

Regulatory models that could be used to implement the National Standards for Counsellors and Psychotherapists in Australia

Department of Health, Disability and Ageing

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Nous Group acknowledges Aboriginal and Torres Strait Islander peoples as the First Australians and the Traditional Custodians of Country throughout Australia. We pay our respect to Elders past and present, who maintain their culture, Country and spiritual connection to the land, sea and community.

This artwork was developed by Marcus Lee Design to reflect Nous Group's Reconciliation Action Plan and our aspirations for respectful and productive engagement with Aboriginal and Torres Strait Islander peoples and communities.

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1 Executive summary

Counsellors and psychotherapists are essential to Australia's mental health ecosystem. They deliver early intervention, collaborate within multidisciplinary teams to provide patient-centred care, and offer advice, support, and escalation pathways, especially in regions where access to other mental health services is limited. Yet counsellors and psychotherapists are not being used to their full potential, historically constrained in part by the lack of agreed practice standards.

In 2025, the National Standards for Counsellors and Psychotherapists (the National Standards) were developed, and Nous Group (Nous) has now been engaged by the Department of Health, Disability and Ageing (the Department) to explore what regulatory model might best support their implementation.

The paper identifies three broad regulatory approaches that could be used to implement the National Standards:

- **Voluntary regulation**, where professionals meet standards or other requirements on their own volition, rather than relying on some external force. This includes circumstances where peak bodies set conditions for their own member base that are designed to uphold the quality and safety of services and protect the reputation of the professional title. Note that voluntary regulation is what is currently used in Australia for counsellors and psychotherapists.
- **Contract-based regulation**, where standards, rules and other expectations are included as conditions of a funding agreement or other contractual arrangement. This can include cases where professionals are only eligible for funding if they maintain membership with reputable industry peak bodies, who then set and enforce requirements among their members; and
- **Statutory regulation**, where regulatory schemes have a basis in legislation and formal registration is often a requirement for market entry. Institutional arrangements for such schemes can vary; in some models, schemes are delivered exclusively by government agents. In others, co-regulatory arrangements can be established where an industry body has a key role, such as by managing the registration process.

At this early stage, no regulatory approach is being proposed or preferred. Instead, this paper is designed to invite stakeholder reflection on the strengths, limitations, costs, risks and practical implications of each potential model. To support this, details of how various models are currently used in Australia and in comparable overseas jurisdictions has been included.

Stakeholders are encouraged to provide feedback on specific discussion questions via a survey that will be available on Consultation Hub platform in March.

Insights gathered will form the foundation for a deeper assessment of regulatory options, including how each model aligns with the government's objectives, risk appetite, and the practical realities of the diverse counselling and psychotherapy sector.

2 Background and context to this report

This section introduces the National Standards for Counsellors and Psychotherapists and the purpose of this phase of consultation. It summarises the methodology Nous has used to date to map out possible regulatory models.

2.1 Nous has been commissioned to identify the optimal model for implementing the National Standards

The Department has engaged Nous to identify an appropriate regulatory model to support the implementation of the National Standards. The work involves determining how best to embed the National Standards into practice across a diverse and largely unregulated workforce, ensuring public safety, strengthening professional recognition, and enabling more consistent quality-of-care.

To achieve this, Nous is undertaking a structured program of research and engagement. This includes a review of regulatory models used in Australia and internationally; analysis of the strengths, limitations, costs and risks of each model; and extensive consultation with stakeholders across government, industry, service providers, educators, peak bodies and people with lived experience.

2.2 This report is designed to support early engagement on the strengths, limitations, risks and other considerations of different regulatory models

Work to identify a viable regulatory model to implement the National Standards is in its very early stages. Nous has drafted this report to set out possible options and seek early feedback from stakeholders about their strengths, limitations, costs, risks and other considerations associated with different regulatory models.

Discussion questions have been posed throughout this report and can be answered by stakeholders through an online survey and virtual interviews and focus groups. The survey will be hosted on Consultation Hub between ~27 February to 20 March.

Feedback will be used to further develop options and support a comprehensive analysis of how each might work in the Australian context.

2.3 Preliminary options have been identified from a rapid desktop review of publicly available documents

Nous undertook a rapid scan of literature to identify the various regulatory models that are used for occupational regulation in the health and social care sectors in Australia and in comparable international jurisdictions.

A desktop review was completed of publicly available documents, including government publications, regulatory documents, academic literature, and information from recognised professional and industry bodies. Generative AI tools were used to support rapid synthesis of large volumes of material, supplemented by manual verification.

Examples were selected based on a subjective assessment of relevance. That is:

- Occupations were selected as they were involved in some way in the care of vulnerable consumers (such as in the provision of health, mental health or social care in health, education or related settings).

- Comparator jurisdictions were selected based on having similarities with the Australian health and mental health system (such as similar styles of government, split between public and private services and comparable community attitudes towards mental health, and health seeking behaviours).

Several limitations inherent to this method:

- The focus on English-speaking or English-documented jurisdictions introduces language bias, limiting visibility of regulatory models documented in other languages.
- A desktop review naturally emphasises formal, codified structures, and may not fully capture informal or culturally embedded regulatory mechanisms.
- Some regulatory environments are dynamic, and recent or emerging changes may not yet be reflected in publicly accessible sources.

3 Context for regulation of counsellors and psychotherapists in Australia

This section describes the current role of counsellors and psychotherapists in Australia’s mental health sector and sets out how they follow a voluntary regulation model. Some of the key issues or ‘market failures’ associated with current arrangements have been described and feedback is specifically sought to understand whether these are the right issues and risks on which to focus.

3.1 Counsellors and psychotherapists make up an important component of the Australian mental health workforce

Mental health profoundly shapes the wellbeing of individuals, families and communities, with significant flow-on effects for social cohesion, productivity and the broader economy.

Australia has a mature, though often fragmented, mental health system with multiple pathways designed to help people seek support in ways that meet their clinical needs, align with their preferences, and integrate within broader models of care. Within this landscape, counsellors and psychotherapists form a vital part of the workforce, contributing to early intervention, prevention and stepped-care responses that enable consumers to access timely, person-centred support.

Counsellors and psychotherapists provide a broad range of therapeutic services. They complement psychologists, social workers, nurses and peer workers within the stepped-care system, where low- and medium-intensity interventions are essential to accessibility and efficiency. Evidence demonstrates that stepped-care models improve system responsiveness and effectively match service intensity to consumer need.¹ There is strong evidence that counselling and psychotherapy are effective in preventing and treating mental illness, including depression, anxiety, and trauma, with outcomes comparable across different therapeutic models and professions.²

Approximately 43,400 individuals are employed as counsellors,³ while an additional 4,000 psychotherapists are employed nationally, of which many (40 and 65 percent, respectively) work part-time.⁴ Note that these figures may underrepresent the true size of the workforce, as some individuals working in counselling or psychotherapy may identify with other professions such as psychology, nursing, or social work in official data collections.

A workforce study by the Psychotherapy and Counselling Federation of Australia (PACFA) in 2020 found that over half of surveyed counsellors and psychotherapists were self-employed in private practice, while about a quarter worked in non-government organisations.⁵ The Australian Counselling Association (ACA)’s 2024 workforce study also found a high proportion of respondents are self-employed counsellors (36 per cent).⁶ The profession is highly qualified and relatively experienced – the majority hold postgraduate qualifications,

¹ Anastasia Hronis, [Psychological interventions across a stepped care framework: special issue editorial](#), Discover Psychology, 20 February 2025 (accessed 30 January 2026)

² Australian Register of Counsellors and Psychotherapists (ARCAP), [Submission to the Productivity Commission: Mental Health Inquiry](#), April 2019

³ Jobs and Skills Australia, [Counsellors \(Occupation Profile – ANZSCO 2721\)](#), n.d. (accessed 30 January 2026)

⁴ Jobs and Skills Australia, [Psychotherapists \(Occupation Profile – ANZSCO 272314\)](#), n.d. (accessed 30 January 2026)

⁵ Alexandra Bloch-Atefi, Elizabeth Day, Tristan Snell, and Gina O’Neill, [A Snapshot of the Counselling and Psychotherapy Workforce in Australia in 2020: Underutilised and Poorly Remunerated, Yet Highly Qualified and Desperately Needed](#), Psychotherapy and Counselling Journal of Australia, Vol. 9, Issue 2, 2021 (accessed 30 January 2026)

⁶ Australian Counselling Association, 2024 Workforce Census Abridged Report, December 2024

with nearly half having completed a master's degree in counselling or psychotherapy, and approximately one-third had been registered for more than a decade.⁷

Compared to psychologists and psychiatrists, counsellors and psychotherapists are more likely to practice in non-metropolitan regions. While many practitioners are based in capital cities, a notable proportion work in regional (23 percent), rural (8 percent), and remote (2 percent) areas. Many also have multidisciplinary backgrounds, with about one-third holding qualifications in other recognised professions such as psychology, social work, nursing, or medicine. A smaller segment of the workforce operates outside the health sector, particularly in public administration and safety roles.⁸

3.2 Counsellors and psychologists have historically self-regulated

In some occupations, the use of a specific title is protected, while in others, scope of practice is set and/or limited by formal licensing or registration schemes.

In Australia, neither the title nor the practice of counselling or psychotherapy is controlled in any formal way. Unlike psychologists, whose title and scope of practice require registration with the Psychology Board of Australia as part of the National Registration and Accreditation Scheme (NRAS), any individual may call themselves a counsellor or psychotherapist and provide talk-therapy services, as there is no mandatory credential, licence or restricted act governed in legislation. No single regulatory body or law stipulates minimum qualifications, ethical standards, or oversight for all practitioners in this field.⁹

Peak professional bodies have historically taken on the role of setting standards and codes of practice. The two main associations are PACFA and ACA.¹⁰ These bodies require members to meet certain entry criteria – typically completion of an approved qualification (at least a diploma or bachelor's degree, and often postgraduate training for full registration¹¹) and agreement to abide by a code of ethics. They also mandate ongoing supervision and professional development for members. In this way, the peak bodies have developed voluntary codes of ethics and practice and encourage adherence to those standards among practitioners who choose to join. For example, PACFA and ACA maintain ethical grievance processes for their members and publish practice guidelines.

These requirements only apply to those workers who elect to become members. Practitioners can elect to not join any association (or to leave one) and still practice as a 'counsellor' or 'therapist'. The Australian Register of Counsellors and Psychotherapists (ARCAP; a joint initiative of PACFA and ACA) was established to provide a unified national register of practitioners who meet agreed professional standards, but registration with ARCAP remains voluntary and does not confer statutory recognition.¹²

3.3 There are 'market failures' associated with current arrangements

Counsellors and psychotherapists connect with people at what can be some of the most vulnerable moments in their lives. Their positive influence can be transformative, and there has been a longstanding call to make such support more accessible, both earlier in the trajectory of mental unwellness, and across more diverse health, disability and educational settings.

⁷ Alexandra Bloch-Atefi, Elizabeth Day, Tristan Snell, and Gina O'Neill, [A Snapshot of the Counselling and Psychotherapy Workforce in Australia in 2020: Underutilised and Poorly Remunerated, Yet Highly Qualified and Desperately Needed](#), *Psychotherapy and Counselling Journal of Australia*, Vol. 9, Issue 2, 2021 (accessed 30 January 2026)

⁸ Alexandra Bloch-Atefi, Elizabeth Day, Tristan Snell, and Gina O'Neill, [A Snapshot of the Counselling and Psychotherapy Workforce in Australia in 2020: Underutilised and Poorly Remunerated, Yet Highly Qualified and Desperately Needed](#), *Psychotherapy and Counselling Journal of Australia*, Vol. 9, Issue 2, 2021 (accessed 30 January 2026)

⁹ Australian Government Department of Health, Disability and Ageing, [National Standards for Counsellors and Psychotherapists – Summary report](#), 13 October 2025

¹⁰ Victorian Department of Health, [Counsellors](#), n.d. (accessed 30 January 2026)

¹¹ ACIL Allen, [Mental Health Workforce – Labour Market Analysis: Final Report](#), December 2020

¹² Psychotherapy and Counselling Federation of Australia (PACFA), [PACFA Response to the Productivity Commission's Draft Report on Mental Health](#), January 2020

However, as professions that are not formally regulated, there is significant diversity in qualifications, skills, experience and professional conduct among people who use the titles of counsellor or psychotherapist, and this can give rise to a series of 'market failures' that may require a regulatory response. These issues can include information asymmetries, consumer protection failures and an undersupply of public goods.

3.3.1 Unregulated environments can result in information asymmetries, preventing consumers from making informed choices

In the absence of protected titles or universal standards, consumers cannot reliably differentiate between highly trained practitioners and those with minimal preparation. This can be particularly problematic in therapeutic contexts because of the inherent vulnerability of clients and the significant trust they place in their practitioner.

Issues do come up. PACFA, for example, has reported receiving complaints about the competency of counsellors and psychotherapists and whether they have reported their skills and experiences in a way that supports clients to make informed decisions about engaging their services.¹³

3.3.2 Consumer protection failures may also occur when standards cannot be effectively enforced

Unlike regulated professions (where a statutory board can investigate complaints, enforce sanctions, or remove a practitioner from practice), counsellors and psychotherapists are not subject to a unified mandatory complaints system.

The primary formal avenue for client complaints is through state/territory health complaints entities (e.g. Health Care Complaints Commissions or Ombudsmen) under the National Code of Conduct (the National Code) for unregistered health practitioners.¹⁴ The National Code provides a set of enforceable standards and empowers health complaints offices to issue prohibition orders against an unregistered practitioner who breaches the code.¹⁵ However, not all jurisdictions have implemented the Code comprehensively – as of 2025, Tasmania and Northern Territory had yet to enact it fully, leaving inconsistencies in protection.¹⁶

This mechanism is also reactive and generally addresses only serious misconduct. That is, it typically relies on clients lodging formal complaints after suffering harm, and the outcome (such as barring a practitioner) occurs only after damage may have been done.

Moreover, a prohibition in one state may not automatically stop the individual from practicing in another state. Within the profession, the voluntary associations' complaint processes provide another layer – but only for those practitioners who are members. PACFA and ACA can investigate ethical complaints against their members and, if warranted, suspend or expel them from the association. However, such actions do not stop an individual from continuing to offer services independently; they would simply no longer carry that association's credential.

3.3.3 A lack of regulation can also contribute to public goods undersupply

Australians face significant and persistent barriers to accessing mental health professionals. National modelling shows large inequities in service availability, with communities in regional, remote and low-income areas disproportionately underserved despite higher levels of psychological distress. Cost is also a major barrier, with over 20 per cent of Australians delaying mental health care due to financial pressures, while system complexity and navigation, attitudinal and social matters, technological limitations, distance to

¹³ Psychotherapy and Counselling Federation of Australia (PACFA), [The problem of unregistered practitioners](#), n.d. (accessed 30 January 2026)

¹⁴ Rebecca Storen and Leah Ferris, [Health practitioner regulation: a quick guide](#), 30 November 2023 (accessed 30 January 2026)

¹⁵ NSW Health, [Code of conduct for unregistered health practitioners](#), n.d. (accessed 26 January 2026)

¹⁶ ABC News, [Governments 10 years late for enacting rules for unregistered health workers](#), 26 February 2025 (accessed 30 January 2026)

services, insufficient culturally-sensitive practice, and a lack of awareness of available services also prominent barriers to access and utilisation.¹⁷

Within this context, counsellors and psychotherapists represent an important, underutilised part of the mental health workforce, capable of improving access and relieving pressure on overstretched systems. They are well-suited to provide early intervention and manage lower-severity presentations within stepped-care models, allowing specialist clinicians to focus on more complex cases.

Many practitioners remain underutilised despite community need, with over a quarter indicating they would like to work additional hours.¹⁸ Their distribution also positions them to help address rural service gaps, as a higher proportion, or around one-third, are located in regional and remote areas compared to the lower rate of psychologists.¹⁹

Counsellors and psychotherapists are similarly well placed to support early intervention and prevention efforts, which are cost-effective and help reduce the long-term burden of mental illness. Their involvement in primary and community settings can contribute to lowering potentially preventable hospitalisations by offering timely, accessible care.²⁰

Evidence also suggests that many clients prefer counsellors due to their perceived approachability and empathy, and that aligning services to client preferences improves therapeutic outcomes.²¹ Expanding access to counsellors and psychotherapists through different service settings, may therefore enhance system efficiency while increasing consumer choice.

Yet, there are systemic barriers to better utilising and integrating counsellors and psychotherapists into the broader mental health workforce. For instance, counsellors and psychotherapists are ineligible for Medicare Benefits Schedule (MBS)-funded services and associated rebates – unlike psychologists, social workers, and some occupational therapists under some mental health initiatives. ACA and PACFA continue to advocate for the inclusion of counsellors and psychotherapists in the list of allied health professions in the *Health Insurance (Allied Health Services) Determination 2014*.

In the absence of MBS access, both associations have secured arrangements with several private insurers to offer limited rebates for eligible practitioners, including Medibank, ahm and Bupa.²²

Without statutory recognition or a single credentialing system, counsellors and psychotherapists have also reportedly faced issues of legitimacy and trust in the eyes of the public and other health professionals, such as via GP referral.²³ Similar trust considerations can arise for mental health services as employers, particularly in determining the roles counsellors and psychotherapists can play within multidisciplinary teams in community-based settings. This limited recognition may also influence broader workforce dynamics, potentially affecting the appeal of the profession and the clarity of career pathways. Without access to public funding schemes or formalised roles in public services, employment options can be more fragmented and

¹⁷ Bianca E. Kavanagh, Kayla B. Corney, Hannah Beks, Lana J. Williams, Shae E. Quirk and Vincent L. Versace, [A scoping review of the barriers and facilitators to accessing and utilising mental health services across regional, rural, and remote Australia](#), BMC Health Services Research, 4 October 2023, Vol. 23, Article 1060 (accessed 30 January 2026)

¹⁸ Alexandra Bloch-Atefi, Elizabeth Day, Tristan Snell, and Gina O'Neill, [A Snapshot of the Counselling and Psychotherapy Workforce in Australia in 2020: Underutilised and Poorly Remunerated, Yet Highly Qualified and Desperately Needed](#), Psychotherapy and Counselling Journal of Australia, Vol. 9, Issue 2, 2021 (accessed 30 January 2026)

¹⁹ Alexandra Bloch-Atefi, Elizabeth Day, Tristan Snell, and Gina O'Neill, [A Snapshot of the Counselling and Psychotherapy Workforce in Australia in 2020: Underutilised and Poorly Remunerated, Yet Highly Qualified and Desperately Needed](#), Psychotherapy and Counselling Journal of Australia, Vol. 9, Issue 2, 2021 (accessed 30 January 2026)

²⁰ Australian Register of Counsellors and Psychotherapists (ARCAP), [Submission to the Productivity Commission: Mental Health Inquiry](#), April 2019

²¹ Australian Register of Counsellors and Psychotherapists (ARCAP), [Submission to the Productivity Commission: Mental Health Inquiry](#), April 2019

²² Psychotherapy and Counselling Federation of Australia (PACFA), [Register as a provider with PACFA's thirteen Private Health Insurers](#), 11 October 2023 (accessed 30 January 2026)

²³ Johanna de Wever, [New national standards for counsellors and psychotherapists: what they mean to GPs](#), n.d. (accessed 30 January 2026)

financially uncertain.²⁴ Over time, these conditions may influence who enters the field, contributing to a workforce profile that can skew older or draw more heavily on individuals seeking a second career.²⁵

3.4 Issues around counsellor and psychotherapist regulation have long been recognised, resulting in the development of the National Standards

The absence of formal (i.e. statutory) regulation for counsellors and psychotherapists has been a point of concern in many reviews and inquiries over the years. For example, the 2021 Final Report of the House of Representatives Select Committee on Mental Health and Suicide Prevention noted that counsellors already play an important role working with vulnerable people, and without mandated qualifications or regulatory requirements, people cannot be confident that the care they receive is safe. The Committee reportedly had “reservations about the current registration and regulatory structures for counsellors,” noting that if the “workforce is to be leveraged to relieve the pressure on existing mental health services, the regulation of counsellors must be effective.”²⁶

The Committee consequently issued Recommendation 20, calling for the Australian Government to review existing self-regulated standards used by counsellor and psychotherapist peak bodies and use the results to determine appropriate terminology, national minimum standards for education, supervision, continuing professional development, and oversight requirements. This recommendation laid the foundation for the Department’s subsequent development of the National Standards, published in 2025.²⁷

The National Standards establish a unified framework of professional expectations across the sector. The National Standards define three career stages, ranging from entry-level (AQF 5–6) to advanced practitioners (AQF 7–9 with over 750 client hours), and six domains:

1. Education & Training
2. Professional Practice
3. Ethics
4. Competency
5. Diversity & Inclusion
6. Quality Assurance.

3.5 The existence of the National Standards alone is not enough

While the National Standards represent an important milestone for strengthening the professionalism, safety and coherence of the counselling and psychotherapy workforce, having standards on paper is only the first step. Real impact depends on a clear and deliberate implementation pathway that ensures the National Standards are embedded in day-to-day practice.

There are multiple regulatory approaches that could be used to support implementation – ranging from voluntary, contractual, or statutory mechanisms – and each carries its own strengths, limitations, costs, risks and trade-offs. Understanding these implications is essential to determining the most appropriate and proportionate regulatory pathway, ensuring the National Standards can be applied consistently, sustainably and in a way that improves safety, quality and trust across the sector.



²⁴ ACIL Allen, [Mental Health Workforce – Labour Market Analysis: Final Report](#), December 2020

²⁵ Alexandra Bloch-Atefi, Elizabeth Day, Tristan Snell, and Gina O’Neill, [A Snapshot of the Counselling and Psychotherapy Workforce in Australia in 2020: Underutilised and Poorly Remunerated, Yet Highly Qualified and Desperately Needed](#), *Psychotherapy and Counselling Journal of Australia*, Vol. 9, Issue 2, 2021 (accessed 30 January 2026)

²⁶ Section 5.218, Parliament of Australia, *Mental Health and Suicide Prevention - Final Report*, October 2021

²⁷ Parliament of Australia, [Mental Health and Suicide Prevention - Final Report](#), October 2021 (accessed 30 January 2026)

DISCUSSION QUESTIONS

- Have the most important risks or market failures associated with counsellors and psychotherapists been identified?
- What is missing?
- Which risks or problems are most urgent to solve?

4 Regulatory models that could be applied

This section introduces different regulatory models, highlights some of their strengths and limitations and invites stakeholder feedback on how well suited they might be to supporting implementation of the National Standards.

Across the globe, a wide range of regulatory models are used to set standards, guide professional conduct, and shape how different occupations operate in practice. These schemes are highly bespoke, each designed to address specific risks, opportunities, and system contexts. As shown in Table 1, regulatory design can vary significantly depending on what is being regulated, the number and type of requirements in place, the authorising environment that gives those requirements force, and the institutional arrangements that determine who promotes compliance and who monitors and responds to non-compliance.

Table 1 | Factors that influence regulatory design

What is regulated	What requirements exist	What creates the authorising environment for regulation	Who is involved
For example: <ul style="list-style-type: none">• The use of specific professional titles• Scopes of practice	For example: <ul style="list-style-type: none">• Qualifications• Continuous professional development• Behavioural and ethical commitments	For example: <ul style="list-style-type: none">• Voluntary action• Culture and community• Contracts or agreements• Legislation	For example: <ul style="list-style-type: none">• Industry bodies or professional groups• Government agents

One way to segment different models is based on what creates the authorising environment. Three different models are described below: Voluntary regulation, contract-based regulation and statutory regulation. Appendix A provides an overview of how these models are used in practice in Australia and in comparable overseas jurisdictions.



DISCUSSION QUESTION

- Are there other regulatory models that should be considered?

4.1 Voluntary regulation

Voluntary regulation is premised on workers meeting standards or other requirements on their own volition rather than relying on some external force. It includes circumstances where individual professionals make decisions for themselves about how they approach their work (i.e., completely unregulated professions), as well as circumstances where industry peaks or other bodies have a role in providing leadership and direction within the sector, and hold their own membership base to certain standards.

Counsellors and psychotherapists are currently included in the cohort of professions subject to voluntary registration. It is also used for naturopaths, hypnotherapists and doulas in Australia, as well as for counsellors in New Zealand and Singapore, and psychotherapists in Singapore.



What could this type of arrangement look like if used to support implementation of the National Standards?

In a voluntary regulation model, implementation of the National Standards could continue to be led by the existing peak bodies who would provide strong, ongoing professional leadership for the sector.

Their focus could be on increasing awareness of the new Standards, supporting practitioners to embed them in everyday practice, and encouraging those who wish to work in the field to affiliate with a recognised professional association.

Under this approach, the broader system would continue to rely on state and territory health complaint commissions and the National Code of Conduct for Health Care Workers to provide baseline protections and regulatory reach across *all* counsellors and psychotherapists, including those who are not members of a peak body.

Table 2 summarises some of the circumstances in which voluntary regulation works well and when it does not.

Table 2 | When voluntary regulation works well and does not work well

Voluntary regulation works well in circumstances where:	Voluntary regulation works less well in circumstances where:
<ul style="list-style-type: none"> ✓ Compliance with standards or other requirements or expectations is minimally burdensome. ✓ Benefit comes to compliant professionals through improved professional standing or access to specific economic opportunities (such as eligibility for funding). ✓ The professional workforce is cohesive, well-organised, and motivated to maintain high standards of practice. It works best when professional associations have strong governance arrangements, such as constitutions, bylaws, and boards of directors, supported by clear membership requirements, codes of conduct, and established disciplinary processes. 	<ul style="list-style-type: none"> • The risks associated with practice are moderate to high, where the consequences of practitioner error or misconduct are significant. • Professionals are less connected with their peers and therefore less educated on community expectations and industry best practice; or place less value in their professional title. • The compliance burden is high and consequences for non-compliance is low.

'Negative licensing' or equivalent arrangements sometimes apply to professions in this group. For example, registered health practitioners who have had their registration suspended or cancelled under the National Registration and Accreditation Scheme may seek to continue practising by providing services in areas that do not require registration, such as counselling or psychotherapy. In addition, counsellors and psychotherapists, as unregistered health practitioners, are subject to the National Code of Conduct for Health Care Workers, which is enforceable by state and territory health complaints entities and can result in prohibition orders restricting or banning the delivery of certain services.²⁷

Importantly, negative licensing arrangements are often quite generic and do not set standards for specific occupations, such as education and training requirements or how professional competency can be demonstrated.



DISCUSSION QUESTIONS

- How could voluntary regulation be used to implement the National Standards?
- What would be the strengths of this approach, and who would benefit?



DISCUSSION QUESTIONS

- What would be the limitations of this approach, and who would experience these?
- What would be the key risks of this approach, and for whom?
- What are the most important implementation costs and considerations, should this approach be adopted?

4.2 Contract-based regulation

Contract-based regulation is where the rules or expectations are established as part of a contract or other agreement; for example, where a professional is engaged by a government body to deliver specific services. This can include requirements for service providers to be members of reputable industry bodies or peak groups, particularly where such entities have defined standards and mechanisms in place to hold members to account. Funding can be withheld or contracts cancelled if the provider fails to comply with requirements set out in contracts.

In Australia, funding bodies such as Primary Health Networks, State Governments and Hospital and Health Services are known to use contract-based regulation to commission services related to speech pathology, audiology, social work and personal care. Internationally, it is also known to be used by government in New Zealand to fund audiologists.



What could this type of arrangement look like if used to support implementation of the National Standards?

In a contract-based regulatory model, the National Standards could be embedded directly into government funding agreements and service contracts, meaning that practitioners or organisations delivering government-funded or employed services would be required to meet the National Standards as a condition of receiving public funds.

This approach would allow governments, particularly state and territory mental health services, Primary Health Networks, and other commissioning bodies, to drive quality and safety by specifying minimum qualifications, supervision arrangements, adherence to the National Standards, and reporting expectations within their contracts. If they did not wish to have an active role confirming compliance with the National Standards themselves, they could require counsellors and psychotherapists to be registered members of ACA or PACFA.

While this model would only apply to practitioners working within government-funded programs, it could be complemented by broader education and awareness efforts to encourage uptake of the National Standards across the wider, privately funded workforce, increasing overall consistency without imposing formal regulation on the whole sector.

Table 3 summarises some of the circumstances in which contract-based regulation works well and when it does not.

Table 3 | When contract-based regulation works well and does not work well

Contract-based regulation works well in circumstances where:	Contract-based regulation works less well in circumstances where:
<ul style="list-style-type: none"> ✓ When government is a major purchaser, able to leverage funding contracts to require quality, competency, and safety standards. ✓ When the service environment is structured, with providers already operating under formal contractual arrangements that can embed training, accreditation, supervision or screening requirements with high compliance. ✓ When risks can be effectively mitigated through provider accountability, where the employer or commissioning agency can enforce consequences (e.g., removal from panels, loss of funding) without needing individual statutory registration. 	<ul style="list-style-type: none"> • When a large portion of the workforce operates outside government-funded programs, leaving many practitioners unregulated because they are not bound by any contract. • When peak bodies with whom contracted professionals must affiliate vary significantly in capability or governance, resulting in inconsistent workforce standards, weak oversight, and uneven enforcement of requirements placed in contracts.

?
DISCUSSION QUESTIONS

- How could contract-based regulation be used to implement the National Standards?
- What would be the strengths of this approach, and who would benefit?
- What would be the limitations of this approach, and who would experience these?
- What would be the key risks of this approach, and for whom?
- What are the most important implementation costs and considerations, should this approach be adopted?

4.3 Statutory regulation

Statutory regulation is the strongest and most formalised mechanisms for occupational regulation. It is where regulatory schemes have a basis in legislation, and formal registration is often a requirement of market entry. There are generally ongoing compliance requirements involved, and a regulator has powers to enforce these and to remove bad actors from the market.

Examples of statutory regulation include professions captured by the NRAS in Australia (which include psychologists, psychiatrists and general practitioners). A statutory regulation model is also used for counsellors and psychotherapists in Ireland; for psychotherapists in some provinces of Canada; and psychotherapists in New Zealand.

↔
What could this type of arrangement look like if used to support implementation of the National Standards?

Two examples of statutory regulation practice are provided below. In both, registration would be a condition of using the title of counsellor of psychotherapy, and compliance with the National Standards would be mandatory.

1. A profession under the National Scheme

Statutory regulation could involve counsellors and psychotherapists being added to the NRAS, alongside Australia’s 16 existing registered health occupations.



What could this type of arrangement look like if used to support implementation of the National Standards?

Practitioners could be required to register with a dedicated National Board, meet nationally consistent education, supervision and ethical standards, and comply with ongoing requirements such as continuing professional development and recency of practice.

Ahpra could manage registration, notifications and compliance functions, while the new Board would set profession specific standards and determine scopes of practice, ensuring consistent and enforceable minimum expectations across the entire workforce.

2. Co-regulation

A co-regulatory model could involve compulsory registration of counsellors and psychotherapists, *without* full inclusion in the National Registration and Accreditation Scheme (NRAS).

Under this approach, registration functions could be delegated to the profession, either through:

- a single legislated peak body with authority to register counsellors and psychotherapists; or
- multiple recognised peak bodies, provided an overarching statutory entity was established to 'regulate the regulators' and ensure consistency in peaks' approach to registration and accreditation

Complaints and notifications could be managed initially by the relevant registration body, with matters requiring regulatory or public protection action referred to state and territory health complaints entities.

Table 4 summarises some of the circumstances in which statutory regulation works well and when it does not. Table 3

Table 4 | When statutory regulation works well and does not work well

Statutory regulation works well in circumstances where:	Statutory regulation works less well in circumstances where:
<ul style="list-style-type: none"> ✓ The profession carries inherent, high impact risks, such as where unsafe practice can cause significant harm and individual practitioner sanctions (e.g., suspension, conditions, deregistration) are essential for protecting the public. ✓ The workforce is large, diverse, and operating across multiple settings, and a uniform, enforceable minimum standard is needed to ensure consistency in training, competence and ethical practice. ✓ There is a need for transparent, independent oversight, including public registers, formal complaints handling, and statutory powers to investigate and act on conduct or competence concerns. 	<ul style="list-style-type: none"> • Regulatory risk is low or can be effectively mitigated through lighter touch mechanisms, making statutory licensing disproportionate and administratively burdensome for both practitioners and government. • The profession is highly heterogeneous or still emerging, such that imposing rigid, standardised qualification or practice requirements could stifle innovation or exclude capable practitioners unnecessarily. • Workforce shortages or cost barriers are critical issues, as statutory regulation may increase entry costs, administrative load and compliance demands, reducing accessibility or discouraging participation.



DISCUSSION QUESTIONS

- How could statutory regulation be used to implement the National Standards?
- Would government-led or co-regulatory arrangements work better?
- What would be the strengths of this approach, and who would benefit?
- What would be the limitations of this approach, and who would experience these?



DISCUSSION QUESTIONS

- What would be the key risks of this approach, and for whom?
- What are the most important implementation costs and considerations, should this approach be adopted?

Appendix A Summary of regulatory models reviewed

This section outlines examples of how the different regulatory models used Australia and other countries.

A.1 Voluntary regulation

A.1.1 Examples of voluntary models used in Australia

Feature of model	Doulas	Naturopaths	Hypnotherapists
What is regulated?	Practices associated with perinatal support	Practices associated with naturopathy	The title of hypnotherapist and practices associated with hypnotherapy
What creates the obligation to abide by requirements?	<p>National Code applying to all unregulated health care workers</p> <p>The National Code of Conduct for Health Care workers (negative licensing arrangements only) applies to all workers who are delivering health care services and not captured through other regulatory schemes; and who live in a State or Territory that have enacted the National Code.</p>	<p>National Code applying to all unregulated health care workers</p> <p>The National Code of Conduct for Health Care workers (negative licensing arrangements only) applies to all workers who are delivering health care services and not captured through other regulatory schemes; and who live in a State or Territory that have enacted the National Code.</p> <p>Other obligations</p> <p>Other obligations are created through membership of groups like the Naturopaths & Herbalists Association of Australia (NHAA), the Australian Register of Naturopaths and Herbalists (ARONAH) or the Australian Naturopathic Practitioners Association (ANPA).</p>	<p>National Code applying to all unregulated health care workers</p> <p>The National Code of Conduct for Health Care workers (negative licensing arrangements only) applies to all workers who are delivering health care services and not captured through other regulatory schemes; and who live in a State or Territory that have enacted the National Code.</p> <p>Other obligations</p> <p>Other obligations are created through membership to bodies/associations such as the Hypnotherapy Council of Australia (HCA), Australian Hypnotherapists Association (AHA), or</p>

			<p>Australian Society of Clinical Hypnotherapists (ASCH).</p> <p>Note: The HCA functions as a peak body whose membership comprises associations (such as AHA and ASCH) and training schools within the profession, rather than individual practitioners.</p>
<p>What requirements exist?</p>	<p>National Code applying to all unregulated health care workers</p> <p>In-scope health professionals must comply with the National Code of Conduct for health care workers. The code creates obligations for health care workers to provide services in a safe and ethical manner, obtain informed consent from consumers, take appropriate action in response to adverse events, and other things.</p> <p>No provisions are in place relating to competency, training, scope of practice or other matters.</p> <p>If professionals are found to be non-compliant with this code, they can be subject to 'negative licensing' and banned from working at all, or carrying out specific practices.</p> <p>Other</p> <p>There are no requirements specific to calling oneself a doula, or providing doula services.</p>	<p>National Code applying to all unregulated health care workers</p> <p>In-scope health professionals must comply with the National Code of Conduct for health care workers. The code creates obligations for health care workers to provide services in a safe and ethical manner, obtain informed consent from consumers, take appropriate action in response to adverse events, and other things.</p> <p>No provisions are in place relating to competency, training, scope of practice or other matters.</p> <p>If professionals are found to be non-compliant with this code, they can be subject to 'negative licensing' and banned from working at all, or carrying out specific practices.</p> <p>Other</p> <p>There is industry-led regulation in place where peak bodies create requirements as conditions of membership.</p> <p>ANPA and NHAA both outline approved education providers. ARONAH sets course accreditation standards for education providers.²⁸</p> <p>All NHAA members must sign the pledge to abide by its code of ethics.²⁹ ANPA's Code of Ethics applies to all naturopaths who are ANPA members.³⁰</p>	<p>National Code applying to all unregulated health care workers</p> <p>In-scope health professionals must comply with the National Code of Conduct for health care workers. The code creates obligations for health care workers to provide services in a safe and ethical manner, obtain informed consent from consumers, take appropriate action in response to adverse events, and other things.</p> <p>No provisions are in place relating to competency, training, scope of practice or other matters.</p> <p>If professionals are found to be non-compliant with this code, they can be subject to 'negative licensing' and banned from working at all, or carrying out specific practices.</p> <p>Other</p> <p>There is industry-led regulation in place where peak bodies create requirements as conditions of membership.</p> <p>HCA provides a Code of Ethics for member entities, which references the NSW Code of Conduct (2012) as minimum standards.³¹</p> <p>ASCH has a Code of Ethics that establishes minimum standards as guidelines for the ethical behaviour and conduct of its members.³²</p>

<p>Who is involved in providing oversight?</p>	<p>National Code applying to all unregulated health care workers</p> <p>Participating State and territory health complaint bodies can receive complaints and make negative licensing determinations.</p>	<p>National Code applying to all unregulated health care workers</p> <p>Participating State and territory health complaint bodies can receive complaints and make negative licensing determinations.</p> <p>Industry body members</p> <p>NHAA and ARONAH provide oversight over their own membership bases.</p>	<p>National Code applying to all unregulated health care workers</p> <p>Participating State and territory health complaint bodies can receive complaints and make negative licensing determinations.</p> <p>Industry body members</p> <p>HCA, AHA and ASCH provide oversight over their own membership bases.</p>
<p>Is information about 'suitable' or 'unsuitable' workers publicly available?</p>	<p>Negative licensing determinations</p> <p>Respective state and territory health complaint commissioners publish media releases relating to decisions of disciplinary bodies, public warnings and prohibition orders made about non-registered practitioners, where the code of conduct has been breached.</p> <p>Other</p> <p>There is no other register of 'suitable' or 'unsuitable' doulas that is maintained by any formal body.</p>	<p>Negative licensing determinations</p> <p>Respective state and territory health complaint commissioners publish media releases relating to decisions of disciplinary bodies, public warnings and prohibition orders made about non-registered practitioners, where the code of conduct has been breached.</p> <p>Other</p> <p>ARONAH and NHAA maintains public registers of members^{33,34}.</p> <p>Listed members presumably meet requirements set by the organisation and are not considered 'unsuitable'.</p>	<p>Negative licensing determinations</p> <p>Respective state and territory health complaint commissioners publish media releases relating to decisions of disciplinary bodies, public warnings and prohibition orders made about non-registered practitioners, where the code of conduct has been breached.</p> <p>Other</p> <p>The HCA maintains the Australian National Hypnotherapists Register³⁵, and other associations, such as AHA³⁶ Australian Society of Clinical Hypnotherapists (ASCH)³⁷ provide a 'Find</p>

²⁸ Australian Register of Naturopaths and Herbalists, [Education standards](#), n.d. (accessed 28 January 2026)

²⁹ NHAA, [Code of Ethics](#), 2017 (accessed 28 January 2026)

³⁰ Australian Naturopathic Practitioners Association, [Code of Ethics](#), n.d. (accessed 28 January 2026)

³¹ Hypnotherapy Council of Australia, [Code of Ethics](#), n.d. (accessed 28 January 2026)

³² The Australian Society of Clinical Hypnotherapists, [Code of Ethics](#), n.d. (accessed 28 January 2026)

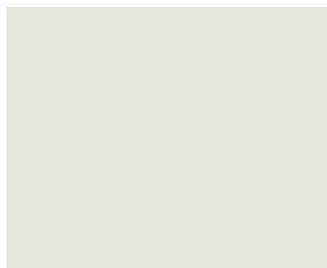
³³ NHAA, [Find a Practitioner](#), <https://nhaa.org.au/find-a-practitioner/2026> (accessed 28 January 2026)

³⁴ [Find A Practitioner - Naturopaths & Herbalists Association of Australia \(NHAA\)](#)

³⁵ HCA, [HCA Australian National Hypnotherapists Register](#), 2026 (accessed 28 January 2026)

³⁶ AHA, [Find a Hypnotherapist - Practitioner Directory](#), 2025 (accessed 28 January 2026)

³⁷ Australian Society of Clinical Hypnotherapists, [Find a Hypnotherapist](#), 2025 (accessed 28 January 2026)



a Hypnotherapist' search function or similar directory.

Listed members presumably meet requirements set by the organisation and are not considered 'unsuitable'.

A.1.2 Examples of voluntary models used in comparable overseas jurisdictions

Regulatory feature	Health care assistants (New Zealand)	Counsellors (New Zealand)	Counsellors (Singapore)	Psychotherapists (Singapore)
What is regulated?	Health care support services	Counselling services	The title of counsellor Peak bodies (primarily SAC and APACS) regulate use of titles within membership categories only.	The title 'Psychotherapist' ³⁸ Not legally protected, instead regulated through professional associations like APACS and SPS.
What creates the obligation to abide by requirements?	National code for all health and disability service providers Code of Health and Disability Services Consumers' Rights (1996), ³⁹ which is legally binding on every health or disability service provider, including unregulated workers such as health care assistants.	National code for all health and disability service providers Code of Health and Disability Services Consumers' Rights (1996), ⁴⁰ which is legally binding on every health or disability service provider, including unregulated workers such as counsellors.	Conditions of membership Voluntary membership in professional associations such as the Singapore Association for Counselling (SAC) or the Association of Psychotherapists and Counsellors Singapore (APACS). ⁴¹ Outside of such associations, anyone may use the title, as there is no statutory restriction.	Conditions of membership Voluntary membership in APACS or Singapore Psychological Society (SPS); obligations arise from association codes and membership terms. Outside of such associations, anyone may use the title, as there is no statutory restriction.

³⁸ Singapore Ministry of Health (MOH), [Accreditation and licensing of psychologist and psychotherapist professions](#), 13 September 2016 (accessed 30 January 2026)

³⁹ Health and Disability Commissioner, [Code of Health and Disability Services Consumers' Rights](#), 2023, (accessed 28 January 2026)

⁴⁰ Health and Disability Commissioner, [Code of Health and Disability Services Consumers' Rights](#), 2023, (accessed 28 January 2026)

⁴¹ The Digital Space, [Join APACS – The Association of Psychotherapists and Counsellors Singapore](#), n.d. (accessed 30 January 2026)

What requirements exist?

National code for all health and disability service providers

Workers must comply with the Code of Health and Disability Services Consumer Rights (1996),⁴² which creates duties for care providers to treat consumers in a way that respects their rights.

No provisions are in place relating to competency, training, scope of practice or other matters.

The NZ Health and Disability Commissioner (HDC) publishes public decisions of complaints, including naming individuals or providers when justified under its naming policy. This may effectively identify unsuitable workers following a breach of the Code. However, the HCD cannot 'ban' an unregistered provider from working in that field.

Other

There are no requirements specific to calling oneself a health care assistant or providing related services.

National code for all health and disability service providers

Workers must comply with the Code of Health and Disability Services Consumer Rights (1996),⁴³ which creates duties for care providers to treat consumers in a way that respects their rights.

No provisions are in place relating to competency, training, scope of practice or other matters.

The NZ Health and Disability Commissioner (HDC) publishes public decisions of complaints, including naming individuals or providers when justified under its naming policy. This may effectively identify unsuitable workers following a breach of the Code. However, the HCD cannot 'ban' an unregistered provider from working in that field.

Member-specific requirements

There is industry-led regulation in place where peak bodies create requirements as conditions of membership.

New Zealand Association of Counsellors (NZAC)⁴⁴ sets programme accreditation and minimum qualification expectations

Member-specific requirements

There is industry-led regulation in place where peak bodies create requirements as conditions of membership.

SAC sets entry requirement (education, supervised practice). SAC also requires 50 hours of CPE every 2 years and 400 clinical hours.⁴⁵

APACS offers multiple levels of membership but the minimum requirement (Certified Practitioner) is a basic relevant degree/postgraduate degree with 150 supervised practicum hours.⁴⁶

Counsellors who are members of SAC or APACS are bound by their respective Codes of Ethics.

Member-specific requirements

There is industry-led regulation in place where peak bodies create requirements as conditions of membership.

SPS maintains voluntary professional standards and offers guidance but is not described as setting mandatory entry requirements for psychotherapists. The SPS's voluntary Singapore Register of Psychologists (SRP) serves many practitioners who provide psychotherapy: it requires a postgraduate degree in psychology plus supervised practice for registration. Members of SRP must also fulfill ongoing requirements (adhere to the SPS Code of Ethics and log continuing professional development).⁴⁷

APACS and SPS set training/competency expectations. Psychotherapists who are members of APCS or SPS are bound by their respective Codes of Ethics.

⁴² Ibid

⁴³ Ibid.

⁴⁴ NZAC, [Self-Regulation and NZAC Registration](https://nzac.org.nz/site/membership/become-a-member/regulation), 2024 (accessed 28 January 2026) <https://nzac.org.nz/site/membership/become-a-member/regulation>

⁴⁵ Singapore Association for Counselling (SAC), [Becoming a Registered Counsellor](#), n.d. (accessed 30 January 2026)

⁴⁶ Association of Psychotherapists and Counsellors Singapore (APACS), [Membership Categories and Practitioner Levels](#), n.d. (accessed 29 January 2026)

⁴⁷ Singapore Psychological Society (SPS), [SRP Application Form](#), n.d. (accessed 30 January 2026)

		(e.g., BCouns/MCouns from NZQA/CUAP-approved programmes) for membership. It has a Code of Ethics members must observe. It also requires ongoing supervision and professional development for its members.		
Who is involved in providing oversight?	National code for all health and disability service providers The NZ Health and Disability Commissioner (HDC) monitors compliance and can receive complaints and make publishes decisions about workers that have breached the Code of Health and Disability Services Consumer Rights (1996). ⁴⁸	National code for all health and disability service providers The NZ Health and Disability Commissioner (HDC) monitors compliance and can receive complaints and make publishes decisions about workers that have breached the Code of Health and Disability Services Consumer Rights (1996). ⁴⁹	Industry body members SAC and APACS oversee their members through internal Ethics Committees and complaints procedures. No statutory oversight.	Industry body members APACS and SPS oversee their members through internal governance and ethics processes. No statutory oversight.
Is information about 'suitable' or 'unsuitable' workers publicly available?	National code for all health and disability service providers The NZ Health and Disability Commissioner (HDC) publishes details on workers who have been investigated following a complaint. Other There is no formal register of suitable or unsuitable health care assistants.	National code for all health and disability service providers The NZ Health and Disability Commissioner (HDC) publishes details on workers who have been investigated following a complaint. Other NZAC maintains voluntary public Register of Counsellors, detailing membership category counselling	Other SAC ⁵¹ maintains a public Register of Registered Counsellors. APACS maintains a directory of members. ⁵² No central government list of banned or unsuitable practitioners.	Other SPS maintains the Singapore Register of Psychologists. ⁵³ APACS maintains a member directory. No central government list of banned or unsuitable practitioners.

⁴⁸ Health & Disability Commissioner, New Zealand, [Code of Health and Disability Services Consumers' Rights](#), 2023, (accessed 2 February 2026)

⁴⁹ Health & Disability Commissioner, New Zealand, [Code of Health and Disability Services Consumers' Rights](#), 2023, (accessed 2 February 2026)

⁵¹ Singapore Association for Counselling (SAC), [Find a Counsellor](#), n.d. (accessed 28 January 2026)

⁵² Association of Psychotherapists and Counsellors Singapore (APACS), [Members Directory](#), n.d. (accessed 29 January 2026)

⁵³ Singapore Psychological Society, [Directory of SPS Members](#), n.d. (accessed 29 January 2026)

qualifications, and Annual Practising Certificate (APC) expiry date.⁵⁰

A.2 Contract-based regulation

Of note - **contract-based** regulation often co-exists with voluntary regulation. That is, it applies to workers who are engaged by Government or others to deliver professional services. Those who are not engaged under such arrangement are still covered by voluntary models.

It also exists with **statutory regulation**, where only registered practitioners can be engaged and funded to deliver relevant services.

A.2.1 Examples of contract-based models used in Australia

Regulatory feature	Speech pathologists	Audiologists	Social workers	Personal care workers
What is regulated?	Practices related to speech pathology Not a legally protected title, but the use of this title is regulated indirectly through professional self-regulation and contract requirements	Practices related to audiology ^{54, 55}	Practices related to social work ^{56, 57}	Practices associate with personal care ⁵⁸

⁵⁰ New Zealand Association of Counsellors, [Find a counsellor](#), 2024, (accessed 2 February 2026)

⁵⁴ Note: 'Audiologist' is slated to become a protected title when it becomes regulated under the NRAS in 2026; Hearing Practitioner News, [Australian audiologists to join Ahpra after health ministers approve regulation of the profession](#), 12 September 2025 (accessed 30 January 2026)

⁵⁵ Audiology Australia, [Regulation for audiologists](#), n.d. (accessed 30 January 2026)

⁵⁶ Note: South Australia - has passed the Social Worker Registration Act 2021 (SA), establishing a state-based registration scheme starting 1 July 2025. That SA law will protect the title 'Social Worker' in SA and require state registration there; Australian Association of Social Workers (AASW), [Regulation of social work in Australia](#), n.d. (accessed 30 January 2026)

⁵⁷ Australian Association of Social Workers (AASW), [FAQs](#), n.d. (accessed 28 January 2026)

⁵⁸ Note: These roles are part of the broader category of Unregulated Health Care Workers (UHCWs), who assist with non-complex personal care and daily living activities traditionally within the scope of regulated health professionals; Australian College of Nursing (ACN), [Regulation of the Unregulated Health Care Workforce Across the Health Care System – White Paper](#), April 2019 (accessed 30 January 2026)

What creates the obligation to abide by requirements?

National Code applying to all unregulated health care workers

The National Code of Conduct for Health Care workers (negative licensing arrangements only) applies to all workers who are delivering health care services⁵⁹ and not captured through other regulatory schemes; and who live in a State or Territory that have enacted the National Code.

Service agreements or contracts

Many speech pathologists deliver services under contracts (e.g. with Primary Health Networks (PHNs), public hospitals/health services, NDIS, Medicare programs). These public funding models/contracts oblige them to meet specific standards - often requiring Certified Practising Speech Pathologist (CPSP) status or equivalent – as a condition of funding.⁶⁰

National Code applying to all unregulated health care workers

The National Code of Conduct for Health Care workers (negative licensing arrangements only) applies to all workers who are delivering health care services and not captured through other regulatory schemes; and who live in a State or Territory that have enacted the National Code.

Service agreements or contracts

Audiologists often must adhere to standards set out in contracts with funders. For example, to provide services under the Australian Government’s Hearing Services Program, they must be recognised as Qualified Practitioners by the Federal Department of Health, which requires clinical certification from a designated professional body such as Audiology Australia or the Australian College of Audiology (ACAud).⁶¹ Similar determinations are in place for Medicare and private health insurance. These contracts create a binding obligation to follow the association’s code of ethics and

National Code applying to all unregulated health care workers

The National Code of Conduct for Health Care workers (negative licensing arrangements only) applies to all workers who are delivering health care services and not captured through other regulatory schemes; and who live in a State or Territory that have enacted the National Code.

Service agreements or contracts

Many social workers are employed or funded by government programs (e.g. state health services, community services, or Medicare-funded mental health care). These roles typically require the worker to have an AASW (Australian Association of Social Workers) membership or credentials. For instance, to provide services under Medicare’s Better Access initiative, a social worker must be an Accredited Mental Health Social Worker (AMHSW). They are also recognised by some private insurers like HCF and Bupa.⁶²

National Code applying to all unregulated health care workers

The National Code of Conduct for Health Care workers (negative licensing arrangements only) applies to all workers who are delivering health care services and not captured through other regulatory schemes; and who live in a State or Territory that have enacted the National Code.

Service agreements or contracts

Other obligations are created through contracts between personal care attendants and the commissioning body (such as Primary Health Networks, Hospital and Health Networks or State or Territory Governments).

To deliver services to NDIA-managed participants or provide high-risk supports (e.g., restrictive practices, SDA), personal care workers must be employed by or subcontracted through a registered NDIS provider.⁶³ Unregistered workers can support self- or plan-managed participants for most supports, but cannot deliver regulated supports or work with

⁵⁹ Niall Taylor Logopedics – Head and Neck Therapy, [Regulation of the Speech Pathology Profession in Australia](#), n.d. (accessed 30 January 2026)

⁶⁰ Tristan Nickless, Lisa Gold, Richard Dowell and Bronwyn Davidson, [Public purse, private service: The perceptions of public funding models of Australian independent speech-language pathologists](#), 2023 (accessed 29 January 2026)

⁶¹ Hearing Professional Conduct and Complaints Body (HPCCB), [Regulation of audiologists and audiometrists](#), 27 November 2024 (accessed 30 January 2026)

⁶² Australian Association of Social Workers (AASW), [Mental Health](#), n.d. (accessed 30 January 2026)

⁶³ NDIS Quality and Safeguards Commission, [About registration](#), n.d. (accessed 29 January 2026)

		competency requirements as a term of service provision.		NDIA-managed participants unless registered. ⁶⁴
What requirements exist?	<p>National Code applying to all unregulated health care workers</p> <p>In-scope health professionals must comply with the National Code of Conduct for health care workers. The code creates obligations for health care workers to provide services in a safe and ethical manner, obtain informed consent from consumers, take appropriate action in response to adverse events, and other things.</p> <p>No provisions are in place relating to competency, training, scope of practice or other matters.</p> <p>If professionals are found to be non-compliant with this code, they can be subject to 'negative licensing' and banned from working at all, or carrying out specific practices.</p> <p>Other</p> <p>A university degree in speech pathology is required to practice (employers and funders insist on an approved degree). Professional self-regulation - While not mandatory by law, in practice speech pathologists generally maintain Certified Practising Speech Pathologist (CPSP) status through Speech Pathology</p>	<p>National Code applying to all unregulated health care workers</p> <p>In-scope health professionals must comply with the National Code of Conduct for health care workers. The code creates obligations for health care workers to provide services in a safe and ethical manner, obtain informed consent from consumers, take appropriate action in response to adverse events, and other things.</p> <p>No provisions are in place relating to competency, training, scope of practice or other matters.</p> <p>If professionals are found to be non-compliant with this code, they can be subject to 'negative licensing' and banned from working at all, or carrying out specific practices.</p> <p>Other</p> <p>Typically a Master's degree in Audiology (or equivalent) is expected for professional practice.⁶⁸ Audiologists are generally required to be accredited by their professional body. For example, to work under the Australian Government's Hearing Services Program, an audiologist must be a</p>	<p>National Code applying to all unregulated health care workers</p> <p>In-scope health professionals must comply with the National Code of Conduct for health care workers. The code creates obligations for health care workers to provide services in a safe and ethical manner, obtain informed consent from consumers, take appropriate action in response to adverse events, and other things.</p> <p>No provisions are in place relating to competency, training, scope of practice or other matters.</p> <p>If professionals are found to be non-compliant with this code, they can be subject to 'negative licensing' and banned from working at all, or carrying out specific practices.</p> <p>Other</p> <p>A Bachelor or Master of Social Work from an AASW-accredited university program is the baseline for professional practice. Though not legally mandated, AASW membership is treated as the benchmark: it signifies the individual meets educational standards and</p>	<p>National Code applying to all unregulated health care workers</p> <p>In-scope health professionals must comply with the National Code of Conduct for health care workers. The code creates obligations for health care workers to provide services in a safe and ethical manner, obtain informed consent from consumers, take appropriate action in response to adverse events, and other things.</p> <p>No provisions are in place relating to competency, training, scope of practice or other matters.</p> <p>If professionals are found to be non-compliant with this code, they can be subject to 'negative licensing' and banned from working at all, or carrying out specific practices.</p> <p>Other</p> <p>While there is no mandatory national qualification, most employers require a Certificate III in Individual Support.⁷⁴ Workers must comply with employer policies and sector codes of conduct (e.g., Aged Care Quality and Safety Commission or NDIS Code of Conduct).⁷⁵</p>

⁶⁴ NDIS Quality and Safeguards Commission, [About registration](#), n.d. (accessed 29 January 2026)

⁶⁸ Audiology Australia, [Audiology qualifications and training](#), n.d. (accessed 29 January 2026)

⁷⁴ St Vincent's Care, [An Entry-Level Guide to Aged Care Certifications and Training in Australia](#), 26 March 2024 (accessed 29 January 2026)

⁷⁵ Norgave Training, [Ethical Practices in Individual Support: Cert 3 Students' Guide to Ethical Decision-Making in Adelaide](#), n.d. (accessed 30 January 2026)

Australia. Many commissioning bodies make CPSP status a de facto requirement (for Medicare provider numbers, DVA, NDIS registration, etc.,⁶⁵ CPSP is explicitly required). To hold CPSP, practitioners must meet SPA's standards, like ongoing continuing professional development, adherence to SPA's Code of Ethics, etc.⁶⁶ Approximately 80-90% of speech pathologists are registered under SPA as a member or CPSPs.⁶⁷

current accredited member of Audiology Australia or ACAud.⁶⁹ This entails meeting those associations' requirements: maintaining continuing education (Audiology Australia mandates a set number of CPD points over a cycle), following a Code of Ethics, and undergoing periodic certification renewal.

Funding contracts often mirror these requirements: they may insist on proof of professional body membership, valid QP (Qualified Practitioner) number for the Hearing Services Program, and appropriate insurance.⁷⁰

Clinical certification plays a critical role in safeguarding the public, as it formally verifies that an audiologist meets nationally benchmarked standards of training, qualifications, ongoing professional development and ethical practice, and signals to regulators, employers and consumers that the practitioner is competent, safe to practise and accountable under their professional Code of Conduct.⁷¹

agrees to the AASW Code of Ethics⁷² and CPD requirements.⁷³ Many employers and funding programs require social workers to either be AASW members or "eligible for membership". For specialised roles, additional credentials are needed (e.g. mental health: AASW's Mental Health Credential, which requires two years of supervised clinical experience and ongoing CPD in mental health).

⁶⁵Niall Taylor Logopedics – Head and Neck Therapy, [Regulation of the Speech Pathology Profession in Australia](#), n.d. (accessed 30 January 2026)

⁶⁶ Speech Pathology Australia, [Certification Program](#), 8 May 2025 (accessed 29 January 2026)

⁶⁷ Speech Pathology Australia, [Speech Pathology Australia response to the Health Complaints \(Code of Conduct\) Regulations 2024 consultation](#), n.d. (accessed 29 January 2026)

⁶⁹ Australian Government Department of Health, Disability and Ageing, [Hearing Services Program practitioner requirements](#), 5 June 2025 (accessed 30 January 2026)

⁷⁰ Australian Government Department of Health, [Provider Fact Sheet - Qualified Practitioners](#), 30 June 2021 (accessed 30 January 2026)

⁷¹ Hearing Professional Conduct and Complaints Body (HPCCB), [Practicing without certification](#), n.d. (accessed 29 January 2026)

⁷² Australian Association of Social Workers (AASW), [Code of Ethics](#), n.d. (accessed 30 January 2026)

⁷³ Australian Association of Social Workers (AASW), [AASW Accredited Mental Health Social Worker Application Criteria](#), n.d. (accessed 30 January 2026)

Who is involved in providing oversight?

National Code applying to all unregulated health care workers

Participating State and territory health complaint bodies can receive complaints and make negative licensing determinations.

Other

Commissioning/Funding Bodies: e.g. State health departments, PHNs, Medicare (Services Australia), NDIA - provide oversight through contracting: they verify credentials (like requiring CPSP for Medicare registration),⁷⁶ set service delivery standards, and can terminate contracts or funding if a practitioner fails to meet terms. Professional Association (Speech Pathology Australia) - SPA oversees its members via a self-regulatory process: it sets a Code of Ethics⁷⁷ and may investigate complaints about members. While SPA cannot stop a non-member from practising, it can suspend or expel members who breach standards (which in turn may jeopardize that speech pathologist's ability to work under certain contracts).⁷⁸

National Code applying to all unregulated health care workers

Participating State and territory health complaint bodies can receive complaints and make negative licensing determinations.

Other

Oversight also comes from entities like the Hearing Services Program Administrator, PHNs, or hospital networks that contract audiology services. They ensure the audiologist maintains required credentials (like peak body membership).⁷⁹

Audiology Australia and ACAud enforce codes of conduct for their members: they have ethics committees to handle complaints and can sanction members (e.g., remove their certification). If an audiologist lost their membership due to misconduct, they would simultaneously lose their ability to work under most contracts, which gives the associations practical oversight leverage.

The Hearing Practitioners Competency Committee Board (HPCCB) - an industry-established

National Code applying to all unregulated health care workers

Participating State and territory health complaint bodies can receive complaints and make negative licensing determinations.

Other

AASW membership is often cited as a requirement for employment in social work job positions.⁸²

The AASW plays a key oversight role for those enrolled as members: it has an ethics complaints mechanism and can conduct disciplinary hearings. Sanctions can include suspending the member's membership or rescinding their accreditation (for example, revoking someone's AMHSW status if they breach ethical standards).⁸³

National Code applying to all unregulated health care workers

Participating State and territory health complaint bodies can receive complaints and make negative licensing determinations.

Other

Oversight is provided by employers, aged care or NDIS providers, and relevant regulators (e.g., Aged Care Quality and Safety Commission, NDIS Commission). Workers are subject to codes of conduct and may be banned for misconduct.⁸⁴

⁷⁶ Niall Taylor Logopedics – Head and Neck Therapy, [Regulation of the Speech Pathology Profession in Australia](#), n.d. (accessed 30 January 2026)

⁷⁷ Speech Pathology Australia, [Code of Ethics 2020](#), 1 November 2025 (accessed 29 January 2026)

⁷⁸ Speech Pathology Australia, [Investigation of a formal ethics complaint](#), n.d. (accessed 30 January 2026)

⁷⁹ Ethical Jobs, [Audiologist - Central Australian Aboriginal Congress Northern Territory Primary Health Network](#) (Job listing), 2026 (accessed 30 January 2026)

⁸² Allied Health Professions Australia, [Australian Association of Social Workers](#), n.d. (accessed 29 January 2026)

⁸³ Australian Association of Social Workers (AASW), [Making a Complaint](#), n.d. (accessed 30 January 2026)

⁸⁴ Norgave Training, [Ethical Practices in Individual Support: Cert 3 Students' Guide to Ethical Decision-Making in Adelaide](#), n.d. (accessed 30 January 2026)

body - also plays a role in quality assurance: it can receive complaints about practitioners from the public or employers and then recommend sanctions to AudA or ACAud if a member is found to have violated the Code of Conduct for audiologists.⁸⁰ (HPCCB is essentially a professional self-regulation panel across the hearing sector).⁸¹

Is information about 'suitable' or 'unsuitable' workers publicly available?

Negative licensing determinations

Respective state and territory health complaint commissioners publishes media releases relating to decisions of disciplinary bodies, public warnings and prohibition orders made about non-registered practitioners, where the code of conduct has been breached (for example, the NSW HCCC maintains a register of Prohibition Orders).⁸⁵

Other

Speech Pathology Australia also maintains a public directory of Certified Practising Members of Speech Pathology Australia.⁸⁶

Negative licensing determinations

Respective state and territory health complaint commissioners publishes media releases relating to decisions of disciplinary bodies, public warnings and prohibition orders made about non-registered practitioners, where the code of conduct has been breached.

Other

Audiology Australia⁸⁷ and ACAud⁸⁸ publish online registers of accredited audiologists -essentially, anyone accredited by these professional bodies. Listed members presumably meet requirements set by the

Negative licensing determinations

Respective state and territory health complaint commissioners publishes media releases relating to decisions of disciplinary bodies, public warnings and prohibition orders made about non-registered practitioners, where the code of conduct has been breached.

Other

The AASW provides a publicly accessible "Find a Social Worker"⁸⁹ search on its website, which lists members. Listed members presumably meet requirements set

Negative licensing determinations

Respective state and territory health complaint commissioners publishes media releases relating to decisions of disciplinary bodies, public warnings and prohibition orders made about non-registered practitioners, where the code of conduct has been breached.

Other

There is no central public register of personal care workers. However, the NDIS Commission and Aged Care Commission can issue banning orders or publish enforcement actions against individuals or providers.⁹⁰

⁸⁰ Hearing Professional Conduct and Complaints Body (HPCCB), [Code of Conduct for audiologists and audiometrists by-law](#), 1 October 2024 (accessed 30 January 2026)

⁸¹ Australian Government Department of Health, Disability and Ageing, [Hearing Professional Conduct and Complaints Body \(HPCCB\)](#), 2 December 2024 (accessed 29 January 2026)

⁸⁵ NSW Health Care Complaints Commission, [List of Prohibition Orders](#), n.d. (accessed 30 January 2026)

⁸⁶ Speech Pathology Australia, [Find a Speech Pathologist](#), n.d. (accessed 30 January 2026)

⁸⁷ Audiology Australia, [Accredited Audiologist Search](#), n.d. (accessed 30 January 2026)

⁸⁸ The Australian College of Audiology (ACAud), [Member Directory](#), n.d. (accessed 30 January 2026)

⁸⁹ Australian Association of Social Workers (AASW), [Find a Social Worker](#), n.d. (accessed 30 January 2026)

⁹⁰ Aged Care Quality and Safety Commission, [Banning orders](#), n.d. (accessed 30 January 2026)

organisation and are not considered 'unsuitable'.

by the organisation and are not considered 'unsuitable'.

A.2.2 Examples of contract-based models used in comparable overseas jurisdictions

Regulatory feature	Audiology (New Zealand)
What is regulated?	The title of 'audiologist' The profession of audiology is not legally regulated under the Health Practitioners Competence Assurance Act (HPCA). The title 'audiologist' is not protected by law.
What creates the obligation to abide by requirements?	Employer policies Obligations arise from employer policies, funding contracts (e.g., ACC, Ministry of Health), and voluntary membership in the New Zealand Audiological Society (NZAS), which sets professional standards. ⁹¹ Only NZAS members can access Ministry of Health government subsidies and funding for hearing aids on behalf of their patients. Those that are full members of MNZS can access Disability Support Services (DSS), MSD Hearing Aid Subsidy Scheme. ⁹²
What requirements exist?	Requirements apply only to NZAS members, not all audiologists in NZ. NZAS requires: <ul style="list-style-type: none"> • A Master's degree in Audiology (or equivalent) • Completion of a supervised clinical competence programme (CCC) • Ongoing continuing professional development • Adherence to the NZAS Code of Ethics.⁹³

⁹¹New Zealand Audiological Society, [About Us](#), n.d. (accessed 29 January 2026)

⁹² Disability Support Services, [Guide to the Hearing Aid Funding Scheme](#), 7 May 2025 (accessed 29 January 2026)

⁹³ New Zealand Audiological Society, [Audiologist Membership](#), n.d. (accessed 29 January 2026)

Who is involved in providing oversight?

Professional peak body

Oversight is provided by NZAS for its members and by the Health and Disability Commissioner (HDC) for all health service providers under the Code of Rights.⁹⁴

Consumers can provide a formal complaint to the NZAS Complaints Board (Poari Whakapae).⁹⁵ NZAS members must pledge to adhere to the NZAS Code of Ethics.⁹⁶

National code for all health and disability service providers

The NZ Health and Disability Commissioner (HDC) monitors compliance and can receive complaints and make publish decisions about workers that have breached the Code of Health and Disability Services Consumer Rights (1996).⁹⁷

Is information about 'suitable' or 'unsuitable' workers publicly available?

NZAS maintains a public directory of certified audiologists.⁹⁸

HDC publishes anonymised or named decisions in serious cases, but there is no statutory public register.

A.3 Statutory regulation

A.3.1 Examples of statutory regulation models used in Australia

Regulatory feature	Psychologists	Psychiatrists	Occupational therapists	General practitioners
What is regulated?	Psychologists ⁹⁹	Psychiatrists ¹⁰⁰	Occupational therapists ¹⁰¹	General practitioners ¹⁰²

⁹⁴ Health & Disability Commissioner, [Code of Health and Disability Services Consumers' Rights](#), n.d. (accessed 29 January 2026)

⁹⁵ New Zealand Audiological Society, [Complaints process](#), n.d. (accessed 2 February 2026)

⁹⁶ New Zealand Audiological Society, [Code of Ethics](#), n.d. (accessed 2 February 2026)

⁹⁷ Health & Disability Commissioner, New Zealand, [Code of Health and Disability Services Consumers' Rights](#), 2023, (accessed 2 February 2026)

⁹⁸ New Zealand Audiological Society, [Find an NZAS Audiologist/Audiometrist](#), n.d. (accessed 29 January 2026)

⁹⁹ Australian Health Practitioner Regulation Agency, [Ahpra FAQ](#), n.d. (accessed 29 January 2026),

¹⁰⁰ Ibid.

¹⁰¹ Ibid.

¹⁰² Ibid.

What creates the obligation to abide by requirements?	The title of 'Psychologist'.	The title of medical practitioner, with specialist registration to use title of psychiatrist.	The title 'Occupational Therapist'.	The title of medical practitioner, with specialist registration to use title of general practitioner.
What requirements exist?	<p>Legislative requirements</p> <p>Psychologists must meet high entry standards and ongoing requirements.¹⁰³ Typically this includes at least 6 years of approved education/training in psychology (e.g. an accredited Master's degree plus supervised practice or equivalent internship), successful completion of any Board exams or supervised practice programs, and proof of competence. They must satisfy the Psychology Board's registration standards: criminal history check, English proficiency, professional indemnity insurance, continuing professional development (CPD) requirements, and recency of practice standards.¹⁰⁴ Psychologists are also bound by a Code of Ethics/Conduct issued by the Board,¹⁰⁵ and must practice within their scope and competence. Annual renewal of registration requires meeting CPD minima and abiding by any additional requirements (e.g. any supervision if provisional).</p>	<p>Legislative requirements</p> <p>To be registered as a psychiatrist, one must first be a qualified medical doctor and then complete specialist psychiatric training. This means holding an approved medical degree (MBBS/MD) and general medical registration (including internship), then completing postgraduate fellowship training with the Royal Australian and New Zealand College of Psychiatrists (RANZCP) or equivalent certification recognised by the Medical Board. Additionally, all medical practitioners must meet core registration standards (good English, clean criminal record, etc.) and comply with the Medical Board's code 'Good Medical Practice'. Psychiatrists must participate in lifelong learning - CPD is mandatory (the College's CPD program is often used to fulfill board requirements). They also need professional indemnity coverage.</p>	<p>Legislative requirements</p> <p>Occupational therapists must complete an approved tertiary program in occupational therapy (usually a Bachelor's degree (4-year) or graduate Masters in OT that's accredited). They must meet the Occupational Therapy Board's registration standards similar to other professions. There is no national licensing exam for OTs in Australia; the accredited degree and any supervised fieldwork built into that suffice for entry, subject to Board approval. OTs must abide by the Board's Code of Conduct and any practice guidelines. They also have to renew registration annually with evidence of having met CPD.</p>	<p>Legislative requirements</p> <p>General practitioners are regulated as medical practitioners with a specialty in general practice. To be recognised as a GP, a doctor typically must complete an accredited GP training program and obtain fellowship from either the RACGP or ACRRM (the two colleges for general practice) after their basic medical degree.</p> <p>For registration purposes, the Medical Board requires that GP specialists be appropriately qualified (i.e. on the specialist register). In addition, like all doctors, GPs must meet the standard registration standards: e.g. criminal history check, English skills, CPD (which for GPs is formalized via annual continuing education/professional development programs), and professional indemnity insurance coverage.¹⁰⁶ GPs must follow the same code of conduct ('Good Medical Practice')¹⁰⁷ and are subject to recency-of-practice rules.</p>

¹⁰³ Rebecca Storen and Leah Ferris, [Health practitioner regulation: a quick guide](#), 30 November 2023 (accessed 30 January 2026)

¹⁰⁴ Rebecca Storen and Leah Ferris, [Health practitioner regulation: a quick guide](#), 30 November 2023 (accessed 30 January 2026)

¹⁰⁵ Psychology Board of Australia, [Code of conduct](#), n.d. (accessed 29 January 2026)

¹⁰⁶ Medical Board of Australia, [Registration Standard for Specialist Registration](#), n.d. (accessed 29 January 2026)

¹⁰⁷ Medical Board of Australia, [Good medical practice: a code of conduct for doctors in Australia](#), 20 November 2024 (accessed 29 January 2026)

<p>Who is involved in providing oversight?</p>	<p>Statutory regulator</p> <p>Psychologist regulation is part of the National Registration and Accreditation Scheme.</p> <p>Ahpra acts as the national administrative agency responsible for implementing the scheme (managing registration, handling notifications, conducting compliance and accreditation functions, and supporting the operational delivery of regulation) while the Psychology Board of Australia sets psychologist specific profession-specific standards, codes, registration requirements, and make regulatory decisions about practitioner conduct, qualifications, accreditation approvals, and conditions on registration.</p>	<p>Statutory regulator</p> <p>Psychiatrist regulation is part of the National Registration and Accreditation Scheme.</p> <p>Ahpra acts as the national administrative agency responsible for implementing the scheme (managing registration, handling notifications, conducting compliance and accreditation functions, and supporting the operational delivery of regulation) while the Medical Board of Australia sets psychiatrist specific profession-specific standards, codes, registration requirements, and make regulatory decisions about practitioner conduct, qualifications, accreditation approvals, and conditions on registration.</p>	<p>Statutory regulator</p> <p>Occupational therapist regulation is part of the National Registration and Accreditation Scheme.</p> <p>Ahpra acts as the national administrative agency responsible for implementing the scheme (managing registration, handling notifications, conducting compliance and accreditation functions, and supporting the operational delivery of regulation) while the Occupational Therapy Board of Australia sets occupation-therapist specific profession-specific standards, codes, registration requirements, and make regulatory decisions about practitioner conduct, qualifications, accreditation approvals, and conditions on registration.</p>	<p>Statutory regulator</p> <p>Occupational therapist regulation is part of the National Registration and Accreditation Scheme.</p> <p>Ahpra acts as the national administrative agency responsible for implementing the scheme (managing registration, handling notifications, conducting compliance and accreditation functions, and supporting the operational delivery of regulation) while the Medical Board of Australia sets general practitioner specific profession-specific standards, codes, registration requirements, and make regulatory decisions about practitioner conduct, qualifications, accreditation approvals, and conditions on registration.</p>
<p>Is information about 'suitable' or 'unsuitable' workers publicly available?</p>	<p>Ahpra maintains a public register of all registered psychologists,¹⁰⁸ all licensed psychologists appear on this register, including their registration status, qualifications, and any practice restrictions (conditions, suspensions). There is also a Register of Cancelled and/or Prohibited health practitioners,¹⁰⁹ which makes information on banned or sanctioned psychologists publicly available.</p>	<p>Ahpra maintains a public register of all registered medical practitioners, all licensed psychologists appear on this register, including their registration status, qualifications, and any practice restrictions (conditions, suspensions). There is also a Register of Cancelled and/or Prohibited health practitioners, which makes information on banned or sanctioned psychologists publicly available.</p>	<p>Ahpra maintains a public register of all registered occupational therapists, all licensed psychologists appear on this register, including their registration status, qualifications, and any practice restrictions (conditions, suspensions). There is also a Register of Cancelled and/or Prohibited health practitioners, which makes information on banned or</p>	<p>Ahpra maintains a public register of all registered medical practitioners, all licensed psychologists appear on this register, including their registration status, qualifications, and any practice restrictions (conditions, suspensions). There is also a Register of Cancelled and/or Prohibited health practitioners, which makes information on banned or sanctioned psychologists publicly available.</p>

¹⁰⁸ Australian Health Practitioner Regulation Agency, [Register of practitioners](#), 2025 (accessed 2 February 2026)

¹⁰⁹ Australian Health Practitioner Regulation Agency, [Cancelled and/or Prohibited health practitioners](#), 2025 (accessed 2 February 2026)

sanctioned psychologists publicly available.

A.3.2 Examples of statutory regulation models used in comparable overseas jurisdictions

Regulatory feature	Psychotherapists (Ontario, Canada)	Counsellors (Ireland) ¹¹⁰	Psychotherapists (Ireland) ¹¹¹	Psychotherapists (New Zealand)
What is regulated?	The title of psychotherapist as well as psychotherapy practices	The title of counsellor	The title of psychotherapist	The title of psychotherapist and specific scopes of practice
What creates the obligation to abide by requirements?	<p>Legislation</p> <p>The obligation is created by Ontario's <i>Psychotherapy Act, 2007</i>¹¹² and the <i>Regulated Health Professions Act (RHPA, 1991)</i>. These laws established the College of Registered Psychotherapists of Ontario (CRPO) and require anyone using the title 'Registered Psychotherapist' or performing the controlled act of psychotherapy to be a registrant of CRPO (or another specified college). Title protection was proclaimed in 2015 and the controlled act was restricted in 2017.¹¹³</p>	<p>Legislation</p> <p>The Health and Social Care Professionals Act 2005, as amended, designates Counsellor as a profession to be regulated. Statutory Instrument S.I. No. 170 of 2018 formally added counsellors.</p> <p>A Counsellors and Psychotherapists Registration Board was established in 2019 under CORU to implement this. The law mandates that once the register opens, practitioners must register to use the 'Counsellor' title.</p>	<p>Legislation</p> <p>The <i>Health and Social Care Professionals Act 2005</i>, as amended, designates Psychotherapist as a profession to be regulated. Statutory Instrument S.I. No. 170 of 2018 formally added counsellors.</p> <p>A Counsellors and Psychotherapists Registration Board was established in 2019 under CORU to implement this. The law mandates that once the register opens, practitioners must register to use the 'Psychotherapist' title.</p>	<p>Legislation</p> <p>The <i>Health Practitioners Competence Assurance Act 2003 (HPCA Act)</i> is the legislation that requires psychotherapists to be registered.</p> <p>The HPCA Act made 'Psychotherapist' a regulated profession in NZ (effective 2008 when the Psychotherapists Board was set up). By law, only those registered with the Board and holding an Annual Practising Certificate can use the title or practice as psychotherapists. Using the title without registration is prohibited and an offence under the Act.</p>

¹¹⁰ Currently self-regulated, but in the process of becoming a protected title once the new register opens.

¹¹¹ Currently self-regulated, but in the process of becoming a protected title once the new register opens.

¹¹² Government of Ontario, [Psychotherapy Act, 2007 \(S.O. 2007, c.10, Sched. R\)](#), n.d. (accessed 30 January 2026)

¹¹³ Canadian Counselling and Psychotherapy Association, [Ontario Regulation](#), February 2024 (accessed 29 January 2026)

What requirements exist?

Legislative requirements

A graduate-level education in psychotherapy is required (in practice, a master's degree or equivalent in psychotherapy or a related field). In order to fulfill the requirements for registration as a Recognised Psychotherapist (RP), applicants must also complete a substantial period of supervised clinical experience and pass a professional competency exam to register.¹¹⁴

Registrants must adhere to the CRPO's Code of Ethics and professional practice standards. They are also obliged to engage in continuing professional development through the College's Quality Assurance program.¹¹⁵

Legislative requirements

CORU Standards of Proficiency (July 2025) outline pre-registration education and training requirements for entry to the registers for counsellors. These include a minimum level of qualification of Level 8 on the National Framework of Qualifications (NFQ).¹¹⁶

During the transitional, or "grandparenting", period, experienced counsellors without a Level 8 may be admitted if they meet stringent experience criteria.

Once registered, counsellors must abide by a Code of Professional Conduct and undertake continuing professional development.

Legislative requirements

A minimum Level 9 qualification (Master's degree) in psychotherapy or an equivalent field is expected for new registrants. The CORU Board determined that psychotherapists should be educated to a Masters level to reflect the depth of training needed - hence new entrants will need a Level 9 NFQ award in psychotherapy.

For existing practitioners, there will be transitional pathways allowing those with extensive experience (but perhaps only Level 8 qualifications) to register, provided they meet defined criteria.

Psychotherapists must meet the published Standards of Proficiency.¹¹⁷ Once registered, counsellors must abide by a Code of Professional Conduct and undertake continuing professional development.

Legislative requirement

One typically needs a recognised qualification in psychotherapy. NZ's Psychotherapists Board expects qn approved Masters or postgraduate diploma in psychotherapy (or an equivalent overseas qualification) is required). When the regulation was introduced, there was a grandparenting period for experienced practitioners.

Applicants submit detailed portfolios of training and experience; the Board may require an oral interview or exam of jurisprudence/professional knowledge.

They are required to adhere to the Board's Code of Ethics for Psychotherapists. After initial registration, they must apply for an Annual Practising Certificate (APC) each year, which involves certifying that they have done required CPD and (often) a certain amount of supervision of their practice annually.

The Board also defines scopes of practice (e.g. general scope psychotherapist, or specific scopes like child psychotherapy) and practitioners can only work within their approved scope. Failure to maintain standards

¹¹⁴ College of Registered Psychotherapists of Ontario, [Information on Recognized & Non-Recognized Programs](#), n.d. (accessed 29 January 2026)

¹¹⁵ College of Registered Psychotherapists of Ontario, [Quality Assurance Program](#), n.d. (accessed 30 January 2026)

¹¹⁶ CORU – Health and Social Care Professionals Council, [Criteria for Education and Training Programmes for Counsellors](#), n.d. (accessed 30 January 2026)

¹¹⁷ CORU – Health and Social Care Professionals Council, [Standards of Proficiency for Psychotherapists](#), n.d. (accessed 30 January 2026)

can lead to conditions on practice or requirements like further training.

<p>Who is involved in providing oversight?</p>	<p>Statutory regulator</p> <p>The College of Registered Psychotherapists of Ontario (CRPO) is a statutory regulatory college established by provincial law.</p> <p>CRPO is responsible for enforcing the Psychotherapy Act and RHPA rules: it evaluates applications and grants registration, sets standards of practice, and investigates complaints. It has the authority to discipline registrants (e.g. through inquiries and tribunals that can suspend or revoke registration for misconduct).¹¹⁸</p>	<p>Statutory regulator</p> <p>Counsellors and Psychotherapists Registration Board (CORU) is a government-appointed board within CORU (Ireland’s multi-profession regulator). They provide oversight under the Health and Social Care Professionals Act (2005, amended).¹¹⁹</p> <p>This Board (as part of their five-milestone transition process) will maintain the register, set the code of conduct, and handle complaints via fitness-to-practice procedures. In practice, CORU’s framework means that counsellors will be regulated similarly to other health professions.¹²⁰</p>	<p>Statutory regulator</p> <p>Counsellors and Psychotherapists Registration Board (CORU) is a government-appointed board within CORU (Ireland’s multi-profession regulator). They provide oversight under the Health and Social Care Professionals Act (2005, amended).¹²¹</p> <p>This Board (as part of their five-milestone transition process) will maintain the register, set the code of conduct, and handle complaints via fitness-to-practice procedures. In practice, CORU’s framework means that counsellors will be regulated similarly to other health professions.¹²²</p>	<p>Statutory regulator</p> <p>Psychotherapists Board of Aotearoa New Zealand (PBANZ) -the statutory authority created by the Health Practitioners Competence Assurance Act to regulate psychotherapists, including administering registration, monitoring and enforcement functions.¹²³</p>
<p>Is information about ‘suitable’ or ‘unsuitable’ workers publicly available?</p>	<p>CRPO maintains a public register of all Registered Psychotherapists.¹²⁴</p>	<p>As with other CORU-regulated professions, there will be an online Register of Counsellors available to the public.¹²⁵ There is also a Removals Notification page, that displays the</p>	<p>As with other CORU-regulated professions, there will be an online Register of Psychotherapists available to the public.¹²⁷ There is also a Removals Notification page, that</p>	<p>New Zealand’s Psychotherapists Board provides a public register online.¹²⁹</p>

¹¹⁸ [Legislation, Regulations, & By-Laws](#)

¹¹⁹ CORU – Health and Social Care Professionals Council, [About the Counsellors and Psychotherapists Registration Board](#), n.d. (accessed 30 January 2026)

¹²⁰ CORU – Health and Social Care Professionals Council, [Opening of the Registers for Counsellors and Psychotherapists](#), n.d. (accessed 30 January 2026)

¹²¹ CORU – Health and Social Care Professionals Council, [About the Counsellors and Psychotherapists Registration Board](#), n.d. (accessed 30 January 2026)

¹²² CORU – Health and Social Care Professionals Council, [Opening of the Registers for Counsellors and Psychotherapists](#), n.d. (accessed 30 January 2026)

¹²³ The Psychotherapists Board of Aotearoa New Zealand, [The role of the Board](#), n.d. (accessed 29 January 2026)

¹²⁴ College of Registered Psychotherapists of Ontario, [Public Register](#), n.d. (accessed 30 January 2026)

¹²⁵ CORU – Health and Social Care Professionals Council, [Opening of the Registers for Counsellors and Psychotherapists](#), n.d. (accessed 30 January 2026)

¹²⁷ CORU – Health and Social Care Professionals Council, [Opening of the Registers for Counsellors and Psychotherapists](#), n.d. (accessed 30 January 2026)

¹²⁹ The Psychotherapists Board of Aotearoa New Zealand, [Register of psychotherapists](#), n.d. (accessed 29 January 2026)

registration details of those removed from the register.¹²⁶

displays the registration details of those removed from the register.¹²⁸

A.3.3 Examples of statutory co-regulation models used in comparable overseas jurisdictions

Regulatory feature	Counsellors and psychotherapists (UK)
What is regulated?	The profession and titles (“counsellor”, “psychotherapist”) are not statutorily regulated or protected. Regulation applies to voluntary professional registers, rather than to the occupation itself. ¹³⁰
What creates the obligation to abide by requirements?	<p>Voluntary registration with professional bodies that hold Professional Standards Authority (PSA)-accredited registers (e.g. British Association for Counselling and Psychotherapy, United Kingdom Council for Psychotherapy, National Counselling and Psychotherapy Society). The PSA Accredited Registers Programme provides government-endorsed assurance for unregulated and regulated occupations by setting mandatory standards that accredited registers must meet. Obligations arise through conditions of membership of these accredited registers, not through legislation.¹³¹</p> <p>The PSA has legal powers to award Accredited Register status when a health and care register meets the PSA’s Standards for Accredited Registers. The PSA’s functions in relation to accreditation are set out in Section 25(2) of the National Health Service Reform and Health Care Professions Act 2002.¹³²</p> <p>As outlined by the PSA, “to ensure that the public is protected some organisations hold registers (public lists) of people in those roles that can be checked by patients, service users and employers. Some of these registers are ‘statutory’ whilst others are ‘voluntary’.”¹³³</p>
What requirements exist?	<p>Requirements apply only to registrants of PSA-accredited registers and reflect the standards that accredited registers are required to meet in the public interest. These typically include:¹³⁴</p> <ul style="list-style-type: none"> • Defined standards for competence and professional conduct, including expectations for ethical behaviour and appropriate business practices • Clear education and training standards for entry to the register, with mechanisms to assure the quality of recognised education providers and programmes • Requirements for ongoing professional development and supervision, proportionate to the role and risks associated with practice • Transparent complaints and disciplinary processes, with clear pathways for raising concerns, timely handling of complaints, and publication of outcomes where appropriate • Maintenance of an accurate, public register, including information on registrant status and any restrictions on practice

¹²⁶ CORU – Health and Social Care Professionals Council, [Removals Notification](#), n.d. (accessed 30 January 2026)

¹²⁸ CORU – Health and Social Care Professionals Council, [Removals Notification](#), n.d. (accessed 30 January 2026)

¹³⁰ British Psychoanalytic Council, [Regulating Therapy](#), n.d. (accessed 20 February 2026)

¹³¹ UK Parliament, [Regulation of psychological professionals in mental health care](#), October 2025 (accessed 20 February 2026)

¹³² Professional Standards Authority for Health and Social Care, [Standards for Accredited Registers](#), n.d. (accessed 20 February 2026)

¹³³ Professional Standards Authority for Health and Social Care, [About Accredited Registers](#), 2026 (accessed 20 February 2026)

¹³⁴ Professional Standards Authority for Health and Social Care, [Standards for Accredited Registers](#), n.d. (accessed 20 February 2026)

	<p>There are no legally mandated minimum qualifications or universal practice standards for all practitioners operating outside these registers.</p> <p>UK Council for Psychotherapy (UKCP):¹³⁵</p> <ul style="list-style-type: none"> • Hold an approved postgraduate-level psychotherapy qualification recognised by a UKCP College • Maintain ongoing clinical practice and supervision, including minimum supervision requirements set by the relevant College • Comply with the UKCP Code of Ethics and Professional Practice • Complete continuing professional development, typically requiring a minimum of 250 hours of CPD over a five-year cycle, with annual minimums • Undergo periodic re-accreditation (normally every five years) to remain on the UKCP register <p>(Requirements apply only to UKCP-registered members.)</p>
<p>Who is involved in providing oversight?</p>	<p>Professional bodies (e.g. BACP, UKCP, NCPS) regulate their members, investigate complaints, and apply sanctions. The Professional Standards Authority (PSA) is a statutory oversight body accountable to Parliament that:</p> <ul style="list-style-type: none"> • Accredits voluntary registers • Sets public-protection and governance standards for registers • Review regulator decisions as to whether practitioners remain fit to practise • Conducts annual performance reviews • Can withdraw accreditation if standards are not maintained <p>The PSA does not have the power to investigate complaints about the regulators and does not regulate individual practitioners directly.¹³⁶</p>
<p>Is information about 'suitable' or 'unsuitable' workers publicly available?</p>	<p>Yes, partially</p> <p>PSA-accredited registers maintain public, searchable registers of practitioners who meet their standards. Some professional bodies publish disciplinary outcomes or removal from registers.</p> <p>There is no single national statutory register, and removal from a voluntary register does not legally prevent continued practice outside that system.¹³⁷</p>

¹³⁵ Association for Psychospiritual Practitioners, [UKCP Registration and Re-accreditation Guide](#), n.d. (accessed 20 February 2026)

¹³⁶ Professional Standards Authority for Health and Social Care, [How we work](#), n.d. (accessed 20 February 2026)

¹³⁷ UK Parliament, [Regulation of psychological professionals in mental health care](#), October 2025 (accessed 20 February 2026)

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