>	National regulatory body	Searched; results found
31.	<a href="#">UK Government - Better Regulation Executive</a>	National government	Searched; results found
32.	<a href="#">UK General Medical Council (GMC)</a>	National regulatory body	Searched; results found
33.	<a href="#">UK Health and Care Professions Council</a>	National regulatory body	Searched; results found
34.	<a href="#">Allied Health Professions Australia</a>	National association	Searched; results found
35.	<a href="#">Australian Government</a>	National government	Searched; results found
36.	<a href="#">Australian Health Practitioner Regulation Agency</a>	National regulatory body	Searched; results found
37.	<a href="#">Department of Health Victoria - Australia</a>	Sub-national government	Searched; results found
38.	<a href="#">New South Wales Government Department of Health</a>	Sub-national government	Searched; results found
39.	<a href="#">NSW Health Care Complaints Commission</a>	Sub-national regulatory body	Searched; results found
40.	<a href="#">Queensland Office of the Health Ombudsman</a>	Sub-national regulatory body	Searched; results found
41.	<a href="#">Victorian Health Complaints Commissioner</a>	Sub-national regulatory body	Searched; results found
42.	<a href="#">Victorian Disability Worker Commission &amp; Victorian Disability Worker Registration Board</a>	Sub-national regulatory body	Searched; results found
43.	<a href="#">British Columbia Ministry of Health</a>	Sub-national government	Searched; results found
44.	<a href="#">Ontario Ministry of Health</a>	Sub-national government	Searched; results found
45.	<a href="#">New Zealand - Ministry of Health</a>	National government	Searched; results found
46.	<a href="#">National Council of State Boards of Nursing (NCSBN)</a>	National meta-regulatory body	Searched; results found
47.	<a href="#">Federation of State Medical Boards (FSMB)</a>	National meta-regulatory body	Searched; results found

48.	<a href="#">Centre for Health Workforce Studies</a>	Research institute	Searched; results found
49.	<a href="#">Global Health Council</a>	Advocacy organization	Results of peripheral interest
50.	<a href="#">Southern African Development Community (SADC)</a>	Regional organization	Results of peripheral interest
51.	<a href="#">The World AMTC Network</a>	International association	Searched; results found
52.	<a href="#">World Physiotherapy</a>	International association	Searched; results found
53.	<a href="#">World Council of Optometry (WCO)</a>	International association	Searched; results found
54.	<a href="#">World Organization of Family Doctors (WONCA)</a>	International association	Searched; results found
55.	<a href="#">World Federation for Medical Education</a>	International organization	Searched; results found
56.	<a href="#">World Naturopathic Federation</a>	International association	Searched; results found
57.	<a href="#">Ministry of Health Singapore</a>	National government	Searched; results found
58.	<a href="#">Department of Health, Government of Hong Kong SAR</a>	Sub-national government	Searched; results found
59.	<a href="#">Kenya Health Professions Oversight Authority</a>	National regulatory body	Searched; results found
60.	<a href="#">Kenya Ministry of Health</a>	National government	Searched; results found
61.	<a href="#">RAND Europe</a>	International organization	Searched; results found
62.	<a href="#">Medicins Sans Frontiers</a>	International organization	Searched; nothing found
63.	<a href="#">International Alliance of Patients' Organizations (IAPO)</a>	International organization	Searched; nothing found
64.	<a href="#">Economic Community of West African States (ECOWAS)</a>	International organization	Searched; nothing found
65.	<a href="#">Africa Health Organization (OAS)</a>	Regional organization	Searched; nothing found
66.	<a href="#">West African Health Organization (WAHO)</a>	Regional organization	Searched; nothing found
67.	<a href="#">International Association of National Public Health Institutes</a>	Regional organization	Searched; nothing found
68.	<a href="#">Lowy Institute (International Development Mapping)</a>	International organization	Searched; nothing found
69.	<a href="#">Health Education Workforce</a>	Research institute	Searched; nothing found
70.	<a href="#">NHS Providers</a>	Leadership Organizations/Advocacy groups	Searched; nothing found
71.	<a href="#">World Psychiatric Association (WPA)</a>	National association	Searched; nothing found
72.	<a href="#">International College of Surgeons (ICS)</a>	International professional association	Searched; nothing found

73.	<a href="#">International Society for Quality in Health Care</a>	Regional organization	Searched; nothing found
74.	<a href="#">World Federation of Public Health Associations (WFPHA)</a>	International organization	Searched; nothing found
75.	<a href="#">FDI World Dental Federation</a>	International association	Searched; nothing found
76.	<a href="#">Frontline Health Workers Coalition</a>	International association	Searched; nothing found
77.	<a href="#">European Health Management Association</a>	Leadership Organizations/Advocacy groups	Searched; nothing found
78.	<a href="#">The Netherlands Organization for Health Research and Development</a>	Research Institutes	Searched; nothing found
79.	<a href="#">African Medical and Research Foundation</a>	National association	Searched; nothing found
80.	<a href="#">National Centre for Health Workforce Analysis - USA</a>	International organization	Searched; nothing found
<b>French literature websites</b>			
81.	<a href="#">Organisation panamericaine de la Santé (OPS/OMS) (aka PAHO)</a>	Organisation internationale	Résultats d'intérêt périphérique
82.	<a href="#">Médecins du monde (Canada)</a>	Organisation internationale	Résultats d'intérêt périphérique
83.	<a href="#">Médecins du monde</a>	Organisation internationale	
84.	<a href="#">euronews (fr)</a>	Autre	Recherché ; résultats trouvés
85.	<a href="#">euronews (eng - France)</a>	Autre	Recherché ; résultats trouvés
86.	<a href="#">EPSM Lillie-Métropole (Etablissement Public de Santé Mentale)</a>	Organisation internationale	
87.	<a href="#">Centre Collaborateur de l'Organisation Mondiale de la Santé pour la recherche et la formation en santé mentale</a>	Autre	Résultats d'intérêt périphérique
88.	<a href="#">élus santé publique &amp; territoires</a>	Association national	Résultats d'intérêt périphérique
89.	<a href="#">Fabrique territoires santé</a>	Autre	Résultats d'intérêt périphérique
90.	<a href="#">Psycom (Santé Mentale Info)</a>	Institut de recherche	
91.	<a href="#">NANTES Faculte de Pharmacie</a>	Institut de recherche	
92.	<a href="#">GCS Pour la Recherche et al Formation en Sante Mentale</a>	Institut de recherche	
93.	<a href="#">Ministere des Solidarités et de la Santé</a>	Gouvernement national	Recherché ; résultats trouvés
94.	<a href="#">Agence Universitaire de la Francophonie</a>	Association internationale	Recherché ; résultats trouvés
<b>Spanish literature websites</b>			

95.	<a href="#">Organizacion Panamericana de la Salud (OPS/OMS) (aka PAHO)</a>	Organización internacional	Buscado; resultados encontrados
96.	<a href="#">MERCOSUR</a>	Asociación regional	Resultados de interés periférico
97.	<a href="#">CARICOM</a>	Asociación regional	Resultados de interés periférico
98.	<a href="#">Agencia de la Salud Pública del Caribe (CARPHA)</a>		
99.	<a href="#">Congreso de le Republica</a>	Gobierno nacional	Resultados de interés periférico
100.	<a href="#">El Peruano</a>	Otro	Resultados de interés periférico
101.	<a href="#">Autoridad Nacional del Servicio Civil - SERVIR</a>	Asociación nacional	Buscado; resultados encontrados
102.	<a href="#">PeruPaisDigital</a>	Gobierno nacional	Buscado; resultados encontrados
<b>Sources for hand-searched references (references identified via citation tracking or technical experts)</b>			
1.	Kings College London	Research institute	Hand-searched citation tracking
2.	Institute of Medicine	Research institute	Hand-searched citation tracking
3.	BBC	Media organization	Hand-searched citation tracking
4.	Global Times	Media organization	Hand-searched citation tracking
5.	National Conference of State Legislatures	National government	Hand-searched citation tracking
6.	Harvard Law	University	Hand-searched citation tracking
7.	State of New Mexico	National government	Hand-searched citation tracking
8.	The India Forum	Media organization	Hand-searched citation tracking
9.	Our Hong Kong Foundation	Research institute	Hand-searched citation tracking
10.	Australian Commission on Safety and Quality in Health Care	National standards body	Hand searched citation tracking
11.	American Medical Association	National professional association	Hand searched citation tracking
12.	CPME Standing Committee of European Doctors	Regional professional association	Hand searched citation tracking
13.	National Bureau of Economic Research	Research institute	Hand searched citation tracking
14.	Centre for Open Science	Research institute	Hand searched citation tracking
15.	Warwick Business School, University of Warwick	University	Hand searched citation tracking
16.	Australian College of Nursing	National professional association	Hand searched citation tracking

## Annex 3: Chinese literature search methodology, results and key themes

### Search Platforms

a) Google Scholar

b) HKU Library Online Search Platform. Accessed to:-

i. National Social Sciences Database

ii. 中国知网 (China Knowledge Site)

iii. 北大法宝 (Peking University Legal Database)

### Search Terms

a) Parties:

“医院”(Hospital) ; “医疗机构”(Medical Institution) ; “医生集团”(Healthcare Organization) ; “医务人员”(Healthcare Worker) ; “医护人员”(Healthcare Provider) ;

“医生”(Doctor) ; “护士”(Nurse) ; “病患”(Sick) ; “病人”(Patient) ; “卫生部门”(Public Health Department) ; “医药代表”(Drug Representative)

b) General Issues:

“法律责任”(Legal Responsibility) ; “法律义务”(Legal Duty) ; “刑事责任”(Criminal Responsibility) ; “民事责任”(Civil Responsibility) ; “侵权”(Infringement) ;

“行政处罚”(Administrative Penalties) ; “医疗纠纷”(Medical Dispute) ; “医患关系”(Doctor-Patient Relationship) ; “争议解决”(Dispute Resolution) ; “医疗事故”(Medical Malpractice) ;

“医疗过失”(Medical Negligence) ; “医疗损害”(Medical Damage) ; “医疗过错”(Medical Error) ; “医疗赔偿”(Medical Compensation) ; “医疗诉讼”(Medical Litigation)

c) Special issues:

“举证责任”(Burden of Proof) ; “双轨制”(Two-Track System) ; “非法行医”(Illegal Medical Practice) ; “医药行贿”(Drug Bribery) ; “红包”(Red Packet) ; “医疗事故责任险”(Medical Malpractice Liability Insurance) ; “多点执业”(Multi-Site Practice)。

### Method Applied

Guided by frameworks on conducting and reporting on systematic reviews (Strech and Sofaer, 2012; Tranfield et al., 2003), we began by formulating a search strategy for themes that relate to healthcare professional governance in papers that were available via the search platforms indicated above. Besides the search terms set out above, the strategy included notions that appeared relevant to us in light of cursory scoping (these were mainly the terms that relate to the “Special issues” set out out).

The review process began in 2002, and the cutoff was 2021. No relevant papers were found in 2003. The search strategy returned 312 publications. After removing duplicates (14) and

excluding items due to missing full-text (33), 265 full-text publications were screened. Of these 196 publications were found to be relevant. Only publications in English or Chinese were included. We did not assess the quality of discussions or arguments, given our goal of broadly identifying themes that relate to healthcare professional governance. A paper was excluded if it did not discuss professional governance or a relevant issue (e.g. business models or purely operational concerns). Included papers were read and analysed with a focus on the passages that relate to healthcare professional governance. Our goal was to develop thematic categories that relate to healthcare professional governance, but without presupposing a particular theory of governance. To this end, we proceeded inductively by observing the data and across several iterations capturing similarities and differences that caught our attention.

## Themes identified

### *Theme 1: Healthcare providers' legal liability (n = 69)*

There has been a lot of discussion on the type of law (and, by extension, the nature of legal liability) that should be adopted to ensure safe healthcare practices and maintain professional standards. In China, the nature of legal liability for healthcare providers and healthcare institutions may be criminal, civil or administrative. Three sub-topics under this theme are: (1) Healthcare providers' civil liability, (2) (De)criminalisation of medical wrongs/mistakes, and (3) Administrative penalties against healthcare providers.

### *Theme 2: Provider-patient relationship and patients' rights (n = 121)*

"Mutual trust" is the touchstone for quality healthcare. In the past decades, the privatisation of healthcare industry, widespread adoption of social media, and the decrease of medical paternalism have reshaped provider-patient relationship significantly. Theme 2 relates to papers that address these changes primarily with two main focal concerns: (1) Trust between healthcare providers and patients, and (2) Patients' rights (Patients' autonomy, Right to (emergency) treatment, Right to Privacy). The second sub-topic may overlap with Theme 3, and "Advanced medicine and artificial intelligence in healthcare delivery", which is a sub-topic under Theme 6.

### *Theme 3: Disputes in health services delivery (n = 64)*

Theme 3 relates to the process of health services delivery (roughly in the following manner, as we surmised from the papers: patient recognition - assessment and diagnosis - treatment - post-treatment management and monitor) and potential disputes that may arise at each stage of the delivery process. There are three sub-topics: (1) Managing Healthcare Services Delivery (medical record management, appointment and registration, healthcare data protection, and inpatient management), (2) Treatment-related Disputes, and (3) Non-malpractice medical disputes. Under the second sub-topic, disputes are categorised based on the department or specialties where disputes are common, e.g. O.G., Neurosurgery, etc.

*Theme 4: Governance of healthcare institutions (n = 142)*

Hospital operations, including the control and management of day-to-day healthcare services are recognised to be increasing complex and demanding in the face of the continuously changing “marketscape”. It seems to us that four institutional management hot-spots in the past years are: (1) Healthcare providers’ credentials and qualifications, (2) Internal reporting system of adverse events, (3) Medical practice in multiple places and/or settings, and (4) Anti-corruption and appropriate governance.

*Theme 5: Medical dispute resolution - forum and substance (n = 47)*

There is general recognition that courts are not the only forum capable of resolving medical disputes. Other forums, such as mediation and arbitration, also provides possible avenues for the injured to seek reliefs. However, the time-consuming feature and the inherently unbalanced power dynamic between patients and healthcare providers would sometimes frustrate the claimants’ confidence in the fairness of the resolution process and/or outcome. Increase in use of physical force or violence against healthcare providers in recently years is illustrative of dissatisfaction with traditional, hospital/authority-led proceedings. Theme 5 is also concerned with the means that have been used for medical dispute resolution and related procedures (where applicable). Such means may or may not be legal. For instance, aggrieved patients or families may resort to paying individuals to harass healthcare providers, and vice versa. Issues under this theme may be clustered into three sub-topics: (1) Medical dispute resolution mechanisms, (2) Evidence and reversed burden-of-proof in medical dispute resolution, and (3) Damages and reliefs.

*Theme 6: Expansion and development of healthcare Industry (n = 71)*

Theme 6 places emphasis on the expansion and development of healthcare industry. There are two focal points: (1) Cosmetic medicine, and (2) Advanced medicine and artificial intelligence in healthcare delivery.

## References

Strech D and Sofaer N (2012) How to write a systematic review of reasons. *Journal of Medical Ethics* 38(2): 121–126.

Moher D, Liberati A, Tetzlaff J, et al. (2009) Preferred reporting items for systematic reviews and metaanalyses: The PRISMA statement. *PLoS Medicine* 6(7):e1000097.

Legislation / Regulations	Professions/occupational groups regulated and scope of laws
<ul style="list-style-type: none"> <li>- Civil Code (Chapter 6 of Part VII in particular)</li> <li>- Criminal Law</li> <li>- Drug Administration Law</li> <li>- Law on Licensed Doctors (LLD)</li> <li>- Law on Traditional Chinese Medicine</li> <li>- Regulation on Nurses</li> <li>- Regulations on the Prevention and Handling of Medical Disputes (RPHMD)</li> <li>- Regulations for the Administration of Medical Institutions (RAMI)</li> <li>- Regulations on the Supervision and Administration of Medical Devices</li> </ul>	<ul style="list-style-type: none"> <li>- The National Health Commission (NHC) is the main authority that grants approval for the establishment of medical institutions in China; develops medical practice and service standards; issuing medical safety and medical service policy and organizational standards; and overseeing medical institution assessments and performance evaluations.</li> <li>- Under the RAMI, medical institutions must hold a valid license in order to deliver healthcare services. Such institutions have been stated as including hospitals, health centres, nursing homes, outpatient departments, clinics, emergency stations.</li> <li>- Under the RPHMD, medical institutions are to establish means of communicating with patients and to resolve medical disputes.</li> <li>- The Civil Code focuses on legal liability of medical institutions that arises from three types of harms: medical negligence, violation of the informed consent principle, and defective medical products and from blood transfusion.</li> <li>- Professional standards to which healthcare professionals are legally held accountable are primarily directed at medical institutions and individual clinics, rather than at individual healthcare practitioners.</li> <li>- Under the LLD, a person may sit for the medical practitioner licensing examination if she/he has a requisite degree and work experience as an assistant doctor or has practised medicine under the guidance of a practising doctor for a certain period of time. After passing the examination, a doctor can practice in a medical, preventive or healthcare institution after obtaining a medical practitioner’s licence from the healthcare administrative authority and upon completion of the registration process, details of which include the registered location, type of practice and scope of practice.</li> <li>- Registration remains valid indefinitely, but regular assessments on professional competencies, work performance and professional ethics are conducted by NHC-designated agencies. A medical practitioner who fails an assessment will be suspended from practice for three to six months, and will be required to attend training and continuing medical education.</li> <li>- After five years in medical practice, a doctor may apply for individual medical practice, provided that provincial requirements (examination and approval) are also met. An individual practicing doctor is an independent healthcare provider and will be responsible for the practice and her/his supporting staff.</li> <li>- A person may only practice as a nurse if she/he passes a qualification examination and completes a registration process. Prior to taking the examination, the person would have completed the prescribed professional nursing courses and been involved in clinical nursing practice for a certain period of time. Nursing practice registration is valid for five years, and renewal of registration is required with the health administrative authority after that period.</li> </ul>

Annex 4: Modified PICO tables of published literature sources by topic

See separate excel document: [Annex 4 - Academic Literature Sources](#)

Annex 5: Modified PICO tables of grey literature sources by topic

See separate excel document: [Annex 5 – Grey Literature Sources](#)

Annex 6: Scope of statutory registration schemes in selected jurisdictions – legislation and occupational groups regulated

Statutory registration laws & occupations regulated – Burkina Faso, Mali, Senegal, South Africa, Brazil, Canada (British Columbia), USA (New York State), Pakistan, Qatar, Somaliland, Czech Republic, United Kingdom, Australia, China (Hong Kong SAR), Malaysia, New Zealand, the Philippines, Singapore, Vietnam			
Legislation	Occupational groups regulated		
<b>AFRICAN REGION</b>			
<b>BURKINA FASO</b>			
<p>Five national orders:</p> <ul style="list-style-type: none"> <li>– Law No. 028-2012 <i>The Order of physicians of Burkina Faso</i></li> <li>– Law No. 027-2012 <i>The Order of pharmacists of Burkina Faso</i></li> <li>– Law No. 008-2012 <i>The Order of dental surgeons of Burkina Faso</i></li> <li>– Law No. 018-2012 <i>The Order of midwives and maieuticians of Burkina Faso</i></li> <li>– Law No. 017/2012 <i>The Order of nurses of Burkina Faso</i></li> </ul>	<ul style="list-style-type: none"> <li>– Physicians Council                             <ul style="list-style-type: none"> <li>• general practitioners</li> <li>• biologists</li> <li>• medical officers of health</li> </ul> </li> <li>– Medical specialty                             <ul style="list-style-type: none"> <li>• Radiologists</li> <li>• Paediatricians</li> <li>• Geriatrics</li> <li>• Allergists</li> <li>• Pulmonologists</li> <li>• Oncologists</li> <li>• Gynaecologists</li> <li>• Cardiologists</li> <li>• Gastroenterologists</li> <li>• Neurologists</li> <li>• Otolaryngologists</li> <li>• Ophthalmologists</li> <li>• Nephrologists</li> <li>• Cardiac surgeon</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>– Dental Surgeons Council                             <ul style="list-style-type: none"> <li>• dental technicians</li> <li>• dental specialists</li> <li>• dental therapists</li> </ul> </li> <li>– Pharmacists Council                             <ul style="list-style-type: none"> <li>• biological pharmacists</li> <li>• community pharmacists</li> <li>• pharmacy assistants</li> <li>• general pharmacists</li> <li>• specialist pharmacists</li> </ul> </li> <li>– Midwives Council                             <ul style="list-style-type: none"> <li>• midwives</li> <li>• maieuticians</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>– Traditional medicine                             <ul style="list-style-type: none"> <li>• Herbalists</li> <li>• Traditional therapist</li> </ul> </li> <li>– Other                             <ul style="list-style-type: none"> <li>• Caregiver</li> <li>• Naturopath</li> <li>• Obstetrician nurses</li> <li>• medical biology technicians</li> <li>• assistants</li> <li>• all specialty medical assistants</li> </ul> </li> </ul>
<b>MALI</b>			
<p>Five national orders:</p> <ul style="list-style-type: none"> <li>– Law No. 2017-030 of July 14, 2017 <i>The Order of physicians of Mali</i></li> <li>– Law No. 2017-031 of July 14, 2017 <i>The Order of pharmacists of Mali</i></li> <li>– Law No. 2017-032 of July 14, 2017 <i>The Order of dental surgeons of Mali</i></li> </ul>	<ul style="list-style-type: none"> <li>– Physicians Council                             <ul style="list-style-type: none"> <li>• General practitioners</li> <li>• Biologists</li> <li>• Medical officers of health</li> </ul> </li> <li>– Medical specialty                             <ul style="list-style-type: none"> <li>• Radiologists</li> <li>• Paediatricians</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>– Pharmacists Council                             <ul style="list-style-type: none"> <li>• Biological pharmacists</li> <li>• Community pharmacists</li> <li>• Licensed pharmacists</li> <li>• Pharmacy assistants</li> <li>• Veterinary pharmacists</li> </ul> </li> <li>– Nurses Council</li> </ul>	<ul style="list-style-type: none"> <li>– Traditional medicine                             <ul style="list-style-type: none"> <li>• Herbalists</li> <li>• Traditional therapists</li> </ul> </li> <li>– Other                             <ul style="list-style-type: none"> <li>• Anaesthetists</li> <li>• Physiotherapists</li> <li>• Caregivers</li> </ul> </li> </ul>

<ul style="list-style-type: none"> <li>- <i>Law No. 2017-033 of July 14, 2017 The Order of midwives of Mali</i></li> <li>- <i>Law No. 2017-034 of July 14, 2017 The Order of nurses of Mali</i></li> </ul>	<ul style="list-style-type: none"> <li>• Geriatrics</li> <li>• Allergists</li> <li>• Pulmonologists</li> <li>• Oncologists</li> <li>• Gynaecologists</li> <li>• Cardiologists</li> <li>• Gastroenterologists</li> <li>• Neurologists</li> <li>• Otolaryngologists</li> <li>• Ophthalmologists</li> <li>• Nephrologists</li> <li>• Cardiac surgeons</li> </ul>	<ul style="list-style-type: none"> <li>• Obstetrician nurses</li> <li>• Medical biology technicians</li> <li>• Assistants</li> <li>• All specialty medical assistants</li> <li>- Dental Surgeons Council</li> <li>• Dental technicians</li> <li>• Dental specialists</li> <li>• Dental hygienists</li> <li>• Dental therapists</li> <li>- Midwives Council</li> <li>• Midwives</li> </ul>	<ul style="list-style-type: none"> <li>• Eyewear opticians</li> <li>• Naturopaths</li> </ul>
<b>SENEGAL</b>			
<p>Four national orders:</p> <ul style="list-style-type: none"> <li>- <i>Law No. 66-69, July 4, 1966 The Order of Physicians of Senegal</i></li> <li>- <i>Law No. 56, December 12, 1973 The Order of Pharmacists of Senegal</i></li> <li>- <i>Law No. 81-70, November 25, 1981 The Order of Dental Surgeons of Senegal</i></li> <li>- <i>Law No. 04-2017 The Order of Midwives and Maieuticians of Senegal</i></li> </ul>	<ul style="list-style-type: none"> <li>- Physicians Council</li> <li>• General practitioners</li> <li>• Medical specialties <ul style="list-style-type: none"> <li>• surgeon</li> <li>• urologist</li> <li>• gynaecologist</li> <li>• obstetrician</li> <li>• ophthalmologist</li> <li>• otolaryngologist</li> <li>• phthisiologist (tuberculosis)</li> <li>• dermatologist</li> <li>• neuro-psychiatrist</li> <li>• electro-radiologist</li> <li>• venereologist</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- Dental Surgeons Council</li> <li>• stomatologist</li> <li>• odontologist</li> <li>- Pharmacists Council</li> <li>- Midwives and Maieuticians Council</li> <li>- Nurses Council</li> </ul>	
<b>SOUTH AFRICA</b>			
<p>Six laws: three are profession-specific laws, and three are umbrella laws which establish multi-profession regulators (Councils), with two Councils overseeing multiple 'professional boards':</p> <ul style="list-style-type: none"> <li>- <i>Health Professions Act 56 of 1974</i></li> <li>- <i>Allied Health Professions Act No.63 of 1982</i></li> <li>- <i>Dental Technicians Act No.19 of 1979</i></li> </ul>	<ul style="list-style-type: none"> <li>- Health Professions Act 56 of 1974</li> <li>- 87 health professions/occupations regulated under 12 professional boards</li> <li>- oral hygienists, dental therapists, dental assistants</li> <li>- dietitians, nutritionists</li> <li>- emergency care – basic ambulance assistants, ambulance emergency</li> </ul>	<ul style="list-style-type: none"> <li>- drama, music, art &amp; movement</li> <li>- optometrists, supplementary optometrists, dispensing opticians, supplementary optical dispensers, orthoptists</li> <li>- physiotherapists, physiotherapy technicians, podiatrists, biokineticists,</li> </ul>	<p><i>Pharmacy Act No. 53 of 1974</i></p> <ul style="list-style-type: none"> <li>- pharmacist interns</li> <li>- pharmacists</li> <li>- specialist pharmacists</li> <li>- pharmacist's assistants</li> </ul> <p><i>Allied Health Professions Act No.63 of 1982:</i></p>

<ul style="list-style-type: none"> <li>- Pharmacy Act No.53 of 1974</li> <li>- Nursing Act No.33 of 2005</li> <li>- Traditional Health Practitioners Act No. 22 of 2007</li> </ul> <p><b>NOTE:</b> the <i>Traditional Health Practitioners Act</i> is yet to be fully implemented</p> <p><b>NOTE:</b> Students are also registered.</p>	<ul style="list-style-type: none"> <li>assistants, operational emergency care orderlies, emergency care assistants, paramedics, emergency care technicians, emergency care practitioners</li> <li>- environmental health practitioners, food inspectors, environmental health assistants</li> <li>- medical, dental, and medical science – medical practitioners, clinical associates, medical specialists, dentist practitioners, dental specialists, genetic counsellors, medical physicists, medical biological scientists,</li> <li>- medical technology – cyto-technicians, medical technicians</li> <li>- occupational therapists, occupational therapy technicians, medical orthotics and prosthetics, orthopaedic footwear technicians, orthopaedic technical assistants, assistant medical orthotics &amp; prosthetics &amp; leatherwear, arts therapist</li> </ul>	<ul style="list-style-type: none"> <li>- psychologists, counsellors, psychometrists</li> <li>- radiographers, clinical technologists, electro-encephalographic technicians</li> <li>- speech therapists, audiologists, hearing aid acousticians, audiometrician, speech hearing correctionists, community speech and hearing worker, speech therapy assistant, speech and hearing assistants</li> </ul> <p><i>Dental Technicians Act No. 19 of 1979</i></p> <ul style="list-style-type: none"> <li>- dental technologist</li> <li>- dental technician</li> </ul> <p><i>Traditional Health Practitioners Act No.22 of 2007</i> (yet to be fully implemented)</p> <ul style="list-style-type: none"> <li>- diviner, herbalist</li> <li>- traditional birth attendant</li> <li>- traditional surgeon</li> </ul>	<ul style="list-style-type: none"> <li>- ayurveda, Chinese medicine and acupuncture, unani-tibb</li> <li>- chiropractic and osteopathy</li> <li>- homoeopathy, naturopathy and phytotherapy</li> <li>- therapeutic aromatherapy, therapeutic massage therapy, and therapeutic reflexology</li> </ul> <p><i>Nursing Act No. 33 of 2005</i></p> <ul style="list-style-type: none"> <li>- professional nurse</li> <li>- midwife</li> <li>- staff nurse</li> <li>- auxiliary nurse</li> <li>- auxiliary midwife</li> <li>- enrolled nurse</li> <li>- enrolled nursing auxiliary</li> <li>- pupil nursing auxiliary</li> <li>- nurse specialist</li> <li>- midwife specialist</li> </ul>
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**REGION OF THE AMERICAS**

**BRAZIL**

<p>Health professions in Brazil are regulated by a hierarchy of legislation and rules:</p> <ul style="list-style-type: none"> <li>- Constitution of the Federative Republic of Brazil -1988 (art. 22, XVI) – establishes the Union’s privative competency to enact laws about the organization of the national system of professions, valid in all 27 states and Federal District.</li> <li>- Federal legislation governing specific professions area enacted by the national parliament.</li> </ul>	<p>14 ‘self-regulated’ independent health professions and their respective subordinated professions regulated under 13 National Professional Councils</p> <ul style="list-style-type: none"> <li>- Biology</li> <li>- Biomedicine</li> <li>- Dentistry</li> <li>- Dentist</li> <li>- Oral Health Technician</li> <li>- Oral Health Assistant</li> <li>- Dental Prosthesis Technician</li> </ul>	<p>Examples of health occupations with regulatory professional claims in the Congress:</p> <ul style="list-style-type: none"> <li>- Acupuncturist</li> <li>- Art therapist</li> <li>- Biotechnologist</li> <li>- Cancer registrar</li> <li>- Cardiocirculatory and respiratory perfusion</li> <li>- Caregiver Elderly</li> </ul>	<p>Examples of other health occupations recognized by Brazilian Standard of Occupations</p> <ul style="list-style-type: none"> <li>- Acupuncturist</li> <li>- Caregiver Elderly</li> <li>- Chiropractor</li> <li>- Dental prosthetic</li> <li>- Laboratory assistant</li> <li>- Optometrist and Optician</li> <li>- Orthopedical Immobilization Technician</li> </ul>
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<ul style="list-style-type: none"> <li>- Professional Acts establish scopes of practice, conditions to exercise the professions and the regulatory authorities, the Professional Councils for the self-regulated professions and the bureaucratic or public administrative department</li> <li>- Non legislated codes of ethics and rules are enacted by the professional regulatory authorities to discipline their members.</li> </ul> <p>Professional Acts:</p> <ul style="list-style-type: none"> <li>- <i>Biology: Law n° 6.684/1979</i></li> <li>- <i>Biomedicine: Law n° 6.684/1979</i></li> <li>- <i>Dentistry: Law n° 4.324/1964, Law n° 5.081/1966</i></li> <li>- <i>Medicine: n° 3.268/1957, n° 12.842/2013</i></li> <li>- <i>Nursing: n° 2.604/1955, n° 5905/1973, n° 7.498/1986</i></li> <li>- <i>Nutrition: n° 6.583/1978, n° 8.234/1991</i></li> <li>- <i>Occupational Therapy: n° 938/1969, n° 6.316</i></li> <li>- <i>Pharmacy: n° 3.820/1960, n° 13.021/2014</i></li> <li>- <i>Physical Education: n° 9.696/1998</i></li> <li>- <i>Physiotherapy: n° 938/1969, n° 6.316/1975</i></li> <li>- <i>Psychology: n° 4.119/1962, n° 5.766/1971</i></li> <li>- <i>Social Work: n° 8.662/1993</i></li> <li>- <i>Speech Therapy: n° 6.965/1981</i></li> <li>- <i>Radiology Technician: n° 7.394/1985</i></li> </ul>	<ul style="list-style-type: none"> <li>- Dental Prosthesis Assistant</li> <li>- Medicine</li> <li>- Nursing</li> <li>- Nurse/Obstetric Nurse</li> <li>- Nursing Technician</li> <li>- Nursing Assistant</li> <li>- Midwife</li> <li>- Nutrition</li> <li>- Nutritionist</li> <li>- Nutrition and Dietetics Technician</li> <li>- Occupational Therapy</li> <li>- Pharmacy</li> <li>- Pharmacist</li> <li>- Laboratory technical assistants in pharmaceutical industrial laboratories, clinical analysis and control and research related to food drugs, toxics and medicines.</li> <li>- Physical Education</li> <li>- Physiotherapy</li> <li>- Psychology</li> <li>- Social Work</li> <li>- Speech Therapy</li> <li>- Radiology Technician</li> </ul>	<ul style="list-style-type: none"> <li>- Chiropractor</li> <li>- Community oral health worker</li> <li>- Doula</li> <li>- Gerontologist</li> <li>- Health services manager</li> <li>- Histotechnologist</li> <li>- Indigenous Health Agent / Indigenous Sanitation Agent</li> <li>- Midwife</li> <li>- Music therapist</li> <li>- Naturologist</li> <li>- Naturist therapist</li> <li>- Nutrition and Dietetics Technician</li> <li>- Optometrist and Optician</li> <li>- Osteopath</li> <li>- Personal attendant for the disabled</li> <li>- Pharmacy and drugstore assistant</li> <li>- Podiatrists</li> <li>- Prosthodontist/Orthodontist</li> <li>- Psychomotrician</li> <li>- Rehabilitation technician for drug addicts</li> <li>- Systemic Family Constellator or Systemic Therapist</li> <li>- Surgical technician</li> <li>- Technologists from the health axis (hospital management, radiology, biomedical &amp; ophthalmic systems)</li> </ul>	<ul style="list-style-type: none"> <li>- Psychoanalyst</li> <li>- Podiatrist</li> <li>- Pharmacy and drugstore assistant</li> <li>- Public health and environment agent</li> <li>- Technician in medical and dental equipment</li> </ul> <p>Examples of other health professions (bureaucratic regulation):</p> <ul style="list-style-type: none"> <li>- <i>Community Health Worker: n° 11.350/2006</i></li> <li>- <i>Endemic Agent: n° 11.350/2006</i></li> <li>- <i>Massage therapist: n° 3.968/1961</i></li> </ul>
<b>CANADA – Province of British Columbia</b>			
<p>One umbrella law under which 29 designated health professions are regulated and two profession-specific laws:</p> <ul style="list-style-type: none"> <li>- <i>Health Professions Act 1996 Chapter 183</i> establishes 18 regulatory colleges</li> </ul>	<ul style="list-style-type: none"> <li>- Acupuncturists</li> <li>- Audiologists</li> <li>- Chiropractic Doctors (chiropractors)</li> <li>- Certified Dental Assistants</li> <li>- Dental Hygienists</li> </ul>	<ul style="list-style-type: none"> <li>- Midwives</li> <li>- Naturopathic Physicians (naturopaths)</li> <li>- Nurse Practitioners</li> <li>- Nurses</li> </ul>	<ul style="list-style-type: none"> <li>- Physicians and Surgeons</li> <li>- Podiatric Surgeons (podiatrists)</li> <li>- Practical Nurses</li> <li>- Psychiatric Nurses</li> </ul>

<ul style="list-style-type: none"> <li>- <i>Social Workers Act 2008 Chapter 31</i> establishes the BC College of Social Work</li> <li>- <i>Emergency Health Services Act</i> establishes the Emergency Medical Assistants Board</li> </ul>	<ul style="list-style-type: none"> <li>- Dentists</li> <li>- Dental Technicians</li> <li>- Dental Therapists</li> <li>- Denturists</li> <li>- Dietitians</li> <li>- Hearing Instrument Practitioners</li> <li>- Massage Therapists</li> </ul>	<ul style="list-style-type: none"> <li>- Occupational Therapists</li> <li>- Opticians</li> <li>- Optometrists</li> <li>- Pharmacists</li> <li>- Pharmacy Technicians</li> <li>- Physical Therapists (physiotherapists)</li> </ul>	<ul style="list-style-type: none"> <li>- Psychologists</li> <li>- Speech-Language Pathologists</li> <li>- Traditional Chinese Medicine (TCM) Practitioners</li> <li>-</li> <li>- Registered Social Workers</li> <li>- Emergency medical assistants</li> </ul>
<b>USA – New York State</b>			
<p>A single legislative framework governing all the regulated professions: <i>Education Law Title VIII – The Professions.</i></p> <p>General provisions in four sub-articles. Separate articles one for each regulated profession. Rules and regulations governing disciplinary processes.</p>	<p>42 occupations regulated under 22 professional boards</p> <ul style="list-style-type: none"> <li>- acupuncture</li> <li>- chiropractic</li> <li>- clinical laboratory technology</li> <li>- dentistry</li> <li>- dietetics and nutrition</li> <li>- massage therapy</li> </ul>	<ul style="list-style-type: none"> <li>- medicine</li> <li>- medical physics</li> <li>- mental health practitioners</li> <li>- midwifery</li> <li>- nursing</li> <li>- occupational therapy</li> <li>- ophthalmic dispensing</li> <li>- optometry</li> <li>- pathologists assistant</li> </ul>	<ul style="list-style-type: none"> <li>- perfusion</li> <li>- pharmacy</li> <li>- physical therapy</li> <li>- podiatry</li> <li>- psychology</li> <li>- respiratory therapy</li> <li>- speech-language pathology and audiology</li> </ul>
<b>EASTERN MEDITERRANEAN REGION</b>			
<b>PAKISTAN</b>			
<p>Five laws establishing four multi-profession regulators and one profession-specific regulator:</p> <ul style="list-style-type: none"> <li>- <i>Pakistan Medical Commission Act, 2020</i></li> <li>- <i>The Pakistan Medical and Dental Council Ordinance, 1962 (Ordinance No. XXXII of 1962)</i></li> <li>- <i>The Pakistan Nursing Council Act, 1973 (Act No. XXVI of 1973)</i></li> <li>- <i>The Pharmacy Act, 1967</i></li> <li>- <i>The Unani Ayurvedic And Homoeopathic Practitioners Act of 1965 (Act No.II of 1965)</i></li> </ul>	<ul style="list-style-type: none"> <li>- Pakistan Medical Commission (PMC) <ul style="list-style-type: none"> <li>• Medical practitioners</li> </ul> </li> <li>- Dental practitioners (dentists)</li> <li>- Pakistan Nursing Council (PNC) <ul style="list-style-type: none"> <li>• Nurses</li> <li>• Midwives</li> <li>• Lady health visitors (LHVs)</li> <li>• Licensed practical nurses (LPNs)</li> <li>• Community midwives (CMWs)</li> <li>• Nursing auxiliaries</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- Pharmacy Council of Pakistan (PCP) <ul style="list-style-type: none"> <li>• Pharmacists</li> <li>• Pharmacy support personnel</li> <li>• Pharmacy premises</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- National Council for Tibb (NCT) <ul style="list-style-type: none"> <li>• Unani practitioners (Tabibs/Hakims)</li> <li>• Ayurvedic practitioners</li> </ul> </li> <li>- National Council for Homoeopathy (NCH) <ul style="list-style-type: none"> <li>• Homoeopaths</li> </ul> </li> </ul>
<b>QATAR</b>			

<p>Qatar Ministry of Public Health administers licensing scheme for 67 occupations under the following laws &amp; Ministerial Decisions:</p> <ul style="list-style-type: none"> <li>- <i>Law No. 2 of 1983 with respect to the Practise of the Profession of Medicine and Dental Medicine and Surgery</i></li> <li>- <i>Decision of the Minister for Public Health No. 2 of 1983 on establishing the Permanent Licensing Committee at the Ministry of Public Health and determining its competencies</i></li> <li>- <i>Law No. 3 of 1983 with regard to regulating the pharmacology professions, mediators and agents of the drug factories</i></li> <li>- <i>Law No. 8 of 1991 concerning the regulation of practising Allied Health Professions</i></li> <li>- <i>Decision No. 7 of 2013 establishing the Qatar Council for Health Specialties</i></li> <li>- <i>Decision No. 9 of 2018 of the Minister of Public Health adding some allied health professions</i></li> </ul>	<ul style="list-style-type: none"> <li>- Medical doctors</li> <li>- Dentists</li> <li>- Pharmacists</li> <li>- Nursing</li> <li>- Midwives</li> <li>- Optometrists</li> <li>- Dental technicians</li> <li>- Radiographers</li> <li>- Physiotherapy technicians</li> <li>- Laboratory technicians</li> <li>- Audiology technicians</li> <li>- Prosthetic technicians</li> <li>- Paramedics</li> <li>- Public health technicians</li> <li>- Speech-Language Pathologist</li> <li>- Speech Therapy Technician</li> <li>- Medical Social Worker</li> <li>- Prosthetist &amp; Orthotist</li> <li>- Optometrist</li> <li>- Hair Transplant Technician</li> <li>- Physiotherapist</li> <li>- Podiatrist</li> </ul>	<ul style="list-style-type: none"> <li>- Podiatry technician</li> <li>- Psychologist</li> <li>- Mental health technician</li> <li>- Sleep Technologist</li> <li>- Radiologic Technologist</li> <li>- Radiotherapy Technologist</li> <li>- Ultrasound Technician</li> <li>- Sonographer</li> <li>- Nuclear Medicine Technologist</li> <li>- Laboratory Technologist</li> <li>- Laboratory Technologist Specific</li> <li>- Laboratory Clinical Scientist</li> <li>- Laboratory Consultant Clinical Scientist</li> <li>- Urology Technologist</li> <li>- Pulmonary Functions Technologist</li> <li>- Cath-Lab Technologist</li> <li>- Physiologist</li> <li>- EEG Technologist</li> <li>- Anesthesia Technologist</li> <li>- ECG Technician</li> </ul>	<ul style="list-style-type: none"> <li>- Dental Hygienist</li> <li>- Dental Assistant</li> <li>- Pharmacy Technician</li> <li>- Operating Theatre Technician</li> <li>- Dialysis Technologist</li> <li>- Dialysis Technician</li> <li>- Infection Control Technician</li> <li>- Pulmonary Function Technician</li> <li>- Paramedic</li> <li>- Critical Care Paramedic</li> <li>- Respiratory Therapist</li> <li>- Respiratory Technician</li> <li>- Orthoptist</li> <li>- Neurodiagnostic Technologist</li> <li>- Cardio Vascular Technologist</li> <li>- Nurse Practitioner</li> <li>- Laser Technician</li> <li>- Special Education Specialist</li> <li>- Osteopathy Technician</li> <li>- Endoscopy Technician</li> <li>- Pathologist Assistant</li> </ul>
<b>SOMALILAND</b>			
<p>One multi-profession regulator established under a single law: <i>Legal Act No: 19/2001 National Health Professions Commission (NHPC)</i> to register and license health workers, accredit health training institutions and their programs, and license public and private health facilities. <b>NOTE:</b> Licensing has been implemented only for the 'professional categories' of 'medicine and dentistry', 'nursing and midwifery', 'pharmacy' and 'allied health</p>	<p>The Law provides for the National Health Professions Commission to administer 21 registers for health workers as follows:</p> <ul style="list-style-type: none"> <li>- Medical doctors register</li> <li>- Dentists register</li> <li>- Pharmacologists register</li> <li>- Opticians register</li> <li>- Nurses and midwives register</li> <li>- Hygienists register</li> <li>- Sanitary enforcers register</li> </ul>	<ul style="list-style-type: none"> <li>- Health officials register</li> <li>- Radiology technicians register</li> <li>- Lab technicians register</li> <li>- Drug technicians register</li> <li>- Medical officials register</li> <li>- Dental technicians register</li> <li>- Environmental health technicians register</li> <li>- Radiology assistants register</li> <li>- Orthopaedics technicians register</li> <li>- Emergency care officials register</li> </ul>	<ul style="list-style-type: none"> <li>- Nutrition and food technicians register</li> <li>- Audiometric technicians register</li> <li>- Clinical psychologists register</li> <li>- Health worker agents register</li> </ul>

professions' (which covers medical laboratory scientists)			
<b>EUROPEAN REGION</b>			
<b>CZECH REPUBLIC</b>			
<p>Two regulatory frameworks for health professionals:</p> <p><b>Professional registration boards</b>  <i>Czech Medical Chamber Act 220/1991 and Act 95/2004 on Conditions for Acquiring and Recognizing Competencies for Physicians, Dentists and Pharmacists</i></p> <p><b>Licensing of health providers (facility licensing)</b>  <i>Act 96/2004 on Conditions for Obtaining and Recognizing Competencies for Non-Medical Health Care Professions</i></p> <p><i>Act 18/2004 on Recognition of Professional Qualifications of Members of EU States</i></p> <p><i>Health Services Act 372/2011</i></p>	<p>Three Chambers:</p> <ul style="list-style-type: none"> <li>– Medical practitioners</li> <li>– Dentists</li> <li>– Pharmacists</li> </ul> <p>Article 11(3) of Act 372/2011 requires all persons carrying out activities related to health services to obtain a license/authorization from the Health Ministry. This licensing regime is a form of facility licensing. The individuals who work for the facility (employed staff) do not need to be licensed. The facility authorization/license requires the health provider to employ appropriately qualified staff. <i>Act 96/2004</i> sets out the education requirements for multiple non-medical health practitioners. <i>Act 18/2004</i> sets out the qualifications and procedures for recognition of the qualifications of equivalent non-medical professionals from EU members States wishing to practise in the Czech Republic. It applies to the professions set out in columns 3 &amp; 4.</p>	<ul style="list-style-type: none"> <li>– general nurse</li> <li>– paediatric nurse</li> <li>– midwife</li> <li>– occupational therapist</li> <li>– radiological assistant</li> <li>– medical lab technician</li> <li>– health-social worker</li> <li>– optometrist</li> <li>– orthoptist</li> <li>– assistant for promotion and protection of public health</li> <li>– orthotics-prosthetics</li> <li>– nutrition therapist</li> <li>– dental technician</li> <li>– dental hygienist</li> <li>– paramedic</li> <li>– pharmaceutical assistant</li> <li>– biomedical technician</li> <li>– addictologist</li> <li>– practical nurse</li> <li>– behavioral analyst</li> <li>– speech therapist in healthcare</li> <li>– visual therapist</li> <li>– physiotherapist</li> <li>– radiological physicist</li> </ul>	<ul style="list-style-type: none"> <li>– specialist in lab methods and the preparation of medicinal products</li> <li>– biomedical engineer</li> <li>– specialist in the protection of public health</li> <li>– behavioral analyst assistant</li> <li>– lab assistant</li> <li>– orthotics-prosthetics assistant</li> <li>– nutrition assistant</li> <li>– assistant dental technician</li> <li>– emergency ambulance driver</li> <li>– caretaker; masseur in health care</li> <li>– dental implementation nurse; driver of medical transport</li> <li>– autoptic lab technician</li> <li>– medical orderly</li> </ul>
<b>UNITED KINGDOM</b>			
<p>10 health and care professions regulators established under nine profession-specific law and one multi-profession law.</p>	<p>23 health professions regulated under 10 professional regulatory boards:</p> <ul style="list-style-type: none"> <li>– General Chiropractic Council (GCC) <ul style="list-style-type: none"> <li>• Chiropractors</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>– Nursing and Midwifery Council (NMC) <ul style="list-style-type: none"> <li>• Midwives</li> <li>• Nurses</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>– Health and Care Professions Council regulates 15 professions: <ul style="list-style-type: none"> <li>• arts therapists</li> </ul> </li> </ul>

<p>A meta-regulator (the Professional Standards Authority) scrutinizes the activities of the nine regulators.</p> <ul style="list-style-type: none"> <li>- <i>Pharmacy and Poisons Act (Northern Ireland) 1925</i></li> <li>- <i>Children and Social Work Act 2017, Social Workers Regulations 2018</i></li> <li>- <i>National Health Service Reform and Health Care Professions Act 2002</i></li> </ul>	<ul style="list-style-type: none"> <li>- General Dental Council (GDC) <ul style="list-style-type: none"> <li>• Dentists</li> <li>• Clinical dental technicians</li> <li>• Dental hygienists</li> <li>• Dental nurses</li> <li>• Dental technicians</li> <li>• Dental therapists</li> <li>• Orthodontic therapists</li> </ul> </li> <li>- General Medical Council (GMC) <ul style="list-style-type: none"> <li>• Medical practitioners</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Nursing associates</li> <li>- General Optical Council <ul style="list-style-type: none"> <li>• Opticians</li> <li>• Optometrists</li> <li>• Dispensing opticians</li> </ul> </li> <li>- General Osteopathic Council (GOstC) <ul style="list-style-type: none"> <li>• Osteopaths</li> </ul> </li> <li>- General Pharmaceutical Council (GPhC) <ul style="list-style-type: none"> <li>• Pharmacists</li> <li>• Pharmacy technicians</li> </ul> </li> <li>- Pharmaceutical Society of Northern Ireland <ul style="list-style-type: none"> <li>• Pharmacists (Northern Ireland)</li> </ul> </li> <li>- Social Work England <ul style="list-style-type: none"> <li>• Social workers (England)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• biomedical scientists</li> <li>• clinical scientists</li> <li>• chiropodists/ podiatrists</li> <li>• dietitians</li> <li>• hearing aid dispensers</li> <li>• occupational therapists</li> <li>• operating department practitioners</li> <li>• orthoptists</li> <li>• paramedics</li> <li>• physiotherapists</li> <li>• practitioner psychologists</li> <li>• prosthetists/ orthotists</li> <li>• radiographers</li> <li>• speech and language therapists</li> </ul>
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**WESTERN PACIFIC REGION**

**AUSTRALIA**

<p>Two types of health workforce regulation:</p> <p><b>Statutory registration</b>  <i>Health Practitioner Regulation National Law</i> (enacted in each of eight states and territories) establishes 15 National Boards regulating 16 health professions (24 health occupations)</p> <p><b>Negative licensing</b>  Negative licensing powers enacted in four Australian states, covering all unregistered health care workers (variously named) who are not registered in any of the 16 regulated health professions.</p> <p>Laws enacting the Code of Conduct (variously named):</p> <ul style="list-style-type: none"> <li>- <i>Health Care Complaints Act 1995 (NSW)</i></li> <li>- <i>Health Ombudsman Act 2013 (Qld)</i></li> </ul>	<p>16 health professions (27 occupations) regulated under 15 National Boards:</p> <ul style="list-style-type: none"> <li>- Aboriginal and Torres Strait Islander Health Practice Board of Australia <ul style="list-style-type: none"> <li>• Aboriginal and Torres Strait Islander health practitioners</li> </ul> </li> <li>- Chinese Medicine Board of Australia - Chinese medicine practitioners: <ul style="list-style-type: none"> <li>• Chinese herbalists</li> <li>• acupuncturists</li> <li>• Chinese herbal dispensers</li> </ul> </li> <li>- Chiropractic Board of Australia <ul style="list-style-type: none"> <li>• Chiropractors</li> </ul> </li> <li>- Medical Board of Australia <ul style="list-style-type: none"> <li>• medical practitioners (includes regulation of 23 medical specialties)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- Dental Board of Australia – dental practitioners: <ul style="list-style-type: none"> <li>• dentists</li> <li>• dental specialists</li> <li>• dental hygienists</li> <li>• dental therapists</li> <li>• oral health therapists</li> <li>• dental prosthetists</li> </ul> </li> <li>- Medical Radiation Practice Board of Australia – medical radiation practitioners: <ul style="list-style-type: none"> <li>• radiographers</li> <li>• radiation therapists</li> <li>• nuclear medicine technologists</li> </ul> </li> <li>- Occupational Therapy Board of Australia <ul style="list-style-type: none"> <li>• occupational therapists</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- Physiotherapy Board of Australia <ul style="list-style-type: none"> <li>• physiotherapists</li> </ul> </li> <li>- Podiatry Board of Australia <ul style="list-style-type: none"> <li>• podiatrists</li> </ul> </li> <li>- Psychology Board of Australia <ul style="list-style-type: none"> <li>• psychologists</li> </ul> </li> </ul> <p><i>Negative licensing</i> – unregistered health worker/practitioner codes of conduct made by regulation in NSW, Qld, SA &amp; VIC, with investigation and prohibition order powers exercised by:</p>
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<ul style="list-style-type: none"> <li>– <i>Health and Community Services Complaints Act 2004 (SA)</i></li> <li>– <i>Health Complaints Act 2016 (Vic)</i></li> </ul>	<ul style="list-style-type: none"> <li>– Nursing and Midwifery Board of Australia <ul style="list-style-type: none"> <li>• registered nurses (Division 1)</li> <li>• enrolled nurses (Division 2)</li> <li>• nurse practitioners</li> <li>• midwives</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>– Optometry Board of Australia <ul style="list-style-type: none"> <li>• optometrists</li> </ul> </li> <li>– Osteopathy Board of Australia <ul style="list-style-type: none"> <li>• osteopaths</li> </ul> </li> <li>– Paramedicine Board of Australia <ul style="list-style-type: none"> <li>• paramedics</li> </ul> </li> <li>– Pharmacy Board of Australia <ul style="list-style-type: none"> <li>• pharmacists</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>– Health Care Complaints Commission (NSW)</li> <li>– Office of the Health Ombudsman (Queensland)</li> <li>– Health and Community Services Complaints Commission (South Australia)</li> <li>– Health Complaints Commissioner (Victoria)</li> </ul>
<b>CHINA – Hong Kong SAR</b>			
<p>Eight profession-specific enactments and one umbrella statute:</p> <ul style="list-style-type: none"> <li>– <i>Chinese Medicine Ordinance (1999)</i></li> <li>– <i>Chiropractors Registration Ordinance (Chapter 428)</i></li> <li>– <i>Dentists Registration Ordinance</i></li> <li>– <i>Ancillary Dental Workers (Dental Hygienists) Regulations (Cap 156B)</i></li> <li>– <i>Medical Registration Ordinance (Cap. 161)</i></li> <li>– <i>Midwives Registration Ordinance (Cap. 162)</i></li> <li>– <i>Nurses Registration Ordinance 1931</i></li> <li>– <i>Pharmacy and Poisons Ordinance (Cap. 138)</i></li> <li>– <i>Supplementary Medical Professions Ordinance 1980</i></li> </ul>	<p>14 professions regulated under 9 Councils and Boards</p> <ul style="list-style-type: none"> <li>– Chinese medicine practitioners</li> <li>– chiropractors</li> <li>– dentists and dental hygienists</li> <li>– medical practitioners</li> <li>– nurses</li> <li>– midwives</li> <li>– pharmacists</li> <li>– social workers</li> </ul>	<ul style="list-style-type: none"> <li>– Supplementary medical professions: <ul style="list-style-type: none"> <li>• medical laboratory technicians</li> <li>• occupational therapists</li> <li>• optometrists</li> <li>• physiotherapists</li> <li>• radiographers</li> </ul> </li> </ul>	
<b>MALAYSIA</b>			
<p>Seven profession-specific laws, and two umbrella laws that establish two multi-profession regulators:</p> <ul style="list-style-type: none"> <li>– <i>Dental Act 2018 (Act 804)</i></li> <li>– <i>Medical Act 1971 (Act 50)</i></li> <li>– <i>Medical Assistants (Registration) Act 1977 (Act 180)</i></li> <li>– <i>Midwives Act 1966 (Act 436)</i></li> <li>– <i>Nurses Act 1950 (Act 14)</i></li> <li>– <i>Optical Act 1991 (Act 469)</i></li> </ul>	<p>11 occupations regulated under nine Councils and Boards</p> <ul style="list-style-type: none"> <li>– dental practitioners (dentists, dental surgeons)</li> <li>– dental therapists</li> <li>– medical practitioners and specialists</li> <li>– medical assistants</li> <li>– midwives</li> <li>– nurses</li> <li>– opticians and optometrists</li> <li>– pharmacists</li> </ul>	<p><b>NOTE:</b> Registration being implemented for the following professions: Allied health practitioners – 23 types:</p> <ul style="list-style-type: none"> <li>– Audiologist</li> <li>– Dietitian</li> <li>– Entomologist (Public Health)</li> <li>– Physiotherapist</li> <li>– Medical Physicist</li> <li>– Nutritionist</li> <li>– Clinical Psychologist</li> <li>– Clinical Scientist – 5 sub-types:</li> </ul>	<ul style="list-style-type: none"> <li>– Occupational Therapist</li> <li>– Speech-Language Therapist</li> <li>– Radiation Therapist</li> <li>– Diagnostic Radiologist</li> <li>– Medical Laboratory Technologist</li> <li>– Dental Technologist</li> <li>– Environmental Health Officer</li> <li>– Health Education Officer</li> <li>– Food Service Officer (Healthcare)</li> </ul>

<ul style="list-style-type: none"> <li>- <i>Registration of Pharmacists Act 1951 (Act 371)</i></li> <li>- <i>Traditional and Complementary Medicine Act 2016 (Act 775)</i></li> <li>- <i>Allied Health Professions Act 2016 (Act 774)</i></li> </ul>	<ul style="list-style-type: none"> <li>- Traditional and complementary medicine practitioners – seven ‘recognised practice areas’: <ul style="list-style-type: none"> <li>• Traditional Malay medicine</li> <li>• Traditional Chinese medicine</li> <li>• Traditional Indian medicine</li> <li>• Homeopathy</li> <li>• Chiropractic</li> <li>• Osteopathy</li> <li>• Islamic medical practice</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Biochemist</li> <li>• Biomedical</li> <li>• Embryologist</li> <li>• Medical Geneticist</li> <li>• Microbiologist</li> </ul>	<ul style="list-style-type: none"> <li>- Forensic Science Officer</li> <li>- Medical Social Officer</li> </ul>
<b>NEW ZEALAND</b>			
<p>A single umbrella law establishes 18 profession-specific regulators regulating 18 professions (28 occupations)</p> <p><i>Health Practitioners Competence Assurance Act 2003</i></p>	<ul style="list-style-type: none"> <li>- Chiropractic</li> <li>- Dental <ul style="list-style-type: none"> <li>• dentistry</li> <li>• dental hygiene</li> <li>• clinical dental technology</li> <li>• dental technology</li> <li>• dental therapy</li> <li>• oral health therapy</li> </ul> </li> <li>- Dietetics</li> <li>- Medical laboratory science, Anaesthetic technology</li> <li>- Medical imaging &amp; radiation therapy</li> </ul>	<ul style="list-style-type: none"> <li>- Medicine</li> <li>- Midwifery</li> <li>- Nursing</li> <li>- Osteopathy</li> <li>- Occupational therapy</li> <li>- Optometry and Optical dispensing</li> <li>- Paramedic services</li> <li>- Pharmacy</li> <li>- Physiotherapy</li> <li>- Podiatry</li> <li>- Psychology</li> <li>- Psychotherapy</li> </ul>	<p><b>NOTE:</b> Registration for the Chinese medicine profession is in implementation with the Chinese Medicine Council of New Zealand appointed in May 2022</p> <ul style="list-style-type: none"> <li>- Chinese medicine services <ul style="list-style-type: none"> <li>• acupuncture</li> <li>• Chinese herbal medicine</li> <li>• tui na massage therapy</li> </ul> </li> </ul>
<b>THE PHILIPPINES</b>			
<p>A single umbrella law establishes a single multi-profession regulatory agency: <i>Republic Act No. 8981 – PRC Modernization Act of 2000</i></p> <p>15 separate profession-specific laws that establish Professional Regulatory Boards (PRBs):</p> <ul style="list-style-type: none"> <li>- <i>Republic Act No. 2382 – The Medical Act of 1959</i></li> <li>- <i>Republic Act No. 5527 – Philippine Medical Technology Act of 1969</i></li> </ul>	<p>21 professions regulated under 15 professional regulatory boards (PRBs):</p> <ul style="list-style-type: none"> <li>- dentistry <ul style="list-style-type: none"> <li>• dentist</li> <li>• dental hygienist</li> <li>• dental technologist</li> </ul> </li> <li>- guidance and counselling</li> <li>- medical technology <ul style="list-style-type: none"> <li>• medical technologist</li> <li>• medical laboratory technician</li> </ul> </li> <li>- medicine</li> <li>- midwifery</li> </ul>		<p><i>Republic Act No. 8423 – Traditional and Alternative Medicine Act (TAMA) of 1997</i> Establishes Philippine Institute of Traditional and Alternative Health Care (PITAHC). PITAHC certifies T&amp;CM practitioners and maintains directories of certified practitioners in the following:</p> <ul style="list-style-type: none"> <li>- acupuncture</li> <li>- chiropractic</li> </ul>

<ul style="list-style-type: none"> <li>- Republic Act No. 5680 June 21, 1969 – Philippine Physical and Occupational Therapy Law</li> <li>- Republic Act No. 7392 – Philippine Midwifery Act of 1992</li> <li>- Republic Act No. 7431 – Radiologic Technology Act of 1992</li> <li>- Republic Act No. 8050 – Revised Optometry Law of 1995</li> <li>- Republic Act No. 9173 October 21, 2002 – Philippine Nursing Act of 2002</li> <li>- Republic Act No. 9258 March 2, 2004 – The Guidance and Counselling Act of 2004</li> <li>- Republic Act No. 9484 June 2, 2007 – The Philippine Dental Act of 2007</li> <li>- Republic Act No. 10024 – Philippine Respiratory Therapy Act of 2009</li> <li>- Republic Act No. 10029 – Philippine Psychology Act of 2009</li> <li>- Republic Act No. 10918 27 July, 2015 – Philippine Pharmacy Act</li> <li>- Republic Act No. 10862 – Nutrition and Dietetics Law of 2016</li> <li>- Republic Act No. 4373 – An Act to regulate the practice of Social Work and the operation of Social Work Agencies in the Philippines</li> <li>- Republic Act No. 11292 of 2018 – Speech Language Pathology Act</li> </ul>	<ul style="list-style-type: none"> <li>- nursing</li> <li>- nutrition and dietetics – nutritionist-dietitian</li> <li>- optometry</li> <li>- pharmacy</li> <li>- physical and occupational therapy <ul style="list-style-type: none"> <li>• physical therapist</li> <li>• occupational therapist</li> </ul> </li> <li>- psychology <ul style="list-style-type: none"> <li>• psychologist</li> <li>• psychometrician</li> </ul> </li> <li>- radiologic technology <ul style="list-style-type: none"> <li>• radiologic technologist</li> <li>• X-ray technologist</li> </ul> </li> <li>- respiratory therapy</li> <li>- social workers</li> <li>- speech language pathology</li> </ul>		<ul style="list-style-type: none"> <li>- hilot (ancient Filipino healing traditions)</li> <li>- homeopathy</li> <li>- naturopathy</li> </ul> <p><b>NOTE:</b> voluntary scheme, not underpinned by statute.</p>
<b>SINGAPORE</b>			
<p>Six profession-specific laws regulating health professions, and one umbrella law regulating 5 ‘allied health professions’ under a single Council:</p> <ul style="list-style-type: none"> <li>- Allied Health Professions Act 2011</li> <li>- Dental Registration Act (Chapter 76) (1999)</li> <li>- Medical Registration Act (Chapter 174) (1997)</li> <li>- Nurses and Midwives Act (Chapter 209) (1999)</li> </ul>	<p>14 professions regulated under 11 professional regulatory councils and boards with administrative support provided by the Secretariat of healthcare Professional Boards (SPB)</p> <ul style="list-style-type: none"> <li>- dentists, dental specialists (7 specialties), oral health therapists</li> </ul>	<ul style="list-style-type: none"> <li>- 10 allied health professions, 5 in force <ul style="list-style-type: none"> <li>• Diagnostic Radiography</li> <li>• Occupational therapy</li> <li>• Physiotherapy</li> <li>• Radiation Therapy</li> <li>• Speech and Language Therapy</li> </ul> </li> </ul>	<p><b>NOTE:</b> Regulation of 5 allied health professions not yet implemented - audiologists, clinical psychologists, dietitians, podiatrists, prosthetists/orthotists</p>

<ul style="list-style-type: none"> <li>- <i>Optometrists and Opticians Act (Chapter 213A) (2007)</i></li> <li>- <i>Pharmacists Registration Act (Chapter 230) (2007)</i></li> <li>- <i>Traditional Chinese Medicine Practitioners Act (Chapter 333A) (2000)</i></li> </ul>	<ul style="list-style-type: none"> <li>- medical practitioners</li> <li>- nurses (3 levels – registered, enrolled and advanced practice)</li> <li>- midwives</li> <li>- optometrists, opticians</li> <li>- pharmacists</li> <li>- traditional Chinese medicine practitioners</li> </ul>		
<b>VIETNAM</b>			
<p>A single umbrella law for registration of practitioners:</p> <p><i>Law on Medical Examination and Treatment 2009</i></p>	<p>7 occupations regulated:</p> <ul style="list-style-type: none"> <li>- medical practitioners (including traditional medicine doctors)</li> <li>- assistant doctors (including assistant traditional medicine doctors)</li> <li>- nurses and midwives</li> <li>- technicians (at least 4 main types covering dental, pharmacy, laboratory technicians, radiation therapy, and possibly others)</li> <li>- herbalists and family remedy holders</li> </ul>		

Annex 7: Regulatory assessment processes in selected jurisdictions for extending registration to additional health occupations

Regulatory assessment of unregistered professions in Australia, Malaysia, New Zealand, Singapore, UK & USA (State of Virginia)						
Key feature	Australia	Malaysia	New Zealand	Singapore	UK	USA (Virginia)
Is there a power to include extra professions in scheme via amendment of subordinate legislation?	NO	YES	YES	YES	NO	NO
What body responsible for regulatory assessment?	AHMAC (1)	AHP Council (2)	Ministry of Health	Minister	Unclear	BHP (3)
Is there a statutory body with a statutory head of power to undertake regulatory assessments?	NO	YES (4)	NO	NO	NO	YES
Are assessment criteria set out in the licensing law/s?	NO	NO	YES	NO	NO	NO
Is assessment process set out in the licensing law/s?	NO	NO	YES	NO	NO	NO
Is a policy document published with criteria & process for regulatory assessment?	YES (5)	NO	NO	Nil found	In part (6)	YES (7)
Is there a government webpage with information on the application process & criteria?	NO (8)	NO	YES (8)	Nil found	YES (9)	YES (8)
Does a whole-of-government RIA process apply?	YES	YES	YES	YES	YES	YES
Are Regulatory Impact Statements routinely published	YES (10)	Nil found	YES (8)	Nil found	YES (10)	YES (10)
Is the assessing entity independent of the health ministry?	NO	NO	NO	Nil found	NO	YES
Is the assessing entity independent of the regulator/s?	YES	NO	YES	Nil found	YES	NO
Does the assessing entity make recommendations to Minister/Legislature?	YES	YES	N/A	Nil found	YES	YES

(1) AHMAC – Australian Health Ministers’ Advisory Council - constituted with the public service heads of state, territory and Commonwealth Health Depts.

(2) AHP Council - Allied Health Professions Council – statutory regulator established under Malaysia’s *Allied Health Professions Act 2015*.

- (3) BHP – Board of Health Professions – statutory body established under the Code of Virginia.
- (4) The Allied Health Professions Council has a statutory power under the AHP Council to make recommendations to the Minister of Health.
- (5) See AHMAC *information on regulatory assessment criteria and process for adding new professions to the NRAS*, at: <https://www.coaghealthcouncil.gov.au/NRAS>
- (6) The UK Professional Standards Authority has published a document recommending criteria & process for making these decisions. No indication could be found about whether this policy has been implemented or is being applied by the UK Government, although the PSA has recently published an assessment report on sonographers.
- (7) See Guidance document *75-2 Policies and Procedures for the Evaluation of the Need to Regulate Health Occupations and Professions, revised February 25, 2019* at: [https://www.dhp.virginia.gov/bhp/bhp\\_guidelines.htm](https://www.dhp.virginia.gov/bhp/bhp_guidelines.htm)
- (8) Websites: Australia:<<https://www.coaghealthcouncil.gov.au/NRAS>>; New Zealand:<<https://www.health.govt.nz/our-work/regulation-health-and-disability-system/health-practitioners-competence-assurance-act/non-regulated-health-professions>> ; State of Virginia:< <https://www.dhp.virginia.gov/bhp/>>
- (9) See the UK Health and Care Professions Council website: <https://www.hcpc-uk.org/about-us/who-we-regulate/regulation-of-further-professions/>
- (10) Australia: <https://obpr.pmc.gov.au/>; New Zealand: <https://www.health.govt.nz/our-work/regulation-health-and-disability-system/health-practitioners-competence-assurance-act/regulating-new-profession>; UK: <https://www.hcpc-uk.org/about-us/who-we-regulate/regulation-of-further-professions/>; Virginia State: <https://www.dhp.virginia.gov/AboutDHP/AgencyStudies/>

## Legislative powers

Some licensing laws enable the scope of the licensing scheme to be expanded to include additional professions, via the making of regulations. Examples include Malaysia's *Allied Health Professions Act 2016*, New Zealand's *Health Practitioners Competence Assurance Act 2003* and Singapore's *Allied Health Professions Act 2011*.

In other jurisdictions, such as Australia and the UK, there are no specific provisions in their licensing laws to expand the scope of the scheme and legislative amendments must be made by the respective Parliaments each time a new profession is added. For example, to bring the profession of paramedicine into Australia's National Registration and Accreditation Scheme (NRAS), the *Health Practitioner Regulation National Law* was amended in 2017 in every state and territory,<sup>1</sup> following a regulatory impact assessment (RIA) process that took five years to complete.<sup>2</sup>

## Who undertakes the assessment

In most jurisdictions, the assessment of a profession for inclusion in the licensing scheme is undertaken at arms-length from the regulator/s, either within or commissioned by the responsible ministry of health or by an independently constituted body.

For instance, in the UK, Australia and New Zealand, the regulatory assessment is done by government, although sometimes government may contract an external body to prepare a 'regulatory impact statement' (RIS).

However, in the State of Virginia, the Board of Health Professions (VBHP), a statutory body that operates under auspices of the Virginia Department of Health Professions undertakes a 'policy review' and makes recommendations to the Governor, the General Assembly and the Department Director.<sup>3</sup> The VBHP consists of 18 members: five 'citizen members' and 13 members, one from each of the health regulatory boards.

Some jurisdictions that have put in place statutory bodies to undertake these regulatory assessments, and then later abolished these bodies:

- In the Canadian province of Ontario, until recently the Health Professions Regulatory Advisory Council (a statutory body established under the *Regulated Health Professions Act*) was responsible for providing independent policy advice to the Minister for Health and Long Term Care on various matters including whether unregulated health professions should be regulated under the *Regulated Health Professions Act*. However, the Act was amended in 2021 to repeal these provisions and the Council has been abolished.
- In the Canadian province of British Columbia (BC), a statutory body, the Health Professions Council (HPC), was established as an independent advisory body under

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<sup>1</sup> See Part 13 Division 1 of the *Health Practitioner Regulation National Law and Other Legislation Amendment Act 2017* (Qld) at: <<https://www.legislation.qld.gov.au/view/whole/html/asmade/act-2017-032>>

<sup>2</sup> See <https://www.coaghealthcouncil.gov.au/Portals/0/Paramedics%20Decision%20RIS.pdf> for the Regulatory Impact Statement on paramedics entering NRAS.

<sup>3</sup> See the following website for reports of these 'policy reviews': <https://www.dhp.virginia.gov/AboutDHP/AgencyStudies/>

the *Health Professions Act* in 1990. The Council had two main functions: to investigate applications by health care practitioner groups seeking designation as a self-regulated profession, and to consider any matter involving a health profession referred to the Council by the Minister. The HPC operated for 10 years to December 2002 and submitted reports on 21 professions and a scope of practice review of 15 already regulated health professions. The *Health Professions Act* was amended in 2002 and the Council was wound up. However, the reports are still available on the website.<sup>4</sup> Since then, a review in 2018-20 of the BC health professional regulation system has recommended the establishment of an independent oversight body with a range of functions, including to assess and make recommendations to the Minister for Health about regulation of new professions.

- In Australia, the Australian Health Workforce Advisory Council was established under the *Health Practitioner Regulation National Law* to provide independent advice to the Ministerial Council on any matter referred to it concerning the NRAS. However, only a few matters were referred and the Council and in 2022, the National Law was amended to abolish the Council.<sup>5</sup>

### **Policy documents and website information**

Some jurisdictions have published reports outlining the criteria and processes for regulatory assessment of additional professions:

- the New Zealand Ministry of Health published the document *How do we determine if statutory regulation is the most appropriate way to regulate health professions? Discussion document (2010)*.
- the UK Professional Standards Authority has made recommendations concerning the conduct of these assessments in its publication *Right-touch assurance: a methodology for assessing and assuring occupational risk (2016)*.
- the Australian Health Ministers' Advisory Council (AHMAC) has published the document *AHMAC information on regulatory assessment criteria and process for adding new professions to the National Registration and Accreditation Scheme for the health professions (2018)*

The New Zealand Ministry of Health's webpage provides guidance to the unregulated professions about the application process and criteria, along with information on progress with current applications.<sup>6</sup>

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<sup>4</sup> See: <https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/professional-regulation/health-professions-council>

<sup>5</sup> See Queensland Parliamentary Committee report on Bill to amend the National Law to abolish the Australian Health Workforce Advisory Council – Page 42: <https://documents.parliament.qld.gov.au/tableoffice/tabledpapers/2022/5722T961-D73B.pdf>

<sup>6</sup> See: <https://www.health.govt.nz/our-work/regulation-health-and-disability-system/health-practitioners-competence-assurance-act/non-regulated-health-professions>

The UK Health and Care Professions Council’s website provides information about regulatory assessment processes for the unregulated professions and lists those professions previously considered for statutory registration.<sup>7</sup> The website states:

*The most up-to-date statement of Government policy on professional regulation is 'Enabling excellence – Autonomy and accountability for health care workers, social workers and social care workers'. This says that the Government will in future only consider regulating further groups 'in exceptional circumstances', where there is a 'compelling case' and where voluntary registers are considered insufficient to manage the risk involved (HCPC 2021: Regulating further professions).*

### **Whole of government regulatory management systems**

All jurisdictions sampled have whole-of-government RIA policies and processes that apply generally to any proposed new regulation. In some jurisdictions it is not readily apparent how these processes apply to specific proposals to expand the scope of registration/licensing laws.

#### **Australia**

Under Australia’s National Registration and Accreditation Scheme for the health professions (NRAS), there are no specific provisions within the *Health Practitioner Regulation National Law* itself for regulatory assessment of additional professions for inclusion within the scope of the registration scheme. Instead, the Intergovernmental Agreement (IGA) underpinning the scheme (signed by the eight states and territories and the Commonwealth Government) sets out:

- the regulatory assessment criteria to be applied, and
- the Ministerial Council’s responsibility to agree inclusion of new professions in the scheme (see extract below).

In addition, Australian state, territory and Commonwealth governments have agreed a whole of government regulatory policy that requires a Regulation Impact Statement (RIS) to be prepared if a Ministerial Council is considering new regulation of any sort. These arrangements are administered by the Commonwealth Department of Prime Minister and Cabinet’s Office of Best Practice Regulation (OBPR). A guide has been issued for the conduct of regulatory impact assessments, titled *Regulatory Impact Analysis Guide for Ministers’ Meetings and National Standard Setting Bodies (May 2021)*.<sup>8</sup>

To reconcile what is in effect two sets of criteria and processes (the Intergovernmental Agreement and the whole of government RIA requirements for Ministerial Councils which have been in place since the late 1990s), in September 2018, the Australian Health Ministers Advisory Council (AHMAC) published guidance titled *AHMAC information on regulatory assessment criteria and process for adding new professions to the National Registration and Accreditation Scheme for the health professions* (the AHMAC Guidance).

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<sup>7</sup> See: <https://www.hcpc-uk.org/about-us/who-we-regulate/regulation-of-further-professions/>

<sup>8</sup> See: <https://www.pmc.gov.au/regulation>

The AHMAC Guidance sets out the criteria and process for expansion of the scope of NRAS to include additional professions and provides explanatory material to assist professional groups who are considering making a submission. The AHMAC Guidance also outlines the criteria and process the Ministerial Council will use when deciding whether to extend the scope of the NRAS to include additional professions and explanatory material to assist professional groups who are considering making a submission.

The Health Council (made up of state, territory and Commonwealth health ministers and formally known as the COAG Health Council) is the body that determines whether a profession will be included in the NRAS.

The assessment process consists of five steps:

1. Submission
2. Preliminary assessment against the NRAS IGA assessment criteria
3. Health Council decision on preliminary assessment
4. Regulatory Impact Assessment (RIA)
5. Health Council final decision

Under this two stage assessment process:

- Any individual or organization may make a submission to a member of the Health Council requesting assessment of a profession for inclusion in the NRAS.
- The first (preliminary) assessment includes confirmation that the submission meets the published NRAS Intergovernmental Agreement (IGA) assessment criteria.
- The subsequent assessment requires a RIA be undertaken in accordance with requirements administered by the Commonwealth Government's Office of Best Practice Regulation (OBPR).
- Following completion of these assessments, the Health Council may then decide whether to amend the National Law to include the profession in the licensing scheme (2018: 8).

In making a submission for inclusion of a profession in the licensing scheme, an applicant (usually a professional association) must address the first five of six NRAS IGA criteria (see extract below).

***Extract from Australia's Intergovernmental Agreement for the National Registration and Accreditation Scheme for the health professions***

**CLAUSE 7(5)**

Under the proposed legislation for the scheme, the Ministerial Council will be responsible for:

- (a) .....
- (b) agreeing on the inclusion of new professions in the scheme;

## **ATTACHMENT B**

### **THE INCLUSION OF OTHER HEALTH PROFESSIONS**

1.1 The COAG Communiqué of 14 July 2006 confined the first tranche of national registration to the nine health professions currently registered in all jurisdictions. However, it was envisaged that other health professions would be added over time.

1.2 The Ministerial Council will determine those additional professions that should enter the scheme, but this will not occur prior to the commencement of the scheme on 1 July 2010.

1.3 In 1995, the Australian Health Ministers' Advisory Council established a process for determining whether to regulate any currently unregulated health profession, involving assessment against six criteria. Under this process, statutory registration would only be introduced where:

- (a) it was supported by a majority of jurisdictions; and
- (b) it could be demonstrated that the occupation's practice presents a serious risk to public health and safety which could be minimized by regulation.

1.4 It has been determined that these criteria are appropriate for assessing the inclusion of partially regulated and unregulated health professions in the national registration and accreditation scheme. These criteria are set out below.

### **CRITERIA FOR ASSESSING THE NEED FOR STATUTORY REGULATION OF UNREGULATED HEALTH OCCUPATIONS**

#### **GUIDING PRINCIPLES**

*While it is acknowledged that occupational regulation may have a number of benefits, both for the occupation and for its individual practitioners, for the development of the criteria the following principles were adopted:*

- the sole purpose of occupational regulation is to protect the public interest; and
- the purpose of regulation is not to protect the interests of health occupations.

*Using these guiding principles six criteria were developed in the form of questions to address the issue of registration. Where appropriate, information to assist in addressing each criterion is also provided.*

*Note: It is considered that the occupation must meet all six criteria to be considered for registration.*

#### **THE CRITERIA**

**Criterion 1: It is appropriate for Health Ministers to exercise responsibility for regulating the occupation in question, or does the occupation more appropriately fall within the domain of another Ministry?**

**Criterion 2: Do the activities of the occupation pose a significant risk of harm to the health and safety of the public?**

The following should be considered when assessing whether there is significant risk of harm to the health and safety of the public:

- the nature and severity of the risk to the client group;

- the nature and severity of the risk to the wider public; and
- the nature and severity of the risk to the practitioner.

Areas which could be explored to identify a risk to public health and safety are:

- to what extent does the practice of the occupation involve the use of equipment, materials or processes which could cause a serious threat to public health and safety;
- to what extent may the failure of a practitioner to practice in particular ways (that is, follow certain procedures, observe certain standards, or attend to certain matters), result in a serious threat to public health and safety;
- are intrusive techniques used in the practice of the occupation, which can cause a serious, or life threatening danger;
- to what extent are certain substances used in the practice of the occupation, with particular emphasis on pharmacological compounds, dangerous chemicals or radioactive substances; and
- is there significant potential for practitioners to cause damage to the environment or to cause substantial public health and safety risk. Epidemiological or other data, (for example, coroners' cases, trend analysis, complaints), will be the basis for determining the demonstration of risk/harm.

**Criterion 3: Do existing regulatory or other mechanisms fail to address health and safety issues?**

Once the particular health and safety issues have been identified, are they addressed through:

- other regulations, for example, risk due to skin penetration addressed via regulations governing skin penetration and/or the regulation of the use of certain equipment, or industrial awards;
- supervision by registered practitioners of a related occupation; and
- self regulation by the occupation.

**Criterion 4: Is regulation possible to implement for the occupation in question?**

When considering whether regulation of the occupation is possible, the following need to be considered:

- is the occupation well defined;
- does the occupation have a body of knowledge that can form the basis of its standards of practice;
- is this body of knowledge, with the skills and abilities necessary to apply the knowledge, teachable and testable;
- where applicable, have functional competencies been defined; and
- do the members of the occupation require core and government accredited qualification.

**Criterion 5: Is regulation practical to implement for the occupation in question?**

When considering whether regulation of the occupation is practical the following should be considered:

- are self regulation and/or other alternatives to registration practical to implement in relation to the occupation in question;
- does the occupational leadership tend to favour the public interest over occupation self-interest;
- is there a likelihood that members of the occupation will be organized and seek compliance with regulation from their members;
- are there sufficient numbers in the occupation and are those people willing to contribute to their costs of statutory regulation;
- is there an issue of cost recovery in regulation; and
- do all Governments agree with the proposal for regulation.

**Criterion 6: Do the benefits to the public of regulation clearly outweigh the potential negative impact of such regulation?**

## Risk assessment tool for regulatory assessment of health occupations

Final report: Options for regulation of paramedics

### Appendix 1: Risk factor assessment for health professions under the National Registration and Accreditation Scheme\*

Note: X indicates that the practitioner's scope of practice typically includes the activity

	1. Putting an instrument, hand or finger into a body cavity <sup>i</sup>	2. Manipulation of the spine <sup>ii</sup>	3. Application of a hazardous form of energy <sup>iii</sup> radiation	4. Procedures below dermis, mucous membrane, in or below surface of cornea or teeth	5. Prescribing a scheduled drug, supplying a scheduled drug (includes compounding), supervising that part of a pharmacy that dispenses scheduled drugs	6. Administering a scheduled drug or substance by injection	7. Supplying substances for ingestion	8. Managing labour or delivering a baby	9. Undertaking psychological interventions to treat serious disorders or with potential for harm	10. Setting or casting a fracture of a bone or reducing dislocation of a joint	11. Primary care practitioners who see patients with or without a referral from a registered practitioner	12. Treatment commonly occurs without others present <sup>iv</sup>	13. Patients commonly required to disrobe	TOTAL risk factors per profession
Aboriginal and Torres Strait Islander health practitioners	X			X	X	X	X				X	X	X	8
Chinese medical practitioners	X	X		X	X	X	X	X			X	X	X	10
Chiropractors		X									X	X	X	4
Dental practitioners*	X		X	X	X	X					X			6
Medical practitioners	X	X	X	X	X	X	X	X	X	X	X	X	X	14
Medical radiation practitioners			X	X		X					X	X	X	6
Nurses and midwives	X		X	X	X	X	X	X	X		X	X	X	11
Optometrists					X						X	X		3
Occupational			X								X	X	X	4

	1. Putting an instrument, hand or finger into a body cavity <sup>i</sup>	2. Manipulation of the spine <sup>ii</sup>	3. Application of a hazardous form of energy <sup>iii</sup> radiation	4. Procedures below dermis, mucous membrane, in or below surface of cornea or teeth	5. Prescribing a scheduled drug, supplying a scheduled drug (includes compounding), supervising that part of a pharmacy that dispenses scheduled drugs	6. Administering a scheduled drug or substance by injection	7. Supplying substances for ingestion	8. Managing labour or delivering a baby	9. Undertaking psychological interventions to treat serious disorders or with potential for harm	10. Setting or casting a fracture of a bone or reducing dislocation of a joint	11. Primary care practitioners who see patients with or without a referral from a registered practitioner	12. Treatment commonly occurs without others present <sup>iv</sup>	13. Patients commonly required to disrobe	TOTAL risk factors per profession
therapists														
Osteopaths		X									X	X	X	4
Pharmacists					X		X				X			3
Physiotherapists	X	X	X								X	X	X	5
Podiatrists				X	X	X					X	X		5
Psychologists								X			X	X		3
<b>UNREGISTERED</b>														
Paramedics**	X			X	X***	X	X	X	X		X	X	X	10

(AHMAC, 2009, p. 118)

- i Beyond the external ear canal, beyond the point in the nasal passages where they normally narrow, beyond the larynx, beyond the opening of the urethra, beyond the labia majora, beyond the anal verge, or into an artificial opening in the body.
- ii Moving the joints of the cervical spine beyond the individual's usual physiological range of motion using a high velocity, low amplitude thrust.
- iii Electricity for aversive conditioning, cardiac pacemaker therapy, cardioversion, defibrillation, electrocoagulation, electroconvulsive shock therapy, electromyography, fulguration, nerve conduction studies or transcutaneous cardiac pacing, low frequency electromagnetic waves/fields for magnetic resonance imaging and high frequency soundwaves for diagnostic ultrasound or lithotripsy.
- iv Includes practitioners who practice solo or treat with no others present, such as medical specialists and practitioners who may be solely responsible for clinical care overnight or in a remote community.
- \* Dentists, dental hygienists, dental prosthetists, dental therapists.
- \*\* Paramedics included for comparison only. This risk assessment is not included in the original reference source.
- \*\*\* Qld Ambulance Service occurs where extended scope of practice has been approved in certain circumstances.

**Source:** Australian Health Ministers Advisory Council (2015). *Final report: Options for regulation of paramedics.*  
<https://www.ahpra.gov.au/Search.aspx?q=Options%20for%20regulation%20of%20paramedics>

## *British Columbia, Canada*

Extract from British Columbian government's report *Recommendations to modernize the provincial health profession regulatory framework. Steering Committee on Modernization of Health Professional Regulation. August 2020 pp. 16-17.*

<https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/professional-regulation/recommendations-to-modernize-regulatory-framework.pdf>

### **Pathway to regulation under the Health Professions Act**

***New professions*** – Following a review, the oversight body should recommend to the minister which, if any, unregulated occupations should become regulated. This recommendation should be based on the level of risk the occupation's activities have on public health, considering both the likelihood of harm and its severity should harm occur. The oversight body should also recommend how to address the risk of harm posed by an occupation, including whether another form of oversight might be more appropriate. If the minister accepts a recommendation for regulation under the Health Professions Act, it would go to cabinet for final decision.

***Existing professions not regulated under the Health Professions Act*** – Not all currently regulated health professions fall under the umbrella of the Health Professions Act. For example, emergency medical assistants are regulated by a government-appointed licensing board under the Emergency Health Services Act. Some social workers are overseen by a regulatory college under the Social Workers Act, while other social workers are overseen by their employer, the Ministry of Children and Family Development. In the future, the oversight body should assess and recommend whether the public interest could be better served if certain existing professions were to be regulated under the Health Professions Act and, if so, by which regulator.

The steering committee has reviewed all feedback provided in phase two of public consultation and has noted the opportunity to consider improvements to how social workers, counselling therapists and emergency medical assistants are regulated. Upon establishment of the oversight body, the steering committee suggests that the oversight body prioritize review of social workers, counselling therapists and emergency medical assistants for regulation under the Health Professions Act.

The steering committee also noted that further consideration of the regulation of social workers would have impacts beyond the health sector and require engagement with Indigenous leaders and communities, and the Ministry of Children and Family Development. Social workers are a critical part of the health-care system and a central part of the Ministry of Children and Family Development workforce, often working with British Columbia's most vulnerable persons. Feedback received during the second consultation also supported the regulation of unregulated diagnostic and therapeutic professions. Prior to the release of the Cayton report, cabinet approved the creation of a diagnostic and therapeutic professions regulatory college to oversee respiratory therapists, radiation therapists, clinical perfusionists and medical laboratory technologists. These four health professions should be regulated by the Regulatory College of Allied Health and Care Professionals.

## *New Zealand*

The list of New Zealand health professions regulators is set out in Schedule 2 of the *Health Practitioners Competence Assurance Act 2003* (the HPCA Act). The Act also contains provisions that enable the scope of the Act to be extended to cover additional health professions.

- *Section 115* empowers the Governor-General by Order in Council made on the recommendation of the Minister for Health to ‘designate health services of a particular kind as a health profession’ and establish an additional authority to regulate the profession or extend the responsibilities of an existing authority.
- *Section 116* sets out the matters that the Minister, following consultation, must be satisfied of before designating a health profession under the Act:
  - either that the provision of the health services concerned poses a risk of harm to the public; or that it is otherwise in the public interest that the profession of health services be regulated as a profession under the Act
  - that providers of the health services concerned are generally agreed on the qualifications, standards to be met and competencies for scopes of practice for any class or classes of providers of those health services.
- *Section 116A* provides powers for the Governor-General, by Order in Council made on the recommendation of the Minister, following consultation, to amalgamate authorities.

Below is an extract from the website of the New Zealand Ministry of Health. The webpage provides advice for ‘non-regulated health professions’ about how to make an application for regulation under the HPCA Act. The website sets out the process for dealing with applications and lists the professions where a current application is under assessment. The process includes preliminary discussions with the Ministry of Health’s Health Workforce area; an application from a professional body or bodies; a risk assessment and the application of a public interest test; consultations and receipt and analysis of submissions. If the Minister agrees the proposal, Cabinet approval is sought and an Order in Council prepared for amendment to Schedule 2 of the Act.

The New Zealand whole of government regulatory impact assessment requirements are set out in a document titled *2017 Government Expectations for Good Regulatory Practice*. The New Zealand Treasury website sets out the ‘Impact Analysis Requirements for Regulatory Proposals’<sup>9</sup>. The website states:

- Cabinet’s Impact Analysis Requirements provide both a process and an analytical framework that encourages a systematic and evidence-informed approach to policy development.
- The requirements focus on the Government expectation that agencies provide robust analysis and advice to Ministers before decisions are taken on regulatory change.
- The key product of the requirements is a Regulatory Impact Statement...a government agency document which summarises an agency’s best advice on the Impact Analysis.

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<sup>9</sup> See: <https://www.treasury.govt.nz/information-and-services/regulation/impact-analysis-requirements-regulatory-proposals>

## Extracts from New Zealand Ministry of Health website – process for regulatory assessment of non-regulated health professions

<https://www.health.govt.nz/our-work/regulation-health-and-disability-system/health-practitioners-competence-assurance-act/non-regulated-health-professions>

### Non-regulated health professions

Not all health professions are regulated under the Health Practitioners Competence Assurance Act (the Act). Not being regulated under the Act does not imply that a profession lacks professional standards.

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There are a range of reasons why a profession may not be regulated under the Act. These reasons include:

- a low level of risk of harm
- practitioners work with, or under the supervision of a regulated, profession
- employment arrangements provide an appropriate form of regulation outside the Act to minimise risk of harm to the public
- self-regulation by the profession can provide an appropriate form of regulation

Other forms of regulation outside the Act can also adequately address the competence and fitness to practice of a number of professions. For example, an employer such as a District Health Board, may have in place education and training qualification requirements for employees in non-regulated health professions.

Statutory regulation under the Act is only used if these other forms of regulation are not sufficient to protect the public where there is a risk of harm from the practice of the profession.

Members of the public have the right to ask any health practitioner what qualifications they have. Members of the public also have the right to contact professional associations to ask what is required of their members, particularly in terms of qualifications, continuing professional development and code of practice. Members of the public can also contact a professional association to ask if a particular practitioner is a member of that association.

All practitioners providing health or disability services, whether from regulated or non-regulated professions, are subject to the [Code of Health and Disability Services Consumers' Rights](#). The Code has ten rights covering being treated with respect and dignity, being given information in a way that is clear, being given quality care and having the right to make a complaint if you believe one or more of these rights have been breached.

### Regulating a New Profession

<https://www.health.govt.nz/our-work/regulation-health-and-disability-system/health-practitioners-competence-assurance-act/regulating-new-profession>

There are 18 responsible authorities under the Health Practitioners Competence Assurance Act 2003 (the Act).

The Act contains provisions enabling the scope of the Act to be extended to cover other practitioners and professions that provide health services.

The document link on this page discusses these provisions (see 'Downloads'). Before you begin the process for regulation under the Act, we recommend discussing this with the Health Workforce directorate in the Ministry of Health.

The need for regulation is determined based on assessment of the risk of harm to the health and safety of the public. The process for a profession to become regulated is lengthy and is outlined below.

1. The prospective applicant(s) meet with Health Workforce to discuss issues when considering applying.
2. Health Workforce receives an application from the professional body or bodies.
3. Health Workforce undertakes a preliminary assessment of the application and seeks further information if required.
4. If Health Workforce accepts that the application makes a robust case, it convenes an expert panel to consider the application. This includes an independent assessment of whether the public is at risk of harm and whether it would be in the public interest to regulate the profession.
5. If necessary, discussions may be held between the applicants and existing responsible authorities to seek agreement on whether the proposed new profession can be included in an existing authority.
6. Subject to the Minister of Health's agreement, Health Workforce undertakes a consultation process and analyses submissions.
7. Health Workforce then provides advice to the Minister regarding whether the profession should be regulated and the appropriate responsible authority to regulate it. (Note: If agreement has not been reached regarding an appropriate authority, the Minister may assign the new profession to an existing authority.)
8. If in agreement with the proposal, the Minister seeks agreement from Cabinet.
9. If the proposal is agreed to by Cabinet, an Order in Council is prepared by the Parliamentary Counsel Office. The Order in Council will then be considered by Cabinet and - if agreed - the Minister will recommend to the Governor-General that the profession is designated under the Act.
10. The profession then either joins or is established as a responsible authority.
11. The Minister then appoints members of the responsible authority.

If you are considering applying to become a regulated profession we suggest that you contact us for a preliminary discussion. If you have any queries about the criteria or application process, please email [info@healthworkforce.govt.nz](mailto:info@healthworkforce.govt.nz).

## Current applications

There are several professions who have applied to become regulated under the Act. Applications for regulation under the Act have been received from:

- clinical physiology (July 2010)
- cardiac perfusion (November 2014)
- physician associates (February 2017)
- Western medical herbalists (May 2015).

## Chinese medicine

On 20 September 2021 an Order in Council was made under the Legislation Act 2012 to designate the Chinese medicine profession (including acupuncture, Chinese herbal medicine, and tui na massage therapy) as a health profession and to establish the Chinese Medicine Council as the responsible authority appointed in respect of the health profession. Nominations for members of the new Chinese

Medicine Council were then sought and on 17 May 2022 the first Council members were appointed by the Minister of Health. The new Council is now completing the foundational work to enable registration of practitioners (eg, establishing scopes of practice, prescribing qualifications).

### Clinical physiology

This application has been formally withdrawn by the applicants. (04/04/23)

### Cardiovascular perfusion

A targeted consultation process (step 6) on a proposal to regulate the Cardiovascular Perfusion profession has been conducted. Advice on the next steps will be submitted to the Minister of Health in early 2024.

### Physician associates

Advice on the next steps will be submitted to the Minister of Health once the targeted consultation that is currently underway has been completed.

### Western medical herbalism

A preliminary assessment (step 3) of the Western Medical Herbalist profession's application is nearing completion. Advice will then be prepared for the Deputy Director-General (Regulation and Monitoring) regarding next steps.

## Singapore

There are specific provisions in Singapore's *Allied Health Professions Act 2011* that enable the scope of Singapore's licensing scheme to be expanded by regulation. While the definition of 'allied health professional' is a person who has a professional qualification in any of the allied health professions listed in the *First Schedule* (eight professions), the Act only applies to a 'prescribed allied health profession' meaning those set out in the *Second Schedule* (five professions).

*Section 5* of the Act empowers the Minister for Health, after consultation with the Allied Health Professions Council, by order in published in the Gazette, to amend the First or Second Schedule and include any transition provisions required. Every order amending the Second Schedule must be presented to Parliament.

No guidelines or policies were located concerning an application process or how the AHP Council carries out this role, nor any details of the criteria or processes applied by the Minister in deciding to extend the scope of the scheme by amending the Schedules.

Singapore has a whole of government regulatory assessment policies. The Competition and Consumer Commission of Singapore (CCCS) is a statutory body responsible for administering Singapore's *Competition Act (Chapter 50B)*. The CCCS 'encourages government agencies to carefully assess the competition impact of their policies or initiatives on the affected markets as part of their policy formulation process'.

The CCCS's Competition Impact Assessment (CIA) Framework is 'designed to help government agencies consider the potential impact of their policies on competition'.<sup>10</sup>

The CCCS toolkit, titled *Government and Competition: A Toolkit for Government Agencies*<sup>11</sup> states:

- It is important for government agencies to be clear on the policy rationale for implementing regulations and the objectives that these regulations seek to achieve.
- Government agencies should seek to achieve their policy objectives with minimal regulation in order to limit any distortions to competition.
- Conducting a competition impact assessment during the policy formulation process can help to assess the impact of the proposed regulations.
- Regulatory capture is another concern that government agencies should be aware of when drawing up regulations. This occurs when regulations end up benefitting the regulated industry or special interest groups instead of the wider society.
- Regulatory capture may occur because businesses or individuals directly affected by the regulations have a huge stake in shaping these regulations. These businesses and individuals may therefore have the incentive to channel substantial amounts of resources to obtain the policy outcomes that benefit them. On the other hand, individuals of the wider society each only has a small stake in the outcomes and hence will be less willing to invest resources to shape them. This results in the potential divergence of policies favouring the businesses and individuals that have more resources.
- The presence of information asymmetry between the government and businesses increases the challenge for government to draw up well-designed regulations. Information from sellers is required to design policies, but sellers have the incentive to provide information in so far as to benefit from regulation.

The CIA Framework includes the following steps (CCCS: 42):

*Step 1: Establishing policy objectives and identifying policy options*

As a first step, government agencies are encouraged to clearly identify the policy objectives and the options that can achieve those policy objectives.

*Step 2: Identifying affected market(s)*

Government agencies will identify the parties and the markets that will be affected, directly or indirectly, by the proposed policy options. Paragraphs 4.9 to 4.16 provide guidance on identifying affected markets.

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<sup>10</sup> CIA refers to a process of evaluating government policies and/or activities to identify aspects that may unduly restrict or distort competition, and to identify alternatives that may achieve the desired policy objectives that are least restrictive of competition (Competition and Consumer Commission Singapore: p.41).

<sup>11</sup> See: <https://www.cccs.gov.sg/approach-cccs/for-government-agencies/competition-impact-of-government-initiative/competition-impact-self-assessment>

*Step 3: Evaluate and compare the impact of the policy options on competition in the affected market(s)*

Government agencies will need to ascertain the state of competition in the affected market(s) and assess the impact of the respective policy options on competition.

*Step 4: Select the most appropriate policy option and mitigate its adverse impact on competition*

Based on the assessment in Step 3, government agencies will select the most appropriate policy option after cost-benefit analysis. Where possible, government agencies should consider possible measures to mitigate the adverse impact a selected policy option may have on competition in affected markets.

*Step 5: Conduct ex-post assessment, if necessary*

Lastly, government agencies may wish to conduct ex-post evaluation (i.e. after implementation of policy) to determine whether the selected policy option has achieved its desired objective(s) and if the measure(s) taken to mitigate any adverse impact on competition arising from the selected policy option was effective. This can help to inform and improve their CIA process in policy making.

### **United Kingdom**

There are nine regulators for the health and social care professions in the UK, as well as an oversight body – the Professional Standards Authority (PSA). The PSA reviews the performance of regulators, provides policy advice, encourages research to improve regulation, and in addition to the oversight of regulatory councils, it accredits voluntary registers for approximately 20 self-regulating health and care professions.

There are no specific provisions in legislation for expansion of the scheme by regulation. To license additional professions requires new legislation.

In 2011, the UK Government policy titled *Enabling Excellence – Autonomy and Accountability for Healthcare Workers, Social Workers and Social Care Workers* made the following points:

- Regulation of the health and social care workforce is sometimes necessary where there are significant risks to people using services which cannot be mitigated in other ways. However, in recent decades compulsory blanket statutory regulation of the health and social care workforce in England has too often been seen as the first resort, rather than the last, in deciding how best to assure safe, effective and respectful care (2011: 16).
- Where regulation has been extended, there has not always been a robust and transparent case made based on the level of presenting risk (2011: 16).
- In many cases, the risk to service users and the general public posed by groups of unregulated health and social care workers is not considered to be such that regulation of individual workers is necessary, given the wider safeguards within the system (2011: 16).
- The extension of statutory regulation to currently unregulated professional or occupational groups, such as some groups in the healthcare science workforce, will only be considered where there is a compelling case on the basis of a public safety risk

and where assured voluntary registers are not considered sufficient to manage this risk (2011: 18).

In 2015, in a paper titled *Rethinking Regulation*[12] the PSA was critical of the regulatory landscape in the UK, stating that:

- regulation as we know it today has evolved in a piecemeal fashion over the past 150 and more years
- health and care regulation is incoherent and evidence does not justify its expense
- there is no consistent justification for why occupations are either in or out of the system for statutory regulation.

In 2016, the PSA published a methodology for assessing new and unregulated occupations to determine what type of oversight would be appropriate to manage risk of harm. Application of the tool is intended to:

- assist government in making objective and transparent decisions on whether new roles should be regulated or what alternative action should be taken
- ensure that any action taken is clearly focused on managing potential for harm to patients and service users (PSA 2016: 1).

The PSA states that in the long term, the methodology could be used or adapted to aid decisions on whether or not specialties should be regulated, if there should be other types of annotations on the register, as well as reviewing provisional and student registration (PSA 2016: 1). The tool provides for a two-stage process:

**Stage 1:** Profiling the intrinsic risk of harm

**Stage 2:** Assessing the extrinsic risk factors

The document states that while consideration of these extrinsic factors is necessary to develop a full picture of the actual risk of harm from the occupation to the public and to assess what the most appropriate form of assurance is, 'this stage is not intended to act as a regulatory impact assessment which would be carried out at a later stage when government is making a policy decision' (PSA 2016: 5).

The UK also has well established regulatory assessment processes. The UK Department for Business, Energy and Industrial Strategy has published the *Better Regulation Framework Interim Guidance* that sets out the requirements that apply to all government departments and the threshold for conducting a Regulatory Impact Assessment (RIA). Impact assessments are published at the following website: <https://www.legislation.gov.uk/ukia>

**Virginia State, United States of America**

<https://www.dhp.virginia.gov/Boards/BHP/>

<https://www.dhp.virginia.gov/Boards/>

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12 <https://www.professionalstandards.org.uk/publications/detail/rethinking-regulation-2015>

The Department of Health Professions (DHP) is the government agency responsible for licensing health professionals. It is composed of Virginia's 13 health regulatory boards, the Board of Health Professions (BHP), the Prescription Monitoring Program and the Health Practitioners' Monitoring Program. DHP licenses and regulates over 380,000 healthcare practitioners across 62 health professions.

In 1977, the General Assembly established the Virginia Board of Health Professions (BHP) to advise the Governor and the General Assembly on matters pertaining to the regulation of health occupations and professions and to provide policy coordination for the boards administered within the Virginia Department of Health Professions.

The BHP's website states that the Board is comprised of 18 members appointed by the Governor: five citizen members and a member from each of the thirteen licensing boards.

***Code of Virginia § 54.1-2510*** provides that:

[The Board shall] evaluate all health care professions and occupations in the Commonwealth, including those regulated and those not regulated by other provisions [of Title 54] to consider whether each such profession or occupation should be regulated and the degree of regulation to be imposed [emphasis added]. Whenever the Board determines that the public interest requires that a health care profession or occupation which is not regulated by law should be regulated, the Board shall recommend to the General Assembly a regulatory system to establish the appropriate degree of regulation.

The BHP's formal evaluative criterion and methodology to guide professional reviews are set out in a document titled *Policies and Procedures for the Evaluation of the Need to Regulate Health Occupations and Professions, 2019*.<sup>13</sup> Additional information and background on the criteria are available in the BHP's Guidance Document 75-2 *Appropriate Criteria in Determining the Need for Regulation of Any Health Care Occupations or Professions*.

The BHP website states that the criteria provide a standard, objective conceptual framework with proscribed questions and research methods, employed for over two decades to inform key policy issues related to health professional regulation. The criteria are:

***CRITERION ONE: RISK FOR HARM TO THE CONSUMER***

The unregulated practice of the health occupation will harm or endanger the public health, safety or welfare. The harm is recognizable and not remote or dependent on tenuous argument. The harm results from: (a) practices inherent in the occupation, (b) characteristics of the clients served, (c) the setting or supervisory arrangements for the delivery of health services, or (d) from any combination of these factors.

***CRITERION TWO: SPECIALIZED SKILLS AND TRAINING***

The practice of the health occupation requires specialized education and training, and the public needs to have benefits by assurance of initial and continuing occupational competence.

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<sup>13</sup> See <https://www.dhp.virginia.gov/Boards/BHP/PractitionerResources/GuidanceDocuments/>

### *CRITERION THREE: AUTONOMOUS PRACTICE*

The functions and responsibilities of the practitioner require independent judgment and the members of the occupational group practice autonomously.

### *CRITERION FOUR: SCOPE OF PRACTICE*

The scope of practice is distinguishable from other licensed, certified and registered occupations, in spite of possible overlapping of professional duties, methods of examination, instrumentation, or therapeutic modalities.

### *CRITERION FIVE: ECONOMIC IMPACT*

The economic costs to the public of regulating the occupational group are justified. These costs result from restriction of the supply of practitioner, and the cost of operation of regulatory boards and agencies.

### *CRITERION SIX: ALTERNATIVES TO REGULATION*

There are no alternatives to State regulation of the occupation which adequately protect the public. Inspections and injunctions, disclosure requirements, and the strengthening of consumer protection laws and regulations are examples of methods of addressing the risk for public harm that do not require regulation of the occupation or profession.

### *CRITERION SEVEN: LEAST RESTRICTIVE REGULATION*

When it is determined that the State regulation of the occupation or profession is necessary, the least restrictive level of occupational regulation consistent with public protection will be recommended to the Governor, the General Assembly and the Director of the Department of Health Professions.

The document also sets out procedures for the conduct of evaluation studies. The procedures translate the Board's policies into operational terms. Three questions are addressed:

- Who may request a study and how?
- How is a study conducted?
- What happens to the results?

In addition, the Code of Virginia includes provisions that require economic impact analysis be undertaken on any proposed regulation (see Article 2 Regulation 2.2-4007-04 of the Code of Virginia).

## Annex 8: Governance of regulators in selected jurisdictions

Governance of regulators in Burkina Faso, Mali, Senegal, South Africa, Brazil, Canada, Pakistan, Qatar & Somaliland, Czech Republic, United Kingdom, Australia, China (Hong Kong SAR), Malaysia, New Zealand, the Philippines, Singapore						
	AFRICAN REGION				REGION OF THE AMERICAS	
	Burkina Faso	Mali	Senegal	South Africa	Brazil	Canada – British Columbia
Regulators	Five National Orders have been enacted by the National Assembly, bringing together health professionals. Each comprising a National Council. Governance of National Councils is unclear.	Orders of health professionals of Mali bring together health professionals who exercise their professional activity in Mali. They have the mission, the organization and representation of natural and legal persons exercising the health professing throughout the national territory.	Four National Orders for health personnel, created by laws adopted by the National Assembly in its sessions.	Six ‘Councils’ established under six Acts. Two are multi-profession regulators, overseeing separately constituted ‘professional boards’. Some of these professional boards regulate multiple health occupations. <b>NOTE:</b> One council is in process of establishment (Traditional Health Practitioners Council of South Africa).	Federal Constitution 1988 (art. 22, XVI) establishes 14 self-regulated Professional Councils: 13 profession-specific Federal Councils; and a two-profession Federal Council (Physiotherapy and Occupational Therapy) Other professions are regulated by Federal, State and Municipal authorities.	19 Regulatory Colleges, 18 established under the <i>Health Professions Act</i> regulate 25 health professions. One regulatory college established under the <i>Social Work Act</i> . One profession (emergency medical assistants) licensed by a board established under the <i>Emergency Health Services Act</i> .
Legal entity	All five National Orders bring together people authorized to practice their profession with distinct legal personality.	The opinion of the Orders of health professionals of Mali are obligatory when it comes to questions relating to good professional practices in the public and private health establishments.	Each of the four Orders constitutes a professional establishment, endowed with legal personality.	All six Councils are corporate bodies with separate legal identity.	All Federal Councils are autarchies / indirect public administration, with regulatory authority (self-regulated).	All 19 Regulatory Colleges are corporations which have all the powers and capacities of a natural person.

<p><b>Size of boards/ councils</b></p>	<p><b>National Boards:</b> Information not found <b>Regional council</b> Information not found</p>	<p>Mixed – Administrative and management bodies are: General meetings of health professionals of Mali: all registered members National Councils of the Order - 16 members Regional Councils of the Order - 3-5 members Councils of circle of the Order 3-5 members Communal Councils of the Order</p>	<p>Mixed – <b>Physicians order:</b> Section Council A: 12 Section Council B: 11 National Council: 19 <b>Pharmacists order:</b> Section Council A: 6 Section Council B: 6 National Council: 9 <b>Midwives and maieuticians order:</b> National Assembly: consists of all practitioners National Council: 15 Disciplinary training: 5 Section Councils (A, B): 10 each Regional and departmental Councils: <b>Dental surgeons order:</b> Section Councils (A, B): 7 each National Council: 17</p>	<p>Mixed – HPSCA has up to 32 members</p>	<p>Each council is composed exclusively by members of the professional corporation. Biology – 10 members Biomedicine – 10 Dentistry – 9 Medicine – 28 (1 for each of the 27 states and 1 member of the Brazilian Medical Association) Nurses – 5 to 21 members (3/5 Nurses, 3/5 Nursing Technicians and/or Nursing Assistants) Nutrition – 10 Pharmacy 27 (1 for each of the 27 states) Physiotherapy &amp; Occ Therapy – 9 Physical Education – 20 Psychology – 9 Social Work – 9 Speech Therapy – 10</p>	<p>Mixed – most Boards of the Colleges have between 9 and 12 members, with two larger Boards of 15 members (physicians and surgeons) and 16 members (chiropractors).</p>
<p><b>Who appoints members?</b></p>	<p>The members are elected by the Congress which is the supreme authority of the Order.</p>	<p>The presidents of the various Councils must be of Malian nationality and elected by the health professionals registered on the role of Order and up to date with their contributions.</p>	<p>Mixed Some members are elected like the chairman of the board and other are appointed by the Minister in charge of health: chapter 2 of each Order</p>	<p>Mixed HPSCA - 16 members are designated by the professional boards, the remainder appointed by various Ministers (Health, Education, Defence) and the South African University Vice</p>	<p>The councils are elected only by registered members of the professions</p>	<p>Each College Board has a mix of registrant members (elected) and public members (appointed), generally on a ratio of approximately 1/3 public</p>

				Chancellors Association. Professional members appointed by Minister following open nomination process and panel selection and recommendation. <i>South African Nursing Council</i> - 25 members appointed by the Minister (at least 14 licensed nurses or midwives)		members and 2/3 elected registrant members although one Board (nurses and midwives) has a 50/50 split of registrant and public members
<b>Statutory role of board/council</b>	National Order is responsible to: ensure respect for the fundamental values of the health profession whom he defends and promote; ensure compliance with the principles of morality, probity and dedication essential to practice and compliance by all members of professional duties as well as the rules enacted by the code ethics; defend honor and professional independence of health professionals whose decisions cannot be dictated by considerations other than interest of the patient and public	Orders are responsible to: ensure compliance with the principles of morally probity and dedication essential; see to the defense of honor and independence of the profession; ensure compliance by all members with the professional duties and the rules enacted by the code of ethics; give its opinion at the request of the powers publics , or make suggestions of its own initiative on all matters relating to the sector sanitary; submit to the Minister responsible for health any measure which it deems appropriate to	National Order is responsible to: ensure the maintenance of the principles of morality, quality and dedication essential to the exercise of the profession, both in the public sector that private; see to the observation, by all the members, of the professional duties and rules enacted by the code of ethics; assure the defense, the honor and the traditions of the profession. It can be consulted by the public authorities on all draft legislative texts or regulations concerning the profession and in	HPCSA coordinates activities of professional boards, determines strategic policy, makes rules etc. Professional boards enter and remove names from Register, recognize qualifications, conduct examinations, approve training schools, conduct inquiries, suspend a registered person from practicing.	Each professional council is responsible to register to practice; enact the rules and conduct (bylaws) based on the exercise laws; establish the surveillance of the profession and its discipline.	Each College has statutory functions to: serve and protect the public; govern its registrants; establish requirements for registration; establish, monitor and enforce standards of practice; maintain a continuing competency program; establish a patient relations program (sexual misconduct); establish registration, inquiry and discipline procedures.

	health; ensure confidentially of personal health data; require recognized competence guaranteeing the quality and safety of the acts performed in the service of patients and the population.	promote the country health development.	general on all questions of interest to public health.			
<b>Rel'ship to government</b>	The decisions of the Regional Council are notified to the regional or provincial health officer, to the governor of the region, to the prosecutor of Faso at the High Court territorially competent, to the National Council of the Order, to the union official intervened in the proceedings and the Minister responsible for Health.	Orders of health professionals of Mali are placed under the supervision of the Minister for Health. Are subject to the prior authorization of the Minister: donations and legacies subject to conditions and fillers, the alienation of movable property acquired on the subsidies from the State and its partners, the alienation of immovable property forming part of the heritage, the internal regulations of the Order.	The Orders are under the supervision of the Minister in charge of Health.	Arm's length relationship. Regulators are established as independent statutory authorities (corporate bodies). Must operate within national health policy determined by Minister. Positions on Council earmarked for government employees (health, education). Minister may terminate membership of a council member.	Arm's length relationship – the professional councils are established as independent federal agencies with regulatory authority.	Arm's length but with reserve powers. The Minister decides whether to designate a health profession under the Act (and establish a College) and amalgamate Colleges. Minister prescribes by regulation the name of the College, limits on use of titles, limits on services provided by registrants, restricted activities that may be performed by registrants. The board of the College must submit an annual report. Minister may appoint a person to

						inquire into the administration or operation of a College. Minister may issue a directive to the College following an inquiry (section 18.2). The Minister may appoint a public administrator to discharge the powers & duties of the board of a College (section 18.3).
	<b>EASTERN MEDITERRANEAN REGION</b>			<b>EUROPEAN REGION</b>		
	<b>Pakistan</b>	<b>Qatar</b>	<b>Somaliland</b>	<b>Czech Republic</b>	<b>United Kingdom</b>	
<b>Regulator/s</b>	Five separate profession-specific regulators established by statute, each with its own administrative office. Powers to regulate medical and dental practitioners shared between three entities that comprise the Pakistan Medical Commission – the Medical and Dental Council, the National Medical and Dental Academic Board and the	A single regulator, the Department of Healthcare Professions of the Ministry of Public Health regulates medicine, dental medicine and surgery, 11 ‘paramedical professions’ including nursing and midwives, plus 50 allied health professions.	Board of Directors and Technical Committee appointed by the Board of Directors of the National Health Professions Commission.	Three boards, known as Chambers, for each of the three Chamber regulated professions (medical, dental and pharmacy) <i>NOTE: the other regulated professions without Chambers not included here</i>	10 separate regulators: 9 profession specific regulators (medical, nursing & midwifery, pharmacy, dental, chiropractic, osteopathy); one multi-profession regulator (regulates 15 occupations) and one meta-regulator (the Professional Standards Authority) that regulates the regulators.	

	National Medical Authority.				
<b>Legal entity</b>	All five regulators including the Pakistan Medical Commission (which includes the Medical and Dental Council) are corporate bodies.	Ministry of Public Health, Department of Healthcare Professions (government department)	National Health Professions Commission is a corporate body 'independent legal personality with stamp of its own'.	Chambers are statutory bodies that employ their own staff, own property, and raise income.	All ten regulators are non-departmental public bodies and corporate bodies with separate legal identity.
<b>Size of boards/ councils</b>	MIXED The Medical and Dental Council (recently reconstituted) – 9 members, a mix of civil society members, practitioners and government nominee; Pharmacy Council of Pakistan - 11 members; Pakistan Nursing Council - 23 members.	Permanent Licensing Committee (statutory committee) – 10 members, heads of various departments within Ministry including infectious diseases, emergency, nurses, pharmacy, dental.	13 members, nominated by various government departments, professional associations and health training institutions.	National Chamber board has 15-20 members. Disciplinary matters are dealt with by the honorary boards. The national honorary board (which deals with more serious disciplinary issues) has 9 members and district honorary board (for less serious disciplinary issues) has 5 members.	MIXED Most have 12 member boards. Range in size from 10 members (General Osteopathic Council) to 14 members (General Pharmaceutical Council).
<b>Who appoints members?</b>	MIXED The recently reconstituted Medical and Dental Council's members are nominated and approved by Prime Minister of Pakistan. Other Councils have both elected (by the profession) and nominated (by various professional bodies) members, plus 'ex officio' government official members.	Council of Ministers	MIXED Chairperson and Vice Chairperson nominated by the President of the Republic of Somaliland and sworn in by the Chief Justice. Eleven other members are nominees of specified government departments, health training institutions and professional associations.	Each Chamber has a District Association comprising practitioners in the district ("District Assembly"). They elect 7-11 practitioners to serve on the board of directors of the district. The board registers new members and administers the district funds. The District Assembly elects the 5 members of the honorary board, which handles lower level disciplinary	No elected members. Privy Council (government) appoints members following an independent appointments process.

				<p>matters. The District Assembly also elects delegates to the General Assembly. These delegates elect the Chamber board of directors of 15-20 members which operates the national Chamber, and the 9 members of the honorary board, which handles higher level disciplinary matters. Accordingly, discipline of members is handled either by the 5 members of the district honorary board or by the 9 members of the national honorary board. In each case, the honorary board members may not serve in any other official function for the Chamber e.g. they cannot serve on the board of directors.</p>	
<b>Statutory role of board/council</b>	<p>Pakistan Medical Commission – Statutory responsibilities shared between Councils, Federal Government and Provincial Governments.</p>	<p>Department of Healthcare Professions responsible for: specifications for accreditation; issuing and revoking licenses; evaluating medical specialty certificates; developing standards for specialized health programs; standards for CME for health</p>	<p>Commission responsible for registration, monitoring, supervision and evaluation of qualified professionals, health service providers, health education providers, improving the quality of health services, deciding the</p>	<p>Article 2(1) states that the Chambers must ensure that members carry out their professions in accordance with the highest professional standards; certify the requirements for the practice of medicine, dentistry, and pharmacy; review and defend the professional interest of</p>	<p>Councils make all statutory decisions – to register, decide fitness to practice matters, accredit education programs.</p> <p>Professional Standards Authority reviews fitness to practice decisions of Councils and may appeal these to the High Court if it considers the Council’s decision provides insufficient to protect the public.</p>

		specialties; setting ethics of practice & ensuring compliance.	opening of medical colleges, verification of medical qualifications, approval of official registers etc.	their members; and maintain the members register. Under Art2(2), the Chambers may also participate in negotiations of charges for medical procedures and drugs; establish standards for practice; investigate malpractice complaints; and issue opinions on continuing education requirements.	
<b>Rel'ship to government</b>	Close relationship. Federal Government role in: – making rules & regulations – give instructions on questions of policy – confirming appointment and removal of staff – granting recognition of teaching institutions – appointing examining bodies – recognition of qualifications for registration – approval of codes of ethics – remove ('supersede') Council if failure, excess or abuse of power	Government administered scheme	Close relationship – NHPC Board is considered an administrative arm of government and is constituted with representatives of Ministry of Health and other government nominees.	Arm's length. The statute is designed to reinforce the notion of a Chamber as a self-governing body accountable only to its members.	Arm's length relationship All regulators are established independent of government, operating at arm's-length, report to government.  Professional Standards Authority (a 'meta regulator') reviews fitness to practice findings.

	WESTERN PACIFIC REGION					
	Australia	China - Hong Kong SAR	Malaysia	New Zealand	The Philippines	Singapore
Regulators	14 'national boards' exercise most statutory functions, but are administered under a single national agency, Ahpra, via 8 state/territory offices; registration and disciplinary functions are conducted by 'state boards' or function specific-committees and staff, under delegation from national boards	9 separate profession-specific Boards/Councils and one multi-profession regulator: the Supplementary Medical Professions Council (SMP Council) regulates 5 professions, each has its own Board; secretariat support for all Boards/Councils is provided by the Hong Kong Department of Health	7 Councils/Boards established under 7 separate Acts.  Two further multi-profession regulators (Allied Health Professions and Traditional and Complementary Medicine) (Council members appointed but functions not yet commenced). Secretariat functions are located within and provided by the Malaysian Ministry of Health	16 separate profession specific regulators established under single Act, each with its own administrative office	12 Professional Regulatory Boards (PRBs) administered under a single multi-profession regulatory agency, the Professional Regulation Commission (PRC) which regulates 43 professions across various sectors including the health sector	11 separate statutory Councils/Boards established under 8 Acts (7 profession-specific and one multi-profession); all boards/councils administered through Singapore Ministry of Health
Legal entity	All are corporate bodies corporate but only the National Agency has power to enter contracts, employ staff, own property, and so on	All Boards/Councils are statutory bodies but none have separate legal identity (i.e. they are not bodies corporate); all are administered within government	3 Councils (Medical, Dental, Optical) are bodies corporate with perpetual succession and a common seal (able to sue and be sued in their own names); the remaining Boards are statutory authorities but not separate bodies corporate. Instead, the Malaysian Ministry of	All are bodies corporate with separate legal identity	Administrative arm of government 'attached to the office of the President for general direction and coordination'	MIXED – four are corporate bodies (Medical, Nursing, Dental and Pharmacy Councils); four are statutory committees without separate legal identity (cannot sue and be sued, enter into contracts, employ staff etc.)

			Health is the legal entity that provides secretariat support			
<b>Size of boards/ councils</b>	9 or 12 member boards (8 practitioners: 4 community members or 6 practitioners: 3 community members)	MIXED <b>SMP Council:</b> up to 18 members, with profession-specific Boards 9-12 members <b>Medical Council:</b> up to 28 members; Nursing Council up to 21 members;	MIXED Boards/Councils range in size from 9 members (Optical Council) to 31 members (Malaysian Medical Council). The Allied Health Professions Council (once appointed) is to have 25 members	All Councils have between 5 and 14 members - majority are health practitioners, 2-3 laypersons. Medical Council consists of 12 members	MIXED <b>PRC</b> has 3 Commissioners <b>PRBs</b> range in size from 3-6 members, most have five members	MIXED Some large and representative: <b>Medical Council:</b> 22 members <b>Nursing Council:</b> 17 members <b>AHP Council:</b> 10 members and up to 15 members (once fully implemented) government members, no community or lay members
<b>Who appoints members?</b>	No elected members. Ministerial Council (state/territory and Commonwealth health ministers)	MIXED <b>SMP Council:</b> all members appointed by Chief Executive with limit of 4 'public officers' <b>Medical Council:</b> a combination of appointed, nominated and elected members, with 4 appointed lay members <b>Nursing Council:</b> similar to Medical Council, with 3 lay members appointed by Chief Executive of Hong Kong.	MIXED Some Acts provide for a mix of Ministerially appointed and elected/nominated members. <b>AHP Act:</b> provides for 23 of 25 members to be appointed by the Minister, with the DG of Health Malaysia as Chairman, and the Deputy Chairman the Director of Allied Health Sciences Division of the Ministry of Health.	MIXED Most Councils/Boards all members are appointed by Minister.  Two Councils - Medical Council and Nursing Council – have regulations that make provision for some elected members. Medical Council has 4 elected doctors, 4 doctors appointed by Minister, and 4 laypersons appointed by Minister.	MIXED <b>PRC:</b> Commissioners appointed by President. PRB members appointed by President on recommendation of the PRC, from a list of nominees submitted by the accredited professional organization for the relevant profession, following a process set out in an Executive Order.	MIXED Some appointed by Minister, some elected by profession <b>Medical Council:</b> members: Director Medical Services; 2 registered medical practitioners from each Singapore medical school; 12 elected medical practitioners <b>AHP Council:</b> members: Director Medical Services or representative; DG

						Education or representative; Registrar; at least one registered practitioner for each profession (10); two other persons
<b>Statutory role of board/council</b>	Boards responsible for statutory decisions to register, to conduct investigations, suspend registration, except for decision to cancel registration which resides with independent tribunal.	Boards responsible for statutory decisions to register, conduct enquiries, remove names from the Register etc.	<b>AHP Council:</b> registers and issues certificates; determines appropriate qualifications; regulates practice, ethics and profession conduct; supervises training, competency, professional development.	Councils responsible for statutory decisions to register, to conduct investigations, deal with conduct competence and health matters, including suspension of practice certificate, except cancellation of registration resides with separate tribunal.	<b>PRC:</b> responsible for administration of scheme, making of rules and regulations, administer licensing exams, fix fees, appoint staff, recommend appointments to professional regulatory boards. Professional regulatory boards regulate the practice of the professions, hear and investigate violations of law and codes of ethics.	<b>AHP Council:</b> approves registration applications; issues practising certificates; accredits training programs; accredits continuing professional education programs; determines and regulates standards of practice, competence, conduct and ethics; maintains registers. Complaints panels, Complaints Committees, Health Committees, Interim Orders Committees and Disciplinary Tribunals appointed by AHP Council.

<b>Rel'ship to government</b>	<p>Arm's length relationship - all regulators established Independent of government, report to all state/territory and Commonwealth Parliaments via a statutory 'Ministerial Council' comprised of all health ministers. Ministerial Council has powers to issue policy directions to boards.</p>	<p>Close relationship – website states: <i>'While Secretariat support to these Councils is provided by the Department of Health, these boards and councils are independent statutory bodies established under the relevant ordinances that operate independently to discharge their functions'</i>.</p>	<p>Close relationship – while three Councils have separate legal identity, in practice all the Boards/Councils are administrative arms of the Ministry of Health; all Councils are Chaired by the Director General of Health Malaysia &amp; constituted with some members from the MoH; secretariat functions for all regulators are carried out by the MoH staff.</p>	<p>Arm's length relationship – all regulators established independent of government with autonomy to make decisions. Minister may request 'statistical information' and may audit a Council and must lay results before Parliament. Provision in Act for 'conciliation conference' between Minister and Council if 'difference of opinion' about an audit.</p>	<p>Close relationship – PRC is administrative arm of government and professional regulatory boards constituted with representatives of Secretary of Health and other government office holders.</p>	<p>Close relationship – all Boards and Councils administered by a Secretariat of healthcare Professional Boards located within the Singapore Department of Health.</p>
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Annex 9: Registration functions of regulators in selected jurisdictions

Registration functions of regulators in Burkina Faso, Mali, Senegal, South Africa, Somaliland					
AFRICAN REGION					EASTERN MEDITERRANEAN REGION
	Burkina Faso	Mali	Senegal	South Africa	Somaliland
<b>What registration/ license types are available?</b>	<p><i>HPR National Law:</i></p> <ul style="list-style-type: none"> <li>– private practitioners</li> <li>– public practitioners</li> <li>– temporary certificate of exercise of function</li> </ul>	<p><i>Medical Act 2017</i></p> <ul style="list-style-type: none"> <li>– Section A: private general practitioners</li> <li>– Section B: private sector medical specialist</li> <li>– Section C: public sector physician</li> </ul> <p><i>Pharmaceutical Act</i></p> <ul style="list-style-type: none"> <li>– Section C: pharmacists working in the wholesale and export of products</li> <li>– Section D: private sector pharmacist</li> <li>– Section E: public sector pharmacist</li> <li>– Section F: pharmacists not belonging to any of the sectors C, D, E</li> </ul> <p><i>Midwives, nurses, dental surgeon's Acts:</i></p> <ul style="list-style-type: none"> <li>– Private sector practitioners</li> <li>– Public sector practitioners</li> </ul>	<p>Each order is divided into several sections organized as follows:</p> <p><i>Physicians Order:</i></p> <ul style="list-style-type: none"> <li>– Section A: doctors who are civil servants or public service contractors, teaching staff of the mixed faculty of medicine</li> <li>– Section B: other doctors</li> </ul> <p><i>Pharmacists Order:</i></p> <ul style="list-style-type: none"> <li>– Section A: pharmacists who are civil servants, decision-makers or public service, teaching staff of the faculty of pharmacy</li> <li>– Section B: private sector pharmacists</li> </ul> <p><i>Midwives and maieuticians Order:</i></p> <ul style="list-style-type: none"> <li>– Section A: state officials</li> <li>– Section B: other practitioners</li> </ul> <p><i>Dental surgeons Order:</i></p>	<p><b>HPCSA:</b></p> <p>Health Professions Act 1974: 9 types (registration categories):</p> <ul style="list-style-type: none"> <li>– independent practice</li> <li>– private practice</li> <li>– specialised practice</li> <li>– sub-specialised practice</li> <li>– supervised practice</li> <li>– public service - community service</li> <li>– internship</li> <li>– student-intern</li> <li>– student</li> </ul> <p>Also categories for temporary or restricted registration:</p> <ul style="list-style-type: none"> <li>– education</li> <li>– postgraduate</li> <li>– volunteer</li> </ul> <p>Also category for 'non-clinical practice'.</p>	<p>4 types provided for in the</p> <ul style="list-style-type: none"> <li>– full</li> <li>– temporary (foreign trained professionals)</li> <li>– professional preparation (fresh graduates)</li> <li>– specialization</li> </ul> <p>Application form on website provides for 4 types:</p> <ul style="list-style-type: none"> <li>– temporary</li> <li>– full</li> <li>– specialist</li> <li>– conditional</li> </ul>

			<ul style="list-style-type: none"> <li>- Section A: dental surgeons who are civil servants or public service contractors, teaching staff of the institute of odontology and stomatology of the faculty of medicine and pharmacy</li> <li>- Section B: other dental surgeons</li> </ul>		
<b>Who makes registration decisions?</b>	Article 42 of each order: the regional council of the order pronounces the registration of the applicant if all the conditions are respected	The national councils of the different Orders	Each section keeps an up-to-date list of professionals registered with the order and reporting to it	HPCSA: Professional Boards for each regulated profession	Board of Directors of the NHPC on recommendation of its Technical Committee
<b>Is there a renewal of registration/ practice certificate?</b>	YES Annual renewal with the regional Council	YES No health professional can practice his art of the national territory if he is not regularly registered in the table of orders of health professionals of Mali, including those of the active framework of the armies. Health professionals involved in the cooperation must register with the Orders for the duration of their stay. As such, they benefit from a temporary license to practice issued by the health minister. The same	YES Renewable each year with the Section Council to which the professional belongs	YES <b>HPCSA:</b> Annual renewal online – payment of an annual fee	YES <b>NHPC Act</b> states: Validity of license shall be one year.

		is true for the health professionals on a humanitarian mission			
<b>Is renewal subject to completion of mandated CPD?</b>	YES	YES	YES	YES	No specific head of power identified in the NHPC Law
<b>Does the regulator have power to grant registration, subject to conditions or restrictions?</b>	YES See articles 40, 44	YES See articles 11, 12; 13	NO	YES	No specific head of power identified in the NHPC Law
<b>Is there a right of review for practitioners concerning adverse registration decisions?</b>	YES See article 42	YES Article 14	YES The decisions of the Council of the Order are subject to appeal before the supreme court	YES <b>HCPSA:</b> Appeal of an any decision of professional board or council to High Court within one month of decision.	YES To the Supreme Court of the Republic of Somaliland
<b>Is there an online searchable Register?</b>	YES Name First name Professional residence Date and place of graduation Registration number on the roll of Order	IN PART Online verification that person is registered, Registration documents addressed to the president of the National Council to be printed and completed	YES Number Section Last name First name Specialty Location	YES <b>HCPSA:</b> Personal information: Name; Registration number; ID number; city; province; postal code Register Registration status: active; inactive; erased; expired; suspended; terminated	YES Name, registration number, professional category, expiry date

				Qualification information: qualification name, date obtained Category details: practice type; practice field; speciality; sub- speciality; from (date); origin (South African)		
<b>Registration functions in Brazil, Canada, Czech Republic, United Kingdom, Pakistan and Qatar</b>						
	<b>REGION OF THE AMERICAS</b>		<b>EUROPEAN REGION</b>		<b>EASTERN MEDITERRANEAN REGION</b>	
	<b>Brazil</b>	<b>Canada – British Columbia</b>	<b>Czech Republic</b>	<b>United Kingdom</b>	<b>Pakistan</b>	<b>Qatar</b>
<b>What registration/ license types are available?</b>	<p><i>Medical (Law: nº 3.268/1957):</i></p> <ul style="list-style-type: none"> <li>– primary (registration in regional council)</li> <li>– secondary (registration for physicians who intend to work in a second region, maintaining their registration in the regional council of origin)</li> <li>– transfer (registration intended for physicians who intend transfer from state, inactivation their)</li> <li>– temporary (until 90 days, after this period they have to apply for a</li> </ul>	<p><i>College of Physicians and Surgeons of British Columbia - Bylaws</i></p> <p>28 types</p> <ul style="list-style-type: none"> <li>– full – family</li> <li>– full – specialty</li> <li>– special</li> <li>– osteopathic</li> <li>– provisional</li> <li>– provisional – specialty</li> <li>– academic</li> <li>– administrative</li> <li>– conditional – practice limitations</li> <li>– conditional – practice setting</li> <li>– conditional – disciplined</li> <li>– associate physician</li> <li>– educational – medical student</li> </ul>	None identified	<p>7 types (medical)</p> <ul style="list-style-type: none"> <li>– full</li> <li>– specialist</li> <li>– general practitioner</li> <li>– provisional</li> <li>– temporary, for emergencies</li> <li>– temporary, for visiting eminent specialists</li> <li>– special purpose</li> </ul>	<p>5 types (medical)</p> <ul style="list-style-type: none"> <li>– full</li> <li>– provisional</li> <li>– specialist</li> <li>– temporary for: specific purpose, for foreign qualified (post graduate study, teaching, demonstration of skill, institutional service)</li> <li>– student</li> </ul>	None identified

	secondary registration) – specialist and area of expertise	<ul style="list-style-type: none"> <li>– educational – postgraduate (resident)</li> <li>– educational – postgraduate (resident elective)</li> <li>– educational – postgraduate (fellow)</li> <li>– educational – postgraduate (trainee)</li> <li>– clinical observership</li> <li>– visitor</li> <li>– emergency – family</li> <li>– emergency – specialty</li> <li>– surgical assistant</li> <li>– retired – life</li> <li>– assessment</li> <li>– full – podiatric surgeon</li> <li>– educational – podiatric surgeon student (elective)</li> <li>– educational – podiatric surgeon resident (elective)</li> <li>– conditional – podiatric surgeon disciplined</li> </ul>				
<b>Who makes registration decisions?</b>	Professional Council for each regulated profession	The registration committee of the College for each designated health profession	Registration of doctors, dentists and pharmacists is undertaken by the relevant Chamber.	<b>Medical:</b> Registrar of General Medical Council under rules made by GMC. Registration panel hears	Decision-making shared between Councils and Federal Government	Permanent Licensing Committee of the Ministry of Public Health

			<p>The standards for entry, including to specializations, determined by Ministry for Health and set out in legislation. The Ministry also determines which foreign education and experience in EU member States qualify for equivalence. The Chambers required to register anyone who completes medical, dental or pharmaceutical degree in the relevant discipline at an approved Czech university, who can enter into legal acts, &amp; who has not been excluded from the Chamber in previous five years because of disciplinary action. Also, they must register nationals from other EU countries with equivalent</p>	<p>appeals and matters referred by Registrar</p>		
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			qualifications if they receive a notice to that effect from the Ministry for Health (which assesses qualification and fitness to practice and administers examinations).			
<b>Is there a renewal of registration/practice certificate?</b>	NO	YES Medical – online annual renewal.	NO Registration is for indefinite period	YES Medical – online annual renewal of registration and license to practise, subject to payment of annual retention fee. Revalidation (assessment of fitness to practise) every 5 years	YES Every four or five years depending on profession.	YES Annual renewal
<b>Is renewal subject to completion of mandated CPD?</b>	NOT APPLICABLE	YES	NO Practitioners who complete continuing education are rewarded by insurance companies	YES	YES	YES For physicians and dentists
<b>Does the regulator have power to grant registration, subject to conditions, restrictions?</b>	IN PART Following disciplinary process	YES	YES	YES Medical: conditions displayed under 'Doctor history' against practitioner's name, including expired conditions imposed since 2005	YES – but only for foreign qualified practitioners See Ordinance No. XXXII of 1962 – sections 15 and 19.	YES

<b>Is there a right of review for practitioners concerning adverse registration decisions?</b>	YES	YES Section 20 of the Health Professions Act – to Supreme Court	YES Anyone with a right to registration who has been denied registration by a Chamber may appeal to a court	YES To Registration Appeals Panel established under GMC Rules	YES <b>Medical Council:</b> To Standing Recognition Committee of Council	YES To Minister
<b>Is there an online searchable Register?</b>	YES Photo (when provided) Name Registration number Data of first registration Data of registration Type of registration (Primary, Secondary and/or Provisional) Status of registration (active or inactive) Specialties/area of expertise Work address Telephone number (when authorized by the physician)	YES <b>Nursing:</b> Name Preferred name; Registrant type and class; Standing with the College City of employment; Start date & end date (of registration) MSP eligible (right to make referrals) prescribing authority primary employer (name, address, phone)	YES <b>Medical Chamber</b> has an on-line searchable database on its website of members, their year of graduation, practice certificate, continuing education compliance, and address. The other Chambers do not have a similar facility.	YES <b>General Medical Council:</b> Name GMC reference number Gender Primary medical qualification Year of qualification Provisional registration date Full registration date Revalidation information Training information Conditions on registration Undertakings, warnings History of registration & fitness to practice since 2005 Hearings	YES <b>Pakistan Medical Commission:</b> Full name Father's name Registration No. Registration type Status Issue date License valid up to Qualification, university, passing year	YES Name Profession Scope of practice Place of work License number License issue date License expiry date Qualification Specialty Institution & country of qualification (
<b>WESTERN PACIFIC REGION</b>						
	<b>Australia</b>	<b>Hong Kong SAR</b>	<b>Malaysia</b>	<b>The Philippines</b>	<b>Singapore</b>	
<b>What registration/</b>	<b>HPR National Law:</b> all professions: 9 types/subtypes	<b>SMP Ordinance:</b> – registration – provisional	<b>AHP Act 2016:</b> – registration	<b>Medical:</b> 2 types – registered physician – temporary special permit	<b>AHP Act:</b> 4 types – full	

<p><b>license types are available?</b></p>	<ul style="list-style-type: none"> <li>- general</li> <li>- specialist (three professions – medical practitioners, dentists, podiatrists)</li> <li>- provisional (some professions)</li> <li>- limited (4 subtypes postgraduate training or supervised practice; teaching or research; area of need; public interest)</li> <li>- non-practising</li> <li>- student</li> </ul>	<ul style="list-style-type: none"> <li>- companies (section 20)</li> </ul> <p><b>Medical Registration Ordinance:</b></p> <p>5 types</p> <ul style="list-style-type: none"> <li>- general</li> <li>- specialist (some professions)</li> <li>- limited</li> <li>- provisional (some professions)</li> <li>- temporary</li> </ul>	<ul style="list-style-type: none"> <li>- registration as an expert</li> <li>- practising certificate OR temporary practising certificate</li> </ul>	<p>Also provision for limited practice without any certificate of registration:</p> <ul style="list-style-type: none"> <li>- physicians and surgeons from other countries</li> <li>- commissioned medical officers of the US Armed Forces</li> <li>- foreign physicians employed as exchange professors in special branches of medicine or surgery</li> </ul>	<ul style="list-style-type: none"> <li>- conditional</li> <li>- temporary (for teaching, research or postgraduate study); visiting experts</li> <li>- restricted (transitional category only available during transitional period for foreign trained allied health professionals)</li> </ul>
<p><b>Who makes registration decisions?</b></p>	<p>All registration decisions made under formal delegations from responsible National Board:</p> <ul style="list-style-type: none"> <li>- routine decisions – staff of Ahpra</li> <li>- non-routine decisions – registration committee of relevant national board, operating at central or state level, depending on size of profession</li> </ul>	<p><b>SMP Ordinance:</b> registration decisions made by profession-specific Boards</p> <p><b>Medical Council –</b> Licentiate Committee whose members are appointed by the Council, or sub-committee of Licentiate Committee</p>	<p><b>AHP Act 2016:</b> AHP Council</p>	<p><b>Medical:</b></p> <p>Local graduates – Professional Regulation Commission</p> <p>Foreign trained – Commission on recommendation of Professional Regulatory Board of Medicine</p>	<p><b>AHP Act 2011:</b> AHP Council</p>

<b>Is there a renewal of registration/ practice certificate?</b>	YES Annual renewal online – fee as well as declaration of compliance with CPD, recency of practice, professional indemnity insurance (PII), health and criminal history standards. Declarations subject to audit. Status of application can be checked online	YES <b>SMP Council:</b> Annual renewal of practising certificate online; subject to payment of fee, provided there are no criminal convictions punishable by imprisonment	YES <b>AHP Act:</b> Renewal of practising certificate every 2 years; removal of name from Register for failure to renew practising certificate for six years continuously	YES <b>Medical PRB:</b> Every 3 years, online lodgement of application; face to face appointment; demonstrate compliance with CPD requirements	YES <b>AHP Act:</b> Renewal of practising certificate online for 2 year period (full registration) or period determined by the Council (conditional registration) - subject to fee, declaration re physical or mental illness; psychiatric treatment; subject of an inquiry or proceedings; convicted of any offence
<b>Is renewal subject to completion of mandated CPD?</b>	YES	NO (CPD is voluntary)	YES	YES	YES
<b>Does the regulator have power to grant registration, subject to conditions (restrictions or limitations)?</b>	YES See section 83 of the <i>Health Practitioner Regulation National Law</i> . Power to impose conditions on registration, both at first registration and renewal of registration, or at any other time following a disciplinary process	IN PART <b>SMP Ordinance:</b> see sections 10(5) (restoration to the register) and 15(3) (provisional registration) <b>Medical Registration Ordinance:</b> see section 14A(2A);	NO	YES	YES <b>AHP Act:</b> see sections 17(2), 18(6)

<p><b>Is there a right of review for practitioners concerning adverse registration decisions?</b></p>	<p>YES To independent state/territory-based tribunal within 28 days of decision. Tribunal comprised of 2 practitioners, 1 lawyer and 1 community member, none of whom are to have a conflict of interest</p>	<p>YES <b>SMP Council:</b> section 15B appeals from Board to SMP Council; <b>Medical Council:</b> To Licentiate Committee (if a decision of a sub-committee) or to Council (If a decision of Licentiate Committee);</p>	<p>LIMITED <b>AHP Act:</b> section 20(4) provides for appeal to Minister for decision to refuse application for reinstatement to Register after removal</p>	<p>YES Procedures set out in <i>Resolution No. 2017-1033(A) 2017 Revised Rules and Regulations in Administrative Investigations</i> Hearing officer appointed by PRC; board member must be present when case involves practice of profession</p>	<p>YES <b>AHP Act:</b> see section 26(3) right of appeal to Minister for removal from the register</p>
<p><b>Is there an online searchable Register?</b></p>	<p>YES <i>Details published:</i> Name, registration number, profession, type of registration, specialties (if any), details of notations, endorsements, conditions, undertakings (if any), period of registration</p>	<p>IN PART <b>SMP Council:</b> Online lists of registrants by profession presented in order of registration number; lists searchable by registration number, English and Chinese name</p>	<p>YES <b>MMC:</b> Search by name, graduated from, place of practice, type of registration. <i>Details published:</i> full name; qualification, institution; provisional registration number; full registration number; date of full registration; places of practice for previous 3 years including annual practicing certificate year and number <b>AHP Council:</b> Register not yet implemented</p>	<p>IN PART Online verification that person is registered. No other information supplied</p>	<p>YES <b>AHP Council:</b> <a href="https://prs.moh.gov.sg/prs/internet/profSearch/main.action?hpe=ahpc">https://prs.moh.gov.sg/prs/internet/profSearch/main.action?hpe=ahpc</a> Search by name, region, name of place of practice <i>Details published:</i> Full name; registration number; type of register; qualification, year and institution; registration date, type; practicing certificate start and end date; primary place of practice</p>

Annex 10: Qualification accreditation and examination functions of regulators in selected jurisdictions

Entry to practice qualification accreditation function in Australia, Malaysia, Singapore, Somaliland, South Africa, The Philippines, United Kingdom & USA (New York State)							
Australia	Malaysia	Singapore	Somaliland	South Africa	The Philippines	United Kingdom	USA –New York State
<b>Who assures the quality of training programs?</b>							
<p>For 12 professions, accreditation functions are exercised by 12 independent 'Accreditation Councils' (separate corporate bodies), under contractual arrangements with their respective National Boards and Ahpra. For 3 professions, by accreditation committees of national boards with administrative support from Ahpra. <i>Government education authorities</i> also separately assess all tertiary institutions for compliance with education standards. National Board Accreditation standards published on Ahpra website. Medical Board also approves overseas 'competent authorities' in Britain, Canada, Ireland, New Zealand,</p>	<p><b>Medical:</b> Medical Council accredits all Malaysian medical schools for registration purposes to certify that standards are acceptable. Joint Technical Committee oversees standards and processes – has members from MoH, Department of Higher Education, Universities, and so on. Standards and processes are developed in collaboration with WHO</p>	<p><b>Nursing:</b> Singapore Nursing Board accredits nursing programs in Singapore for the purpose of registration of nurses (registered, enrolled and advanced practice) and midwives</p>	<p><b>NHPC</b> in conjunction with the Ministry of Education and Higher Studies</p>	<p><b>HPCSA:</b> Professional boards for each profession set minimum standards for education and training for registration, do site visits and accredit providers (education and training institutions) and qualifications, under common framework operated by the Council's Education Training and Quality Authority Committee</p>	<p>Commission on Higher Education (CHED) assisted by Technical Committees and Panels</p>	<p><b>Medical:</b> General Medical Council assures quality of medical education from medical school to postgraduate education including specialty training. GMC sets standards for Medical Schools and checks compliance with standards.</p>	<p>New York State Education Department Office of the Professions</p>

and USA to assess international medical graduates							
<b>Is there a published list of approved qualifications?</b>							
YES Ahpra provides an online list of approved qualifications searchable by profession and institutions. Website lists approved local and foreign qualifications under each national board's webpage	YES Medical Council website lists approved local and foreign qualifications	YES Medical Council website provides list of 'Registrable basic medical qualifications', which includes both approved local and foreign qualifications	NO	YES <b>HPCSA:</b> List of qualifications under each professional board.	None identified	YES GMC website	None identified
<b>How are internationally qualified practitioners assessed for registration purposes?</b>							
Differs depending on the profession and National Board policy. For example: <b>Medical:</b> 3 main pathways, including 'competent authority pathway' – Any international medical graduate (IMG) who holds a qualification listed in the International Medical Education Directory who has completed training or assessment with an approved competent authority (UK, NZ, Canada, USA) is eligible	<b>Malaysian Medical Council</b> recognizes the medical qualifications issued by 345 institutions in 36 countries. Graduates with these qualifications do not need to sit an examination for registration but may have conditions placed on their registration. Other overseas qualified practitioners must sit an examination	Foreign trained practitioners who hold approved qualifications may be granted conditional or provisional registration to practise for a period under supervision. On successful completion, eligible for full registration	The <b>NHPC</b> website outlines requirements for registration for internationally qualified practitioners	<b>HPCSA:</b> Medical Following primary source verification of foreign qualifications, practitioners may be granted registration in one of the following categories: Education; military service; postgraduate studies; volunteer service; public service specialist; public service medical practitioner. Following successful completion of the examination (multiple choice and practical), foreign trained practitioners may be granted registration in	Professional Regulatory Board assesses applications and may grant 'temporary special permit' or authorize 'limited practice without any registration certificate'	Various pathways. <b>Medical:</b> Combination of recognition of qualifications (World Directory of Medical Schools) plus clinical rotations; and examination	Application for Temporary Practice Permit. Physicians: Office of the Professions verifies credentials with source regulator – applicant must have 'equivalent degree' or pass an examination, in accordance with Commissioner's regulations. List of 'exempt persons' eg persons licensed in another state or country, border practice, interns, students, commissioned officers.

for provisional registration <b>Optometry:</b> All foreign graduates (except for New Zealand graduates) must sit an examination				the category of independent practice.			
<b>Are examinations available for registration?</b>							
YES Conducted by tertiary institutions, Accreditation Councils or specialist medical colleges under contract from the relevant national board. Applies mainly to foreign trained practitioners applying to practise in Australia. There is no national examination for local graduates, except in pharmacy	YES For example, see section 5(1)(c) of the <i>Nurses Act 1950</i> and the <i>Medical (Setting of Examination for Provisional Registration) Regulations 1993</i>	YES For example, Singapore Nursing Board may require foreign trained nurses to sit a Licensure Examination and may require any applicant for registration to sit a competency assessment. Pharmacy Council requires all local trained pharmacists to pass a competency examination before granting registration.	NO	YES <b>HPCSA:</b> for foreign qualified applicants for registration	YES All local graduates must pass national examination to qualify for registration	NO GMC Medical Licensing Assessment under development	YES Medical: Federation Licensing Exam (FLEX) OR National Board of Medical Examiners Inc. OR National Board of Osteopathic Medical Examiners OR United States Medical Licensing Examination etc.

Annex 11: Mechanisms for regulating use of titles and scope of practice in selected jurisdictions

Regulation of professional titles and scopes of practice in Burkina Faso, Mali, Senegal, South Africa, Brazil, Canada, Virginia State USA, Pakistan, Qatar, Somaliland, Czech Republic, United Kingdom, Australia, China (Hong Kong SAR), Malaysia, New Zealand, The Philippines, Singapore, Vietnam			
Legislative instrument/s	Reservation of title	Reservation of practice	Enforcement/comments
<b>AFRICAN REGION</b>			
<b>BURKINA FASO</b>			
<i>The Order of physicians of Burkina Faso</i> <i>The Order of pharmacists of Burkina Faso</i> <i>The Order of dental surgeons of Burkina Faso</i> <i>The Order of midwives and maieuticians of Burkina Faso</i> <i>The Order of nurses of Burkina Faso</i>	YES	YES	Article 1 of the different laws Article 37: No one can practice the health profession in Burkina Faso if he is not registered on the roll of the order
<b>MALI</b>			
<i>Order of physicians of Mali Law</i> <i>Order of pharmacists of Mali Law</i> <i>Order of dental surgeons of Mali Law</i> <i>Order of midwives of Mali Law</i> <i>Order of nurses of Mali Law</i>	YES	YES	Article 1 of different laws Chapter 6: Illegal practice of health profession. Articles 18, 19.
<b>SENEGAL</b>			
<i>Order of physicians of Senegal Law</i> <i>Order of pharmacists of Senegal Law</i> <i>Order of dental surgeons of Senegal Law</i> <i>Order of midwives of Senegal Law</i>	YES	YES	Article 1 of different laws Chapter 2: Illegal practice of health profession. Articles 12, 13.
<b>SOUTH AFRICA</b>			
<i>Health Professions Act 56 of 1974</i>	YES	YES	<i>Section 39(1)</i> provides that no person shall perform any act deemed to be an act pertaining to a health profession prescribed under the Act unless he or she is registered <i>Section 40</i> provides an offence and penalty for a person who:

			<ul style="list-style-type: none"> <li>– pretends to be registered in a health profession</li> <li>– uses any name, title, description or symbol indicating or calculated to lead persons to infer that he/she is holder of qualification</li> <li>– uses any name declared by regulation to be a name which may not be used.</li> </ul>
<b>REGION OF THE AMERICAS</b>			
<b>BRAZIL</b>			
<i>Law No. 12.842/2013 Medicine professional practice Law</i> <i>Law No. 3.268/1957 (Medical Federal Council Law)</i>	YES	YES	<p>Anyone who is not duly registered, and, through advertisements, signs, cards or any other means, proposes to practice medicine, in any specialty, is subject to the penalties applicable to illegal practice of medicine (civil and penal codes).</p> <p>Nursing can only be practiced by nurses, nursing technicians, nursing assistants, and midwives. Nursing activities can only be performed by persons who are legally qualified and registered with the regional professional council that has jurisdiction in the state where they practice.</p> <p>The <i>Medicine professional practice Law</i> contains 11 ‘private acts’:</p> <ul style="list-style-type: none"> <li>– indication and execution of pre- and post-operative interventions and medical care;</li> <li>– indication and execution of invasive procedures, whether diagnostic, therapeutic or aesthetic, including deep vascular accesses, biopsies and endoscopies;</li> <li>– tracheal intubation;</li> <li>– coordination of the initial ventilatory strategy for invasive mechanical ventilation, as well as the necessary changes in the face of clinical complications, and the program for discontinuing invasive mechanical ventilation, including tracheal deintubation;</li> <li>– performing deep sedation, anesthetic blocks and general anesthesia;</li> <li>– issuance of reports on endoscopic and imaging exams, invasive diagnostic procedures and anatomopathological exams;</li> <li>– determination of the prognosis related to the nosological diagnosis;</li> <li>– indication of hospitalization and medical discharge in health care services;</li> <li>– carrying out medical expertise and medico-legal examinations, except for laboratory tests for clinical, toxicological, genetic and molecular biology analysis;</li> <li>– medical attestation of health conditions, diseases and possible sequelae;</li> <li>– death certificate, except in cases of natural death in a location where there is no doctor.</li> </ul>
<i>Law No. 7.498/1986—Professional Practice Law</i>	YES	YES	
<b>CANADA – British Columbia</b>			
<i>Health Professions Act [RSBC] 1996 Chapter 183</i>	YES	YES	<p><i>Section 12(1)</i> empowers the Lieutenant General in Council by regulation to designate a health profession.</p> <p><i>Section 12(2)</i> empowers the Minister by regulation to prescribe the services that may only be provided by registrants in that health profession, and the conditions under which they may provide those services.</p>

			<p><i>Section 12.1</i> provides that a person other than a registrant of the college must not use a prescribed title for that college, an abbreviation of the title or an equivalent title or abbreviation in another language, to describe the person's work or to express or imply that he or she is a registrant or associated with the college.</p> <p><i>Section 13</i> provides that if a regulation limits the services that may be provided in the course of practice of a designated health profession, a registrant must limit his or practice in accordance with the regulation. Also, if a regulation prescribes a service that may only be provided by a registrant of a particular college, a person other than a registrant must not provide the service or recover any fee for the service.</p> <p><i>Section 51</i> makes it an offence to contravene the prohibitions in section 12 on use of titles or Restricted activities for each profession are listed in profession-specific regulations under the <i>Health Professions Act</i>, such as:</p> <p><i>Dentists Regulation B.C. Reg. 415/2008</i>  <i>Medical Practitioners Regulation B.C. Reg. 416/2008</i>  <i>Nurses (Registered) and Nurse Practitioners Regulation B.C. Reg. 284/2008</i>  <i>Optometrists Regulation B.C. Reg. 33/2009</i>  <i>Speech and Hearing Professionals Regulation B.C. Reg. 74/2012</i></p>
<b>UNITED STATES – State of Virginia</b>			
<p><i>Chapter 1 of Title 54.1 of the Code of Virginia General Provisions</i></p> <p><i>Chapter 30 of Title 54.1 of the Code of Virginia Nursing</i></p>	YES	YES	<p><i>Section 54.1-111.A</i> states it is unlawful for any person, partnership, corporation, or other entity to engage in any of the following acts:</p> <ul style="list-style-type: none"> <li>– Practicing a profession or occupation without holding a valid license as required by statute or regulation.</li> <li>– Making use of any designation provided by statute or regulation to denote a standard of professional or occupational competence without being duly certified or licensed.</li> <li>– Making use of any titles, words, letters, or abbreviations which may reasonably be confused with a designation provided by statute or regulation to denote a standard of professional or occupational competence without being duly certified or licensed.</li> <li>– Performing any act or function which is restricted by statute or regulation to persons holding a professional or occupational license or certification, without being duly certified or licensed.</li> </ul> <p><i>54.1-3008.A</i>. It shall be a Class 1 misdemeanor for any person to:</p> <ul style="list-style-type: none"> <li>– Practice nursing under the authority of a license or record illegally or fraudulently obtained or signed or issued unlawfully or under fraudulent representation</li> <li>– Practice nursing unless licensed to do so under the provisions of this chapter</li> <li>– Use in connection with his name any designation tending to imply that he is a professional nurse or a practical nurse unless duly licensed to practice under the provisions of this chapter.</li> </ul> <p><i>Article 54.1-3016</i>. Use of title "registered nurse" or "R.N.". Any person who holds a license or a multistate licensure privilege to practice professional nursing in Virginia shall have the right to use</p>

			the title "registered nurse" and the abbreviation "R.N." No other person shall assume such title or use such abbreviation or any other words, letters, signs or devices to indicate that the person using the same is a registered nurse.
<b>EASTERN MEDITERRANEAN REGION</b>			
<b>PAKISTAN</b>			
<i>Pakistan Medical Commission Act 2020</i>	YES	YES	<i>Section 34(4)</i> provides a penalty for any person who falsely pretends to be registered under the Act as a medical practitioner or dentist and uses with his name any title or words or letters representing that he is registered with the Authority or uses the word 'doctor' or any other nomenclature or designation without legal basis, irrespective of whether any person is actually deceived by such pretence or representation is guilty of an offence punishable with imprisonment for a term of up to three years or with a fine up to 10 million Rupees, or both.
<b>QATAR</b>			
<i>Law No. 2 of 1983 with respect to the practice of the Profession of Medicine and Dental Medicine and Surgery Law No. 8 of 1991 concerning regulation of practicing Allied Health Professions</i>	YES	YES	<i>Article 2 of Law No. 2 of 1983</i> prohibits a person from doing any of the following unless licensed to do so by the 'relevant authority' (the Standing Committee for Licenses): <ul style="list-style-type: none"> <li>– giving medical advice</li> <li>– treating a patient</li> <li>– performing a surgical operation</li> <li>– giving birth</li> <li>– taking a sample from a patient's body for the purpose of conducting medical diagnostic tests,</li> <li>– examining a patient's mouth or engage in any treatment</li> <li>– prescribing any prosthetic devices such as glasses, hearing aids, prosthetic limbs or dental prostheses</li> <li>– in general practising medicine or dental medicine and surgery</li> <li>– It also includes an offence for an unregistered person to take or use any name, title or description implying that he is a registered practitioner (reservation of title).</li> </ul> <i>Article 3 of Law No. 8 of 1991</i> states that 'no one may practise any allied health profession, in any capacity whatsoever, whether in the government sector, in the public sector, or the private sector, before obtaining a license to practise such profession from the Committee...' (the Permanent Licensing Committee of the Minister for Public Health). <i>Article 22</i> provides for a penalty of imprisonment for a period not exceeding three years and a fine not exceeding ten thousand riyals, for practising any allied health profession without a license.
<b>SOMALILAND</b>			
<i>Legal Act 19/2001 National Health Professions Commission</i>	YES (Penal Code)	YES	<i>Article 21</i> provides that any professional who practises a health profession for which he or she has no license from the Commission shall be disciplined in accordance with the Act.

			<p>There are no specific provisions in the Act that reserve specific titles such as ‘doctor’ or ‘nurse’ for specific health professions and establish related ‘holding out’ offences. However, there are offences in the <i>Somaliland Criminal Penal Code (Articles 383-86)</i> for any person who:</p> <ul style="list-style-type: none"> <li>– unlawfully impersonates another</li> <li>– makes false certification or declaration to a public officer</li> <li>– makes false statements as to identity or personal capacity, or</li> <li>– wrongfully usurps a title or honor of a profession for which a special authorization from a public authority is required.</li> </ul>
<b>EUROPEAN REGION</b>			
<b>CZECH REPUBLIC</b>			
<i>Health Services Act No. 372/2011</i>	NO	YES	<p>While there is no statutory title reservation, the Czech Civil Code would allow proceedings to be taken against health care professionals who misrepresent themselves by the use of misleading titles.</p> <p><i>Section 11(3)</i> makes it an offence to provide “health care” without an authorization from a regional health authority.</p> <p>Note that this applies only to the holders of the top level license/authorization - not to their employees. In this sense, it is form of facility licensing.</p> <p>It is an offence to provide health services without this authorization (<i>Section 114(1)(a)</i> and <i>Section 115(1)(a)</i>). The penalty is 1,000,000 CZK (~USD \$45,000) (<i>Section 114(2)</i> and <i>Section 115(2)</i>)</p>
<i>Ministerial Order 1981 on Acupuncture</i>	NO	YES	<p>Restricts practice of acupuncture to accredited medical practitioners who have completed 100 hours of training at schools accredited by the Ministry of Health</p> <p>"Health care" is broadly defined in <i>Article 2(4)</i> to include measures taken for the prevention and detection of disease; sustaining, restoring or improving health function; sustaining and prolonging life and alleviating suffering; assisting in reproduction and birth; health assessment; or carrying out preventive, diagnostic, therapeutic, medical rehabilitation, nursing or other medical procedures. Health services that the State does not regard as effective, like TCM, are not included in the net.</p>
<b>UNITED KINGDOM</b>			
<i>Health and Care Professions Order</i>	YES	YES	<p><i>Article 6(2)</i> provides for one or more designated titles for each part of the register.</p> <p><i>Article 39</i> makes it an offence for a person to falsely represent themselves to be registered or hold a qualification or use a title to which he is not entitled.</p> <p><i>Article 39A</i> makes it an offence for a person who is not a registered hearing aid dispenser to perform the functions of a dispenser of hearing aids.</p>

WESTERN PACIFIC REGION			
<b>AUSTRALIA</b>			
<i>Health Practitioner Regulation National Law</i>	YES	YES	<p><i>Sections 113-120</i> make it an offence for unauthorized use of restricted professional titles. <i>Sections 121-23</i> make it an offence to carry out a restricted practice.</p> <p>There are three restricted acts:</p> <ul style="list-style-type: none"> <li>– dental – a list of restricted dental acts that only dental and medical practitioners can carry out, with some conditional exemptions such as for students.</li> <li>– prescribing of optical appliances (optometrists &amp; medical practitioners only plus conditional exemption for orthoptists)</li> <li>– manipulation of the joints of the cervical spine (chiropractors, osteopaths, physiotherapists and medical practitioners only).</li> </ul> <p>There are powers to enter and search premises with a warrant and to initiate a prosecution of an unregistered person through the courts.</p>
<b>CHINA – Hong Kong SAR</b>			
<i>Supplementary Medical Professions Ordinance 1980</i>	YES	YES	<p>Offences and penalties for:</p> <ul style="list-style-type: none"> <li>– a person who practices the profession without being registered</li> <li>– any person who employs another person to practice the profession when not registered</li> <li>– display of certificate of registration if not on the register</li> <li>– a company that practises the profession other than in compliance with the Ordinance.</li> </ul>
<b>MALAYSIA</b>			
<i>Allied Health Professions Act 2016 (Act 774)</i>	YES	YES	<p><i>Section 2</i> defines an ‘activity relating to allied health’ as ‘any activity which has a direct or indirect effect on patient care, or on the health of an individual or the population’.</p> <p><i>Section 12(3)</i> empowers the Minister for Health to prescribe an activity relating to allied health by regulation.</p> <p><i>Section 17</i> states that no person shall carry out any activity prescribed under section 11 unless he is registered.</p> <p><i>Section 35(1)</i> makes it an offence for a person who is not registered to falsely personate a registered practitioner, take or use any name, title, addition or description implying that he is a registered practitioner or that he is recognized by law as a registered practitioner, use any form of diagnostic, investigative or therapeutic equipment or device to induce any person to believe that he is a registered practitioner. hold himself out, by advertisement or otherwise, as being qualified or authorized to practise as a registered practitioner</p>

			<i>Section 36(1)</i> makes it an offence for a person (including a body corporate) to employ another person who is not registered under the Act to ‘perform the duties and responsibilities of a practitioner of an Allied Health Profession’.
<b>NEW ZEALAND</b>			
<i>Health Practitioners Competence Assurance Act 2003</i>	YES	YES	<i>Section 7</i> states that an unqualified person must not claim to be a health practitioner. <i>Section 8</i> states that health practitioners must not practise outside scope of practice <i>Section 9</i> provides power for the Governor General by Order in Council on recommendation of the Minister for Health to declare an activity that forms part of a health service to be a restricted activity and may only be carried out by health practitioners who are permitted by their scopes of practice to carry out the activity. <i>Section 10</i> provides power for the authority (the regulator) to issue search warrants respect of offences against section 7 or section 9. <i>Section 11</i> provides that each authority must, by notice, describe the contents of the profession in terms of one or more scopes of practice. The notice is secondary legislation with publication requirements set out in Part 3 of the Legislation Act 2019.
<b>THE PHILIPPINES</b>			
<i>Republic Act No. 8981 – PRC Modernization Act of 2000</i> 15 separate profession-specific laws that establish and empower the Professional Regulatory Boards (PRBs)	YES	YES (some Acts)	Each PRB Act contains a definition of what constitutes the practice of the profession, and there are ‘penal provisions’ for persons who practise the profession for fee or reward when they are not registered and licensed. Penalties for breach include fines and/or terms of imprisonment (up to 5 or 6 years). There are also penalties for posing or advertising as a registered professional, and in some laws, penalties for using a professional title. Offences and penalties in <i>PRC Modernization Act</i> : – manipulation and other corrupt practices in the conduct of professional examinations – head of government agency for hiring and allowing professional to practice without a permit Offences and penalties in <i>The Medical Act of 1959</i> for illegal practice of medicine.
<b>SINGAPORE</b>			
<i>Allied Health Professions Act</i>  <i>Traditional Chinese Medicine Practitioners Act (Cap. 333A)</i>	YES	YES	Offences and penalties in the <i>AHP Act</i> for – false assumption of title – making representation of another – causing or permitting another to make representation of oneself – enabling another to falsely assume title – practicing while suspended. <i>Section 24(1)</i> states that no person shall advertise or otherwise hold himself out to be qualified to carry out any prescribed practice of TCM unless qualified and in accordance with conditions of registration.

<p><i>Traditional Chinese Medicine (Prescribed Practices of Traditional Chinese Medicine) (Consolidation) Order 2002</i></p>			<p><i>Section 24</i> states that no person shall carry out any prescribed practice of TCM unless qualified and in accordance with conditions of registration.</p> <p><i>Section 29</i> provides enforcement powers, to enter and search places and seize things.</p> <p>Three practices of TCM have been prescribed:</p> <ul style="list-style-type: none"> <li>- acupuncture</li> <li>- the diagnosis, treatment, prevention or alleviation of any disease or a symptom of a disease or the prescription of any herbal medicine on the basis of TCM</li> <li>- the regulation of the functional states of the human body on the basis of TCM.</li> </ul> <p>No specific reserved titles but it is an offence to advertise or otherwise hold out to be qualified to carry out a prescribed practice of TCM.</p>
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Annex 12: Complaint-handling and disciplinary functions of regulators in selected jurisdictions

Complaint-handling and disciplinary functions in Australia, Hong Kong SAR, Malaysia, The Philippines, Singapore and USA (New York State)						
	Australia	China - Hong Kong SAR	Malaysia	The Philippines	Singapore	USA (New York State)
<b>Is there a clear pathway for patients/clients to lodge complaints?</b>	YES <b>Ahpra:</b> website provides for online lodgment and contains details of the process for ‘notifiers’ to make a ‘notification’	YES <b>HK SMP Council:</b> Websites of each Board provides document outlining disciplinary procedures, for example: <i>Disciplinary Procedures in Handling Complaints against Physiotherapists</i>	YES <b>MMC:</b> website provides advice about lodgment of complaints; standing orders for dealing with complaints  <b>AHP Act:</b> provides powers to exercise ‘disciplinary authority’ over registered practitioners; <b>NOTE:</b> yet to be implemented	YES Professional boards have powers to hear and investigate cases arising from violations of laws, rules, regulations and Codes of Ethics. Processes set out in <i>The Medical Act of 1959</i> (section 22) and <i>Resolution No. 2017 – 1033(A) (2017 Revised Rules and Regulations in Administrative Investigations</i>	YES <b>AHP Council:</b> website outlines how to lodge a complaint and procedures for dealing with complaints	YES <b>NYSED</b> website has Discipline complaint form with instructions for completion. Lodged via mail to regional office of the Office of Professional Discipline
<b>What triggers the regulator’s disciplinary powers?</b>	Notification lodged (voluntary or mandatory notification) or ‘own motion powers’ of boards to initiate investigation and disciplinary process without notification. HPR National Law: defines ‘unprofessional conduct’ as conduct of a lesser standard than the public or	<b>HK SMP Ordinance:</b> person convicted in HK or elsewhere of offence punishable by imprisonment; guilty of unprofessional conduct; not qualified for registration or obtained by fraud or misrepresentation; in breach of condition on	<b>AHP Act:</b> registered practitioner convicted of an offence under Act; offence in Malaysia or elsewhere involving corruption, fraud, dishonesty or moral turpitude, or other offence punishable by imprisonment for more than 2 years; qualifications withdrawn or cancelled; prohibited	Service of summons with a copy of complaint about a licensed professional who commits any of the prohibited acts provided in the professional regulatory law, rules and regulations and Codes of Ethics promulgated by the respective professional board, or violates the resolutions, policies	<b>AHP Act:</b> complaint touching on conduct, improper act, or conduct bringing profession into disrepute; convicted of offence involving fraud, dishonesty, or implying defect of character; professional services not of quality reasonably expected; physical	Complaint lodged with NYSED Office of the Professions. Definition of professional misconduct in Education Law Article 130 Subarticle 3. Includes fraud; practising while impaired with alcohol or drugs; convicted of a crime; practising while suspended; committing unprofessional conduct as

	peers would expect of a registered practitioner (includes examples) 'professional misconduct' as conduct substantially below the standard expected; more than one instance of unprofessional conduct; or not a 'fit and proper person' 'unsatisfactory professional performance' 'impairment'	registration or failed to comply with Ordinance.	from practising outside Malaysia; alleged to have committed serious professional misconduct; obtained registration by fraud or misrepresentation <b>NOTE:</b> yet to be implemented	and other administrative issuances promulgated by the Commission or the concerned Board	or mental fitness to practise	defined by rules of Board of Regents
<b>What is the complaint investigation and disciplinary process?</b>	Preliminary assessment of complaint by a panel appointed by a National Board: – no further action OR – health matter - health assessment & health panel hearing OR – performance matter - performance assessment and performance and professional	<b>HK SMP Council:</b> Chairman of Board appoints Chairman of Preliminary Investigation Committee (PIC) who decides to: – dismiss complaint if frivolous or groundless OR – call meeting of PIC to discuss OR – collect further information before decision.	<b>AHP Act:</b> Council establishes Investigating Committee to investigate any complaint or information received or any disciplinary matter. Investigating Committee recommends to the Disciplinary Authority an inquiry be conducted. Disciplinary Committee inquiries into complaint, information or any disciplinary matters and recommends	Complaint verified in an affidavit, accompanied by 'certification of non-forum shopping'. Filed in Central or Regional Office, on payment of docket and legal research fees. Hearing Officer does preliminary determination. May dismiss, refer for conciliation or refer to Department of Justice for criminal action. Commission/professional boards have 'own motion' powers to	<b>AHP Council:</b> Complaint of information received with statutory declaration referred to Council; Council may refer to Chairman Complaints Committee or direct to Disciplinary Tribunal; Complaints Committee inquires into complaint & may order – formal inquiry	<b>NYSED:</b> Complaint lodged with Office of the Professions – Staff in regional office investigate. – Results of investigation referred to professional conduct officer designated by Board of Regents – If substantial evidence of misconduct, panel of State Board may provide professional expertise – disciplinary hearing and/or criminal prosecution

	<p>standards panel hearing OR</p> <ul style="list-style-type: none"> <li>– conduct matter - investigation and internal hearing (if necessary), or to external tribunal, if cancellation of registration may be warranted.</li> </ul> <p>Practitioner has a right to a hearing and to be represented. Hearing panel may caution, reprimand, attach conditions to registration, or accept an undertaking. Tribunal may do the same as the panel but may also suspend or cancel registration. There are ‘immediate action’ powers to suspend registration, attach conditions to registration, or accept an undertaking, if public health and safety are at risk</p>	<p>Practitioner invited to submit explanation then PIC decides to:</p> <ul style="list-style-type: none"> <li>– dismiss complaint (reasons sent to complainant) OR</li> <li>– refer to Board for inquiry.</li> </ul> <p>Secretary or complainant presents case to inquiry, evidence adduced, practitioner may give explanation. Board may:</p> <ul style="list-style-type: none"> <li>– dismiss complaint (if not guilty of offence) OR</li> <li>– make an order against practitioner (if guilty of offence).</li> </ul>	<p>findings to the Council for decision. Council may: issue interim suspension order (up to 12 months); impose conditions on registration (up to 12 months) – can be extended for periods of up to 6 months; order name removed or suspended from Register; order reprimand; order payment of costs which may be recovered as a civil debt</p>	<p>initiate investigation. Administrative investigation undertaken by at least two members of Board of Medicine and one legal officer (The Medical Act of 1959). Investigation report to Chief, Legal and Investigation Division, with recommendations to dismiss complaint for lack of jurisdiction or cause of action, file formal charge or refer to Department of Justice. Mandatory conciliation or hearing process. Hearings Officer issues decision of majority of hearing panel</p>	<ul style="list-style-type: none"> <li>– appoint investigator/s</li> <li>– mediation</li> <li>– performance assessment by Performance Assessment Panel</li> <li>– fitness assessment by Fitness Assessment Panel</li> </ul> <p>Complaints Committee may: issue letter of advice or warning; order medical or psychiatric treatment or counselling; order further education or training; order reporting on fitness or practice; order seek and take advice on management of practice; by agreement remove name from register or suspend registration; put conditions on registration; refer</p>	<ul style="list-style-type: none"> <li>– Board of Regents reviews and takes final action (serious cases) may result in advisory letters; administrative warning; fine; or revocation of license.</li> </ul>
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					for mediation; dismiss complaint. Disciplinary Tribunal may suspend registration or remove name from register; impose conditions, penalty, censure, undertaking	
<b>Who makes disciplinary decisions?</b>	Immediate Action Committees, Health Panels, and Performance and Professional Standards Panels of national boards (impairment, poor performance, unprofessional conduct); State and Territory Tribunals (professional misconduct)	<b>HK SMP Ordinance:</b> Chairman of Preliminary Assessment Committee (PIC); the PIC; the board at inquiry.	<b>AHP Council:</b> The AHP Council on recommendation of the Disciplinary Authority or the Investigating Committee	Legal Officers of the Commission for summary proceedings on minor violations, or a hearing panel consisting of at least one member of the professional board concerned assisted by a Legal or Hearing Officer of the Commission	<b>AHP Act:</b> Complaints Committee; Health Committee; Interim Orders Committee; Disciplinary Tribunal; Review Committee	<b>Office of the Professions; Board of Regents</b> (serious professional discipline cases); Office of Professional Medical Misconduct (OPMC) of Department of Health (for physicians, physician assistants and specialist assistants)
<b>Does the regulator have the power to take immediate action to suspend a practitioner's registration to protect</b>	YES Section 156 of the <i>Health Practitioner Regulation National Law</i> – empowers a National Board to take immediate action to suspend a practitioner's registration, attach conditions, or accept	No specific provisions found	No specific provisions found	No specific provisions found	YES Section 26H of the <i>Traditional Chinese Medicine Practitioners Act</i> – the Board has powers to make an interim order to require a registered person to stop carrying out the	No specific provisions found Provision for temporary surrender of license and registration during drug and alcohol treatment.

<b>patients from harm?</b>	an undertaking, if the practitioner poses a serious risk to persons and it is necessary to public health and safety.				prescribed practice of traditional Chinese medicine if a serious and imminent risk to the public.	
<b>Are disciplinary decisions published on a website?</b>	YES Summary decisions of internal panel hearings, and disciplinary decisions published on state/territory tribunal websites* with links from Ahpra's website	YES <b>HK SMP Council:</b> Published decisions of Boards' Disciplinary Inquiries	YES <b>MMC:</b> Disciplinary punishments  <b>AHP Council:</b> Disciplinary processes yet to be implemented	NO	YES <b>AHP Council:</b> Published decisions of Allied Health Professions Disciplinary Tribunal	YES See NYSED Office of the Professions website#
<b>Is there a right of review of disciplinary decisions?</b>	YES – Board Health Panel or Performance and Professional Standards Panel decisions → Tribunal hearing within 28 days – Tribunal decisions → Supreme Court	YES Person who is aggrieved by a decision of board at inquiry may appeal within 1 month of decision. Court of Appeal may affirm, reverse or vary the decision or order.	YES <b>MMC:</b> High Court  <b>AHP Council:</b> To the Minister for Health, within 30 days of the Council making the order. The Minister may confirm, reverse or vary the order and the decision of the Minister shall be final.	YES Motion for reconsideration within 15 days from receipt of decision. Notice of appeal to Professional Regulation Commission within 15 days from receipt of decision, order or resolution, on payment of appeal and legal research fees. Appeals from decision of Commission to Court of Appeals	YES <b>AHP Council:</b> – Practitioner or Council may appeal decision of Disciplinary Tribunal to High Court, within 30 days.  If the Council does not appeal within 30 days, the complainant may appeal to a Review Committee who may direct Council to file an appeal	YES – Board of Regents review committee Court review procedures
<b>What offences apply to</b>	It is an offence for an unregistered person to:	Offences and penalties for:	<b>AHP Act:</b> Offences and penalties:	Offences and penalties in <i>PRC Modernization Act</i> :	<b>AHP Act:</b>	<b>NYSED:</b> Unauthorized Acts:

<p><b>unregistered persons?</b></p>	<ul style="list-style-type: none"> <li>- use a reserved professional title</li> <li>- hold themselves out as qualified and registered</li> <li>carry out a restricted act (dental acts, prescribing optical appliances, manipulation of joints of cervical spine)</li> </ul>	<ul style="list-style-type: none"> <li>- a person who practices the profession without being registered</li> <li>- any person who employs another person to practice the profession when not registered</li> <li>- display of certificate of registration if not on the register</li> <li>- a company that practises the profession other than in compliance with the Ordinance.</li> </ul>	<ul style="list-style-type: none"> <li>- carry on or operate, or hold out as practicing</li> <li>- use the title 'registered to the respective AHPs or any title in any language reasonably construed to imply registration</li> <li>- hold out as an expert</li> <li>- use or displays any sign, card or other device representing or implying he is a registered practitioner</li> <li>- falsely personate a registered practitioner</li> <li>- take or use any name, title, addition, description implying registered practitioner</li> <li>- use any form of diagnostic, investigative or therapeutic equipment or device to induce a belief person is registered</li> </ul>	<ul style="list-style-type: none"> <li>- manipulation and other corrupt practices in the conduct of professional examinations</li> <li>- head of government agency for hiring and allowing professional to practice without a permit</li> </ul> <p>Offences and penalties in <i>The Medical Act of 1959</i>: illegal practice of medicine</p>	<ul style="list-style-type: none"> <li>- false assumption of title</li> <li>- making representation of another</li> <li>- causing or permitting another to make representation of oneself</li> <li>- enabling another falsely assume title</li> <li>- practicing while suspended.</li> </ul>	<ul style="list-style-type: none"> <li>- unauthorized practice of profession</li> <li>- practising while license suspended, revoked or annulled</li> <li>- aiding or abetting an unlicensed person to practise a profession</li> </ul> <p>unauthorized use of professional title</p>
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			<ul style="list-style-type: none"> <li>– hold out by advertisement or otherwise as qualified to practice</li> <li>– employing a person who is not registered.</li> </ul>			
<b>Complaint-handling and disciplinary functions: New Zealand, Qatar, Somaliland, South Africa, United Kingdom and Viet Nam</b>						
	<b>New Zealand</b>	<b>Qatar</b>	<b>Somaliland</b>	<b>South Africa</b>	<b>United Kingdom</b>	<b>Viet Nam</b>
<b>Is there a clear pathway for patients to lodge complaints?</b>	<p style="text-align: center;">YES</p> <p>The OCNZ and the NZCB publish information on their websites about how to lodge a complaint. <a href="https://www.chiropracticboard.org.nz/what-to-expect/raising-a-complaint/">https://www.chiropracticboard.org.nz/what-to-expect/raising-a-complaint/</a></p>	<p style="text-align: center;">YES</p> <p>The Department of Healthcare Professions Fitness to Practice section publishes information how to lodge a complaint and provides a link to the Governmental Health Communication Centre</p>	<p style="text-align: center;">YES</p> <p>The NHPC website provides a form for complainants to complete. There are no instructions on the website for how this form is to be lodged</p>	<p style="text-align: center;">YES</p> <p>HPCSA website provides complaints form. Lodgement via fax, post or in person to office</p>	<p style="text-align: center;">YES</p> <p>HCPC website provides brochure, fact sheet and online form about how to raise a concern. Lodgement via email. Help available to complete form</p>	<p style="text-align: center;">YES</p> <p>Complainants can telephone a hotline to lodge a complaint</p>
<b>What triggers the regulator's disciplinary powers?</b>	<p>Written complaint lodged with the OCNZ, the NZCB or the Health and Disability Commissioner – the practitioner poses a risk of harm to the public by practising below the required standard of competence; the</p>	<p>A complaint may be made about:</p> <p>Competence:</p> <ul style="list-style-type: none"> <li>– Wrong, delayed or missed diagnosis, procedures and treatments</li> <li>– Inadequate examination or assessment</li> </ul>	<p>A complaint may be made to the NHPC</p>	<p>HPCSA:</p> <p>Request for an investigation of a practitioner believed to have acted unethically or caused harm. Unprofessional conduct includes: Unauthorized advertising; over-servicing; criminal convictions; improper</p>	<p>Health &amp; Care Professions Council:</p> <p>Concern raised about a registrant's fitness to practise (impairment, unprofessional conduct) such as: dishonesty; fraud; abuse of trust; exploitation of a vulnerable person;</p>	<p>Method of lodgment of complaints not specified in the LET. <b>Article 73</b> of the LET sets out grounds for action being violation of regulations on responsibilities for care or treatment of patients; violation of professional and technical regulations and professional ethics; or infringing upon the rights</p>

	<p>practitioner has been dismissed or resigned from their employment for reasons relating to competence; or inability to perform the functions required for practice of the profession due to mental or physical condition.</p> <p>The 'required standard of competence' means the standard of competence reasonably to be expected of a health practitioner practising within that practitioner's scope of practice.</p>	<ul style="list-style-type: none"> <li>- Prescribing</li> <li>- Treatment outcome</li> <li>- Treatment plan</li> </ul> <p>Conduct:</p> <ul style="list-style-type: none"> <li>- Provision of services without consent (as per Informed Consent Policy/MOPH)</li> <li>- Refusal of providing patient with his/her medical report (Access to medical records) when requested.</li> <li>- Breaching of patient's confidentiality &amp; privacy</li> <li>- Practitioner's behavior including practitioner's refusal to see patient, sexual misconduct, discrimination or bias and other inappropriate conduct</li> </ul>		<p>relationships with patients; improper conduct; operational procedure without patient consent; incompetence; excessive fees; insufficient care; racial discrimination; rude behavior; prescribing to addicted patients; perverse incentives and kickbacks.</p>	<p>health problems, improper relationship with service user; reckless or deliberate harmful acts; sexual misconduct etc.</p>	<p>of patients (see <b>Articles 7-13</b> of LET)</p>
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		<p>Other:</p> <ul style="list-style-type: none"> <li>– If you suspect that someone is practicing without license or out of scope.</li> <li>– Practitioner’s physical or mental health which could affect their practice (unsafe practices).</li> </ul>				
<b>What is the complaint investigation and disciplinary process?</b>	<p>Board or Council must refer all health consumer complaints to the Health and Disability Commissioner who conducts a preliminary assessment. Other complaints are referred to Board/Council’s Professional Conduct Committee or the Health Practitioners Disciplinary Tribunal (for the most serious complaints). Committee may:</p> <ul style="list-style-type: none"> <li>– conduct a review of competence</li> </ul>	<p>Permanent Licensing Committee of the Ministry of Public Health</p>	Unclear	<p><b>PHCSA:</b> Complaint received:</p> <ul style="list-style-type: none"> <li>– Registrar appoints investigating officer</li> <li>– may apply for search warrant</li> <li>– report of investigation – if prima facie evidence of unprofessional conduct</li> <li>– preliminary committee of inquiry or inquiry by professional board or inquiry by professional conduct</li> </ul>	<p><b>HCPC:</b> Complaint allocated to case manager:</p> <ul style="list-style-type: none"> <li>– Case manager assesses concern</li> <li>– Investigation</li> <li>– Investigating Committee Panel</li> <li>– Further investigation &amp; final hearing</li> <li>– Conduct and Competence Committee or Health Committee</li> <li>– Panel can take no further action; caution; conditions on practice;</li> </ul>	<p><b>Article 74</b> of the LET Request for settlement of a dispute over medical examination and treatment upon occurrence of an incident to patient Professional council set up by head of medical examination and treatment establishment, or competent health state agency directly managing establishment. Role is to determine whether professional and technical mistakes have been made. Conclusions of the professional council serve as basis for dispute settlement or settlement</p>

	<ul style="list-style-type: none"> <li>– order a competence program</li> <li>– place conditions on scope of practice</li> <li>– require an examination or assessment,</li> <li>– require counselling.</li> </ul>			<ul style="list-style-type: none"> <li>committee of board</li> <li>– board may appoint assessor at inquiry</li> <li>– found guilty of improper or disgraceful conduct</li> <li>– impaired registrants process</li> </ul> Penalties: caution, reprimand, suspension from practicing, removal of name from register	suspend; strike name from Register	of the case and handling of practitioner.
<b>Who makes disciplinary decisions?</b>	Health and Disability Commissioner Professional conduct committees Health Practitioners Disciplinary Tribunal	Permanent Licensing Committee of Ministry of Public Health	The Board of Directors of the NHPC refers matters for decision to the Attorney General	<b>HPCSA:</b> Professional board or professional conduct committee of professional board	<b>HCPC:</b> Panel of the Conduct and Competence Committee or Health Committee	All professions: Professional Council under <b>Article 75</b> of the LET
<b>Does the regulator have the power to take immediate action to suspend a practitioner's registration to protect patients from harm?</b>	YES Section 39 of the <i>Health Practitioners Competence Assurance Act</i> empowers the responsible authority to order an interim suspension of a practicing certificate or include any conditions, if a serious risk of harm to the public	No specific provisions found	No specific provisions found	No specific provisions found	No specific provisions found	No specific provisions found

<p><b>Are disciplinary decisions published on a website?</b></p>	<p>YES Section 157 of the <i>Health Practitioners Competence Assurance Act</i> empowers the responsible authority and the Tribunal to publish the effect of any order or direction it has made under the Act and a summary of any finding it has made in respect of a practitioner. <a href="https://www.chiropracticboard.org.nz/our-responsibilities/disciplinary-hearing-outcomes/">https://www.chiropracticboard.org.nz/our-responsibilities/disciplinary-hearing-outcomes/</a> <a href="https://www.hpdt.org.nz/Search-Decisions?Keyword=&amp;PID=&amp;CCID=&amp;CCID2=&amp;FID=&amp;AOID=&amp;YEAR=&amp;CYEAR=&amp;DA=&amp;return=1">https://www.hpdt.org.nz/Search-Decisions?Keyword=&amp;PID=&amp;CCID=&amp;CCID2=&amp;FID=&amp;AOID=&amp;YEAR=&amp;CYEAR=&amp;DA=&amp;return=1</a></p>	<p>NO</p>	<p>NO There is some information about practitioners who have been refused registration and the reasons</p>	<p><b>HPCSA: NO</b></p>	<p>YES</p>	<p>NO No provision in the LET or decrees for publication of disciplinary decisions</p>
<p><b>Is there a right of review of disciplinary decisions?</b></p>	<p>YES A person may appeal to the District Court against any decision or direction of an Authority to suspend a practising</p>	<p>YES Minister for Public Health</p>	<p>YES</p>	<p>YES HPCSA: High Court</p>	<p>YES High Court Professional Standards Authority</p>	<p>YES <i>Article 74</i> of LET: – Professional council decisions – second professional council established by MoH</p>

	<p>certificate or suspend or cancel registration (section 106).</p> <p>A person may appeal a decision of the Tribunal to the High Court.</p>					
<p><b>What offences apply to unregistered persons?</b></p>	<p><i>Section 7</i> of the HPCA Act makes it an offence punishable by a fine of up to \$10,000 for an unqualified person to claim to be a health practitioner.</p> <p><i>Section 8</i> - no health practitioner may perform a health service that forms part of the scope of practice of a profession in respect of which he/she is registered unless he/she is permitted to perform that service by his/her scope of practice and performs that service in accordance with any conditions stated in his/her scope of practice. No penalty is specified.</p>	<p><i>Article 2 Law No.3 of 1983</i> – no person may offer medical advice, examine or treat a patient, perform surgery, act as a midwife, take a diagnostic sample from a patient, administer any treatment to him, prescribe any prosthetic devices such as glasses, hearing aids, artificial limbs or false teeth, and is forbidden from the practice of medicine or dental medicine and surgery in any capacity, whether in government, public or private sector, unless licensed.</p>	<p><i>Article 21 Legal Act 19/2001</i> – any professional who practises a health profession without registration, forges a name or address to practise, illegally opens a health education facility or offers health education without accreditation.</p> <p><i>Article 22</i> empowers the NHPC to remove from a register a professional convicted by a court of law for violation of <i>Article 21</i> or found guilty of a major professional and ethical violation. Such persons cannot then operate a health facility in their own name.</p>	<p><b>HPCSA:</b> Offences and penalties for:</p> <ul style="list-style-type: none"> <li>– prohibition of performance of prescribed acts pertaining to any health profession</li> <li>– pretends to be registered in a health profession</li> <li>– uses any name, title, description or symbol indicating or calculated to lead persons to infer that he/she is holder of qualification</li> <li>– uses any name declared by regulation to be a name which may not be used</li> </ul>	<p><b>HCPC:</b> Penalties for:</p> <ul style="list-style-type: none"> <li>– misuse of designated titles</li> <li>– claim to be registered</li> <li>– claim falsely to have qualifications in a regulated profession</li> </ul>	<p><b>Decree 35 Articles 28–36</b> and 89–92 set out a range of violations with penalties being warnings and/or fines</p>

Annex 13: Regulatory arrangements for T&CM occupations in selected jurisdictions

<b>T&amp;CM policy, institutions, regulation and education – Western Pacific Region jurisdictions</b>								
<b>National T&amp;CM Policy and Strategy Plan*</b>	<b>Structural unit within Ministry of Health for policy focus</b>	<b>National research institute/s</b>	<b>Government licensing for one or more T&amp;CM professions</b>	<b>University training programs for T&amp;CM professions</b>	<b>Government accreditation of T&amp;CM training programs</b>	<b>National examination for entry to T&amp;CM practice</b>	<b>Regulated pathway for assessment of foreign trained practitioners</b>	<b>Recognised specialties &amp; post-graduate specialist training programs</b>
<b>Australia</b>								
NO	NO	YES	YES	YES	YES	YES	YES	NO
<b>Brunei Darussalam</b>								
NO	YES	NO	NO	NO	NO	NO	YES	NO
<b>Cambodia</b>								
YES	YES	YES	Under development	NO	NO	NO	NO	NO
<b>People’s Republic of China</b>								
YES	YES	YES	YES	YES	YES	YES	YES	YES
<b>China – Hong Kong SAR</b>								
NO	YES	NO	YES	YES	YES	YES	YES	NO
<b>Japan</b>								
NO	NO	NO	YES	YES	YES	YES	NO	NO
<b>Lao People’s Democratic Republic</b>								
YES	YES	YES	NO	NO	NO	NO	NO	NO

<b>Malaysia</b>									
YES	YES	YES	YES	YES	YES	NO	YES	NO	
<b>Mongolia</b>									
YES	YES	YES	YES	YES	YES	YES	NO	YES	
<b>New Zealand</b>									
NO	NO	NO	YES	YES	YES	YES	YES	NO	
<b>The Philippines</b>									
YES	YES	YES	NO	YES	In part	NO	YES	NO	
<b>Republic of Korea</b>									
YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
<b>Singapore</b>									
NO	YES	NO	YES	YES	YES	YES	YES	NO	
<b>Viet Nam</b>									
YES	YES	YES	YES	YES	YES	NO	YES	NO	

\* A single overarching national policy on T&CM and a strategy plan, both less than 10 years old.

**Source:** Carlton (2021): Traditional and complementary medicine regulation in the Western Pacific Region.

Regulatory arrangements for practitioners of T&CM – Asia Pacific and Australasian jurisdictions			
Legislative instrument/s	Regulator	Professions regulated	Comments
<b>Australia</b>			
<i>Health Practitioner Regulation National Law</i> as in force in each State and Territory	<ul style="list-style-type: none"> <li>– Ahpra</li> <li>– Chinese Medicine Board of Australia</li> <li>– Chiropractic Board of Australia</li> <li>– Osteopathy Board of Australia</li> </ul>	Regulated health professions: <ul style="list-style-type: none"> <li>– Chinese medicine practitioners (3 types: Chinese herbalists, acupuncturists, Chinese herbal dispensers)</li> <li>– Chiropractors</li> <li>– Osteopaths</li> </ul>	There is no statutory registration for practitioners of aboriginal bush medicine/indigenous medicine.
State and Territory Health Complaints laws in NSW, Queensland, South Australia and Victoria	State and Territory Health Complaints Commissioners	For negative licensing: All unregistered health care workers including unregistered T&CM practitioners	Under the negative licensing regimes of four Australian states where unregistered T&CM practitioners can be removed from practice for serious misconduct.
<b>Brunei Darussalam</b>			
Nil	Nil Ministry of Health's T&CM Unit has national policy role	Nil <b>NOTE:</b> Administrative business registration scheme for foreign trained T&CM practitioners, via: <ul style="list-style-type: none"> <li>– T&amp;CM Unit, Boards Management Office (BMO), Ministry of Health</li> <li>– Labour Department</li> <li>– Immigration Department</li> <li>– Ministry of Home Affairs (MOHA)</li> </ul>	Registry of Companies and Business Names (ROCBN) Foreign T&CM practitioners applying for work permit with the Labour Department of Brunei Darussalam must apply for a supporting letter from MoH's T&CM Unit. All foreign T&CM practitioners must be employed by a local company, either registered under the Business Names Act (Chapter 92) or incorporated and registered under the Companies Act (Chapter 39). The company should have a business license related to T&CM practices. The Immigration Department retains the rights for approval of entry into Brunei Darussalam.
<b>Cambodia</b>			
<i>Law on Regulation of Health Practitioners 2016</i>	Nil	Nil	National Centre for Traditional Medicine, Ministry of Health has national policy role. The Law includes provision for regulation of Traditional Medicine Practitioners by Sub-Decree (regulation). <i>Sub-Decree on Regulation of Traditional Medicine Practitioners</i> is in draft form, not yet finalised.

People's Republic of China			
<ul style="list-style-type: none"> <li>– <i>Law on Licensed Doctors of the People's Republic of China (1998)</i></li> <li>– <i>Law on Practising Doctors of the People's Republic of China (2009 Amendment)</i></li> <li>– <i>Law of the People's Republic of China on Traditional Chinese Medicine (2016)</i></li> </ul>	<ul style="list-style-type: none"> <li>– Local health administration department of the State Council</li> <li>– National Administration of Traditional Chinese Medicine (NATCM)</li> <li>– National Health Commission, Science and Education Department</li> <li>– Ministry of Education</li> </ul>	<ul style="list-style-type: none"> <li>– Traditional Chinese Medicine (TCM) Doctor</li> <li>– Integrated TCM and Western Medicine (WM) Doctor</li> <li>– Minority Ethnic Medicine Doctor</li> </ul>	Licensing scheme administered within government.
China – Hong Kong SAR			
<ul style="list-style-type: none"> <li>– <i>Cap 549 Chinese Medicine Ordinance 1999</i></li> <li>– <i>Cap 428 Chiropractors Registration Ordinance 1993</i></li> </ul>	<ul style="list-style-type: none"> <li>– Chinese Medicine Council of Hong Kong</li> <li>– Chinese Medicine Practitioners Board</li> <li>– Supplementary Medical Professions Council</li> <li>– Chiropractors Council</li> </ul>	<ul style="list-style-type: none"> <li>– Listed Chinese Medicine practitioners (CMPs)</li> <li>– Registered CMPs with Limitation</li> <li>– Registered CMPs</li> <li>– Chiropractors</li> </ul>	Licensing scheme administered within government by the Department of Health.
Fiji			
<ul style="list-style-type: none"> <li>– <i>Medical and Dental Practitioner Decree 2010</i></li> <li>– <i>Acupuncturists, Chiropractors and Chiropodists Qualification Regulations 1976</i></li> <li>– <i>Acupuncturists, Chiropractors and Chiropodists Regulations 1976</i></li> </ul>	Permanent Secretary, Ministry of Health and Medical Services	<ul style="list-style-type: none"> <li>• acupuncturists</li> <li>• chiropractors</li> </ul>	Foreign qualified acupuncturists and chiropractors from countries specified in the Regulations may apply to the Permanent Secretary of the Ministry of Health and Medical Services for assessment of qualifications and licensing of their business.

<b>Japan</b>			
<i>Act on Practitioners of Massage, Finger Pressure, Acupuncture and Moxacauterization, etc</i>	Ministry of Health, Labour and Welfare	<ul style="list-style-type: none"> <li>– Acupuncturists</li> <li>– Moxibustion practitioners</li> <li>– Masseurs</li> <li>– Judo therapists</li> </ul>	Recognised practice areas: <ul style="list-style-type: none"> <li>– Herbal medicine</li> <li>– Acupuncture</li> <li>– Moxibustion</li> <li>– Massage</li> <li>– Bone setting</li> <li>– Kampo medicine (Traditional Japanese Medicine) includes herbal medicine, acupuncture and moxibustion</li> </ul>
<b>Malaysia</b>			
<ul style="list-style-type: none"> <li>– <i>Traditional and Complementary Medicine Act 2016</i></li> <li>– <i>Traditional and Complementary Medicine (Recognized Practice Areas) Order 2017</i></li> <li>– <i>Traditional and Complementary Medicine (Designation of Practitioner Body) Order 2020</i></li> </ul>	<ul style="list-style-type: none"> <li>– Traditional and Complementary Medicine Division, Ministry of Health Malaysia</li> <li>– Traditional and Complementary Medicine Council, Ministry of Health</li> </ul>	Recognised Practice Areas: <ul style="list-style-type: none"> <li>– Traditional Malay medicine</li> <li>– Traditional Chinese medicine</li> <li>– Traditional Indian medicine</li> <li>– Homoeopathy</li> <li>– Chiropractic</li> <li>– Osteopathy</li> <li>– Islamic medical practice</li> </ul>	The Act commenced in 2017.
<b>Mongolia</b>			
<i>Health Act 2011</i>	<ul style="list-style-type: none"> <li>– Ministry of Health and Sport</li> <li>– Ministry of Education, Culture and Science</li> </ul>	<ul style="list-style-type: none"> <li>– Traditional Mongolian Medicine Doctors</li> <li>– Traditional Mongolian Medicine Nurses</li> </ul>	Licensing scheme administered within government.
<b>New Zealand</b>			
<i>Health Practitioners Competence Assurance Act 2003</i>	<ul style="list-style-type: none"> <li>– New Zealand Chiropractic Board</li> <li>– New Zealand Osteopathic Council</li> <li>– Chinese Medicine Council of New Zealand</li> </ul>	<ul style="list-style-type: none"> <li>– Chiropractors</li> <li>– Osteopaths</li> <li>– Chinese medicine (in process of implementation)</li> </ul>	There is no statutory registration for traditional Maori healing (Rongoa Maori).  Chinese medicine includes acupuncture, Chinese herbal medicine, and tui na massage therapy.

<b>The Philippines</b>			
<i>Traditional and Alternative Medicine Act 1997</i>	Philippine Institute of Traditional and Alternative Health Care (PITAHC)	Voluntary certification of: <ul style="list-style-type: none"> <li>– Medical Acupuncturists</li> <li>– Associate Medical Acupuncturists</li> <li>– Acupuncturists (Filipino)</li> <li>– Acupuncturists (Foreign)</li> <li>– Associate Acupuncturists</li> <li>– Medical Naturopaths</li> <li>– Non-medical Naturopaths</li> <li>– Medical Homoeopaths</li> <li>– Non-medical Homoeopaths</li> <li>– Chiropractors</li> <li>– Homotoxicologists</li> </ul>	PITAHC is established under legislation. It operates a voluntary certification scheme. There is no statutory requirement for practitioners to be registered, and no powers to deal with complaints and fitness to practice.
<b>Republic of Korea</b>			
<ul style="list-style-type: none"> <li>– <i>Act on the Promotion of Korean Medicine and Pharmaceuticals 2003</i></li> <li>– <i>Medical Services Act</i></li> <li>– <i>Higher Education Act</i></li> <li>– <i>Military Service Act</i></li> </ul>	<ul style="list-style-type: none"> <li>– Ministry of Health and Welfare</li> <li>– Ministry of Education</li> <li>– Institution of Korean Medicine Education and Evaluation (IKMEE)</li> <li>– Association of Korean Medicine</li> </ul>	<ul style="list-style-type: none"> <li>– Korean Medicine Doctor</li> <li>– Korean Medicine Pharmacist</li> </ul>	Regulatory responsibilities shared between three government regulators (listed in column 2) and one peak professional association.
<b>Singapore</b>			
<i>Traditional Chinese Medicine Practitioners Act (Cap. 333A)</i>	<ul style="list-style-type: none"> <li>– Traditional Chinese Medicine Practitioners Board</li> <li>– Ministry of Health</li> </ul>	<ul style="list-style-type: none"> <li>– Acupuncturists (currently only open to Singapore registered doctors and dentists)</li> <li>– Traditional Chinese Medicine (TCM) physicians</li> </ul>	Licensing scheme administered within government by the Ministry of Health. Professional associations operating self-regulation: <ul style="list-style-type: none"> <li>– Ayurvedic Practitioners Association Singapore</li> <li>– Chiropractic Association (Singapore)</li> </ul>
<b>Viet Nam</b>			
<ul style="list-style-type: none"> <li>– <i>Law on Medical Examination and Treatment</i></li> <li>– <i>Circular No. 41</i></li> </ul>	<ul style="list-style-type: none"> <li>– Ministry of Health</li> <li>– Ministry of Education and Training</li> </ul>	<ul style="list-style-type: none"> <li>– Traditional Vietnamese medicine doctors</li> <li>– Traditional Vietnamese medicine assistant doctors</li> <li>– Herbalists</li> <li>– Family remedy holders</li> </ul>	Licensing scheme administered within government. Regulatory responsibilities shared between two government departments.

Annex 14: Information publicly available on websites of regulators in selected jurisdictions

Information publicly available on the websites of regulators from Australia, the Philippines, Somaliland, South Africa and the United Kingdom					
Name of regulator and web address	Australian Health Practitioner Regulation Agency <a href="http://www.ahpra.gov.au">www.ahpra.gov.au</a>	Republic of the Philippines Professional Regulation Council <a href="http://www.prc.gov.ph">www.prc.gov.ph</a>	National Health Professions Commission Somaliland <a href="http://www.nhpcsomaliland.org">www.nhpcsomaliland.org</a>	Health Professions Council of South Africa <a href="http://www.hpcs.co.za">www.hpcs.co.za</a>	Health & Care Professions Council United Kingdom <a href="http://www.hcpc-uk.org">www.hcpc-uk.org</a>
<b>Information published on governance arrangements</b>					
History of regulator & regulation outlined	YES (since 2010)	YES	YES	YES	NO
Mandate/Mission published	YES	YES	YES	YES	YES
Legislation, regulations & bye-laws accessible through website	YES	YES	YES No English language version	YES	YES
Description of governance and decision-making procedure of regulator	YES	NO	NO	YES Decision-making processes – set out in Rules published on website but no user-friendly summary.	YES .
Organizational structure published	YES	YES	YES	YES	YES
Membership of governing body and member appointment method	YES List of members of each National Board, with photos & short bios	YES List of members with photos, no bios	YES List of members. No photos or bios	YES List of members. No photos or bios	YES List of members of Council with photos and bios
Gender balance on governing body	YES	YES	Unclear	YES Regulations require gender balance	YES
Main functions and powers of regulator explained	YES	IN PART Functions listed, but no explanation	NO	YES	YES

<b>Financing arrangements explained</b>	YES Publication of 'health profession agreements'	NO	NO	YES	NO
<b>Annual reports published</b>	YES	NO	NO	YES	YES
<b>Strategic goals/plan published</b>	YES	IN PART Information published under tab 'Agency programs and projects'	IN PART Information published under 'Project and Activities' tab	YES	YES
<b>Latest news published</b>	YES	YES	NO Website not updated since 2016	YES	YES
<b>Information published on the registration function</b>					
<b>Pathways to registration explained</b>	YES	NO	YES	YES	YES
<b>Types/categories of registration explained</b>	YES	NO	NO	YES	YES
<b>Registration standards and requirements published</b>	YES	IN PART Some professions	YES	YES	YES
<b>Application forms published</b>	YES To access application form must create an account	YES	YES	YES	YES
<b>Schedule of registration fees published</b>	YES On each National Board webpage	NO	NO	YES	YES
<b>Online initial registration application</b>	YES	Not found (link not operational)	NO	NO Application forms available but no online lodgement	NO
<b>Online renewal of registration</b>	YES	Not found (link not operational)	NO	YES	YES

<b>Information on registration for overseas trained practitioners</b>	YES	IN PART Requirements set out in Resolution 2012-668 on Special Temporary Permits for foreign professionals. No user-friendly guide.	YES	YES	YES
<b>Information on internships (if applicable)</b>	YES	NO	NO	YES	NOT APPLICABLE
<b>Information for practitioners about ethical standards</b>	YES Published Codes of Conduct/Ethics	YES Each Board publishes a Codes of Ethics	IN PART For some professions	YES	YES
<b>Registration data published</b>	YES	NO	IN PART Data not updated since 2016	YES	YES
<b>Information published on registered practitioners</b>					
<b>Published list of registered practitioners?</b>	YES	NO Online verification if full name and profession known	IN PART Online verification if full name known	YES	YES
<b>Online searchable register</b>	YES	Not found (link not operational)	YES	YES	YES
<b>Information contained on register</b>	<ul style="list-style-type: none"> <li>- Name</li> <li>- Personal details: sex; languages (in addition to English); qualifications (name, institution, date issued)</li> <li>- Principal place of practice: suburb; state; postcode; country</li> </ul>	<p>Online verification of licenses function: Must enter first name, last name &amp; profession → verifies whether person is registered, no other information provided</p>	<ul style="list-style-type: none"> <li>- Name</li> <li>- Gender</li> <li>- Registration number</li> <li>- Professional category</li> <li>- License (full; Issued on (date)</li> <li>- Valid to (date)</li> <li>- Qualification</li> <li>- University/Institute</li> <li>- Year</li> </ul>	<ul style="list-style-type: none"> <li>- Personal information: name; gender</li> <li>- Registration information: registration number; register; board; registration status (active, closed);</li> <li>- Qualification information:</li> </ul>	<ul style="list-style-type: none"> <li>- Name</li> <li>- registration number</li> <li>- location: suburb/town</li> <li>- status: registered; registered conditions of practice; registered interim conditions of practice; registered caution; deregistered suspended; deregistered interim suspension;</li> </ul>

	<ul style="list-style-type: none"> <li>- Registration details: profession; registration number; date of first registration in profession; registration status; registration expiry date; conditions on registration; undertakings; reprimands;</li> <li>- Registration type: registration expiry date; endorsements on registration; notations; registration requirements.</li> <li>- Website links to misconduct disciplinary findings and sanctions.</li> </ul>			<ul style="list-style-type: none"> <li>qualification name &amp; date obtained;</li> <li>- Category details: registration category details (practice type; practice field; specialty; sub-specialty; from date; origin)</li> </ul>	<ul style="list-style-type: none"> <li>- registered from; registered to;</li> <li>- Annotations: independent prescribing; supplementary prescribing; prescription only medicines – administration; prescription only medicines – sale/supply</li> </ul>
<b>Details of fitness to practise/disciplinary cases published</b>	YES	NO	YES Under tab 'Rejected files'	NO	YES
<b>Information published on accreditation of entry to practice education programs and providers</b>					
<b>Accreditation standards published</b>	YES	IN PART For some PRBs the links to relevant documents on CHED website are broken	IN PART General standards for health training institutions. No profession specific standards concerning curriculum, clinical training etc	NO	YES

<b>Description of accreditation process</b>	YES	NO Functions carried out by Commission on Higher Education and its technical committees and technical panels. Links broken.	YES	NO	YES
<b>Schedule of fees for accreditation published</b>	IN PART Three National Boards publish fee information. For the rest, information is published on 11 Accreditation Council websites	NO	NO	NO	NO
<b>List of accredited institutions/programs published</b>	YES	IN PART Some professions	NO	YES	YES
<b>Details of conditions/limitations on accreditation published</b>	YES	NO	NO	NO	NO
<b>Adverse findings/decisions published</b>	YES	NO	NO	NO	NO
<b>Data on performance of accreditation functions published</b>	YES Annual Reports	NO	NO	NO	YES
<b>Information published on complaints handling and disciplinary functions</b>					
<b>General information on complaints handling system</b>	YES	NO	NO	NO	YES
<b>Overview of disciplinary processes (fitness to practice)</b>	YES	NO	NO	NO	YES

<b>Information on how to lodge complaint</b>	YES	NO	YES	NO	YES
<b>Online lodgement of complaints</b>	YES	NO	Unclear	NO	YES
<b>Information tailored to consumers about how to make a complaint</b>	YES	NO	YES	NO	YES
<b>Information for practitioners about professional obligations to report misconduct of other professionals</b>	YES Mandatory reporting – statutory requirement + code of conduct	IN PART Hard to find - for example section 29 Board of Medicine Code of Ethics	YES World Medical Association’s Medical Ethics Manual	NO	YES
<b>Data on performance of complaints handling system</b>	YES National Board Annual Reports	NO	NO	NO	YES
<b>Information published on compliance monitoring and enforcement functions</b>					
<b>Outcomes of auditing compliance with registration standards</b>	YES National Board Annual Reports	NO	NO	NO	YES
<b>Compliance with CPD</b>	YES Annual Reports	NO	NO	NO	YES
<b>Outcomes of prosecutions</b>	YES Annual Reports	NO	NO	NO	NO
<b>Performance of prosecutions function</b>	YES Annual Reports	NO	NO	NO	NO
<b>Information published on risk management and data analytics capabilities</b>					
<b>Data analytics and harm minimisation projects</b>	YES Data analysis & research tab on Ahpra website	NO	NO	NO	NO

Information publicly available on the websites of regulators from Hong Kong, New Zealand, Qatar and Singapore				
Name of regulator and web address	Hong Kong Supplementary Medical Professions Council <a href="https://www.smp-council.org">https://www.smp-council.org</a>	Medical Council of New Zealand <a href="https://www.mcnz.org.nz/">https://www.mcnz.org.nz/</a>	Qatar Ministry of Public Health, Department of Healthcare Professions <a href="https://www.moph.gov.qa">https://www.moph.gov.qa</a>	Singapore Allied Health Professions Council <a href="https://www.healthprofessionals.gov.sg/ahpc">https://www.healthprofessionals.gov.sg/ahpc</a>
<b>Information published on governance arrangements</b>				
History of regulator & regulation outlined	YES (brief)	YES	IN PART (Fitness to Practice Section)	NO
Mandate/Mission published	YES	YES	IN PART (Accreditation section)	YES
Link provided to legislation, regulations & by-laws	YES	YES	NO	YES
Description of governance and decision-making procedure of regulator	YES	IN PART Description of governance, some information on decision-making in Annual Report	NO	IN PART Description of governance but no information on decision-making procedures
Organizational structure published	YES	NO	NO (MOPH structure only)	Not located
List of members on governing body published	IN PART List of members, no photos or bios or info on method of appointment	YES List of members of Council with photos and bios	Not applicable (No governing board, statutory committee – the Permanent Licensing Committee of the DHP is part of Ministry of Public Health)	IN PART List of members, no photos or bios
Description of member appointment method/process	Not found	IN PART	Not found	Not found
Gender balance on governing body	YES	YES	Not clear	YES
Main functions and powers of regulator explained	YES	YES	YES	YES

<b>Financing arrangements explained</b>	NO	IN PART Fee setting explained	NO	NO
<b>Annual reports published</b>	Optometrists Board only (up to 2016-17)	YES	NO	YES
<b>Strategic goals/plan published</b>	None found	YES Annual Report	NO (MOPH has strategic plan)	None found
<b>Latest news published</b>	NO	YES	YES	YES
<b>Information published on the registration function</b>				
<b>Pathways to registration explained</b>	YES	YES	YES	YES
<b>Types or categories of registration explained</b>	YES	YES	NO	YES
<b>Registration standards and requirements published</b>	YES	YES	IN PART (some professions)	YES
<b>Application for registration/license forms published</b>	YES	YES	Not found (e-Services link broken)	YES
<b>Schedule of registration fees published</b>	YES – on each Board’s webpage	YES	NO	YES
<b>Online initial registration application available</b>	NO	YES	Not found (e-Services link broken)	NO
<b>Online renewal of registration/practising certificate available</b>	NO	YES	Not found (e-Services link broken)	YES
<b>Information published on registration for overseas trained practitioners</b>	YES	YES	YES	YES
<b>Information published on internships (if applicable)</b>	NO	YES	IN PART	NOT APPLICABLE

<b>Information published for practitioners about ethical standards</b>	YES	YES	None found	YES
<b>Registration data published</b>	None located	YES	IN PART – 2019 registration data under News link	YES – Annual Reports
<b>Information published on registered practitioners</b>				
<b>List of registered practitioners published</b>	YES	YES	YES	YES
<b>Online searchable register available</b>	YES	YES	YES	YES
<b>Information published on practitioner register</b>	<ul style="list-style-type: none"> <li>– Registration no.</li> <li>– Name in English</li> <li>– Name in Chinese</li> </ul>	<ul style="list-style-type: none"> <li>– Name</li> <li>– Location</li> <li>– Status (practising, non-practising)</li> <li>– Specialty</li> <li>– Practising certificate dates</li> <li>– Scope of practice (general, provisional)</li> <li>– Conditions</li> <li>– Qualifications</li> </ul>	Website states search by: <ul style="list-style-type: none"> <li>– Profession</li> <li>– Name</li> <li>– License No.</li> <li>– Place of work</li> <li>– Scope of practice</li> <li>– Visiting doctor</li> </ul>	<ul style="list-style-type: none"> <li>– Name</li> <li>– Reg’n No.</li> <li>– Qualifications</li> <li>– Type of register</li> <li>– Reg’n date</li> <li>– Type of reg’n</li> <li>– Practising certification start &amp; end date</li> <li>– Primary place of practice – name, address, telephone, map location</li> </ul>
<b>Details of disciplinary cases published</b>	YES	YES On Health & Disability Commission website	NO	NO
<b>Information published on accreditation of entry to practice education programs and providers</b>				
<b>Accreditation standards published</b>	YES One set for each regulated profession	YES	NO Competency standards published for some professions	Not found
<b>Description of accreditation process published</b>	YES	YES	NO	Not found
<b>Schedule of fees for accreditation published</b>	Not found	YES – Link to document on Australian Medical Council website	Not found	Not found

<b>List of accredited institutions/programs published</b>	YES	YES	IN PART Some professions	YES
<b>Details of conditions on accreditation published</b>	None found	None found	NO	None found
<b>Adverse accreditation findings/decisions published</b>	None found	None found	NO	None found
<b>Data on performance of accreditation functions published</b>	None found	YES Annual report	NO	None found
<b>Information published on complaints handling and disciplinary functions</b>				
<b>General information on complaints handling system published</b>	YES	YES	YES	YES
<b>Overview of disciplinary processes (fitness to practice) published</b>	YES	YES	IN PART (Kinds of complaints & outcomes described, no process map)	YES
<b>Information on how to lodge complaint published</b>	None found	YES	YES (Link broken)	YES
<b>Online lodgement of complaints available</b>	NO	YES (via Health and Disability Commissioner)	Maybe (Link broken)	NO
<b>Information published tailored to consumers about how to make a complaint</b>	None found	YES	YES	YES
<b>Information published for practitioners about professional obligations to report</b>	None found	YES	None found	None found

<b>misconduct of other practitioners</b>				
<b>Data published on the performance of the complaints handling system</b>	None found	YES Annual Reports	NO	YES Annual Reports
<b>Decisions of disciplinary panels/tribunals published</b>	YES – in Chinese language	YES – on Health and Disability Commission website	NO	YES
<b>Information published on compliance and enforcement functions</b>				
<b>Outcomes of auditing compliance with registration standards published</b>	NO	NO	NO	NO
<b>Data on compliance with continuing professional development published</b>	YES	NO	NO	NO
<b>Outcomes of prosecutions published</b>	NO	NO	NO	NO
<b>Data published on the performance of prosecutions function</b>	NO	NO	NO	NO
<b>Information published on risk management and data analytics capabilities</b>				
<b>Information published on data analytics and harm minimization projects</b>	NO	YES	NO	NO