Health Workforce and Equity Policy Hub

Codebook of the Australian Health Workforce Policy Database

November 2025

Suggested Citation

If you are using data from the Australian Health Workforce Policy Database, please use the suggested citation below.

Funding statement

Acknowledgements

For more information, please visit: www.hwfpolicyhub.jcu.edu.au

For data enquiries, please contact us at: hwfpolicyhub@jcu.edu.au

Table of Contents

1. INTRODUCTION

1.1 What is the Health Workforce and Equity Policy Hub?

The Health Workforce and Equity Policy Hub is developed as part of a five-year research project funded by the National Health and Medical Research Council (NHMRC) through an Investigator Grant. The project aims to strengthen Australia's approach to health workforce policy by building a clearer understanding of policy fragmentation, political influences, and implementation barriers.

The website of the Health Workforce and Equity Policy Hub is designed as a repository of the project's key findings, publications, database, and other resources. The site aims to engage with a broad audience – including researchers, practitioners, policy makers, and the public – to facilitate knowledge exchange and foster collaboration and evidence-informed action in the field of health workforce planning and development.

1.2 What is the Australian Health Workforce Policy Database?

The Health Workforce Policy Database is a library of publicly available materials relating to health workforce policies at the federal and state levels in Australia.

It includes policy documents relating to publicly accessible strategic workforce policy documents and employment policy documents issued by the governmental entities, statutory bodies, professional associations, non-governmental organisations and advocacy groups.

It was developed to provide a searchable and updateable database of publicly accessible health workforce policies that can be used by researchers, practitioners, and policymakers. Providing a consolidated and complete collection of current health workforce policy goals and strategies across Australia's multiple health programs and jurisdictions, this comprehensive open-access database is foundational in supporting analyses of policy strengths and gaps and enhancing clarity of decision-making. It also provides a blueprint for similar databases in different policy domains (e.g. education).

Users can search and filter across criteria including policy type, profession(s), strategic focus, incentive types, issuing entity(ies), and date of publication.

The database is maintained by Professor Stephanie M. Topp and Dr. Thu Nguyen and hosted by James Cook University.

1.3 Purpose of this codebook

This codebook aims to assist users in the understanding of the variables and their values in the dataset collected from the websites of the departments of health at the federal and state level and their corresponding entities such as the Rural Workforce Agency. It is also an instrument to assist the coders in coding and charting collected data before data analysis and visualisation.

1.4 Design and methods

Health workforce data within this database were collected from the two main sets of sources:

1) the department of health at the federal and state level, including the website of the Australian Government Department of Health and Aged Care, New South Wales Ministry of Health, Department of Health (Victoria), Department of Health (Queensland Health), Department of Health and Wellbeing (South Australia Health), Department of Health (Western Australia Health), Department of Health (Tasmania), Australian Capital Territory Health Directorate, and Department of Health (Northern Territory);

2) the Rural Workforce Agency in each state and territory, including NSW Rural Doctors Network (New South Wales), Rural Workforce Agency Victoria (Victoria), Health Workforce Queensland (Queensland), Rural Health West (Western Australia), Rural Doctors Workforce Agency (South Australia), The People Project (Tasmania), and Northern Territory PHN (Norther Territory).

A systematic search was undertaken to source, code and cross-reference health workforce policies and plans from federal, state and territory government websites, regulators, professional and industry organisations, and legislative databases. Documents were categorised and coded to enable cross-referencing by jurisdiction, profession, strategic focus, policy author(s), responsible entity(ies), year of publication.

1.5 Scope and coverage

For federal and Queensland dataset, health workforce policy documents were selected based on the following inclusion criteria (1) policy documents on the

planning, governance and management of HWF; (2) current and effective from at least December 2024; (3) publicly accessible.

Policy documents that focus specifically on regulating clinical practice of different health professions were excluded. Therefore, the exclusion criteria were as follows: (1) inappropriate policy document types (i.e. including meeting agendas, books, brochures, campaign certification statements, case definitions, case studies, datasets, digital images, fact sheets, forms, government responses to inquiries, infographics, letters, meeting minutes, posters, presentations, procedures, policy reviews, public interest certificates, reports, statements, terms of reference); (2) policy documents regulating clinical practice; (3) not current nor effective from December 2024 (4) not available in full text.

For the remaining datasets, health workforce policy documents were selected based on the following inclusion criteria (1) policy documents on the planning, governance and management of HWF; (2) current and effective from at least December 2025; (3) publicly accessible.

Policy documents that focus specifically on regulating clinical practice of different health professions were excluded. Therefore, the exclusion criteria were as follows: (1) inappropriate policy document types (i.e. including meeting agendas, books, brochures, campaign certification statements, case definitions, case studies, datasets, digital images, fact sheets, forms, government responses to inquiries, infographics, letters, meeting minutes, posters, presentations, procedures, policy reviews, public interest certificates, reports, statements, terms of reference); (2) policy documents regulating clinical practice; (3) not current nor effective from December 2025 (4) not available in full text.

2. INDICATORS

2.1 Summary of the key concepts

The following tables provides summaries of the key concepts mentioned in the databases with its corresponding factors.

---

1   Policy level

Health workforce policy
- System-level policy (strategic; targeting workforce or broader system-level outcomes)
- Individual-level policy (targeting individual-level outcomes, e.g. career progression)

Employment policy
- Employment policy (e.g. human resource or related industrial tools such as enterprise agreements)

---

2   Document type

Health workforce policy documents
- Law
- Agreement
- Strategy
- Plan
- Framework
- Standard
- Guideline
- Scheme
- Program
- Sub-program
- Project
- Incentive
- Grant

Employment policy documents
- Labour law
- Industrial instrument
- Directive
- Human Resources policy
- Human Resources standard
- Human Resources guideline

3   Domain

Supply
- Training distribution
- Learning support
- Education quality
- Accreditation processes

Distribution
- Migration & emigration
- Recruitment
- Attrition
- Deployment/Skills mix

Performance
- Remuneration & other conditions
- Career pathways & scope of work
- Productivity & performance

4   Incentive

Financial incentives
- Allowance
  (including wages and conditions, performance-linked payments, and other financial subsidies)

Non-financial incentives
- Leave
- Professional development
- Workload management
- Working arrangement
- Working environment
- Service access

5   Profession
- Aboriginal and Torres Strait Islander health workers/practitioners
- Aged care workers
- Allied health professionals
- Dentists and dental practitioners
- Medical laboratory scientists
- Medical practitioners
- Nurses and midwives
- Paramedics
- Pharmacists
- Physician assistants

2.2   Data items in detail

This section of the codebook provides information on variable names, variable labels, description, data types, and code values of each data item. Variable name specifies the identifier used in the dataset to refer to the variable (e.g. jurisdiction, profession, health workforce domain, policy level, incentive, policy theme, document type, issuing entity, publication year). Variable label provides a descriptive label for the variable (e.g. year of publication, policy author). Description explains what the variable represents and how it was collected. Coding format specifies whether the variable is categorical, numeric or data/time. Coding details indicate how the variable is coded within the database.

2.2.1   Jurisdiction

Variable Name	JURISDICTION
Variable Label	Level of government in Australia to which the policy applies
Description	Each policy document was assigned to a single jurisdiction to which the policy applies. Joint policies were coded according to the leading jurisdiction
Coding Format	Categorical
Coding Details	1 = Commonwealth (federal) government 2 = New South Wales 3 = Victoria 4 = Queensland 5 = Western Australia 6 = South Australia 7 = Tasmania 8 = Australian Capital Territory 9 = Northern Territory

2.2.2 Profession

Variable Name	PROFESSION
Variable Label	Health professionals to whom the policy was targeted
Description	A health workforce policy can be coded by the health professionals mentioned in the document

Coding Format	Categorical
Coding Details	1 = Aboriginal and Torres Strait Islander heath worker/practitioners
	2 = Aged care workers
	3 = Allied health professionals
	4 = Dentists and dental practitioners
	5 = Medical laboratory scientists
	6 = Medical practitioners
	7 = Nurses and midwives
	8 = Paramedics
	9 = Pharmacists
	10 = Physician assistants

Notes: Each policy document can mention multiple professions. Due to the variation in definitional terms such as "health practitioners", "health employees", "health workers", standardised coding details to each of these terms was developed. For coding details, please refer to Appendix 1.

2.2.3 Policy domain

Variable Name	POLICY_DOMAINS
Variable Label	Strategic domains of health workforce policy
Description	A health workforce policy can be coded by the strategic domains that it contributes to address. Each policy document was linked to multiple policy domains.
Coding Format	Categorical
Coding Details	1 = Supply
	2 = Distribution
	3 = Performance

2.2.4 Policy level

Variable Name	POLICY_LEVEL
Variable Label	Levels of policy outcome

Description	A health workforce policy was coded to one level of policy outcomes. These levels of policy outcome include system-level (strategic) policy, individual-level (career progression) policy, employment (human resource) policy
Coding Format	Categorical
Coding Details	1 = system-level (strategic) policy 2 = individual-level (career progression) policy 3 = employment (human resource) policy

2.2.5 Incentives

Variable Name	INCENTIVES
Variable Label	Types of incentive used to improve the performance of health professionals
Description	Where a health workforce policy addresses performance domain, the coder will assess whether the type of incentives used to improve the performance of health professionals. Types of incentives relate to: 1) allowance (e.g. salary/wage, pension, insurance, fellowship, loans); 2) leave (e.g. holiday leave, sick leave, maternity/paternity study leave, sabbatical leave); 3) professional development (e.g. access to education and training, clinical supervision, personal coaching/mentoring); 4) workload management (e.g. establishing staff/patient ratios, establishing rural locum programs, establishing overtime payments, redesigning work roles to ensure the best staff distribution, regulating the continuous hours an individual health professional should work); 5) working arrangement (e.g. providing flexible work hours, arrangement to encourage health professionals to return to work); 6) working environment (e.g. effective employee representation, effective management of health and safety risks, legal protection of health professionals); 7) service access (access to housing, transportation, childcare and schools, telecommunication, recreational facilities, community engagement activities and membership)
Coding Format	Categorical

Coding Details	1 = Yes
	2 = No

2.2.6 Policy theme

Variable Name	POLICY THEME
Variable Label	Themes or thematic groups according to primary focus
Description	All policy documents are grouped into themes by their primary focus. These policy themes can be related to healthcare professions (allied health workers, medical doctors, nurses, paramedics, physician assistants), or healthcare programming (aged care and mental health), or general health workforce, or workforce subgroups defined by ethnicity (Aboriginal and Torres Strait Islander health workforce), geographical location (rural health workforce), or career development (medical and health students or trainees)
Coding Format	Categorical
Coding Details	1 = Aboriginal and Torres Strait Islander health workforce
	2 = Aged care workforce
	3 = Allied health workforce
	4 = Dental health workforce
	5 = General health workforce
	6 = Nurses and midwives
	7 = Medical and health students and trainees
	8 = Medical doctors and specialists
	9 = Mental health workforce
	10 = Pharmacists
	11 = Physician assistants
	12 = Paramedics
	13 = Rural health workforce

Notes: While a health workforce policy have more than one focus, it can be assigned to only one grouping. For instance, Rural Immersion Placement Program – Allied Health was categorised under the rural health (rather than allied health) grouping based on its emphasis on strengthening rural health.

2.2.7 Document type

Variable Name	DOCUMENT_TYPE
Variable Label	Types of policy document
Description	A health workforce policy can be assigned to only one the following document types: law, agreement, strategy, plan, framework, standard, guideline, scheme, program, sub-program, project, incentive, grant. An employment (human resource) policy can be assigned to one of the following document types: labour law (including Act, Regulation, Notice, Order), industrial instrument (including Certified Agreement, Award, Order of the Queensland Industrial Relations Commission), directive, human resources policy, human resources standard, human resources guideline
Coding Format	Categorical
Coding Details	1 = Law
	2 = Agreement
	3 = Strategy
	4 = Plan
	5 = Framework
	6 = Standard
	7 = Guideline
	8 = Scheme
	9 = Program
	10 = Sub-program
	11 = Project
	12 = Incentive
	13 = Grant
	1A = Labour law
	2A = Industrial instruments
	3A = Directive
	4A = Human resources policy
	5A = Human resources standard
	6A = Human resources guideline

Notes: Due to the difference between the given name and the true document type of each document, standardised definitions of document type to each policy documents were applied across the dataset. For coding details, please refer to Appendix 2.

2.2.8   Issuing entity

Variable Name	ENTITY_ISSUING
Variable Label	Policy authors
Description	The entity(ies) (individual, agency, department or organisation) who are responsible for drafting, revising, publishing, and communicating the health workforce policy to the intended audience
Coding Format	Free-text coding
Coding Details	Not pre-defined and vary based don the content of each specific document

2.2.9   Publication Year

Variable Name	YEAR_PUBLICATION
Variable Label	Publication year
Description	When the policy was first introduced
Coding Format	Numeric
Coding Details	XXXX = year

REFERENCES

Allied Health Professions Australia. What is allied health? 2025. Available at: https://www.ahpa.com.au/allied-health-professions

Australia Government Department of Health and Aged Care. Pharmacists: Factsheet. 2017. Available at: https://hwd.health.gov.au/resources/publications/factsheet-alld-pharmacists-2017.pdf

Australia Government Department of Health and Aged Care. Paramedics. 2019. Available at: https://hwd.health.gov.au/resources/publications/factsheet-alld-paramedical-2019.pdf

Australian Government Department of Health and Aged Care. Aboriginal and Torres Strait Islander health workers. 2021. Available at: https://www.health.gov.au/topics/indigenous-health-workforce/about

Australian Government Department of Health and Aged Care. About medical doctors and specialists. 2022. Available at: https://www.health.gov.au/topics/doctors-and-specialists/about

Australian Government Department of Health and Aged Care. Aged care workers. 2025. Available at: https://www.health.gov.au/topics/aged-care-workforce/about

Australian Government Department of Health and Aged Care. About dentists and dental practitioners. 2025a. Available at: https://www.health.gov.au/topics/dentists/about).

Australia Government Department of Health and Aged Care. About nurses and midwives. 2025b. Available at: https://www.health.gov.au/topics/nurses-and-midwives/about

Australian Institute of Health and Welfare. User guide for the National Health Workforce Data Set: Medical Practitioners 2010. 2012. Available at: https://www.aihw.gov.au/getmedia/4740f262-0509-4ce6-8110-e3b9b391adf5/14055-user-guide.pdf.aspx

Australian Health Practitioner Regulatory Agency AHPRA. Glossary. 2019. Available at: https://www.ahpra.gov.au/Support/Glossary.aspx

Buchan, J., Thompson, M., O'May, F. Incentive and remuneration strategies in health care: a research review. In Adams V, Hicks O. Pay and non-pay incentives, performance and motivation. Hum Resour Dev J. 2000;4.

Caldwell P & Kingma M. Incentives and the recruitment/retention of nurses', a paper presented at National experiences in assessing and reducing shortcomings and negative trends affecting human resources of the health system: an international symposium on health workforce, Lisbon, Portugal 10-12 October 2007. ICN - International Centre for Human Resources in Nursing.

Dambisya Y. A review of non-financial incentives for health worker retention in east and southern Africa,' Equinet discussion paper no. 44, Regional Network for Equity in Health in east and southern Africa, 2007. Available at:
www.equinetafrica.org/bibl/docs/DIS44HRdambisya.pdf

Guidelines: Incentives for health professionals. International council of Nurses, International Pharmaceutical Federation, World Dental Federation, World Medical Association, International Hospital Federation, World Confederation for Physical Therapy. 2008. Available at: http://www.whpa.org/sites/default/files/2018-11/WHPA-positive_practice_environments-guidelines-EN.pdf

Jobs and Skills Australia. ANZSCO 2346 Medical laboratory scientists. 2025. Available at:
https://www.jobsandskills.gov.au/data/occupation-and-industry-profiles/occupations/2346-medical-laboratory-scientists

Royal Australian College of General Practitioners. Physician assistants in general practice: Position statement. 2018. Available at:
https://www.racgp.org.au/FSDEDEV/media/documents/RACGP/Position%20statements/Physician-Assistants-in-General-Practice.PDF

Royal Australian College of General Practitioners. Glossary: Standards for general practices. 2023. Available at: https://www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/standards-for-general-practices-5th-ed/glossary

Sonderegger S, Bennett S, Sriram V, Lalani U, Hariyani S, Roberton T. Visualizing the drivers of an effective health workforce: a detailed, interactive logic model. Human Resources for Health, 2021. 19 (1), 1-15

APPENDIX 1

Due to the variation in definitional terms mentioned across collected health workforce policies, coders are asked to apply the following coding details to the corresponding terms.

No.	Variable Name	Values/Codes	Notes
1	Health practitioners	1 = Aboriginal & Torres Strait Islander health workers/practitioners 2 = Allied health professionals 3 = Dentists and dental practitioners 4 = Medical practitioners 5 = Nurses and midwives 6 = Paramedics 7 = Pharmacists	Codes applied to strategic health workforce policies only
2	Health practitioners	1 = Aboriginal & Torres Strait Islander health workers/practitioners 2 = Allied health professionals 3 = Medical practitioners 4 = Nurses and midwives 5 = Paramedics 6 = Pharmacists	Codes applied to employment policy only
3	Health service employees	1 = Aboriginal & Torres Strait Islander health workers/practitioners 2 = Aged care workers 3 = Allied health professionals 4 = Dentists and dental practitioners 5 = Medical practitioners 6 = Medical laboratory scientists 7 = Nurses and midwives 8= Paramedics 9 = Pharmacists 10 = Physician assistants	Codes applied to strategic health workforce policies only
4	Health service employees	1 = Aboriginal & Torres Strait Islander health workers/practitioners 2 = Aged care workers 3 = Allied health professionals 4 = Medical practitioners 5 = Medical laboratory scientists 6 = Nurses and midwives 7= Paramedics 8 = Pharmacists 9 = Physician assistants	Codes applied to employment policy only
5	Health workers	1 = Aboriginal & Torres Strait Islander health workers/practitioners 2 = Aged care workers	Codes applied to both policy types

		3 = Allied health professionals 4 = Dentists and dental practitioners 5 = Medical practitioners 6 = Nurses and midwives 7= Paramedics 8 = Pharmacists 9 = Physician assistants	
6	Employees working for the Department of Health	1 = Aboriginal & Torres Strait Islander health workers/practitioners 2 = Aged care workers 3 = Allied health professionals 4 = Dentists and dental practitioners 5 = Medical practitioners 6 = Medical laboratory scientists 7 = Nurses and midwives 8= Paramedics 9 = Pharmacists 10 = Physician assistants	Codes applied to both policy types
7	All QLD Health employees	1 = Aboriginal & Torres Strait Islander health workers/practitioners 2 = Aged care workers 3 = Allied health professionals 4 = Dentists and dental practitioners 5 = Medical practitioners 6 = Medical laboratory scientists 7 = Nurses and midwives 8= Paramedics 9 = Pharmacists 10 = Physician assistants	Codes applied to both policy types
8	Clinical roles within QLD Health	1 = Aboriginal & Torres Strait Islander health workers/practitioners 2 = Allied health professionals 3 = Dentists and dental practitioners 4 = Medical practitioners 5 = Nurses and midwives 6= Paramedics 7 = Physician assistants	Codes applied to both policy types

APPENDIX 2

Due to the difference between the given name and the true document type of each document, coders are asked to apply the standardised definitions of document type to each policy documents.

HEALTH WORKFORCE POLICY		Level of Involvement	Types of Policy Instruments	Document types (if related)	Mandatory requirement	EMPLOYMENT POLICY	
Policy documents	Definition					Definition	Policy documents
Law	A law is a formal legal document that outlines rules, regulations enacted by government agencies to implement statutes.	High	Government-led	Direction document	Mandatory	A law is a formal legal document that outlines rules, regulations enacted by government agencies to implement statutes.	Labour law
Agreement	An agreement is a legally binding contract between two or more parties that outlines their rights and duties.	High	Government-led	Direction document	Mandatory	Industrial instruments include Certified agreements/Awards/ Orders that are made by an industrial tribunal. They are legally binding and mandatory contracts for three reasons: i) it derives from higher legal framework, which gives it legal force; ii) it is certified by the Fair Work Commission and becomes legally enforceable once certified; iii) it is negotiated between employers and employees or unions.	Industrial instruments
Strategy	A strategy is a high-level document that is more focused than policy and outlines roadmap and course of actions to achieve long-term objectives.	High	Government-led	Direction document	Not mandatory	A Directive is a mandatory instruction issued by a higher authority (e.g. Ministers, Public Sector Commission). Its legal basic derives from various Acts and it has a broad applicability across	Directive

						different sectors. A Directive can override an existing HR policy. There are two main specialised forms of Directive that apply to the QLD health employees: (i) Health Employment Directive (HED): HED is issued by Director-General of the Queensland Department of Health under Section 51A of the Hospital and Health Board Act 2011 (Qld). HED outlines mandatory conditions of employment for health service employees such as remuneration for health employees, classification levels, terms of contracts, condition of employment, professional development and training. Public Service Commission/ Minister for Industrial Relations Directives (PSC/IR Directive): PSC/IR Directive is issued by the Commission Chief Executive or the Minister responsible for Industrial relations under section 53 or 54 respectively of the Public Service Act. It outlines mandatory principles on employment conditions that must be complied by Queensland Government departments. While some Directives are issued via Public Service Regulation 2018, others	

						are incorporated into an Award or Agreement (that deal with the same subject matter) issued and amended by Minister for Industrial Relations.	
Plan	A plan complements a strategy and details specific steps and actions, objectives and responsibilities to be taken to achieve a strategy.	High	Government-led	Direction document	Not mandatory	A HR policy is a document that sets out the Department of Health's internal rules to manage staff. It is legally binding and mandatory if it derives from Acts or Industrial Instruments. It is unilaterally implemented, meaning it is created, enforced and changed by employer (QLD Health) without any negotiations with employees or their representatives (such as unions) or any consent from employees. HR policies are issued on matters relating to relocation accommodation and travel, learning development and performance, workforce employment and resourcing, remuneration leaves and benefits, indemnity, work health and safety.	HR Policy
Framework	A framework is a structured guide to a concept in a topic area. It outlines detailed principles, roles, and processes to ensure consistency in decision-making and policy implementation.	High	Government-led	Supporting document	Mandatory		
Standard	A standard outlines detailed technical elements and criteria to ensure uniformity in a particular topic area.	High	Government-led	Supporting document	Not mandatory	Standards provide the specific minimum actions required to comply with a policy and identifies responsibilities for employees.	HR Standard
Guideline	A guideline outlines recommended actions to follow to address a particular issue in a particular topic area.	High	Government-led	Supporting document	Not mandatory	A guideline provides advice on best practice and intended to be a supporting document to a HR policy. The HR guidelines must be consistent with the HR policy.	HR Guideline

Scheme	A scheme is a government-led arrangement to respond to a particular issue and often come with specific eligibility requirements.	Medium	Mixed	N/A	Not mandatory
Program	A program includes a series of components that are consistently coordinated with detailed implementation plans to achieve broad policy goals.	Medium	Mixed	NA	Not mandatory
Sub-program	A sub-program is a component or a stream of an overarching program. It focuses on a specific aspect of the overall goals of a bigger program and is generally on-going.	Medium	Mixed	N/A	Not mandatory
Project	A project is a specific action taken in a defined timeline (one time event), usually narrowly focused by targeting a small group of audience or focusing on one aspect of the issue to achieve a specific goal.	Medium	Mixed	N/A	Not mandatory
Incentive	An incentive is a financial or non-financial benefit given to an individual to motivate specific behaviours to support a specific project or a structured program.	Medium	Mixed	N/A	Not mandatory
Grant	A grant is a financial and competitive award often given to an individual by the government or private foundation to support a specific project or structured program.	Medium	Mixed	N/A	Not mandatory

GLOSSARY

Aboriginal and Torres Strait Islander health worker/practitioner
A member of the Aboriginal and Torres Strait Islander health workforce. Roles include, but are not limited to:
- providing clinical functions
- liaison and cultural brokerage
- health promotion
- environmental health
- community care
- administration
- management and control
- policy development
- program planning

An Aboriginal and Torres Strait Islander health worker/practitioner is often an Aboriginal and Torres Strait Islander person's first point of contact with the health workforce, particularly in remote parts of the country (RACGP, 2023)

Aboriginal and Torres Strait Islander health workers have completed a Certificate II or higher in Aboriginal and/or Torres Strait Islander Primary Health Care.
Health practitioners
Aboriginal and Torres Strait Islander health practitioners have:
- completed an approved program of study (Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice) , and
- registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA).

ATSIHPBA works with the Australian Health Practitioner Regulation Agency (AHPRA) to regulate Aboriginal and Torres Strait Islander health practitioners. (Australian Government Department of Health, 2021)

Accreditation
Accreditation of courses ensures that the education and training leading to registration as a health practitioner is rigorous and prepares the graduates to practise a health profession safely.

The Accreditation Authority may be a committee of a National Board, or a separate organisation. More information about accreditation is published on the website of each National Board (AHPRA, 2019).

Aged care workers
Aged care services are delivered by a range of workforce roles.
Direct care roles include:
- nurses

- support staff
- medical practitioners
- personal care workers
- allied health practitioners and assistants.

Non direct care roles include:
- gardeners
- cleaners
- transport drivers
- volunteers.

Aged care workers cover:
- residential aged care
- home care
- Commonwealth Home Support Program
- National Aboriginal and Torres Strait Islander Flexible Aged Care
- Multi-Purpose Services (Australian Department of Health and Aged Care, 2025)

Allied health professions

Allied health professionals:
- Diagnose: Help identify health conditions
- Treat: Provide care for a range of conditions and illnesses
- Prevent: Help prevent conditions from developing
- Rehabilitate: Help patients recover from injuries or illnesses (AHPA, 2025)

Within this database, the work of individual allied health professions include:
- Arts therapy
- Audiology
- Certified practicing nutritionists
- Chiropractic
- Counsellors and psychotherapists
- Credentialled diabetes educators
- Dietetics
- Exercise physiology
- Genetic counselling
- Medical radiations
- Music therapy
- Occupational therapy
- Optometry
- Orthoptics
- Orthotics/Prosthetics
- Osteopathy
- Pedorthist custom makers
- Perfusion
- Physiotherapy
- Podiatry

- Psychology
- Rehabilitation counselling
- Social work
- Sonography
- Speech Pathology

Clinical governance
A framework through which clinicians and health service managers are jointly accountable for patient safety and quality care (RACGP, 2023).

Entity
Company, corporation, individual or organisation, for example, hospital, health practice registered as a business (AHPRA, 2019).

Dentists and dental practitioners
Dentists provide:
- assessment, diagnosis, treatment, management and preventive services
- diagnosis and treatment of diseases, injuries and abnormalities of teeth and gums
- restorative and preventive procedures
- surgery or other specialist services.

Dentists must complete a minimum 4-year undergraduate degree, or 4-year postgraduate master course. They must complete further training to specialise.

Dental hygienists use preventive, educational and therapeutic methods to help prevent and control oral disease and maintain oral health. They provide:
- oral health assessment
- diagnosis
- treatment
- management
- education.

Dental hygienists must complete a minimum 2-year advanced diploma, or 3-year undergraduate course.

Oral health therapists have dual qualifications as dental therapists and hygienists. They may practice as a hygienist, a therapist or both. Unless they have completed further training, oral health therapists treat patients aged under 18 years, with:
- oral health assessment
- diagnosis
- treatment
- management and preventive services, such as fillings, tooth extraction and gum treatment
- education.

Oral health therapists must complete a minimum 3-year undergraduate course.

Dental therapists generally treat patients under the age of 18, unless they have completed further training. They provide:
- oral health assessment
- diagnosis
- treatment
- management and preventive services, such as x-rays, examinations, dental impressions and routine treatment.

Dental therapists must complete a minimum 3-year undergraduate course.

Dental prosthetists make, fit, supply and repair dentures and other dental appliances. They provide:
- education
- assessment
- treatment
- management and provision of removable dentures
- flexible, removable mouthguards used for sporting activities.

Dental prosthetists must complete a minimum 3-year undergraduate or one-year postgraduate course (Australian Government Department of Health and Aged Care, 2025a)

Medical practitioner

Medical practitioners play a critical role in providing high-quality health care for Australians.

We often refer to medical practitioners as 'doctors'. They are responsible for:
- diagnosing and treating physical and mental illnesses, disorders and injuries
- recommending preventative action
- referring patients to specialists, other health care workers, and social, welfare and support workers.

Doctors complete at least 4 years in a university medical school accredited by the Australian Medical Council. This is followed by compulsory 12-month internships to gain general registration. Most doctors then spend several years training in a medical specialty, such as general practice, surgery or psychiatry.

The Australian Health Practitioner Regulation Agency's (Ahpra) Medical Board of Australia regulates doctors and specialists. All medical practitioners must be registered with the board and meet registration standards (Australia Government Department of Health and Aged Care, 2022)

Medical laboratory scientists

Medical Laboratory Scientists conduct medical laboratory tests to assist in the diagnosis, treatment and prevention of disease.

Tasks
- Preparing tissue sections for microscopic examination
- Examining and analysing samples to study the effects of microbial infections
- Analysing samples of body tissue and fluids to develop techniques to aid in the diagnosis and treatment of diseases
- Advising Medical Practitioners on the interpretation of tests and methods for use in the diagnosis and treatment of disease
- Setting up the steps and rules of laboratory medical testing
- Operating and maintaining laboratory equipment
- Maintaining laboratory quality assurance and safety standards
- Preparing scientific papers and reports (Jobs and Skills Australia, 2025)

Midwives

A midwife is a registered health professional who works in partnership with women to give the necessary support, care and advice during pregnancy, birth and the first few weeks after birth. Midwifery is a profession grounded in woman-centred and evidence-based maternal health care – with midwives being an integral part of maternity care in Australia, caring for almost 300,000 women each year.

In Australia, midwives must have completed an approved course in midwifery through a university and register with the NMBA. The Health Practitioner Regulation National Law protects the titles of 'midwife' and 'midwife practitioner'. A midwife is not the same as a doula.

A midwife's scope of practice includes:
- providing health support, care and advice to women before conception, and during pregnancy, labour, birth and the postnatal period
- promoting natural childbirth and identifying complications for the woman and her baby
- consulting with other health professionals and referring to medical care or other health professions when required
- implementing emergency measures.

Midwives are autonomous practitioners who work collaboratively with many other health professionals. A midwife may practice in any setting including the home, community, public and private hospitals, birth centres, clinics or health units including Aboriginal Community Controlled Health Organisations.

Endorsed midwife

An endorsed midwife has done extra training and can prescribe certain medications.

To become an endorsed midwife, a registered midwife must:

- meet the registration standards
- successfully complete an NMBA-approved program of study that leads to an endorsement for scheduled medicines, or a substantially equivalent program as determined by the NMBA
- register as a midwife in Australia without conditions or unsatisfactory performance
- complete the equivalent of 3 years full-time clinical practice (5,000 hours) in the past 6 years. Completed hours can be across the full continuity of midwifery care or in a specified context of practice. Recognised contexts of practice include antenatal, postnatal and antenatal and postnatal combined (Australian Government Department of Health and Aged Care, 2025b)

Nurses

Nurses are essential health professionals who care for people (individuals, families, groups and communities) in all health and aged care settings. Nurses are the facilitators of the health and care systems and possess the qualifications, knowledge and skills to provide high quality care where and when it is needed.

Together, nurses and midwives make up more than half of Australia's health workforce - and almost 90 per cent are women.

In Australia, a nurse is a regulated health professional. Nurses complete approved training pathways to become registered to practice with the Nursing and Midwifery Board of Australia (NMBA).

The NMBA works with the Australian Health Practitioner Regulation Agency to regulate the nursing profession.

People must register with the NMBA before they can use any of the following protected titles to describe themselves:

- enrolled nurse
- registered nurse
- nurse practitioner.

Nurses work with many other health professionals in the public and private health sectors. Settings where nurses work include:

- public hospitals
- private hospitals
- aged care (both residential and home)
- primary care practices including general practice
- community health services

- schools
- correctional facilities
- rural and remote communities
- Aboriginal Community Controlled Health Services

There are several different types of nurses in Australia. The main differences involve the type of training they have done and their scope of practice.

Enrolled nurse
There are more than 54,100 enrolled nurses in Australia.

Enrolled nurses (ENs) complete a Diploma of Nursing through a vocational education provider, to meet the EN standards for practice. ENs work under the supervision of a registered nurse and cannot act alone. Typical duties include:
- regularly recording patients' temperature, pulse, blood pressure and respiration
- providing interventions, treatments and therapies from patient care plans (including administering medicines)
- assisting registered nurses and other team members with health education activities
- working in multidisciplinary teams; and
- helping patients with their activities of daily living.
-

An enrolled nurse can become a registered nurse by completing further education.

Registered nurse
There are more than 303,000 registered nurses in Australia.

Registered nurses (RNs) complete a 3-year Bachelor of Nursing or 2-year Master of Nursing through a university to meet the RN standards for practice. They have more responsibilities than an EN, and their scope of practice can include:
- assessing patients
- developing a nursing care plan
- administering medicines
- providing specialised nursing care
- working in multidisciplinary teams
- supervising ENs and junior RNs
- undertaking regular professional development
- performing leadership and management roles such as being a nursing unit manager or team leader
- working in advanced nursing practice roles.

Nurse practitioner
There are more than 2,200 nurse practitioners in Australia.

Nurse practitioners (NPs) are RNs who the NMBA have endorsed as an NP. NPs practice independently in an advanced and extended clinical role, and can prescribe some medicines.

To be eligible for an NP endorsement, a nurse must:
- be a registered nurse with no restrictions on practice
- have 5,000 hours of experience at the advanced clinical nursing practice level in the past 6 years
- have completed an approved program of study at a master degree level, and
- comply with the NMBA's nurse practitioner standards for practice.

State and territory governments employ most NPs in acute care settings. Private settings also employ NPs, either as employees or in their own practice (Australian Government Department of Health and Aged Care, 2025b)

Paramedics

Paramedics are registered health practitioners who provide emergency or unscheduled care to acutely ill or injured persons, predominantly in an out of hospital or primary care environment. This may involve autonomous practice, complex patient assessments and delivery of treatment which may include the administration of scheduled medicines.

To gain registration as paramedic, practitioners must either:
1. complete a minimum three year bachelor degree or 1 year graduate diploma approved by the Board;
2. hold a qualification issued by the Ambulance Service of New South Wales and accepted by the Board;
3. hold a qualification the Board considered to be substantially equivalent to those it has approved; or
4. satisfy one of the following three time-limited 'grandparenting' pathways described in the

National Law and assessed by the Board:
a. hold a qualification or have completed training that the Board considers adequate;
b. hold a qualification or have completed training in paramedicine and have also completed further study, training or supervised practice required by the Board;
c. have completed five years of practice over the past 10 years and satisfy the Board that you are competent to practise paramedicine (Australia Government Department of Health and Aged Care, 2019)

Pharmacists

Pharmacists are registered healthcare practitioners who prepare and dispense medicines, consult with patients and other practitioners on drug selection and administration, and work in the research, development and manufacture of medicines. In a community setting, pharmacists also advise patients on over the counter medicines and medical aids (such as blood glucose monitoring equipment).

To gain registration as a pharmacist, practitioners must complete a minimum four- year undergraduate, or two-year postgraduate Master program of study approved by the Pharmacy Board of Australia (Australian Government of Health and Aged Care, 2017)

Physician assistant
Physician assistants are medical professionals who work under the delegated authority of a medical practitioner.

Physician assistants are generalist trained, augmenting the services traditionally provided by a doctor.

Working under the delegation of a medical doctor, and depending on the jurisdiction, a physician assistant's scope of practice includes:
• physical examination
• diagnosing and treating illnesses
• ordering and interpreting medical tests
• assisting in surgery
• writing prescriptions
• referring to other medical specialists
• providing preventive health care services (RACGP, 2018)

Practice
This definition of practice is used in a number of National Board registration standards.
It means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a practitioner in their regulated health profession.
Practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with patients or clients, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that impact on safe, effective delivery of health services in the health profession.

Some National Boards have also issued guidance about when practitioners need to be registered. Search under 'guidance' on the relevant Board website (AHPRA, 2025).

Profession

Name of the profession being practised by a practitioner. Since July 2010, 10 health professions have been regulated under the National Registration and Accreditation Scheme, see Professions & Divisions.

From July 2012, four new professions will join the scheme:
- Chinese medicine
- Medical radiation practice
- Occupational therapy
- Aboriginal and Torres Strait Islander health practice
-

On December 2018, paramedicine joined the National Scheme (AHPRA, 2019).

Qualifications

Professional qualifications that a practitioner must have to meet the requirements for registration in a profession. Undergraduate and postgraduate Australian qualifications recognised by National Boards are published on the National Board's websites.

Individual practitioner's approved qualifications are published on the register of practitioners (AHPRA, 2019).