National Health Practitioner Ombudsman

Investigation into the charging model for health practitioner registration fees

Own motion investigation – findings and suggestions for improvement

July 2025

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Foreword

My office has heard concerns from some health practitioners that the way they are charged registration fees has unfair financial impacts. These practitioners have rightly said that being charged a registration fee that is described as an 'annual' or 'one-off' payment more than once in the same year seems unfair.

Registration fees are a mandatory cost for practitioners seeking to work in one of the 16 health professions regulated by the Health Practitioner National Boards (National Boards). Health practitioners are not, however, immune from the cost-of-living pressures currently facing many Australians. In this context, the requirement to pay registration fees can contribute to financial stress.

The problem stems from practitioners being required to pay a registration renewal fee by a set date each year, regardless of when they were first granted registration. In effect, this means that a medical practitioner who paid an application fee and a registration fee in July, for example, would be required to pay a registration renewal fee by 30 September of the same year (totalling around $3,600 in fees within a 3 month period).[1] However, a medical practitioner who paid the same application and registration fee in September would not be required to pay the registration renewal fee until 30 September the following year.

My office commenced this investigation to consider whether the charging model for registration fees in the National Registration and Accreditation Scheme (the National Scheme) is fair and reasonable. My investigation considered complaints received by my office, together with the Australian Health Practitioner Regulation Agency (Ahpra) and the National Boards' rationale for their charging model as outlined in responses to complaints managed by my office and in public facing information available to practitioners.

My investigation found that the charging model can lead to unfair financial outcomes for practitioners registering outside of their profession's standard registration cycle. It appears that certain practitioners are more likely to be negatively affected by the charging model, including practitioners taking or returning from parental leave, applicants registering for the first time and practitioners changing registration types.

We found that while some National Boards appear to have adapted how they charge certain registration fees to account for the negative consequences of the charging model, others have not. There were also different approaches taken to charging fees when practitioners change from one registration type to another during the registration cycle.

My investigation's review of publicly available information about the rationale for the charging model found inconsistencies and inaccuracies in the information provided. Complainants also raised legitimate concerns about the clarity of information available in registration forms. Transparency

[1] The Medical Board of Australia's application fee for general registration is $1548, and the registration fee for general registration is $1027 (effective from 24 July 2024).

regarding the charging model, and how it aligns with cost recovery principles, is necessary to ensure practitioners can trust that the National Scheme is operating efficiently and fairly.

My investigation's review of other industry's approaches to charging professional registration fees found that while charging models differ significantly, other regulators appear to have more formal mechanisms in place to minimise unfair outcomes. For example, we found it was common practice to charge registration fees for the legal profession on a pro rata basis (that is, based on the proportion of the registration cycle that the legal practitioner is registered for).

Charging registration fees on a pro rata basis would be one way to address the concerns raised by health practitioners. Ahpra and the National Boards have historically stated that they will not charge or refund registration or registration renewal fees on a pro rata basis.

In December 2024, however, I welcomed Ahpra's announcement that it would commence a new project to "review and provide advice on a wider pro rata fees strategy, for consideration by November 2025" with recommendations to come into effect from 1 July 2026 (the Pro Rata Fee Review). The Pro Rata Fee Review was announced alongside Ahpra's commitment to also:

- introduce a 30% rebate on annual registration fees for practitioners who take parental leave, or other protected leave, from 1 July 2025
- improve policies and practitioner experience when transferring between non-practising and practising registration, including capping the annual registration fee charged.[2]

These commitments were made following the finalisation of Ahpra's Parental Leave Review, and following receipt of my investigation's proposed findings, which included a recommendation that Ahpra review its charging model. As a result, this report has been updated to reflect the positive steps taken by Ahpra to initiate the Pro Rata Fee Review, and to ensure my suggestions for improvement are responsive to these new circumstances.

I acknowledge that it is necessary for Ahpra and the National Boards to charge registration fees and this is enabled by the relevant law. But the way fees are charged must be fair.

Richelle McCausland
National Health Practitioner Ombudsman

[2] See news article published 9 December 2024 on Ahpra's website, 'Parental leave fee relief on the way'. Accessed April 2025: www.ahpra.gov.au/News/2024-12-09-media-release-Parental-leave.aspx.

The investigation

This investigation was commenced after the office of the National Health Practitioner Ombudsman (the Ombudsman) received complaints from 3 health practitioners in August 2022. These complainants believed it was unfair that they were required to pay a registration fee twice within 3 months. This happened because each National Board charges a registration renewal fee on a set date annually (for example, the Medical Board of Australia (the MBA) charges its registration renewal fee on 30 September each year regardless of the date on which a medical practitioner is first registered). The complainants had each paid their initial registration fee in full 3 months before the registration renewal date for their profession and were then charged the registration renewal fee in full.

The Ombudsman commenced this investigation in response to these complaints to consider the fairness and reasonableness of the charging model for health practitioner registration fees in the National Scheme. While 3 complaints served as the catalyst for this investigation, previous complainants have also highlighted the negative financial impacts for practitioners who are required to pay 2 registration fees within a 12-month period. Generally, complainants wanted Ahpra and the relevant National Board to remedy the financial disadvantage they believe they suffered due to not being registered for a full year before having to pay the registration renewal fee. Complainants often sought either a partial rebate or a refund of the registration fee they paid to become registered, or a reduced registration renewal fee. Oftentimes complainants suggested that fees should be charged on a pro rata basis.

Historically, Ahpra has informed complainants that it does not, and will not, pro rata fees or provide a discount or refund to practitioners who are registered for less than 12 months before being required to pay the registration renewal fee. Ahpra had also maintained that it is necessary for registration renewal fees to be charged on a set date each year by the relevant National Board.

How we investigated

This investigation was commenced on the Ombudsman's own motion under s. 5(1)(b) of the Ombudsman Act 1976 (Cth) (the Ombudsman Act).[3] The Ombudsman may conduct an own motion investigation into any administrative action by Ahpra and the National Boards (as prescribed authorities). Notice of the investigation was provided to Ahpra on 28 October 2022.[4]

The Ombudsman typically considers an action to be fair and reasonable if it is lawful and:

- in line with accepted standards, including applicable industry codes and practice
- in good faith and for legitimate reasons, which are clearly documented

[3] Section 235 of the Health Practitioner Regulation National Law in effect in each state and territory of Australia applies the Act as a law of participating jurisdiction for the purposes of the National Scheme. It further provides that the Health Practitioner Regulation National Law Regulation 2018 (National Law Regulation) may modify the Act for the purposes of the National Law (see Part 5, National Law Regulation).

[4] Pursuant to s. 8(1) of the Ombudsman Act.

- unbiased, rational and consistent
- responsive to specific circumstances and/or vulnerabilities and considers the impact on those affected and their experiences
- procedurally fair.

The investigation considered a range of publicly available information and documentation relevant to Ahpra's charging model including:

- Ahpra's Fee setting policy
- Ahpra's Refunds policy
- Ahpra's Financial hardship for payment of registration fees policy (Financial hardship policy)
- registration forms
- the Health Practitioner Regulation National Law in effect in each state and territory (the National Law)
- other relevant legislation and related reviews.

The investigation was focussed on publicly available information, and information Ahpra had provided to complainants and to the Ombudsman previously, to assess how health practitioners would likely perceive the details of, and rationale for, Ahpra's charging model. The investigation did not seek internal documentation related to Ahpra's implementation of the charging model, or its internally documented approach to fee setting and cost recovery. It was, however, open to Ahpra to provide this documentation to the investigation at any point.

Among other information, the investigation requested and considered the following data from Ahpra[5]:

- for each respective health profession, confirmation of the number of practitioners who paid registration fees outside of the standard registration cycle for the 2021–22 renewal period
- data on the gender of practitioners who paid registration fees outside of the standard registration cycle
- a month-by-month breakdown of the number of practitioners who were registered for less than 6 months before registration renewal was required (excluding practitioners who gained registration within the final 2 months of the registration period).[6]

The investigation also considered complaints regarding registration fees which had previously been raised with the Ombudsman. This report includes case studies describing some of these complaints. The names and identifying information of complainants have been removed for privacy reasons.

[5] After being provided with the proposed investigation's findings and recommendations in September 2024, Ahpra advised that the data it provided early in the investigation was not accurate, primarily due to it including practitioners who had been registered with limited or provisional registration (and therefore registered outside the standard renewal period). As the data was primarily used to provide contextual information, it is not reproduced in this report.

[6] Practitioners who gained registration within the final 2 months of the registration period were excluded because this cohort is treated differently. These practitioners are required to pay the registration fee when applying for registration but are not required to pay the registration renewal fee until the next registration renewal date.

Recent developments considered by the investigation

In May 2024, while this investigation was underway, Ahpra commenced a review into the charging of registration fees in relation to parental leave (the Parental Leave Review). Ahpra established a Registration Fee (Parental Leave) Rapid Review Working Group (later called the Parental Leave Review Committee) to "explore ways to introduce fee relief for practitioners on parental leave and to assess the financial impact that any change may have".[7] In recognition that the Parental Leave Review's work was relevant to this investigation, the Ombudsman met with members of the Parental Leave Review Committee to receive updates on the review's progress.

Consistent with principles of procedural fairness and the requirements of the Ombudsman Act,[8] this investigation's proposed findings were provided to Ahpra and the National Boards on 16 September 2024. Ahpra was invited to comment on any factual inaccuracies in the report and to provide any further information or comments, particularly in relation to updates regarding the work of the Parental Leave Review and the data Ahpra had previously provided to the investigation.

On 2 October 2024, Ahpra advised the Ombudsman that the recommendations of its Parental Leave Review Committee were being considered by the National Boards and requested an extension of time until 13 December 2024 to provide a response to the Ombudsman. Ahpra explained that this would allow it to capture the outcomes of its review in its response. The Ombudsman granted this extension.

On 9 December 2024, Ahpra announced publicly that, based on the Parental Leave Review's findings and recommendations, it had:

- introduced a 30% rebate on annual registration fees for practitioners who take parental leave, or other protected leave, for at least 6 months of the previous financial year from 1 July 2025
- capped the annual cost to practitioners transferring between practising and non-practising registration within a registration year and agreed to improve published information and advice for practitioners considering a move to non-practising registration
- commenced a wider review of opportunities to pro rata fees.[9]

These commitments bear similarity to the recommendations the Ombudsman had proposed making in September 2024, including that Ahpra and the National Boards should review the charging model for health practitioner registration fees for all registration types and professions to ensure that it is transparent, consistent and does not lead to unfair outcomes.

On 20 December 2024, Ahpra provided its response to the Ombudsman's proposed findings. It raised concerns that the draft report did not reflect the latest developments. Ahpra sought to explore whether, given its December 2024 announcements, the Ombudsman could pause this investigation and finalisation of this report. Ahpra further advised that it had would have substantial comments

[7] Ahpra and the National Boards, 'Parental leave fee review. Recommendations and actions', 9 December 2024. Accessed May 2025: www.ahpra.gov.au/News/2024-12-09-media-release-Parental-leave.aspx.

[8] See s. 8(5) of the Ombudsman Act.

[9] Ahpra website, 'Parental leave fee relief on the way,' 9 December 2024. Accessed May 2025: www.ahpra.gov.au/News/2024-12-09-media-release-Parental-leave.aspx.

and require several months to consult on the Ombudsman's proposed report with National Boards to "correct factual errors, provide greater context and to ensure that any findings are appropriately substantiated."

Following a request for clarification from the Ombudsman, Ahpra further advised:

"…Ahpra has two significant pieces of work underway to review and improve its approach to regulatory fees; implementation of a fee rebate for practitioners taking parental leave and a project to provide analysis and recommendations on a pro rata fees approach. Our request is that you consider an option to pause any further work on your report and investigation. So, rather than accept the recommendations in the draft report, I confirm our offer to create an early opportunity for you to brief the project lead on issues that you think are important to consider arising from your work to date…. [and] to reiterate our offer to brief you and your team further on the development and operation of the National Scheme cost allocation model."

The Ombudsman acknowledges that there have been significant developments since the investigation's proposed findings were provided to Ahpra in September 2024. In particular, the Ombudsman welcomed Ahpra's announcement that it is conducting a wider review relating to the pro-rating of fees. As outlined above, this action aligns with one of the Ombudsman's initial proposed recommendations.

The investigation's findings have been updated in response to these changing circumstances. While the remedies introduced by Ahpra are an important step forward, the Ombudsman's suggestions for improvement seek to clarify issues this investigation has identified which need to be considered as part of Ahpra's analysis of a pro rata approach, as well as areas where greater transparency is needed in public facing communications.

The Ombudsman provided the updated investigation report for Ahpra's comments and submissions on 23 June 2025. Ahpra's written response was provided on 16 July 2025 and is included as Appendix 3.

The public interest in publishing this report

The Ombudsman believes it is in the public interest to share the findings of this investigation and resulting suggestions for improvement publicly.[10] This is primarily because the suggestions for improvement seek to address systemic issues which have been raised with the Ombudsman's office about the fairness of the charging model for health practitioner registration fees. It is the Ombudsman's view that greater transparency is central to enhancing accountability and assuring health practitioners that Ahpra has heard, and is responding to, the issues raised with the Ombudsman. This is particularly important because Ahpra's review of its approach to pro rating fees has not yet been delivered.

Further impetus to share the investigation's findings was also found in the second consultation paper for the Independent Review of Complexity in the National Registration and Accreditation Scheme,

[10] Under s. 35A of the Ombudsman Act.

released in May 2025.[11] The consultation paper highlighted that concerns had been raised with the review regarding unbalanced funding distribution and a lack of transparency and complexity in fee-setting and budget processes. The resulting action proposed by the review was that the Ahpra Board should review budget and fee setting processes as an immediate priority. It is the Ombudsman's view that her investigation's findings and the case studies shared throughout this report could help inform the Ahpra Board's review of fee setting processes.

[11] Review of Complexity in the National Registration and Accreditation Scheme, Consultation Paper 2: Consultation Outcomes and Reform Directions, May 2025.

Overview of the charging model

The National Scheme seeks to protect the public by ensuring health practitioners are suitably trained and qualified to practise competently and ethically.[12] All individuals seeking to work in one of the 16 regulated health professions must meet the requirements to be registered by the National Board that represents their profession.[13] Ahpra generally manages the receipt and assessment of registration and registration renewal applications on behalf of the National Boards.

Health practitioner registration fees are the primary source of income for the National Scheme's operations.[14] In 2023–24 there were 920,535 registered health practitioners.[15] Over this period, Ahpra received more than $287m in registration and application fees.[16]

The National Scheme is intended to be self-funding[17] and does not receive ongoing government subsidisation. It operates on a cost-recovery basis with each National Board meeting the costs for regulating their profession.[18]

Legislative requirements related to the charging model

The National Law establishes the National Scheme and sets out its objectives and how it operates. This includes establishing Ahpra as the agency that administers the National Scheme and supports the National Boards in exercising their functions.

The guiding principles of the National Law require the National Scheme to operate in a 'transparent, accountable, efficient and fair way.'[19] Fees charged are to be reasonable having regard to the efficient and effective operation of the National Scheme.[20]

The National Law requires that registration applications must be accompanied by the relevant fee.[21] A fee must also be paid for registered health practitioners seeking to renew their registration or

[12] National Law, s. 3(2)(a).

[13] The 16 regulated professions under the National Scheme are Aboriginal and Torres Strait Islander health practice, Chinese medicine, chiropractic, dental, medical, medical radiation, nursing, midwifery, occupational therapy, optometry, osteopathy, paramedicine, pharmacy, physiotherapy, podiatry and psychology.

[14] See each of the profession's Health Profession Agreements.

[15] Ahpra, Annual report 2023–24, page 51.

[16] Ahpra, Annual report 2022–23, page 105.

[17] Intergovernmental Agreement for National Registration and Accreditation Scheme for the Health Professions, 1 April 2008

[18] Ahpra and the National Boards' Fee setting policy outlines that "Ahpra and National Boards will set fees to recover forecasted costs and maintain required levels of equity to regulate health professions for which the Board is established."

[19] National Law, s. 3A(2)(a).

[20] National Law, s. 3A(2)(b).

[21] National Law, s. 77(2)(b).

endorsement.[22] National Boards are, however, prohibited from charging a fee for the registration of students.[23]

At an operational level, the National Law requires Ahpra and each National Board to enter into a health profession agreement (HPA).[24] The National Law specifies that an HPA must include the:

- fees to be paid by health practitioners (including arrangements relating to refunds of fees, waivers of fees and additional fees for late payment)
- annual budget of the National Board to which the HPA relates
- services to be provided by Ahpra to the National Board to enable it to carry out its functions.

The National Law also provides that HPAs should allow Ahpra to:

- refund a relevant fee
- waive, in whole or in part, a relevant fee
- require a person who pays a relevant fee late to pay an additional fee.[25]

How Ahpra and the National Boards administer the charging model

In line with the National Law's requirements, Ahpra and each of the National Boards have published an HPA. The HPA's head agreement was drafted in 2020. Each year a schedule is developed to cover the activities for that year and is combined with the head agreement on approval.

In the schedule to the HPAs which outlines the summary of services to be provided by Ahpra, the 'finance' section refers to processes relevant to the charging model. This includes, among other things, developing and maintaining the cost allocation model used to inform the apportionment of Ahpra's costs.

The HPAs do not provide further detail about the cost allocation model, or how Ahpra and the National Boards set registration fees on a cost recovery basis. These are set out in policy guidance, including the publicly available policies outlined below.

The Fee setting policy and cost allocation model

Ahpra and the National Boards' Fee setting policy provides guidance on how registration fees are set, including in relation to indexation to respond to increasing costs.[26] The policy outlines Ahpra and the National Boards' approach to cost recovery, stating that there must be alignment between the expenses of regulatory activities for each profession and the fees set.

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[22] National Law, s. 107(4)(b).

[23] National Law, s. 89(3).

[24] National Law, s. 26.

[25] National Law, s. 249.

[26] According to the policy, when responding to any increased costs, Ahpra and the National Boards are guided by the Reserve Bank Australia target for inflation and the consumer price index (CPI). In circumstances where a National Board seeks to raise registration fees above 3% or CPI at the time of fee setting, Ahpra on behalf of the relevant National Board must seek formal feedback from the Ministerial Council before finalising and implementing the changes.

It also outlines principles to guide fee setting, including that Ahpra and the National Boards must consider, among other things:

- all applicable legislation, regulatory requirements and accounting standards
- principles of best value, economy and efficiency
- principles of equity (in relation to the management of equity)[27]
- lawful decisions that will stand up to public scrutiny
- reasonable expectations (express and implied) of key stakeholders.

In addition, the policy requires Ahpra and the National Boards to consider the 'Hardship policy,' rules of equity and cost allocation frameworks when setting fees.

Ahpra publishes general information about its cost allocation model. However, its cost allocation frameworks are not publicly available. Based on publicly available information and information provided by Ahpra to complainants, it appears that the current cost allocation model seeks to ensure that the:

- costs for regulating each profession are appropriately recovered
- target equity levels are maintained to ensure sufficient funds for future activity
- risk of cross-subsidisation between professions or jurisdictions is minimised.[28]

The cost of individual registration fees across professions varies significantly. For example, those granted general registration in the medical profession are required to pay $1,027 from July 2024, while nurses and midwives pay $185. Variation in the registration fees charged by profession is to be expected given the National Scheme is intended to operate on a cost-recovery basis, with each National Board meeting the costs for regulating its profession.

Some contextual information is provided about cost allocation on Ahpra and the MBA's website.[29] It explains that in 2022–23 Ahpra introduced a new cost allocation model for the National Scheme, which involves identifying and assigning costs to Ahpra and the National Boards' regulatory activities. This seeks to ensure that each National Board meets the full costs of the profession it regulates with minimal under-recovering or over-recovering of costs.

Ahpra informed the investigation that in relation to cost allocation, it primarily measures growth of the National Boards based on the volume and complexity of registration matters and notifications each National Board receives. Ahpra advised the Ombudsman that the previous cost allocation

[27] The principles of equity form part of Ahpra and the National Boards' equity framework, which is referenced in each publicly available HPA.

[28] Ahpra's website, 'New South Wales fees.' Accessed September 2024: https://www.ahpra.gov.au/About-Ahpra/What-We-Do/Who-we-work-with/New-South-Wales-fees.aspx. The registration renewal fee for practitioners whose principal place of practice is New South Wales differs because Ahpra and the National Boards do not manage notifications in New South Wales. According to Ahpra's website, the component of the registration renewal fee that relates to the notifications function is remitted to the Health Professional Councils Authority for practitioners with a principal place of practice in New South Wales, plus approximately 28% of practitioners who do not register a principal place of practice.

[29] For example, see Ahpra's website, 'National Boards fees published for 2022/23.' Accessed September 2024: https://www.ahpra.gov.au/News/2022-09-21-national-boards-fees-published.aspx.

model, which had been in effect since the creation of the National Scheme in 2010, did not account for the growth and changes in the National Boards over time. The introduction of the new model impacted the distribution of costs between National Boards, which was significant in the first year of implementing the new model. This was because it sought to adjust to approximately 9 years of unaccounted growth in regulatory activities. For example, as a result of the new cost allocation model the registration fees set by the MBA increased from $860 in 2022–23 to $995 in 2023–24. This represented an above indexation increase of 14%, which the MBA outlined was "necessary to meet growth in costs and regulatory demands."[30]

Following receipt of the investigation's proposed findings and recommendations, Ahpra further advised:

"The cost allocation model changes were overseen by the Review of Cost Allocation (RECA) Committee…(and) independent assurance was provided by Deloitte… In short, there has been a substantial program of work on our approach to both cost allocation and fee setting which has been externally and independently validated."

How registration fees are charged

Broadly, Ahpra has suggested that registration fees are considered a contribution to the National Scheme – a 'price of entry.' This is because the National Scheme is largely funded by registration fees and does not receive any ongoing government subsidisation.

Practitioners are required to pay an application fee when applying for registration. The application fee is said to reflect the cost of processing and assessing the registration application. The cost of the application fee is dependent on the type of registration being sought and varies by profession.[31]

At the time of lodging an application for registration and paying the application fee, the practitioner is also required to pay the registration fee for the type of registration they are seeking.[32] It is important to recognise that there are different circumstances in which a practitioner may apply for registration, including:

- applying for the first time (for example, because they recently graduated or are an overseas qualified practitioner seeking registration in Australia)
- applying for a different type of registration (for example, moving from non-practising, limited or provisional registration to general registration)
- re-applying for registration after not being registered (for example, due to a period of absence).

There is variation across the professions regarding the way fees are charged for certain types of registration. For example, practitioners who hold provisional registration can generally renew their registration on the anniversary of when their registration was first granted. Some professions enable

[30] Ahpra's website, 'Boards and Ahpra announce fees for 2023'. Accessed July 2024: www.ahpra.gov.au/News/2023-09-20-Boards-and-Ahpra-announce-fees-for-2023.aspx.

[31] The cost of application fees can vary substantially between professions.

[32] The types of registration include general, specialist, limited, provisional and non-practising. However, some professions do not have limited and/or provisional registration types.

this for practitioners with limited registration, while others enable practitioners to pay their registration fee on a pro rata basis (if they are not seeking registration for the full year).

Registered health practitioners with general, specialist or non-practising registration, however, are generally required to renew their registration on the same date each year depending on their profession. In summary:

- Nurses and midwives renew their registration by 31 May.
- Medical practitioners renew their registration by 30 September.
- Other health practitioners renew their registration by 30 November.

A practitioner is required to pay the relevant registration fee each year to renew their registration. [33] The registration renewal fee must generally be paid by the same set date each year, regardless of when registration was obtained (and the relevant registration fee paid). This means that some practitioners are required to pay both the registration fee and the registration renewal fee in a period of less than 12 months. For example, a medical practitioner who paid a registration fee in July would be required to pay a registration renewal fee by 30 September of the same year. The exception to this general rule is practitioners who gain registration 2 months prior to the registration renewal date. These practitioners are required to pay the registration fee but are not required to pay the registration renewal fee until the next registration renewal date.

How financial hardship and refunds policies are applied

Complainants who have been required to pay 2 registration fees within 12 months have often sought either a partial rebate or a refund of the registration fee they paid to become registered, or a reduced registration renewal fee.

Ahpra's Financial hardship policy and Refunds policy provide guidance on the circumstances where registration fees may be fully or partially refunded or waived. However, it appears that Ahpra's Financial hardship policy and Refunds policy are not intended for use when practitioners raise the concern that is the primary focus of this investigation.

The Financial hardship policy was not designed to address unfair outcomes due to the charging model

Ahpra's Financial hardship policy outlines that individuals are considered to be in financial hardship when they are unable to provide the following for themselves, their family, or other dependents:

- food
- accommodation
- clothing
- medical treatment
- education, and/or
- other basic necessities.

[33] If registration is not granted, Ahpra refunds the registration fee to the practitioner.

While the Financial hardship policy is relevant to individuals applying for or renewing all types of registration, its scope is limited for some professions. The Financial hardship policy does not apply, for example, to recent graduates of the Chinese medicine, medical or nursing and midwifery professions, as a reduced application or registration fee already applies.

Individuals seeking to make a financial hardship application must undertake a self-assessment of their individual circumstances against the definition of financial hardship and make reasonable attempts to access funds from appropriate sources to pay any registration fees. Individuals must also submit a statutory declaration confirming that they are experiencing financial hardship.

Ahpra's response to financial hardship is dependent on whether the applicant holds any form of current registration with a National Board. If the applicant does not hold any form of registration, they are required to pay the full application fee and fifty percent of the relevant registration fee.

In comparison, applicants who already hold registration with the relevant National Board are required to pay the registration fee in 2 instalments. Importantly, an approved financial hardship application never results in the entirety of the registration fee being waived.

For this investigation's purposes, it does not appear that the Financial hardship policy was designed to address concerns regarding the possible unfair impact of the charging model on some practitioners.

The Refunds policy does not cover reimbursement of registration fees when the charging model results in an unfair outcome

Ahpra's Refunds policy outlines the circumstances in which an applicant may receive a full or partial refund of their registration and/or application fee. The Refunds policy is, however, limited in scope. It applies when:

- Ahpra receives payment which it is not entitled to (including overpayments, duplicate payments and incorrect payments)
- an event under the National Law occurs that initiates a full or partial refund
- an event occurs where it would be unreasonable not to provide a full or partial refund[34]
- Ahpra staff make an error.

The investigation found that some National Boards' public facing information did not align with information detailed in Ahpra's Refunds policy. The Chiropractic Board of Australia's website, for example, outlines that "there is no provision for the application fee to be waived, pro-rated or refunded." This appears at odds with Ahpra's Refunds policy, where both the application fee and registration fee can be refunded in certain circumstances. These inconsistences likely make it difficult for practitioners to understand when they may be eligible for a refund.

The investigation also found there was a lack of clarity about when a full or partial refund can be provided to a practitioner. The Refunds policy outlines the provisions under the National Law which allow for a partial refund of a registration fee. However, it is not clear what type of 'event' would

[34] For example, where a contracted service is not provided such as an exam.

lead to a full refund. While the Refunds policy states that there is discretion to refund a fee where hardship or exceptional circumstances have been demonstrated, there is no further guidance about what constitutes 'exceptional circumstances' and the interface between 'hardship' and the Financial hardship policy.

For this investigation's purposes, it can be concluded that neither the Refunds policy nor the Refunding fees information sheet provide that registration fees can be partially refunded if a practitioner is required to pay 2 registration fees in less than 12 months.

Rationale for the charging model

The aforementioned HPAs, frameworks and policies do not explain why Ahpra and the National Boards generally charge registration renewal fees on a specified date each year. They also do not explain why registration fees are not waived or refunded if a practitioner pays both the registration fee and registration renewal fee in less than a 12-month period.

Instead, the publicly available rationale for the charging model is outlined mostly in information on Ahpra's website. For example, Ahpra's website states:

"The registration fee is a once-a-year payment and is paid at the full amount at the time that you are granted registration regardless of how long you hold registration during that period…

Ahpra and the National Board operate on an annual planning cycle which includes setting a flat annual fee.[35]

It is noted that Ahpra's website contained different information throughout the investigation. This included that:

- each National Board determines the level of funding they need each year on the basis that fees are not pro-rated. This helps keep the cost for all practitioners lower than it may otherwise be[36]
- the National Law does not make provision for pro-rated or partially refunded fees, which means it is unable to partially refund funds.[37]

The Ombudsman observed that Ahpra commonly relied on the position that the National Law does not make provision for pro-rated or partially refunded fees when responding to complaints about the charging model (see 'Information about how the charging model relates to the National Law should be accurate').

Rationale for the decision not to charge a registration fee 2 months prior to registration renewal

Practitioners who gain registration within the final 2 months of the registration cycle are not required to pay the registration renewal fee until the following renewal period. The rationale for providing this

[35] Ahpra's website, 'Fees'. Accessed April 2025: https://www.ahpra.gov.au/Registration/Applying-for-registration/Fees.aspx.

[36] Ahpra's website, 'Fees'. Accessed August 2024: https://www.ahpra.gov.au/Registration/Registration-Process/Fees.aspx.

[37] Ibid.

grace period of 2 months (rather than, for example, another period of time such as 3 or 6 months) is unclear.

It appears, however, that Ahpra and the National Boards recognise that it would be unfair for a practitioner to pay a registration fee in full for less than 2 months of registration before being charged the registration renewal fee.

Complaints about the charging model

The charging model for registration fees has been a long-standing issue raised in complaints to the Ombudsman about Ahpra and the National Boards. Between 1 July 2020 and 30 June 2023, the Ombudsman received 37 complaints relating to registration fees.[38] The office recorded 43 issues across these 37 complaints.[39] The top 2 issues related to complainants' concerns that:

- an unfair or unreasonable decision had been made about registration fees
- a request for a refund of registration fees had been refused (see Table 1).

Table 1: Complaint issues related to registration fees by issue type between 1 July 2020 and 30 June 2023

Action or problem (as described by the complainant)	Number of registration-related complaint issues recorded
Unfair or unreasonable registration fees	20
Refusal to refund registration fees	10
Other issues related to registration fees[40]	8
Timing of set registration renewal dates	3
Failure to consider financial hardship	2

Analysis of these complaints found that health practitioners in the medical profession raised the most concerns about registration fees being unfair or unreasonable (28% of issues raised) (see Graph 1).[41] This is perhaps unsurprising given the medical profession is the second largest regulated health profession, with the highest general registration fee. As described earlier, the cost of registration fees set by the MBA increased more significantly in 2023–24, which may also have contributed to the number of complaints made by medical practitioners.

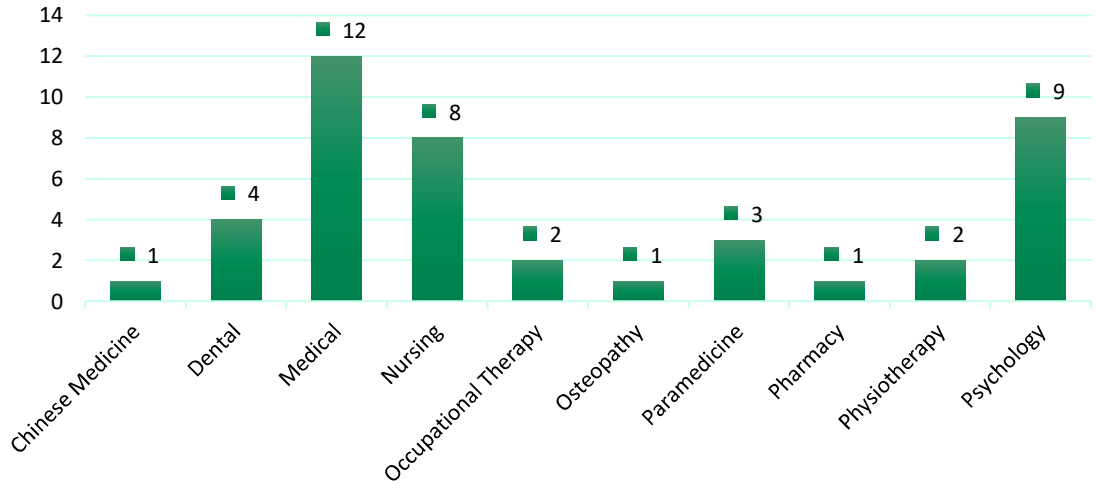
[38] 37 complaints were received from 35 different complainants.

[39] Multiple issues can be recorded on each complaint.

[40] This type of complaint issue captures all other concerns as they relate to registration fees. This can include, for example, complaints about methods of payment, erroneous duplicative costs or an inability to access the required system to pay registration fees.

[41] 6 of the 20 complaint issues recorded.

Graph 1: Complaint issues related to registration fees by profession between 1 July 2020 and 30 June 2023



A common theme in complaints was dissatisfaction with the requirement to pay both the registration fee and the registration renewal fee in less than a 12-month period. For example, a practitioner who paid their application and registration fees in August was required to pay the registration renewal fee in November. Practitioners generally highlighted the financial burden this caused them, which appeared to underpin their belief that this approach to charging fees was unfair.

Generally, complainants' preferred resolutions were a partial rebate or refund of the registration fee, or a reduced registration renewal fee. The basis for these requests was that the complainants believed they should have been entitled to a full 12 months of registration before being required to pay the registration renewal fee. Several complainants expressed support for charging registration fees on a pro rata basis.

Historically, when communicating with complainants about such concerns, Ahpra has provided several arguments for why its charging model requires the registration renewal fee to be paid on the date set by the relevant National Board (irrespective of when the practitioner was registered), and why it will not refund previously paid registration fees on a pro rata basis. In summary, Ahpra has argued that:

- the charging model provides revenue stability and financial forecasting avenues that would be complicated by implementing a pro rata fee structure
- the set annual registration renewal date and fee better ensures administrative efficiency.

Ahpra consistently informed complainants that it does not, and will not, pro rata fees or provide a discount or refund to practitioners who have been charged a registration fee but were registered for less than 12 months before paying the registration renewal fee.

In response to the investigation's initial proposed findings, Ahpra stated that while it accepted it is appropriate that the Ombudsman includes information regarding complaints about the charging model in this report, it was concerned that including information about other fee related complaints

"tends to inflate the overall level of concern from health practitioners about the charging model" and is misleading.

Ahpra also stated that:

"We otherwise note that the number of complaints received about the charging model is extremely low compared to the number of registered health practitioners both applying for and maintaining registration each year and even when compared to the most likely impacted cohort of practitioners who first register outside the annual renewal period. While we acknowledge the valid feedback each complaint made to the [Ombudsman] provides and respect the individual voices of complainants who contacted your office to raise concerns about the lack of pro-rated fees and their personal opinions, we are concerned that the significant reliance on complaint case studies and the current representation of complaints data in the proposed report may over state the level of concern from practitioners about this issue."

The Ombudsman has not changed the data outlined above regarding the complaints received by her office about fees in response to Ahpra's concerns. This is because the data is factual, and the accompanying text places the data in the appropriate context. For clarity, the Ombudsman has reproduced Ahpra's concerns here and acknowledges that the number of complaints received by her office regarding this issue is relatively small compared to the number of practitioners registered in the National Scheme. The Ombudsman notes, however, that this does not necessarily indicate that all practitioners are satisfied with the current charging model, particularly if historically Ahpra has incorrectly informed practitioners that they were unable to pro rata fees because the National Law does not allow it.

The Ombudsman has also retained all case studies from the initial proposed report. This is because complainants' experiences are central to showing how the charging model is operating in practice, and the negative financial impacts that have been reported to the Ombudsman's office.

Identifying and addressing the negative financial impacts of the charging model on practitioners

The negative financial impact of the charging model on individual practitioners broadly relates to those registering outside the standard registration cycle (but not within 2 months of the registration renewal date). The number of practitioners registering or re-registering for the first time outside the standard cycle for general registration appears to be relatively small (under 10% of practitioners).[42]

As noted previously, there was an increase in issues recorded about fees in registration-related complaints made to the Ombudsman in 2023–24 (23 issues across 18 complaints). The most common concerns raised by practitioners were related to registration fees being unfair or unreasonable (12 issues, up from 6 in 2022–23) and a refusal to refund fees (6 issues, up from 2 in 2022–23). While the volume of complaints is small, this increase suggests that more practitioners are experiencing issues with registration fees compared to the previous financial year. As previously noted, a driving factor for this change appears to be the increase in registration fees charged by the MBA.

The Ombudsman found that there are certain groups of practitioners who appear to be particularly affected by the current charging model. This includes practitioners:

- taking or returning from parental leave
- seeking registration for the first time
- changing registration types.

Practitioners taking parental leave

The investigation found that the impact of registration fees on a practitioner's financial circumstances, particularly in the context of returning to work following parental leave, was a significant issue raised in complaints to the Ombudsman.

Currently, practitioners who are seeking to become registered, or to change the type of registration they hold, after returning from parental leave are required to pay the full registration fee for their profession, even if they will hold registration for less than 12 months before being required to pay the registration renewal fee. Similarly, practitioners who commence parental leave during the registration cycle will have already paid the registration fee but will not be practising for the full 12 months. One practitioner explained in a complaint to the Ombudsman that she had paid her general registration fee in November and was expected to begin maternity leave in January of the following year. This ultimately resulted in her paying the full registration fee for 4 weeks of employment on a

[42] Ahpra advised that the initial data it provided to the investigation regarding the number of applicants registering outside the standard renewal process was not accurate. The data is therefore not reproduced here, but rather summarised.

part time basis. She said that the current Fee setting policy seemed to discriminate against pregnant women.

In Australia it is unlawful to discriminate against persons on the ground of pregnancy or potential pregnancy.[43] This protection is embedded across state and territory anti-discrimination laws and relevant Federal legislation. For example, pregnancy and family or carer's responsibilities are protected attributes under the *Fair Work Act 2009* (Cth).[44] Despite these protections, recent study findings suggest that pregnant women and new parents returning to work are still experiencing discrimination.[45] A 2014 study conducted by the Australian Human Rights Commission considered the impact of discrimination.[46] The study found that discrimination has a significant negative impact on mothers' health, finances, career and job opportunities.[47]

Health practitioners beginning or returning from parental leave reported experiencing negative financial impacts due to the charging model. For example, if a practitioner wishes to return to work following parental leave more than 2 months before the registration renewal date for their profession, they will likely be required to pay 2 registration fees within a short period of time.

The Ombudsman is concerned that the current application of the charging model in relation to practitioners taking parental leave may be an example of 'indirect discrimination'. Indirect discrimination occurs when an unreasonable rule or policy applies to everyone but has the effect of disadvantaging some people because of a personal characteristic they share.[48] There are clear negative financial implications for practitioners seeking to return to work following parental leave. This creates an additional barrier for these practitioners and, given registration is a mandatory requirement, it has the potential to impact future employment opportunities.

The investigation notes that these concerns appear to be held by a larger number of practitioners in the community. During the course of the investigation, a petition was created calling on Ahpra for "fair and equitable" registration fees, with a focus on those practitioners taking parental leave. The petition was supported by a broad range of health bodies including the Australian Medical Association, the Australian Association of Psychologists and the Pharmacy Guild of Australia. The petition received over 3,825 signatures.[49]

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[43] See s. 3(b) of the *Sex Discrimination Act 1984* (Cth).

[44] See s. 351 of the *Fair Work Act 2009* (Cth).

[45] Potter, R., Foley, K., Richter, S., Cleggett, S., Dollard, M., Parkin, A., Brough, P., Lushington, K, 2024, 'National Review: Work Conditions & Discrimination among Pregnant & Parent Workers in Australia Evidence & Insights Report, *University of South Australia.* Accessed: https://www.unisa.edu.au/research/cwex/projects/national-study-on-parents-work-conditions-pregnancy-leave-and-return-to-work/

[46] Australian Human Rights Commission, 2014, Results of the National Prevalence Survey. Accessed July 2024: https://humanrights.gov.au/our-work/chapter-2-results-national-prevalence-survey.

[47] Ibid.

[48] Australian Human Rights Commission website, 'Quick guide to discrimination law'. Accessed 4 September 2024: https://humanrights.gov.au/education/employers/quick-guide-discrimination-law.

[49] As at 20 June 2025. See AMA Victoria website, 'Ahpra should act fairly and equitably', 2025. Accessed April 2025: www.megaphone.org.au/petitions/ahpra-should-act-fairly-and-equitably.

The case studies below give insight into the experience of individual health practitioners facing this problem.

Case study 1

A medical practitioner made a complaint to the Ombudsman about the process for returning to work and their training program with a specialist medical college. The practitioner had taken 12 months of mostly unpaid parental leave from July 2023 and was seeking to return to work in July 2024. The registration renewal date for the medical profession is 30 September each year, but practitioners who gain registration within the final 2 months of the registration period are granted registration without the need to pay the registration renewal fee until the next renewal period.

The practitioner contacted Ahpra about arranging a pro rata payment to cover the approximate 4-week period between being granted registration and the final 2 months of the registration period. Ahpra advised the practitioner that if she wanted to return to work, she would be required to pay the full $995 registration fee.

The practitioner advised the Ombudsman that she is a part time trainee on a registrar wage. If she returned to work in July as intended, she would be $200 worse off than if she delayed her return to work to align with the standard registration cycle. The practitioner noted, however, that if she chose to delay her return to work, she would not meet her specialist training requirements, which would delay completion of her fellowship at a substantial financial cost.

Aside from these personal implications, the practitioner said that the current charging model disincentivises a timely return to the workforce and delays completion of specialist training, which has negative implications for patients struggling to access healthcare.

The practitioner had already made a complaint to Ahpra but was waiting for Ahpra's response. The Ombudsman advised her that if she was not satisfied with Ahpra's complaint response, she could return to the Ombudsman to make a complaint. The practitioner was also informed that the Ombudsman was undertaking this investigation and she was pleased to hear that her complaint would be considered in that context.

Case study 2

After taking a period of parental leave in which she held non-practising registration, a practitioner sought to return to practice as a psychologist with general registration in late August.

Given the registration renewal date for psychologists is 30 November each year, the practitioner would have been required to pay the full registration fee in August and the same amount again in November. This was in addition to the non-practising registration fee she had already paid the previous November.

The practitioner explained to Ahpra that the requirement to pay a full registration fee in August was unfair given she would only be registered for a small portion of the relevant year. She sought a refund for the portion of the year that she would not hold general registration.

Ahpra responded to the practitioner:

"We appreciate that you believe that Ahpra and the Board's requirement to charge a full registration fee is unfair, particularly given the challenges posed for health practitioners during the ongoing pandemic, and in light of other circumstances such as maternity leave…We can however, see that it might impact you financially…

The annual registration fee is not applied as a result of an Ahpra or Board policy, but rather it is a requirement under the National Law…The National Boards have made decisions in the past to allow for certain fees to be prorated in limited situations only. However, no allowance or change of fees has been approved for practitioners in your situation."

The Ombudsman was concerned that despite acknowledging that paying the full registration fee might impact the practitioner financially, in part due to her returning from parental leave, discretion was not used to consider her circumstances. Further, it is contradictory that Ahpra explained the annual registration fee is a requirement of the National Law, only to subsequently explain that fees have previously been charged on a pro rata basis in some situations.

The practitioner was dissatisfied with the response received and said that the refusal to pro rata registration fees is more likely to disadvantage women who take parental leave following pregnancy.

The Ombudsman informed the complainant that due to the systemic nature of her concerns, they would be considered as part of this investigation.

It is widely accepted that there is a shortage of health practitioners in Australia. These ongoing shortages are widespread across most professions,[50] which puts pressure on the Australian healthcare system and threatens community health outcomes.[51] In an environment where there are recognised workforce shortages, Ahpra and the National Boards need to ensure the charging model does not disincentive practitioners from entering the workforce as soon as they are able to do so. It is concerning that it appears some practitioners consider delaying their return to practice to avoid paying an additional fee. For example, as demonstrated in case study 1, some practitioners appear to be factoring in the cost of registration when deciding whether or when to apply for registration.

Concerns regarding the fees charged for practitioners who are taking parental leave is an issue that has previously received attention and been considered by Ahpra and the MBA. An August 2020 petition was referenced in a complaint considered by this investigation. The petition argued that the refusal to charge registration fees on a pro rata basis during periods of parental leave leads to medical practitioners being unduly punished financially. It was signed by more than 350 medical

[50] Robyn Kruk, Independent review of Australia's regulatory settings relating to overseas health practitioners, December 2023.

[51] Ibid.

practitioners who supported the reduction of registration fees during periods of parental leave. It outlined that the refusal to pro rata fees is inconsistent with contemporary work practices. The petition proposed that:

- a fee schedule should be set on a pro rata basis for medical practitioners on paid parental leave
- there should be a fee exemption for medical practitioners on unpaid parental leave.

In response to the petition, in 2020 the MBA referred the matter to Ahpra and the other National Boards to "scope whether a reduced fee is possible across the National Scheme." This was on the basis that it is an issue relevant to all professions. While a meeting was held on 23 June 2021 to discuss the issue, ultimately no concrete decision was reached. It was decided that a reduced fee policy would not be implemented in 2021, but further work would be undertaken to determine "process implications and estimate financial modelling."

In particular, the MBA requested advice from Ahpra regarding the feasibility of implementing a reduced fee for practitioners during periods of parental leave. Ahpra proposed 5 options and provided associated analysis for the MBA's review. The MBA considered the matter in February 2023 and decided that it "could not agree to a reduced medical registration fee for practitioners on parental leave." In correspondence dated 13 April 2023 regarding the petition, the Chair of the MBA outlined several reasons for deciding against the proposal, including that:

- a differential fee would reduce the MBA's income and add administration costs
- medical registration grants the right to practice and the registration fee is not calculated based on the amount of practice undertaken or the level of risk posed by a practitioner
- there are other options available to practitioners such as non-practising registration and the Financial hardship policy.

As outlined previously, while some practitioners may be eligible to access assistance through Ahpra's Financial hardship policy, the policy will likely not apply to all practitioners who take parental leave. This is because it does not enable consideration of the unfair application of the charging model, but is rather based on the individual's financial circumstances.

While this decision was made in April 2023 by the MBA, in May 2024 Ahpra commenced the Parental Leave Review to "explore ways to introduce fee relief for practitioners on parental leave and to assess the financial impact that any change may have".[52] As a result, in December 2024 Ahpra agreed to introduce a fee rebate of 30% for practitioners who take parental leave for at least 6 months in the prior year from 1 July 2025. This fee rebate was also extended to other practitioners taking leave on the "grounds of a protected attribute."

[52] Ahpra and the National Boards, 'Parental leave fee review. Recommendations and actions', 9 December 2024. Accessed May 2025: www.ahpra.gov.au/News/2024-12-09-media-release-Parental-leave.aspx

Considering remedies to mitigate the negative financial effects of the charging model on practitioners taking parental leave

The Ombudsman notes that Ahpra and the National Boards' recent response is a positive step towards addressing the potential inequity experienced by practitioners who take parental leave.

From publicly available information, the 30% rebate for practitioners who take parental leave was determined by Ahpra as the preferred measure for implementation in the first year, followed by a more in-depth analysis of a possible pro rata approach to fees. This was based on "extensive modelling and consultation with the National Boards on the level of fee rebate that is appropriate."[53] No further information, however, was published about the modelling that was undertaken, or how the rebate relates to Ahpra's cost recovery approach or its fee setting model. The Ombudsman understands this is likely due to the interim nature of the rebate while the Pro Rata Fee Review is undertaken.

The Ombudsman suggests that to ensure fairness in the charging model, the Pro Rata Fee Review should specifically address whether a 30% rebate is sufficient to reduce the financial impact on relevant practitioners. The Ombudsman recognises, for example, that practitioners are likely to continue to be dissatisfied if they perceive there is a gap between what they believe they should have been charged for registration and the rebate amount. Further, there continues to be a need for greater transparency about how the decision to implement a fee rebate was made, and on what basis. For this reason, the Ombudsman suggests that in reviewing the pro-rating of fees, consideration should be given to the circumstances in which fees will be waived, or a rebate or refund offered.

Practitioners seeking registration for the first time

Another cohort of complainants affected by the charging model are those seeking registration in the National Scheme for the first time. Registration is necessary to enter the regulated health workforce, which means there are generally 2 cohorts of practitioners who seek registration for the first time:

- recent graduates in Australia
- overseas qualified practitioners who want to practise in Australia.

Most practitioners who apply for registration have completed an approved program of study in Australia (such as a university course). These practitioners typically seek registration once they have completed their program of study. In practice, the completion date of a practitioner's program of study may not, and in many professions does not, align with their profession's registration cycle (and therefore registration fee payment cycle). One recent graduate, for example, complained to the Ombudsman that most domestic medical students who graduate in December are trapped in a situation where they are required to pay the full registration fee, despite only being registered for three-quarters of the year. The complainant advised that they were "incensed that my regulatory

[53] Ibid.

board, whom I must continue to pay, should use its insurmountable leverage to wring additional dollars out of me, rather than supporting me."

As demonstrated in Table 2, publicly available information about National Boards' approaches to charging application and registration fees for recent graduates differs. This includes a number of professions where graduates from an approved program of study are eligible to apply for general registration without first holding provisional registration (see 'Practitioners who need to first apply for provisional registration before being eligible for general registration').

Some professions appear to have taken action to address the potentially negative financial impacts on those seeking general registration after graduating from an approved program of study. For example, the Nursing and Midwifery Board of Australia (the NMBA) offers a significant discount to recent graduates by charging a reduced application fee ($93, compared to $318). Ahpra suggested that the charging model formed part of the reason for the NMBA implementing the reduced application fee. This indicates that the NMBA recognised the negative financial impact of the charging model on recent graduates and took a proactive step to reduce that impact.

However, while there is a reduced application fee, the registration fee paid by graduate nurses and midwives remains the same. The investigation found that a significant number of nurses and midwives appear to obtain registration outside the standard registration cycle. Ahpra advised that this was largely due to the peak graduate intake for nurses and midwives occurring between November and March each year. All nurses and midwives, including those who register during the peak graduate intake period, are required to renew their registration by 31 May. In practice, this means that nurses and midwives entering the workforce during the peak graduate intake period are required to pay a full registration fee, despite only holding registration for a period of 2 to 6 months. For example, a nurse who graduated and sought registration in December would be required to pay a full registration fee, although they would only be registered for 5 months (from January to 31 May) before having to pay the registration renewal fee.

In contrast, the Chinese Medicine Board of Australia offers discounted fees to new graduates, both for the application fee ($121, compared to $602 for general registration in one division) and the registration fee ($121, compared to $512 for general registration in one or more divisions).

The investigation therefore found that not all recent graduates across the regulated professions who apply for general registration are granted some form of discount, although they are financially impacted in a similar way.

Practitioners who need to first apply for provisional registration before being eligible for general registration

In some professions, practitioners seeking registration for the first time must initially be granted provisional registration before being eligible for general registration. 7 of the 15 National Boards

grant provisional registration to enable practitioners to complete a period of supervised practice in order to be eligible for general registration in the profession.[54]

The provisional registration period is generally 12 months and starts when the relevant National Board approves the practitioner's provisional registration. Unlike the approach to general registration, renewal occurs on the anniversary of the initial registration date (if applicable). The registration fee for provisional registration therefore entitles the practitioner to a full 12 months of registration. Practitioners are not charged another registration fee until they have been registered for a year and seek to renew their registration.

Interns, post-graduate students and overseas qualified practitioners under assessment can be charged fees for provisional registration, but some professions offer a reduced fee while others don't

Under the National Law, all students enrolled in an approved program of study must be registered as a student with the relevant National Board. It is the responsibility of the education provider to ensure that all students enrolled in an approved program of study or who are undertaking a period of clinical training are registered. As noted previously, the National Law prevents the National Boards from charging fees to students who are completing an approved program of study.[55]

Some professions, however, require students to hold provisional registration to undertake an approved program of study, or immediately following completion of an approved program of study, prior to being eligible for general registration. The Psychology Board of Australia (the PsyBA), for example, requires students to hold provisional registration to complete 1 of 3 pathways to general registration as a psychologist.[56] Pharmacy students seeking general registration with the Pharmacy Board of Australia (the PBA) must satisfactorily complete an accredited intern training program and must hold provisional registration to undertake the program.[57] The MBA requires Australian and New Zealand medical graduates to apply for provisional registration to complete accredited intern training to become eligible for general registration.[58] In practice, this means that interns and some post-graduate students are required to pay a provisional registration fee while undertaking a Board-approved program of study, such as a Masters degree or intern training as required by a registration standard. The investigation recognises that applicants granted provisional registration would not be included on the student register and can therefore be charged a registration fee under the National Law.

Of the 7 National Boards that grant provisional registration, the MBA, the Osteopathy Board of Australia (the OBA) and the PBA offer a reduced fee for this registration type and a reduced application fee. The remaining 4 National Boards charge the same registration fee for provisional

[54] Medical, medical radiation, nursing and midwifery, occupational therapy, osteopathy, pharmacy and psychology.

[55] National Law, s. 89(3).

[56] The 5+1 internship program, higher degree and the 4+2 internship program.

[57] See for example, https://www.pharmacyboard.gov.au/registration/internships.aspx.

[58] See for example, https://www.medicalboard.gov.au/Registration/Interns.aspx.

registration as they do for general registration. However, the PsyBA charges the full registration fee for provisional registration but does not charge an application fee for this registration type.[59]

The responses of some of the above National Boards, while varied, suggest an awareness of fee related challenges faced by those who must first gain provisional registration prior to being eligible for general registration. While the Ombudsman recognises that variations in the ways National Boards charge fees may be necessary, or justified, these varied approaches suggest that the financial impacts of registration on practitioners varies depending on which profession they are seeking to enter. Some practitioners, however, do not receive any form of discounted fee. This does not appear to be a fair outcome.

Table 2: Summary of fees for graduates and provisional registration fees[60]

Profession	Reduced fees for graduates	Lower fees for provisional registration
Aboriginal and Torres Strait Islander health practice	✗	-
Chinese medicine	✓	-
Chiropractic	✗	-
Dental	✗	-
Medical	✓	✓
Medical radiation	✗	✗
Nursing and midwifery	✓	✗
Occupational therapy	✗	✗
Optometry	✗	-
Osteopathy	✗	✓
Paramedicine	✗	-
Pharmacy	✓	✓
Physiotherapy	✗	-
Podiatry	✗	-
Psychology	✓	✓

[59] Students undertaking a PsyBA approved post graduate qualification must apply for provisional registration for entry to their program of study.

[60] See Appendix 1 for further information regarding the National Boards' approach to charging fees for graduates and provisional and limited registration fees. Provisional and limited registration types are not applicable to all professions. 7 of the 15 National Boards grant provisional registration, while 10 of the 15 National Boards appear to support at least 1 category of limited registration.

The charging model appears to be applied more flexibly for practitioners seeking limited registration

Limited registration can be accessed by overseas qualified practitioners who are seeking registration for the first time. The National Law provides for 4 categories of limited registration. Limited registration is not, however, a form of registration open to students who have graduated from an approved program of study (as these applicants would be qualified for registration). It may be granted, however, for the purpose of undertaking post-graduate training or study and for overseas qualified practitioners to complete a required assessment or sit an examination or supervised practice.[61] Limited registration may be granted for shorter periods of time, linked to the specific category and activity for which the practitioner sought registration (for example, to undertake teaching or research).

While 10 of the 15 National Boards appear to offer limited registration in at least one category,[62] limited registration is less common than other registration types. In 2023–24, for example, 3,964 practitioners applied for limited registration compared to 74,904 for general registration and 13,250 for provisional registration.[63]

The investigation found that some National Boards choose to pro rata registration fees for limited registration, but there was not a consistent approach to how fees were pro-rated (see Table 3).

The Dental Board of Australia (the DBA) and the Occupational Therapy Board of Australia pro rata registration fees for practitioners seeking limited registration in the public interest, for postgraduate training, and for teaching or research. For example, the DBA's application form for limited registration sets out the registration fee that a practitioner is required to pay based on the number of months that they will be registered (Figure 1). Practitioners seeking limited registration for post-graduate training with the Optometry Board of Australia and the Medical Radiation Practice Board of Australia (the MRPBA) also have fees charged on a pro rata basis.

This information is only available, however, when downloading the relevant limited registration application form. It is not specified on the relevant National Board's 'Registration fees' webpage. Concerningly, the Podiatry Board of Australia and Paramedicine Board of Australia's 'Registration fees' webpages include information about the cost of limited registration, but these National Boards do not appear to enable applicants to apply for limited registration.

[61] See s. 66 of the National Law.

[62] Chinese medicine, chiropractic, dental, medical, optometry and physiotherapy have published one or more registration standards for limited registration purposes. Other National Boards appear to accept applications for limited registration without a specific limited registration standard, including the medical radiation practice, occupational therapy, osteopathy and pharmacy professions. The Ombudsman is aware that the Chinese medicine, chiropractic, dental, medical radiation practice, nursing and midwifery, occupational therapy, optometry, osteopathy, paramedicine and physiotherapy professions have begun preliminary consultation on revising, or establishing, limited registration standards.

[63] In the same financial year, 8,410 practitioners also applied for non-practising registration and 4,854 for specialist registration. Data provided by Ahpra and published in the Ombudsman's 2023–24 annual report, Table 10: Types of registration applications driving complaints, 2023–24.

Figure 1: Extract from the DBA's application form for limited registration for post-graduate training as a dentist[64]

Pro-rata registration fees

Division		Number of months you will be registered											
		1	2	3	4	5	6	7	8	9	10	11	12
Dentist and/or specialist	National fee	$58	$117	$175	$234	$292	$351	$409	$467	$526	$584	$643	**$701**
	NSW fee	$72	$143	$215	$286	$358	$429	$501	$572	$644	$715	$787	**$858**
Dental hygienist, therapist and/or oral health therapist	National fee	$29	$58	$87	$115	$144	$173	$202	$231	$260	$288	$317	**$346**
	NSW fee	$35	$70	$106	$141	$176	$211	$246	$281	$317	$352	$387	**$422**
Dental prosthetist	National fee	$52	$104	$156	$208	$260	$312	$363	$415	$467	$519	$571	**$623**
	NSW fee	$65	$129	$194	$258	$323	$387	$452	$516	$581	$645	$710	**$774**

The OBA and the PBA appear to have adopted a more flexible response to charging limited registration fees. The OBA is the only National Board which published information about its approach to pro-rating fees. Its website advises that:

- *An option is available for less than 12 months initial limited registration at a pro-rated registration fee.*
- *The Limited Registration for one day to sit an exam has a registration fee of 1 month pro-rated.*[65]

According to the application form for limited registration in the public interest, the OBA charges a registration fee based on the period of time that the practitioner is seeking to be registered for (either 1, 2 or 3 months).

The PBA's application form for limited registration for supervised practice similarly outlines that the registration fee can be paid for either 0-6 months or 6-12 months of registration.

Table 3: Summary of National Boards that offer limited registration based on whether they charge a lower application fee or pro rata fees

Profession	Lower application fee for limited registration	Limited registration fees charged on a pro rata basis
Chinese medicine	✗	✗
Chiropractic	✗	✗
Dental	✗	✓
Medical	✓	✗
Medical radiation practice	✗	✓

[64] As part of Ahpra's business transformation project, it is moving to online forms. The PDF version of this, and all application forms referred to in this report, can be accessed online: https://www.ahpra.gov.au/Registration/Hardcopy-forms.aspx?_gl=1*11ijtft*_ga*NDU4MjQ3ODE2LjE3NDk2MTg0NTI.*_ga_F1G6LRCHZB*czE3NTA0MDA3MTgkbzI0JGcxJHQxNzUwNDAxNjM0JGo2MCRsMCRoMA.

[65] Osteopathy Board of Australia, 'Fees. Schedule of fees effective 18 September 2024.' Accessed June 2025: www.osteopathyboard.gov.au/Registration/Fees.aspx.

Occupational therapy	✗	Limited registration fees are charged on a monthly pro rata basis for teaching or research, public interest and postgraduate training (but not supervised practice).
Optometry	✗	Limited registration fees are charged on a monthly pro rata basis for postgraduate training or supervised practice.
Osteopathy	✗	✓
Pharmacy	✗	Limited registration fees are charged on a 6-month basis for supervised practice
Physiotherapy	✗	✗

The investigation found that publicly available information, existing policies and information regarding the fee charging model did not provide clear reasons for why professions approached the charging of limited registration fees differently.

Ahpra advised the investigation that limited registration does not adhere to uniform registration renewal dates. Unlike general registration, where renewal processes are largely automated, the processes to manage the end of limited registration periods are mostly manual. Ahpra outlined that the "costs associated with the extra manual handling required (as compared to general registration) are factored into the fees charged for this registration type."

It is not clear, however, how these additional costs are factored into the fees charged. The investigation noted in the case of the DBA, for example, the registration fee for practitioners seeking general registration and limited registration is the same ($785).[66] The application fee for both registration types is also the same ($376).[67]

It is acknowledged that limited registration is not applicable to all professions, and this may account for some variation. The Ombudsman recognises that limited registration may be granted for shorter periods of time, and this has likely led to some National Boards adopting different charging practices. While the rationale for this is not outlined in publicly available information, it appears to be based on a recognition that practitioners should not be required to pay for a full registration fee when they will not be registered for 12 months.

However, it is not clear why some National Boards pro rata fees for certain limited registration types, but not for other types of registration, including other categories of limited registration. The lack of publicly available information about how limited registration fees are charged, and that they are

[66] The general registration fee for dentists and specialists is $785, and the 12-month limited registration fee is also $785.

[67] The application fee for dentists and specialists seeking general or limited registration is $376.

oftentimes charged on a pro rata basis, does not support the transparency of Ahpra and the National Boards' operations. It also does not help practitioners to understand the full cost of gaining general or specialist registration when limited registration is required first.

Addressing concerns that the charging model negatively affects practitioners seeking registration for the first time

The Ombudsman recognises that the financial impact of registration fees on first time registrants, such as recent graduates and overseas qualified practitioners, could be greater than on other groups of practitioners.

Students often face financial pressure because of their study commitments. In the regulated health professions, mandatory unpaid placements are often required, which can cause unique financial burdens. As the Australian Universities Accord's final report on a long-term reform plan for the higher education sector recently outlined:

"Many students have to forego paid work to undertake unpaid placements and relocate away from home, leading to 'placement poverty'. This results in poor early experiences in the workplace and negative perceptions of employment in the relevant industries, many of which are industries with longstanding skills shortages."[68]

These financial impacts were recently recognised by the Australian Government which has established a new Commonwealth Prac Payment which helps students, including nursing and midwifery students, undertake mandatory placements.[69]

Overseas qualified health practitioners seeking to work in Australia also face significant financial barriers. Robyn Kruk AO's Independent review of overseas health practitioner regulatory settings recently found, for example, that overseas qualified general medical practitioners spend up to $51,000 to be registered in Australia, while nurses and midwives spend up to $34,000.[70] These costs include more than the fees charged by Ahpra and the National Boards. However, it is important to consider the cumulative costs for overseas qualified practitioners when assessing the additional burden they may bear if required to pay 2 registration fees within a short period of time.

A positive first interaction between practitioners and Ahpra and the National Boards is crucial for fostering trust, cooperation, and compliance with professional obligations. Initial contact can set the tone for ongoing communication and should ideally encourage practitioners to actively engage with the regulator and openly participate in regulatory processes. A negative initial interaction due to concerns about the fairness of registration fees can damage the development of a practitioner's relationship with the regulator from the beginning of their career.

[68] Australian Government, Australian Universities Accord Final report, December 2023.

[69] Australian Government, Department of Education, 'Commonwealth Prac Payment.' Accessed August 2024: www.education.gov.au/higher-education/commonwealth-prac-payment.

[70] Robyn Kruk, Independent review of Australia's regulatory settings relating to overseas health practitioners, December 2023.

The current charging model may also deter new graduates or overseas qualified practitioners from entering the profession as soon as they are able to, as practitioners may choose to delay obtaining registration so they can register in line with the registration cycle's renewal date. This option may be particularly attractive to this cohort of practitioners given they have likely accrued substantial costs to obtain the relevant qualification/s and training required for registration.

In response to the investigation's proposed findings, Ahpra noted that:

"…the draft report posits it is unfair that steps have been taken to address the financial impacts of registration on recent graduates in some professions and not others. However, it does not state how this conclusion was arrived at and on what evidence. The education costs of each graduate also vary greatly based on different pathways."

In response to Ahpra's concerns, this report has sought to better articulate how the current inconsistencies in the charging model across the professions (as set out in Tables 2 and 3) led to the Ombudsman's view that some first-time registrants are not the beneficiaries of efforts to address the potentially negative financial impacts of the charging model. In short, the Ombudsman considers it unfair that first time registrants in some professions pay reduced application or registration fees, while others in similar circumstances are required to pay these fees in full.

The Ombudsman recognises that education costs for graduates may differ across the professions, and also within the same profession, given the unique range of circumstances that may arise during a student's educational journey. Ahpra's comments suggest that this may affect how registration fees are charged. However, the investigation did not find publicly available information about how or why this may be the case, and this was not provided as a factor considered by Ahpra and the National Boards when setting fees for the professions. If it is unclear to practitioners why they are not being offered the same discount as applied to practitioners in other professions, they may reasonably see this approach as unfair.

Practitioners changing registration types

Relatedly, some complaints to the Ombudsman have highlighted that practitioners transitioning between registration types are also adversely affected by the charging model.

Across all professions, practitioners who hold provisional or limited registration and are seeking the same registration type again can renew their registration on the anniversary of when their registration was first granted. This means that practitioners applying for, or renewing, these types of registration do not experience the financial disadvantages associated with set registration renewal dates. This is in contrast to registered health practitioners with general, specialist or non-practising registration who must generally renew their registration on the same set date each year, irrespective of when they were first registered.

However, practitioners who seek to transition to general registration from provisional or limited registration, or vice versa, may be negatively affected by the current charging model.

Practitioners transitioning from provisional registration to general registration

The Ombudsman heard from complainants that transitioning from provisional to general registration could lead to unfair outcomes for practitioners. It appears that these practitioners must pay the full fee for general registration when they apply for it, regardless of how long they will hold general registration before the set date for registration renewal. Ahpra, however, refunds the portion of the provisional registration fee for the period which overlaps with the practitioner holding general registration.

For example, one complainant told the Ombudsman that they held provisional registration as a medical practitioner from October before transitioning to general registration in February. Ahpra refunded a portion of the registration fee for the practitioner's provisional registration (i.e. a sum representing the period of provisional registration that overlapped with the period of general registration). However, Ahpra refused to refund any portion of the registration fee relating to general registration, even though the practitioner did not hold general registration for a full year. Another practitioner similarly complained that they held provisional registration as a psychologist before transitioning to general registration in June. They were required to pay the full registration fee for general registration, even though this related to only 5 months of registration before they were required to renew their registration in November.

A small number of National Boards provide reduced fees for practitioners seeking to transition from limited or provisional registration to general registration (see Table 4). For example, of the 7 National Boards that grant provisional registration, 3 National Boards charge reduced fees for practitioners transitioning from provisional to general registration. However, the way these National Boards do this varies: the MBA and OBA offer practitioners transitioning from provisional to general registration a reduced application fee ($506, compared to $1,548 and $214, compared to $427 respectively), whereas the MRPBA does not charge an application fee.

The investigation found that the MRPBA offers a unique approach to charging fees when practitioners change registration types. The MRPBA calculates the registration fee based on the portion of time the practitioner will hold general registration, less an amount equal to the portion of time the practitioner will not hold provisional registration. The MRPBA states that this approach ensures practitioners are not financially disadvantaged when changing registration types. This information is contained in the application form for general registration for practitioners holding provisional registration but is not outlined on the MRPBA's 'Registration fees' webpage.

It was not clear during the investigation why some National Boards have sought to address the financial implications for practitioners transitioning between registration types, while other National Boards have not.

Table 4: Summary of varied approaches for practitioners transitioning between registration types

Profession	Reduced application or registration fees when transitioning from provisional registration to general registration
Aboriginal and Torres Strait Islander health practice	-
Chinese medicine	-
Chiropractic	-
Dental	-
Medical	✓
Medical radiation	✓
Nursing and midwifery	✗
Occupational therapy	✗
Optometry	-
Osteopathy	✓
Paramedicine	-
Pharmacy	✗
Physiotherapy	-
Podiatry	-
Psychology	✗

Practitioners transitioning to and from non-practising registration

Practitioners taking parental leave, or other forms of leave, may also be negatively affected by the charging model if they choose to transition between a type of practising registration and non-practising registration. While some National Boards outline that non-practising registration may be suitable for practitioners who are seeking a temporary absence from practice, the investigation noted that other National Boards appear to discourage this approach. The NMBA website, for example, outlines that:

"Nurses and midwives wishing to take a period of leave (i.e. maternity leave) should consider whether non-practising registration is suitable for their circumstance. If you are able to maintain your CPD and

recency of practice requirements, it may be more appropriate for you to retain general registration."[71]

There is significant diversity in how National Boards charge fees when practitioners seek to change their registration type. However, the National Boards appear to have taken more steps to address potential financial disadvantages for practitioners when changing to non-practising registration. For example, all National Boards offer reduced registration fees for non-practising registration.

The investigation found, however, that the National Boards have adopted different approaches when deciding to charge, or not charge, an application fee for practitioners changing to non-practising registration. 9 of the 15 National Boards do not charge an application fee for practitioners seeking to make this change (see Table 5). However, all these National Boards appear to charge practitioners an application fee to transition back to general registration.

Table 5: Professions where publicly available information outlines that no application fee is charged to change to non-practising registration

Profession	No application fee to change to non-practising registration[72]
Aboriginal and Torres Strait Islander health practice	✗
Chinese medicine	✗
Chiropractic	✗
Dental	✓
Medical	✓
Medical radiation	✗
Nursing and midwifery	✓
Occupational therapy	✗
Optometry	✓
Osteopathy	✓

[71] Nursing and Midwifery Board of Australia 2019, Fact sheet: Non-practising registration for nurses and midwives. Accessed May 2025: <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/FAQ/Non-practising-registration-for-nurses-and-midwives.aspx#:~:text=If%20you%20hold%20non%2Dpractising,professional%20indemnity%20insurance%20arrangements%2C%20and>

[72] This information is based on the 'Registration fee' table outlined on the relevant National Board's webpages.

Paramedicine	✗
Pharmacy	✓
Physiotherapy	✓
Podiatry	✓
Psychology	✓

Addressing concerns that the charging model negatively affects practitioners changing registration types

During the course of the investigation, Ahpra acknowledged that there is a need to improve how practitioners are affected when transitioning between registration types. Ahpra's summary of the Recommendations and actions of the Parental Leave Review outlines that Ahpra is:

"… undertaking work to improve the policies, fee and practitioner experience when transferring between non-practising and practising registration. Work has commenced to cap the annual cost to practitioners transferring between practising and non-practising within a registration year. There have also been improvements made to the published information and advice for practitioners considering a move to non-practising registration."[73]

The Ombudsman welcomes Ahpra's acknowledgement of the need to improve the practitioner experience when transitioning between non-practising and practising registration. A cap on the annual cost to practitioners transitioning between these registration types appears to be a reasonable first step to address the negative financial impact on practitioners.

The Ombudsman suggests, however, that when Ahpra considers capping the annual cost for those moving to non-practising registration, Ahpra should also consider how to address the experience for practitioners who are moving from provisional to general registration to ensure that all options are comprehensively considered.

The charging model should allow for discretionary decision making

The complainants' stories throughout this report show how multiple factors can affect an individual's circumstances. The process to gain general registration as a health practitioner can involve multiple organisations, requirements and registration types. This can hinder a practitioner's ability to apply for registration in alignment with Ahpra and the National Boards' set registration cycles.

In these circumstances, the Ombudsman highlights the need for discretion when considering the unique concerns raised by individual practitioners who raise concerns about registration fees.

[73] Ahpra and the National Boards, 'Parental leave fee review. Recommendations and actions', 9 December 2024. Accessed May 2025: www.ahpra.gov.au/News/2024-12-09-media-release-Parental-leave.aspx.

Case study 3

An internationally qualified medical practitioner raised concerns with the Ombudsman about the lack of regard given to her personal circumstances when paying her registration fees.

The practitioner was a specialist medical trainee undertaking a fellowship in Australia, which was scheduled to begin in February 2023. The practitioner applied for the training post in mid-2022 and paid the $1,700 application and registration fees to Ahpra in September, when registration renewal for medical practitioners was due. She explained that this formed part of the process required to obtain registration, a visa and the right to work in Australia.

The practitioner stated that she had been working on a part time basis (0.75FTE) and intended to take parental leave from November 2023. Despite this, she said she was required to pay the full fee to renew her registration in September ($1,025) so she could continue to practise for the intervening period. The practitioner was concerned that her impending parental leave was not considered as she would only be working as a registered practitioner for 5 weeks of the 12-month registration period. She further explained that she was not entitled to maternity leave as she had been on a fixed term contract for less than 12 months. In these circumstances she considered the full registration fee to be excessive.

The complainant explained to the Ombudsman that having to pay the full registration fee is unfair and discriminates against her as a part-time employee, a parent intending to take parental leave and as an overseas qualified practitioner in Australia on a temporary working visa.

The practitioner did not respond to the Ombudsman's request for further information to progress her complaint. While there may be many reasons why the complainant did not respond, their circumstances as detailed above are likely to have made progressing the complaint challenging.

The investigation found that Ahpra and the National Boards do not generally appear to have appropriate mechanisms to consider individual circumstances when the charging model has resulted in a practitioner being negatively affected.

As previously described, Ahpra's refusal to refund or discount registration fees when a practitioner is required to pay 2 registration fees in the same 12-month period was a common issue raised in complaints to the Ombudsman. Health practitioners complained that the requirement to pay the full registration fee and the lack of regard to their particular circumstances was unfair. The Ombudsman agrees. At a minimum, Ahpra and the National Boards should ensure there are mechanisms to address unfair outcomes when warranted based on an individual's circumstances. The Ombudsman considers that this is required to appropriately satisfy Ahpra and the National Boards' obligations under the National Law, including those outlined in the guiding principles and HPAs.

However, the Ombudsman recognises that the design of the charging model more broadly appears to be leading to unfair financial disadvantages for certain cohorts of practitioners. While ensuring there are mechanisms to address unfair outcomes at an individual level is important, the charging model itself should be designed to avoid unfair outcomes, rather than relying on associated policies and procedures to ameliorate them.

Enhancing transparency of the charging model

The investigation found that publicly available information about the charging model is, and has been, at times inaccurate and lacking transparency. It also found inconsistencies in the publicly available information about how registration fees are charged and how this differs by registration type.

Ahpra's website states that Ahpra and the National Boards set "annual registration fees." However, it also outlines that the registration fee is a "once-a-year payment" and that the full amount is to be paid at the time registration is granted regardless of how long the applicant holds registration.

The Ombudsman found these descriptions of the charging model to be inconsistent and inaccurate. The Ombudsman disagrees that the charging model can be described as requiring a once-a-year payment when, as identified previously, practitioners can be charged a registration fee and registration renewal fee in the same year, sometimes with as little as 3 months between the fees being due.

Information about how the charging model relates to the National Law should be accurate

While the National Law makes it clear that fees are to be reasonable having regard to the efficient and effective operation of the National Scheme, it does not explicitly address how registration fees should be charged.[74] The Ombudsman was therefore concerned that until July 2024, Ahpra's website stated that the National Law does not allow for fees to be pro-rated or make provision to partially refund fees.

Ahpra has explained that the information published on its website was intended to answer common questions about fees in plain English. Ahpra outlined that it was not its intention to suggest that the National Law precludes it from offering pro-rated fees. Rather, it intended to provide information to practitioners about why pro-rated fees are not available, including confirmation that there is no specific obligation for Ahpra to charge fees on this basis.

The Ombudsman does not agree with this reasoning. There is no specific provision in the National Law outlining that Ahpra and the National Boards should pro rata fees. There is also no provision to the contrary. The National Law is silent on how registration fees should be charged. The absence of an explicit obligation to pro rata registration fees does not prevent Ahpra and the National Boards from considering this fee structure and its suitability for the National Scheme. Fees charged are required to be reasonable having regard to the efficient and effective operation of the National Scheme.

The Ombudsman was also concerned to find that while Ahpra's website stated it did not pro rata fees, several National Boards appeared to, and continue to, charge limited registration fees on a

[74] National Law, s. 3A(2)(b).

monthly pro rata or scaled basis (see 'The charging model appears to be applied more flexibly for practitioners seeking limited registration'). As noted earlier, it was only by selecting and downloading the relevant application form that the investigation was alerted to this. By extension, this would be the only way that practitioners would become aware that some professions charge limited registration fees on a pro rata basis.

The smaller number of practitioners applying for limited registration, and its uniqueness, may help to explain why fees are able to be charged differently for this cohort of practitioners. However, the Ombudsman considers that it was misleading for Ahpra to state that it is unable to charge fees, or partially refund fees, on a pro rata basis when it has been doing so for some practitioners.

During the investigation, Ahpra advised that it would undertake a review of the information contained in the 'FAQ' section of its fees webpage to ensure that Ahpra's position on why pro-rated fees are not available is clear. The Ombudsman welcomed Ahpra's review of this information, and its removal of the reference to the National Law not making provision for pro-rated or partially refunded fees.

However, in replacing this information on its website, Ahpra has outlined information from its Refunds policy which details the circumstances in which a practitioner may be eligible for a refund. As noted previously, while eligible complainants may benefit from the application of the Refunds policy, the policy does not specifically address concerns about the unfair financial impact of being charged 2 registration fees within a 12-month timeframe.

Information should be clearly expressed on relevant application forms and Ahpra's website

When practitioners raised the issues explored above in complaints to the Ombudsman, Ahpra indicated that it sought to make the details of the charging model clear on application forms so practitioners could make decisions about their registration accordingly. The Ombudsman has, however, received complaints from practitioners who contend that the information provided on registration forms does not clearly communicate the relevant registration periods and renewal dates. In turn, this led them to believe that they had not been provided with clear and transparent information about registration fee requirements.

Complaints have also been made to the Ombudsman about the accuracy of information detailed in forms on Ahpra's online portal. For example, a dental practitioner complained that when she submitted her registration application and paid the associated fee, it was not clear that she was paying the full registration fee and would be required to renew her registration in 3 months' time at the start of the next registration cycle. She maintained that if she had been informed that she would only hold registration for 3 months before being required to renew her registration, she would have held off applying for registration as she did not have an income at the time.

The language used in publicly available information and registration forms should be clear to ensure applicants understand registration fee requirements. This is particularly important in the current circumstances where the charging model does not typically account for individual circumstances, and where there may be significant financial implications for practitioners.

Case study 4

A medical practitioner made a complaint to the Ombudsman about being charged a registration fee to return to general registration after a period of holding non-practising registration.

The practitioner said when they first transitioned to non-practising registration from general registration, they only held general registration for a few months. In their view, it made sense that they would not be charged a registration fee again when returning from non-practising registration to general registration.

The practitioner also said that the application form they were required to submit when transitioning from non-practising registration to general registration (AGNP-30) provided incorrect information and led them to believe they would not need to pay a registration fee again because they had already paid the registration fee for non-practising registration in the relevant timeframe.

Further, the practitioner had contacted Ahpra's customer service team and was informed that they would not be required to pay a fee when returning to general registration.

When the practitioner made a complaint to Ahpra about being charged the registration fee for general registration ($995), they were advised that fee would not be waived. However, Ahpra refunded the cost of the registration fee that the practitioner had paid for their non-practising registration ($192).

The Ombudsman conducted preliminary inquiries into the complaint. Ahpra acknowledged that the information provided to the practitioner had been confusing, and at times, incorrect. Ahpra provided a letter of apology to the complainant, in which it also outlined that it had reviewed its management of the practitioner's matter and had provided feedback about the practitioner's experience to the Customer Experience Manager.

Ahpra advised the Ombudsman that the AGNP-30 form did not specifically outline that the registration fee would be charged when transitioning to general registration (if the applicant had not already paid it). Ahpra advised that this issue was raised with the relevant team completing a review of Ahpra's application forms.

The Ombudsman finalised the complaint on the basis that Ahpra had offered a formal apology, refunded the registration fee in relation to the complainant's non-practising registration, and had taken steps to address future practitioners experiencing the same issues.

Case study 5

A junior medical practitioner made 2 complaints to the Ombudsman about how her transition from provisional to general registration had been managed by Ahpra. The practitioner explained that when she was employed as a medical intern with provisional registration to assist as part of the COVID surge workforce, she was advised to apply for general registration before the end of June. She logged into the online portal and followed the relevant steps to apply for general registration.

Once granted general registration, the practitioner received email confirmation that her registration was valid until September, and that she would be required to renew her registration at that time. The practitioner acknowledged that on review of Ahpra's website it is evident that general registration has a set expiry date of 30 September. She argued that this information, however, was not clearly communicated in the online registration application form. The form states that:

"…the annual registration period for the medical profession is from 1 October to 30 September. If your application is made between 1 August and 30 September this year, you will be registered until 30 September next year."

The practitioner explained that she read 'annual registration period' to mean the time at which applications can be made, and not as the period in which registration is 'active' for before expiring.

The practitioner outlined that she subsequently discovered there would have been an option to renew her provisional registration in June and later apply for general registration in September. She advised that had she been aware of this, she would have taken this course of action, as there is a substantial difference in the fees for provisional and general registration.

The practitioner told the Ombudsman that there was a lack of transparency and clear communication about the registration periods on registration forms. Because of this, she believed she did not take the 'best course of action' when trying to comply with registration requirements. She suggested that Ahpra review its registration forms with a view to communicating registration periods and payment requirements more clearly and effectively. She also sought for Ahpra to waive the registration fee she paid in relation to general registration and indicated that she would instead pay the lesser registration fee for provisional registration.

In response to the practitioner's concerns, Ahpra advised that it would consider these issues when it implements 'smart forms' as part of an upcoming project.

The practitioner remained of the belief that she should have been provided with a refund of the registration fee she paid in relation to general registration. The practitioner's complaint has been considered as part of this investigation and has informed the suggestions made.

It should be clear from publicly available information how the charging model aligns with cost recovery requirements

The investigation also found that publicly available information does not clearly outline how the charging model relates to, and supports, cost recovery principles.

Ahpra informed the investigation that all fee charging decisions are made under a cost recovery model, supported by the relevant HPA. It is acknowledged that Ahpra and the National Boards have entered into HPAs which is consistent with their obligations under the National Law.

However, while the HPAs detail the regulatory and operational activities undertaken by Ahpra, the associated cost of these activities is not publicly available. The HPAs do not clearly outline Ahpra and the National Boards' approach to cost recovery, the model used, and calculations of cost based on regulatory activity. It is therefore unclear from the HPAs, which are publicly available, how Ahpra and the National Boards are implementing cost recovery through the charging model.

The need for greater transparency of funding and cost allocation in the National Scheme are not new concepts and have been the subject of previous reviews. In 2013, for example, Ahpra commissioned an independent review of the way it apportions costs to each National Board through a cost allocation study.[75] The study sought to ensure that the share of costs allocated to each National Board reflected the work being undertaken by Ahpra staff for each National Board. The review focussed on indirect costs ascribed to an activity using accepted cost allocation methodologies. The published report clearly detailed the sample methodology, criteria, and the resulting proposed allocations for each National Board for the 2013–14 year.[76]

As described previously, Ahpra introduced a new cost allocation model for the National Scheme in 2022–23. There is, however, minimal public facing information about the new model or whether Ahpra commissioned other cost allocation reviews in the intervening period. Ahpra and the National Boards have outlined that the new model more accurately reflects the costs of regulating the registered professions and ensures there is no cross-subsidisation occurring between professions. However, without clear information about the details of the new cost allocation model, it is challenging for practitioners to draw conclusions about why and how registration fees are charged by each National Board.

This lack of transparency increases the risk of health practitioners questioning the cost of registration fees they are required to pay, which in turn may diminish their confidence in the regulator. For example, in a complaint to the Ombudsman, a medical practitioner was concerned about an increase to their registration fees, including that the fees were substantially more than other professions. The practitioner wanted clarity about why the fees had increased and argued that Ahpra's reporting about funds may be dishonest, with medical practitioners unfairly subsidising the costs of other professions.

[75] Moore Stephens Accountants & Advisors, Cost Percentage Allocation (Phase 3 Report), February 2013.

[76] Ibid.

This complaint highlights the inter-relationship between fairness and transparency. The complainant was inclined to believe that the cost recovery process in relation to registration fees was not fair, in part, due to the lack of public facing information. The New South Wales Ombudsman explains: "individuals are generally far more likely to accept a decision that may not be favourable to their interests if they believe the procedures used to come to the decision, the criteria on which the decision was made, and the conduct and approach of the decision maker were impartial and fair."[77]

Ensuring greater transparency of the charging model's alignment with cost recovery principles and activities

A previous independent review commissioned by Health Ministers considered the funding and cost effectiveness of the National Scheme in relation to accreditation arrangements.[78] In his recommendations, Professor Michael Woods outlined that funding principles should be developed to guide accreditation authorities in setting their fees and charges. Professor Woods suggested that the funding principles should require the development of a proportionately scaled Cost Recovery Implementation Statement (CRIS) when setting or reviewing fees and charges for accreditation activities.

A CRIS demonstrates that the costs, fees, and charges associated with a regulatory activity are efficient, effective, and informed by stakeholder engagement. A CRIS also provides vital information about the predicted costs of key activities, relevant methodologies, and performance monitoring. In this respect, the development of a CRIS ensures there is a clear connection between the purpose of an organisation, the activities required to achieve that purpose and the estimated costs of those activities.

Many organisations have implemented a CRIS to increase transparency and accountability. This is particularly true for government regulatory bodies that seek to manage risk and protect the community. The Australian Government, for example, has a Charging Framework that is underpinned by a Charging Policy Statement, charging principles, and charging considerations.[79] As part of this framework, all non-corporate Commonwealth entities are required to document regulatory charging activities through a CRIS. These regulatory activities include registration, accreditation, monitoring and compliance, and are regarded as imposed because the "individuals or groups creating demand

[77] Ombudsman New South Wales, 'Good conduct and administrative practice. Guidelines for state and local government.' March 2017.

[78] Professor Michael Woods, Independent review of accreditation systems within the National Registration and Accreditation Scheme for health professions, November 2017

[79] See Australian Government, Department of Finance, 'What is the Australian Government Charging Framework?', last updated 21 June 2023: www.finance.gov.au/government/managing-commonwealth-resources/implementing-charging-framework-rmg-302/what-australian-government-charging-framework.

for the activity have no discretion of participating."[80] Relevant statutory authorities regularly publish their annual CRIS (see for example, the Therapeutic Goods Administration's 2024–25 CRIS).[81]

The parallels between the regulatory activities of the Australian Government and the role of Ahpra and the National Boards are clear. Practitioners seeking to work in the regulated professions must be registered and pay the required registration fees.

The Ombudsman has previously indicated support for the development of funding principles and a proportionately scaled CRIS for regulatory activities. To date, no funding principles or a CRIS have been published for any of the regulatory activities Ahpra and the National Boards perform.

In response to the investigation's proposed findings in relation to this area, Ahpra advised that:

"…there is additional and extensive information on cost allocation and fee setting which could have been made available [to the Ombudsman]… to understand in more detail the basis for arrangements and the rationale.

The report states that the lack of transparency in relation to the cost allocation makes it difficult to determine how costs are allocated and the methodology used to forecast regulatory costs. However, the investigation did not ask for information to understand the cost allocation methodology with more clarity…

In short, there is a substantial program of work on our approach to both cost allocation and fee setting which has been externally and independently validated."

This report has been updated to ensure it is clear that the Ombudsman's concern rests with the information made available to practitioners and the public about how the charging model is integrated with Ahpra's existing cost allocation and fee setting approach. This includes in relation to how the variation in the way the National Boards are charging for certain registration types is accounted for.

The Ombudsman confirms that the investigation did not seek further information about the cost allocation model from Ahpra. The investigation's findings were based on information that was provided by Ahpra in response to complaints the investigation considered, Ahpra's responses to the investigation's questions, and from information which was publicly available.

As noted above, it is standard practice for non-corporate Commonwealth entities to document regulatory charging activities through a CRIS.

Given Ahpra's commitment to undertake a review of its pro-rating approach, the Ombudsman suggests that at the review's conclusion, consideration should be given to whether further information can be published about the charging model and its impact on cost allocation and fee setting in line with the requirements of a CRIS.

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[80] See Australian Government, Department of Finance, 'Regulatory Activities', last updated 21 June 2023: www.finance.gov.au/government/managing-commonwealth-resources/implementing-charging-framework-rmg-302/regulatory-activities.

[81] Therapeutic Goods Administration, Cost Recovery Implementation Statement 2024-2025, 29 June 2024.

Considering industry standards for charging registration fees

As previously noted, complainants who are dissatisfied with the charging model have often suggested that fees should be charged on a pro rata basis.

Ahpra has previously indicated that charging fees on a pro rata basis complicates financial forecasting for fee setting and creates administrative challenges. Ahpra further outlined that the uncertainty associated with charging fees on a pro rata basis would impact committed spend and the fair distribution of financial commitments. It advised that this would also pose challenges for accurate budgeting and resource allocation.

The Ombudsman acknowledges Ahpra's concerns. The Ombudsman recognises that a key principle of cost recovery is effectiveness, which largely relies on the reliability and accuracy of the cost recovery model and appropriate revenue management.[82] It is acknowledged that having a set annual fee, which is mostly due at the same time each year, provides a level of revenue stability and administrative simplicity.

Consequently, the investigation considered industry standards related to the charging of professional registration fees to assist in determining whether the current charging model is necessary to achieve revenue stability and reduce complexity.

The Ombudsman found that there is generally no standardised approach to how other regulators considered by the investigation charge professional registration fees. However, other professional registration bodies appeared to provide mechanisms that recognise, and seek to minimise the potential for, unfair outcomes. This includes, for example, charging fees on a pro rata basis.

The Ombudsman notes that the Parental Leave Fee Review's desktop benchmarking process of professional organisations made similar findings in relation to common approaches for protected leave (where these existed). It found that:

"…the most common approaches for protected leave (where these existed) were:

- *pro rata and discounts, or*
- *to hold or pause general registration and re-register at a reduced fee."*[83]

In light of Ahpra's December 2024 announcement that it would conduct the Pro Rata Fee Review, the findings of the investigation's desktop review have been included in this report for reference purposes.

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[82] See for example the Australian Government's Cost Recovery Policy. Accessed August 2024: www.finance.gov.au/government/managing-commonwealth-resources/implementing-charging-framework-rmg-302/australian-government-cost-recovery-policy#cost-recovery-principles.

[83] Ahpra and the National Boards, 'Parental leave fee review. Recommendations and actions', 9 December 2024. Accessed May 2025: www.ahpra.gov.au/News/2024-12-09-media-release-Parental-leave.aspx.

Industry approaches to charging professional registration fees vary

Several occupations require members of their profession to hold registration to practice. A desktop review of publicly available information found that regulators approach the charging of registration fees in a variety of ways (see Appendix 2). Some regulators charge registration fees on a pro rata basis, although there was variation.

The investigation found that it was common practice to charge registration fees for the legal profession on pro rata basis. This appeared to be consistent across all Australian states and territories, despite having independent regulators in each jurisdiction.

There is, however, variation in how fees are charged on a pro rata basis. Lawyers in Victoria, Queensland and Tasmania seeking to apply for, or renew, their practising certificate have their fees scaled on a quarterly basis.[84] Lawyers in New South Wales, South Australia and Western Australia have their practising certificate fees charged on a bi-annual pro rata basis.[85] In comparison, the Law Society Northern Territory charges fees on a monthly pro rata basis and the Australian Capital Territory Law Society pro ratas fees from August onwards (noting the fee cycle is from 1 July to 30 June).[86]

In some instances, if a lawyer chooses to surrender their practising certificate, they are eligible to receive a refund, including on a pro rata basis in New South Wales.[87]

Similarly, teachers in Victoria have their registration fees calculated on a pro rata basis if a fee is payable for a period of less than 12 months, or between 13 and 14 months.[88] Teachers in Victoria are eligible for a refund if they cease their registration (and their registration card has been received) prior to 1 January (the annual registration period is from 1 October to 30 September).[89]

There is variation amongst other regulators for teachers in terms of how individual circumstances are recognised to ensure the applicable registration fees are fair. Generally, this includes the option of a fee waiver or discount. The New South Wales Education Standards Authority, for example, has a

[84] Victorian Legal Services Board and Commissioner's website, 'Practising certificate fees' (2024). Accessed September 2023: <https://lsbc.vic.gov.au/lawyers/practising-law/practising-certificates/practising-certificate-fees>; The Law Society of Tasmania's website, 'Fee Guide for PCs'. Accessed September 2023: <https://www.lst.org.au/home/membership-and-legal-practice/apply-for-a-practising-certificate-or-associate-membership/pc-fees-guides-tas/> Queensland Law Society website, 'Fees'. Accessed September 2023: <https://www.qls.com.au/Practising-law-in-Qld/Fees>.

[85] The Law Society of New South Wales's website, 'Forms directory'. Accessed September 2023: <https://www.lawsociety.com.au/resources/publications/forms-directory>; The Law Society of South Australia's website, 'Practising Certificates'. Accessed September 2023: <https://www.lawsocietysa.asn.au/Public/Lawyers/Practising_Certificates.aspx>.

[86] Law Society NT's website, 'Practising certificates' (2024). Accessed September 2023: <https://lawsocietynt.asn.au/profession/practising-certificates-and-insurance-2/practising-certificates-1.html>; ACT Law Society's website, 'Practising certificates' (2024). Accessed September 2023: <https://www.actlawsociety.asn.au/practising-law/practising-in-act/practising-certificates>.

[87] The Law Society of New South Wales's website, 'Forms directory'. Accessed September 2023: <https://www.lawsociety.com.au/resources/publications/forms-directory>

[88] Victorian Institute of Teaching's website, 'Registration fees and payments' (2024). Accessed September 2023: <https://www.vit.vic.edu.au/register/how-to/fees>.

[89] Ibid.

fixed annual registration fee but offers a fee waiver for teachers taking an extended period of leave.[90] Newly accredited teachers are also recognised and do not have to pay the annual fee if they are accredited between 15 September and 31 December.[91] Similarly, teachers in Western Australia who register in the last 6 months of the registration cycle are only required to pay half of the annual fee.[92]

In comparison, the Teachers Registration Board Tasmania and Teachers Registration Board of South Australia operate on a 5-year registration cycle with the registration fee decreasing for each year of the 5-year period.[93]

Other regulators, such as the Veterinary Practitioners Registration Board of Victoria pro rata registration fees on a half yearly basis,[94] while similar regulators pro rata initial registration fees on a quarterly basis.[95] Interestingly, 'to align with all other states' the Veterinary Surgeons Board of South Australia recently introduced pro rata registration fees on a monthly basis.[96]

The investigation found that overseas health regulators also had varying approaches. New Zealand medical councils and boards, for example, typically have a set initial registration fee but charge practising fees on a half yearly or quarterly basis.[97] The Medical Council of Ireland similarly charges fees on a half yearly basis for practitioners applying for registration for the first time.[98]

In the United Kingdom, the General Medical Council (GMC) offers fixed term and income discounts.[99] Importantly, the GMC also outlines how the income discount can be used by practitioners on maternity, parental or adoption leave.

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[90] NSW Education Standards Authority, New South Wales Government's website, 'Annual fee.' Accessed September 2023: <https://educationstandards.nsw.edu.au/wps/portal/nesa/teacher-accreditation/manage-your-account/annual-fee>.

[91] Ibid.

[92] Teacher Registration Board of Western Australia, Government oof Western Australia's website, 'Fees.' Accessed September 2023: <https://www.trb.wa.gov.au/Further-Information/Fees>.

[93] For example, the Teachers Registration Board Tasmania charges $177.85 for one year registration and $640.85 for 5 years registration.

[94] Veterinary Practitioners Registration Board of Victoria's website, 'Vetboard regulatory fees.' Accessed September 2023: <https://www.vetboard.vic.gov.au/VPRBV/VPRBV/Vets/FeeSchedule.aspx>.

[95] Department of Natural Resources and Environment, Tasmanian Government 2024, viewed September 2023 https://nre.tas.gov.au/biosecurity-tasmania/animal-biosecurity/veterinary-board-of-tasmania/apply-for-registration-as-a-veterinary-surgeon.

[96] Veterinary Surgeons Board of South Australia's website, 'Registration and insurance.' Accessed September 2023: https://vsb.sa.gov.au/information-for-veterinary-surgeons/registration-and-insurance.

[97] For example, the Optometrists and Dispensing Opticians Board charges a reduced fee if an application is received after 30 September: https://www.odob.health.nz/site/fees; the Nursing Council of New Zealand charges practising certificates on a quarterly basis: https://www.nursingcouncil.org.nz/Public/Fees/NCNZ/Registration-section/Fees.aspx?hkey=a371b843-9fc8-4be0-b5c6-648a1ad2911e; the Medical Council of New Zealand charges a quarterly fee to bring a doctor into the standard registration cycle: https://www.mcnz.org.nz/registration/forms-fees-and-checklists/fees/.

[98] Medical Council of Ireland's website, 'Fees.' Accessed September 2023: https://www.medicalcouncil.ie/registration-applications/fees.

[99] A fixed term discount is applied to newly qualified doctors, or doctors moving from provisional to full registration. An income discount is available to doctors whose annual income is lower than the income threshold. Accessed September 2023: https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/fees-and-funding/discounts.

There is no standardised approach to how the regulators considered by the investigation charge professional registration fees. However, the Ombudsman found that there is consistency in providing mechanisms that recognise, and seek to minimise the potential for, unfair outcomes.

Learnings relevant to the Pro Rata Fee Review

In pursuing this line of inquiry, the investigation asked whether Ahpra had considered good industry practice when deciding whether to charge registration fees on a pro rata basis. Ahpra acknowledged that other regulators may have different arrangements in place and that industry practices vary. It was noted that these variations likely reflect differences in dependence on the stability of revenue, administrative efficiency and the operational challenges of implementing the preferred fee structure. Ahpra further explained that administering the charging of fees on a pro rata basis for single profession regulators is likely much less complex and therefore less costly than it would be to administer fees in the multi-profession National Scheme. Ahpra also advised that its systems are not set up to charge registration fees on a pro rata basis and the implementation of such a model would be a manual process.

The Ombudsman acknowledges the complexity of the National Scheme and the operational and technical challenges that are likely to arise from considering and implementing a different charging model.

However, the Ombudsman suggests that alternative charging models may not necessarily lead to more complexity or administrative burden. While Ahpra is required to provide administrative support across multiple professions, the size of Ahpra's national workforce is reflective of this demand. Similarly, Ahpra has implemented internal strategies to ensure it has the required workforce to meet its obligations under the National Law. For example, Ahpra has staggered registration renewal dates to appropriately manage registration renewal for the 2 largest professions. Additionally, some National Boards already charge limited registration fees on a pro rata basis, and limited and provisional registration fees are generally charged annually on the anniversary date of when registration was first granted. Given these complexities already exist, implementing a more consistent approach may lead to greater consistency and efficiency.

Ahpra recently embarked on the first phase of its business transformation project, which includes a single contact point for practitioner registration. The Ombudsman considers that the introduction of this new system is an optimal time for Ahpra to evaluate its current processes and examine opportunities to make them more transparent and fair. New, more streamlined technology is likely to reduce any increased administrative burden that may have otherwise been evident if, for example, Ahpra were to charge registration fees on a pro rata basis.

It is worth noting that while reducing administrative burden and complexity are necessary considerations, these factors must be balanced against the need for registration fees to be charged transparently and fairly. It does not seem fair that health practitioners are disadvantaged because Ahpra's current system is incapable of accommodating beneficial changes, particularly when these known challenges have not been addressed to date through other mechanisms.

Conclusions

The charging of registration fees is enabled by the National Law and is required for Ahpra and the National Boards to fund their regulatory activities.

Practitioners have complained to Ahpra and to the Ombudsman that it is unfair that, in some circumstances, they are required to pay 2 registration fees within a short period of time (i.e. to become registered and to renew their registration by the set renewal date within the annual registration cycle).

The Ombudsman agrees that it is inherently unfair that practitioners are required to pay an "annual" registration fee if they are not practising and are therefore not being regulated for the full 12-month period. The National Boards currently appear to recognise this unfairness to some extent, because when a practitioner gains registration within the final 2 months of the registration cycle, they are not required to pay the registration renewal fee until the following registration period.

The Ombudsman found that the current charging model unfairly disadvantages some practitioners, including those seeking to return to practice following parental leave. It also appears that certain cohorts of practitioners are negatively affected by the charging model, including those seeking registration for the first time, and those changing registration types. Concerningly, some complainants have suggested that the charging model could disincentivise health practitioners from immediately entering or returning to the workforce when it is possible for them to do so.

The Ombudsman further observed that there are insufficient mechanisms to provide for discretion to address the unfair consequences of the charging model for individuals. Ahpra's rigid application of the current charging model has led to inequitable or unreasonable outcomes for some practitioners, as the case studies in this report demonstrate.

There is limited public facing information about how Ahpra and the National Boards ensure registration fees are charged on a cost recovery basis, and how this is reflected by the charging model. Similarly, the investigation found that publicly available information about how registration fees are charged was not always clear or accurate. The Ombudsman was pleased to note, however, that during the investigation Ahpra removed reference to the National Law preventing fees being charged on a pro rata basis from its website, as this is not the case.

The investigation's review of approaches to charging professional registration fees across different industries found that while regulators have not adopted a standardised approach, there is consistency in providing mechanisms that recognise, and seek to minimise the potential for, unfair outcomes.

The Ombudsman welcomed Ahpra's December 2024 announcements, including that it would "review and provide advice on a wider pro rata fees strategy, for consideration by November 2025" with recommendations to come into effect from 1 July 2026. The Pro Rata Fee Review was announced alongside Ahpra's commitment to also:

- introduce a 30% rebate on annual registration fees for practitioners who take parental leave, or other protected leave, from 1 July 2025
- improve policies and practitioner experience when transferring between non-practising and practising registration.[100]

The Ombudsman's suggestions for improvement are responsive to Ahpra's recent announcements and the opportunities this provides for ensuring the charging model is fair for practitioners.

Suggestions for improvement

Pursuant to s. 12(4) of the Ombudsman Act, the following suggestions for improvement are made to Ahpra's CEO.

Suggestion for improvement 1

Ahpra and the National Boards' Pro Rata Fee Review should consider, alongside the findings of this investigation:

- all registration types and professions to ensure that any recommendations support transparency, consistency and fair outcomes for practitioners
- appropriate mechanisms to waive or reimburse fees in certain circumstances
- how Ahpra and the National Boards should publish further information, in line with the requirements of a CRIS, that document the cost of its regulatory activities, and how the charging model enables cost recovery of regulatory activities.

Suggestion for improvement 2

Ahpra and the National Boards should review and update public facing information about the charging model, including registration forms, to ensure information is accurate across registration types and professions.

[100] See news article published 9 December 2024 on Ahpra's website, 'Parental leave fee relief on the way'. Accessed April 2025: www.ahpra.gov.au/News/2024-12-09-media-release-Parental-leave.aspx.

Glossary

Term	Definition
Application fee	The fee paid when an applicant lodges an application for registration. The fee is paid alongside the registration fee.
Registration fee	The fee practitioners are required to pay to practise in their profession. This fee is currently charged alongside the application fee when the practitioner applies for registration.
Registration renewal fee	The fee practitioners are required to pay to renew their registration to practise in their profession. The registration renewal fee for general and specialist registration is generally charged on the same date annually.
Limited registration	A National Board can grant limited registration to applicants who are not qualified for general or specialist registration but meet the requirements for the relevant type of limited registration.[101] The National Law provides for 4 categories of limited registration: • Postgraduate training or supervised practice[102] • Public interest[103] • Teaching or research[104] • Area of need.[105]
Provisional registration	A National Board can grant provisional registration to applicants to undertake a period of supervised practice if they are qualified for general registration and meet the relevant requirements.[106]
General registration	A National Board can grant general registration to applicants who are qualified for general registration and meet the relevant requirements.[107]
Specialist medical trainee	Medical practitioners undertaking an approved program of study with an accredited specialist medical college (a training program) leading to a qualification for the purposes of specialist medical registration.
Charging model	The approach Ahpra and the National Boards use to charge registration fees which is based on:

[101] National Law, s. 65.

[102] National Law, s. 66.

[103] National Law, s. 68.

[104] National Law, s. 69.

[105] National Law, s. 67. This type of limited registration has only been granted for the medical profession. An area of need is granted by a health minister.

[106] National Law, s. 62.

[107] National Law, s. 52.

	• practitioners paying a registration fee • practitioners with general, specialist or non-practising registration paying a registration renewal fee on the same date each year.
Registration type	A National Board can grant various types of registration to an eligible practitioner, including: • general registration • limited registration • provision registration • specialist registration • non-practising registration.

Appendix 1

Table 6: Summary of analysis of publicly available information regarding how registration fees are charged[108]

Profession	Recent graduates	Provisional registration	Limited registration[109]	Transitioning between registration types[110]
Aboriginal and Torres Strait Islander health practice	No reduced fees.	-	-	No reduced fees.
Chinese medicine	Reduced application and registration fees.[111]	-	Registration standard: Limited Registration for Teaching or Research Registration Standard Fees are equal to general registration fees (both application and registration fees) as outlined on the Board's website. Relevant application form does not indicate fees are pro-rated.	No reduced fees.
Chiropractic	No reduced fees.	-	Registration standard: Limited registration for teaching and research Registration standard: Limited registration in the public interest	When changing registration type "in certain cases" the registration fee may be adjusted to account for

[108] This information is based on each National Board's 'Fees' webpage which includes a table outlining the fees it charges, as well as the National Board's publicly available application forms by registration type.

[109] Where a National Board had published a registration standard related to limited registration on its website, its name is listed for clarity.

[110] Where a National Board has not specified on their 'Fees' webpage that a reduced fee applies, the investigation has assumed that there is no reduced fee when transitioning between non-practising and practising registration.

[111] For new graduates of an approved program of study applying for general registration.

			Fees are equal to general registration fees (both application and registration fees) as outlined on the Board's website. Relevant application forms do not indicate fees are pro-rated.	registration fees already paid.
Dental	No reduced fees.	-	Limited registration for teaching or research registration standard Limited registration for postgraduate training or supervised practice registration Standard Fees are equal to general registration fees (both application and registration fees) as outlined on the Board's website. Limited registration fees are charged on a monthly, pro rata basis, according to application forms.	There is no application fee to change registration type to 'non-practising.' There are possible application fees to return to general registration.
Medical	Reduced application and registration fees.	Application and registration fees are lower than general registration and application fees.[112]	Limited registration for area of need Registration Standard Limited Registration for Postgraduate Training or Supervised Practice Registration Standard Limited Registration for Teaching or Research Registration Standard Limited Registration in Public Interest Registration Standard Application fees are lower than general registration fees as outlined on the Board's website. Relevant application forms do not indicate fees are pro-rated.	There is no application fee to change registration type to 'non-practising.' There are possible application fees to return to general registration. There is a reduced application fee for general registration after transitioning from provisional registration.

[112] This registration type is typically accessed by recent graduates.

Medical radiation	No reduced fees.	Fees are equal to general registration fees.	No limited registration standard Limited registration fees pro-rated on a monthly basis, according to application form for limited registration for postgraduate training.	There is no application fee to change from provisional registration to general registration. There is a reduced registration fee for general registration after transitioning from provisional registration.
Nursing and midwifery	Reduced application fees.[113]	Fees are equal to general registration fees.	-	There is no application fee to change registration type to 'non-practising.' There are possible application fees to return to general registration.
Occupational therapy	No reduced fees.	Fees are equal to general registration fees.	No limited registration standard Fees are equal to general registration fees (both application and registration fees) as outlined on the Board's website. Some limited registration fees charged on a monthly, pro rata basis based on application forms for limited registration for postgraduate training, public interest and teaching or research. However, applicants applying for limited registration for supervised practice will not have fees pro-rated.	No reduced fees.

[113] For recent graduates that have completed in the 2 years prior to the date of application, an approved program of study leading to registration as a nurse or midwife.

Optometry	No reduced fees.	-	Registration standard: limited registration for postgraduate training or supervised practice Registration standard: limited registration for teaching or research Fees are equal to general registration fees (both application and registration fees) as outlined on the Board's website. Some limited registration fees are charged on a monthly, pro rata basis based on application form for limited registration for post graduate training or supervised practice. However, applicants applying for limited registration for teaching or research will not have fees pro-rated.	There is no application fee to change registration type to 'non-practising.' There are possible application fees to return to general registration.
Osteopathy	No reduced fees.	Application and registration fees are lower than general registration and application fees.	No limited registration standard Fees are equal to general registration fees (both application and registration fees) as outlined on the Board's website. The website also outlines that: • An option is available for less than 12 months initial limited registration at a pro-rated registration fee. • The Limited Registration for one day to sit an exam has a registration fee of 1 month pro-rated. The application forms for limited registration for supervised practice (short term to sit an examination) and for the public interest reflect that limited registration fees are charged on a monthly, pro rata basis.	There is no application fee to change registration type to 'non-practising.' There are possible application fees to return to general registration. There is a reduced application fee when applying for general registration from provisional registration.

Paramedicine	No reduced fees.	-	The Board's website indicates that it charges limited registration fees. However, there is no registration standard for limited registration or an application form for limited registration.	No reduced fees.
Pharmacy	Reduced application and registration fees.	Application and registration fees are lower than general registration and application fees.[114]	No limited registration standard Fees are equal to general registration fees (both application and registration fees) as outlined on the Board's website. The application form for limited registration for supervised practice outlines that limited registration fees are charged on a 6-month pro rata basis.	There is no application fee to change registration type to 'non-practising.' There are possible application fees to return to general registration.
Physiotherapy	No reduced fees.	-	Physiotherapy Limited Registration for Postgraduate Training or Supervised Practice Registration Standard Physiotherapy Limited Registration in Public Interest Registration Standard Physiotherapy Limited Registration for Teaching or Research Registration Standard Fees are equal to general registration fees (both application and registration fees) as outlined on the Board's website. Relevant application forms do not indicate fees are pro-rated.	There is no application fee to change registration type to 'non-practising.' There are possible application fees to return to general registration.
Podiatry	No reduced fees.	-	The Board's website indicates that it charges limited registration fees. However, there is no registration standard for limited registration or an application form for limited registration.	There is no application fee to change registration type to 'non-practising.' There are possible application fees

[114] This registration type is typically accessed by recent graduates.

				to return to general registration.
Psychology	No application fees.	No application fees.[115]	-	There is no application fee to change registration type to 'non-practising.' There are possible application fees to return to general registration.

[115] This registration type is typically accessed by recent graduates.

Appendix 2

The investigation undertook a desktop review of other industry approaches to charging professional registration fees. The investigation considered the fee charging model of professions that require licensing, both in Australia and overseas.

The investigation considered fee charging practices of the:

- Victorian Legal Services Board and Commissioner
- Queensland Law Society
- Law Society of New South Wales
- Law Society of Tasmania
- Law Society of South Australia
- Law Society of Western Australia
- Law Society Northern Territory
- Australian Capital Territory Law Society
- Veterinary Practitioners Registration Board of Victoria
- Veterinary Surgeons Board of South Australia
- Veterinary Board of Tasmania
- New South Wales Education Standards Authority
- Teachers Registration Board Tasmania
- Teachers Registration Board of South Australia
- Medical Council of Ireland
- New Zealand Medical Councils and Boards
- General Medical Council United Kingdom.

Appendix 3

Attachment: Ahpra Response to NHPO Draft Report – Own Motion Investigation into the Charging Model for Health Practitioner Registration Fees

1. Introduction

Ahpra welcomes the opportunity to respond to the National Health Practitioner Ombudsman's (NHPO) draft report dated 23 June 2025. We acknowledge the Ombudsman's thorough investigation and the reports constructive tone.

We appreciate the recognition of the proactive steps already taken by Ahpra and the National Boards, including the introduction of a 30% rebate for eligible practitioners and the commencement of a comprehensive Regulatory Fees Review.

2. Response to Key Findings

2.1. Fairness of the Charging Model

We acknowledge the concerns raised regarding the financial impact of the current charging model on certain practitioner cohorts, particularly those:

- Returning from parental leave
- Seeking registration for the first time
- Changing registration types

Ahpra agrees that these groups may experience disproportionate impacts under the current model. These concerns are being actively addressed through the Regulatory Fees Review, which includes consideration of a pro rata fee approach and broader consideration of equity and consistency.

2.2. Transparency and Public Information

We accept the finding that public-facing information about the charging model has, at times, lacked clarity and consistency. Work is already underway to improve the accuracy and accessibility of information on our website and in registration forms. We are also reviewing how we communicate the relationship between fees, cost recovery, and the National Law.

2.3. Individual Circumstances

We acknowledge the need to address a range of individual practitioner circumstances. While our current policies provide some support, we agree that these may not adequately address all scenarios identified in the report.

2.4. Cost Recovery and CRIS Alignment

Ahpra supports the principle of transparency in cost recovery. While our internal cost allocation model has been externally validated, we recognise the value of publishing more detailed information in line with best practice for demonstrating transparency and accountability in government cost recovery.

3. Response to Suggestions for Improvement

Suggestion 1: Pro Rata Fee

Ahpra accepts this suggestion. The Regulatory Fees Review will consider a pro rata approach for:

- All registration types and professions
- Mechanisms for waiving or reimbursing fees in appropriate circumstances
- Opportunities to enhance transparency, including alignment with CRIS principles

We welcome the NHPO's participation in the Regulatory Fees review and value the insights provided through this investigation.

Suggestion 2: Public-Facing Information

We accept this suggestion and have already commenced a review of public-facing materials. Updates will be progressively implemented, with priority given to improving clarity around registration periods, fee structures, and eligibility for rebates or refunds.

4. Implementation Timeframes

- **Regulatory Fees Review**: Recommendations due by November 2025, with implementation planned for 2026
- **Public Information Updates**: Initial improvements by end of 2025, with further updates aligned to review outcomes.
- **Policy Enhancements**: Consideration of mechanisms for best practice in demonstrating transparency and accountability in government cost recover to be integrated into Regulatory Fees Review Implementation plan during 2026.

5. Conclusion

Ahpra is committed to ensuring that the charging model is fair, transparent, and responsive to practitioner needs. We thank the NHPO for the contribution to this important work and look forward to continued collaboration.