



Public consultation

April 2014

You are invited to provide feedback on this public consultation

Review of registration standards:

- Professional indemnity insurance
- Continuing professional development
- Recency of practice

Please provide written submissions by email, marked 'Consultation – Core registration standards' to medboardconsultation@ahpra.gov.au by close of business on 30 June 2014.

Submissions for publication on the Board's website should be sent in a word document (or equivalent)¹.

Submissions by post should be addressed to the Executive Officer, Medical, AHPRA, GPO Box 9958, Melbourne 3001.

¹ You are welcome to supply a PDF file of your feedback in addition to the word (or equivalent) file, however we request that you do supply a text or word file. As part of an effort to meet international website accessibility guidelines, AHPRA and National Boards are striving to publish documents in accessible formats (such as word), in addition to PDFs. More information about this is available at www.ahpra.gov.au/About-AHPRA/Accessibility.aspx.

Medical Board of Australia

G.P.O. Box 9958 | Melbourne VIC 3001 | www.medicalboard.gov.au

Public consultation

The Medical Board of Australia (the Board) is releasing the attached consultation paper on the review of the registration standards for professional indemnity insurance, continuing professional development and recency of practice. You are invited to provide your comments on the consultation paper, including the questions in the paper, by 30 June 2014.

How your submission will be treated

Submissions will generally be published unless you request otherwise. The Board publishes submissions on its website to encourage discussion and inform the community and stakeholders. However, the Board retains the right not to publish submissions at its discretion, and will not place on its website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the consultation.

Before publication, the Board will remove personally-identifying information from submissions, including contact details. The views expressed in the submissions are those of the individuals or organisations who submit them and their publication does not imply any acceptance of, or agreement with, these views by the Board.

The Board also accept submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. Any request for access to a confidential submission will be determined in accordance with the *Freedom of Information Act 1982* (Cwlth), which has provisions designed to protect personal information and information given in confidence.

Please let the Board know if you do not want your submission published, or want all or part of it treated as confidential.

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Overview of consultation

April 2014

Registration standards:

- Professional indemnity insurance
- Continuing professional development
- Recency of practice

Summary

Purpose of the proposal

1. The Health Practitioner Regulation National Law as in force in each state and territory (the National Law) requires National Boards to develop registration standards about matters, including the:
 - requirements for professional indemnity insurance arrangements for registered health practitioners registered in the profession;
 - requirements for continuing professional development for registered health practitioners registered in the profession; and
 - requirements in relation to the nature, extent, period and recency of any previous practice of the profession by applicants for registration in the profession.
2. The Medical Board of Australia (the Board) developed registration standards that were approved by the Australian Health Workforce Ministerial Council and took effect on 1 July 2010.
3. These standards were scheduled for review at least every three years, in keeping with good regulatory practice.
4. An approved registration standard, code or guideline is admissible in proceedings under the National Law or the law of a co-regulatory jurisdiction against a medical practitioner as evidence of what constitutes appropriate professional conduct or practice of the profession.
5. The Board is inviting general comments on its draft revised registration standards. There is an overview before each proposed draft that explains the proposed changes. There are also specific questions about the registration standards which you may wish to address in your response.

Next steps

6. The Board will consider the consultation feedback on the draft revised registration standards before finalising them for approval by the Ministerial Council.

Overview

April 2014

Review of *Professional indemnity insurance registration standard*

Summary of issue

7. The National Law requires the Board to develop a registration standard about the requirements for professional indemnity insurance (PII) arrangements for registered health practitioners registered in the profession.
8. Section 129 of the National Law provides that a registered health practitioner must not practise unless they have appropriate PII arrangements in force.
9. Section 109 of the National Law requires a practitioner applying to renew their registration to make a declaration that they have not practised during the previous registration period without having appropriate PII arrangements in place. It also requires the practitioner to declare that if their registration is renewed, they will not practise without appropriate PII arrangements in place.
10. Section 130 (3)(iii) requires that a registered health practitioner must notify the National Board, within seven days if appropriate PII arrangements are no longer in place.
11. The Board's initial *Professional indemnity insurance arrangements registration standard* requires that a medical practitioner must ensure that they are insured or indemnified for each context in which they practise. The Board is reviewing this standard to ensure it meets the objectives of the National Law and is worded as simply and clearly as possible.

Options statement – professional indemnity insurance

12. The Board has considered a number of options in developing this proposal.

Option 1 – Status quo

13. Option 1 would continue with the existing registration standard. The registration standard establishes the Board's requirements for PII arrangements. The Board has, however, identified a range of issues with the current standard, including the opportunity to clarify the language and structure to make it easier to understand.

Option 2 – Proposed revised standard

14. Option 2 would involve the Board submitting a revised registration standard to the Ministerial Council for approval. The registration standard would continue to outline the Board's requirements for PII arrangements, with no changes to the requirements. The revised standard has clearer wording and structure to make it easier to understand.

Preferred option

15. The Board prefers Option 2.

Issues for discussion

Potential benefits and costs of the proposal

16. The benefits of the preferred option are that the draft revised standard:

- is more user-friendly
- strikes a balance between protecting the public and impact on registrants and applicants for registration
- has been reworded to be simpler and clearer.

17. The costs of the preferred option are:

- applicants, other stakeholders, AHPRA and National Boards will need to become familiar with the new standard, noting that the requirements have not changed.

Estimated impacts of the draft revised registration standard

18. The changes proposed in the draft revised registration standard are minimal, although more significant changes may emerge through consultation. There is little impact anticipated on practitioners, business and other stakeholders arising from the changes proposed.

Relevant sections of the National Law

19. Relevant sections of the National Law relating to PII (and summarised above) are:

- Section 38
- Section 109
- Section 129
- Section 130

Questions for consideration

20. The Board is inviting feedback on the following questions.

- From your perspective, how is the current registration standard working?
- Is the content and structure of the draft revised registration standard helpful, clear, relevant and more workable than the current standard?
- Is there any content that needs to be changed or deleted in the revised draft registration standard?
- Is there anything missing that needs to be added to the revised draft registration standard?
- It is proposed that the draft revised standard is reviewed every five years or earlier if required. Is this reasonable?
- Do you have any other comments on the revised registration draft standard?

Attachments

21. The Board's *Statement of assessment against AHPRA's Procedures for development of registration standards and COAG principles for best practice regulation* is at [Attachment 1](#).

22. The current PII registration standard is published on the Board's website, accessible from www.medicalboard.gov.au/Registration-Standards

Registration standard

Professional indemnity insurance arrangements

Effective from:

Review date:

This registration standard sets out the Board's requirements for professional indemnity insurance (PII) arrangements under the Health Practitioner Regulation National Law as in force in each state and territory (the National Law).

Does this standard apply to me?

This standard applies to all registered medical practitioners except those with student or non-practising registration.

What must I do?

To meet this registration standard, you must fulfil the requirements set out in one of the following categories.

1. When you practise as a medical practitioner, you must ensure that you are insured or indemnified for each context in which you practise. This applies to all practice contexts, including private and public practice, self employed practitioners, those employed by others or working in an unpaid or volunteer capacity.

The following is a guide to the usual nature of insurance cover for particular practice contexts.

Private practice

Insurance with an approved insurer. The insurance cover must include run-off cover.

Employment or contractual arrangements in the public sector

Medical practitioners who are employed in the public sector or who work in the public sector under a contractual arrangement may have cover under a master policy or be covered by legislation.

Other indemnified employer

Medical practitioners who are employees or have a contractual arrangement with a non-government employer may be covered by third party insurance arranged by the employer.

2. If you are specifically precluded from cover for any aspect of practice under your insurance or indemnity arrangements, you must not practise in that area.

Are there exemptions to this standard?

The following medical practitioners are exempt from requiring PII:

- a. where the scope of medical practice of an individual medical practitioner does not include the provision of health care or medical opinion in respect of the physical or mental health of any person
- b. where a medical practitioner has statutory exemption from liability. That is, they are employed as a medical practitioner or are in another arrangement and are exempted from liability under state or commonwealth legislation, and
- c. medical practitioners who are registered in Australia but are practising exclusively overseas.

What does this mean for me?

The National Law provides that a registered health practitioner must not practise his/her profession unless appropriate professional indemnity insurance arrangements are in force in relation to the practitioner's practice of the profession (s.129).

When you apply for registration

When you apply for registration as a medical practitioner, you must declare that you will not practise the profession unless you have appropriate professional indemnity insurance arrangements in place that meet this standard. This is a requirement under the National Law.

When you apply for renewal

You will be required to declare annually at renewal:

- whether during the preceding period of registration, you practised the profession in accordance with the requirements of this standard, and
- that you will not practise the profession unless you have PII arrangements in place that are consistent with this standard.

During the registration period

- You must notify the Board within seven days if you no longer have appropriate professional indemnity insurance arrangements in place in relation to your practice that meet the requirements of this standard (s. 130).
- Your compliance with this standard may be audited from time to time.

Evidence

The Board may, at any time, require you to provide evidence that you have appropriate PII arrangements in place.

If you hold private insurance in your own name, you must retain documentary evidence of this insurance.

If you are covered by a third party insurance arrangement, you are not required to obtain documentary evidence of the insurance policy unless the Board requests it. If requested by the Board, you must provide a certified copy of the certificate of currency or a letter from the third party declaring that you are covered.

What happens if I don't meet this standard?

The National Law establishes possible consequences if you don't meet this standard, including that:

- the Board can impose a condition or conditions on your registration or can refuse your application for registration or renewal of registration when you don't meet a requirement in an approved registration standard for medical practitioners (sections 82 and 112 of the National Law)
- practising without appropriate PII arrangements, or failing to notify the Board within seven days that appropriate PII arrangements are no longer in place, is not an offence but may be behaviour for which health, conduct or performance action may be taken (section 129 and 130 of the National Law), and
- registration standards, codes or guidelines may be used in disciplinary proceedings against you as evidence of what constitutes appropriate practice for medical practitioners (section 41 of the National Law).

Authority

This registration standard was approved by the Australian Health Workforce Ministerial Council on <insert date of approval>.

Registration standards are developed under section 38 of the National Law and are subject to wide ranging consultation.

Definitions

Approved insurer is an insurer approved by the Board. All approved insurers must meet the minimum product standards that apply to all medical indemnity insurers as defined in the *Medical Indemnity (Prudential Supervision and Products Standards) Act 2003 (Cth)*. Approved insurers are listed on the Board's [website](#).

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. For the purposes of this registration standard, practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct nonclinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession.

Professional indemnity insurance arrangements means arrangements that secure, for the practitioner's professional practice, insurance against civil liability incurred by, or loss arising from, a claim that is made as a result of a negligent act, error or omission in the conduct of the practitioner. This type of insurance is available to practitioners and organisations across a range of industries and covers the cost and expenses of defending a legal claim, as well as any damages payable. Some government organisations under policies of the owning government are self-insured for the same range of matters.

Run-off cover means insurance that protects a practitioner who has ceased a particular practice against claims that arise out of or are a consequence of activities that were undertaken when he/she was conducting that practice. This type of cover may be included in a PII policy or may need to be purchased separately.

Third party cover: means the cover that an individual holds through a third party's insurance arrangement such as through an employer, education provider or union.

Review

This registration standard will be reviewed from time to time as required. This will generally be at least every five years.

Last reviewed: XXXX.

This standard replaces the previously published registration standard from 1 July 2010.

Overview

April 2014

Review of *Continuing professional development registration standard*

Summary of issue

23. The National Law requires the Board to develop a registration standard about the requirements for continuing professional development (CPD) for registered health practitioners registered in the profession.
24. Section 128 of the National Law provides that a registered health practitioner (other than a practitioner who holds non-practising registration) must undertake the CPD required by the Board's CPD registration standard.
25. Section 109 of the National Law requires practitioners applying to renew their registration to make a declaration that they have completed the CPD required by the relevant National Board in the previous registration period.
26. The Board is reviewing its standard to ensure it is based on the best available evidence, meets the objectives of the National Law and is worded as simply and clearly as possible.
27. The Board, in conjunction with the other National Boards who are reviewing their CPD registration standards, commissioned a review of the literature on the effectiveness of CPD. The Board has taken this information into account in its review of the registration standard.
28. As the available evidence does not provide definitive answers to issues such as the most effective amount and types of CPD, the Board has also considered its experience with the standard over the past three years in its review. The National Boards and AHPRA will continue to monitor developments in this area to inform the Board's standard.

Options statement – Continuing professional development registration standard

29. The Board has considered a number of options in developing this proposal.

Option 1 – Status quo

30. Option 1 would continue with the existing registration standard. The registration standard established the Board's initial requirements for CPD under the National Law. The Board has, however, identified a range of issues with the current standard, including the opportunity to clarify the language and structure to make it easier to understand.

Option 2 – Proposed revised standard

31. Option 2 would involve the Board submitting a revised registration standard to the Ministerial Council for approval. The registration standard would continue to outline the Board's requirements for CPD, with changes to the number of hours of CPD required for some types of registration. The revised standard also has clearer wording and structure to make it easier to understand.

Preferred option

32. The Board prefers Option 2.

Issues for discussion

Potential benefits and costs of the proposal

33. The benefits of the preferred option are that the draft revised standard:

- is more user-friendly
- strikes a better balance between protecting the public and impact on registrants and applicants for registration
- has been reworded to be simpler and clearer.

34. The costs of the preferred option are:

- applicants, other stakeholders, AHPRA and National Boards will need to become familiar with the new standard.

Estimated impacts of the draft revised registration standard

35. The draft revised registration standard proposes an increase in the number of hours of CPD required for some practitioners. There is some impact anticipated on some practitioners arising from the changes proposed.

Relevant sections of the National Law

36. The relevant sections of the National Law relating to CPD (and summarised above) are:

- Section 38
- Section 109
- Section 128

Questions for consideration

37. The Board is inviting feedback on the following questions.

- From your perspective, how is the current registration standard working?
- Is the content and structure of the draft revised registration standard helpful, clear, relevant and more workable than the current standard?
- Is there any content that needs to be changed or deleted in the revised draft registration standard?
- Is there anything missing that needs to be added to the revised draft registration standard?
- It is proposed that the draft revised standard is reviewed every five years or earlier if required. Is this reasonable?
- Do you have any other comments on the revised registration draft standard?

Attachments

38. The Board's *Statement of assessment against AHPRA's Procedures for development of registration standards and COAG principles for best practice regulation* is at [Attachment 1](#).

39. The current CPD registration standard is published on the Board's website, accessible from www.medicalboard.gov.au/Registration-Standards

Registration standard

Continuing professional development

Effective from:

Review date:

This registration standard sets out the Board's minimum requirements for continuing professional development (CPD) for medical practitioners.

Does this standard apply to me?

This standard applies to all registered medical practitioners except those with student or non-practising registration.

What must I do?

To meet this registration standard, you must fulfil the requirements set out in one of the following categories.

1. Medical practitioners who have specialist registration:
 - must meet the requirements for CPD set by the relevant specialist medical college for every specialty in which they hold specialist registration, and
 - can only choose a self directed program of CPD if that program meets the requirements for CPD set by the relevant specialist medical college.
2. Medical practitioners who are Australian or New Zealand medical graduates and have provisional registration to undertake an accredited intern year must:
 - participate in the supervised training and education programs associated with their position, and
 - comply with any further requirements for training or supervised practice specified in guidelines issued from time to time by the Board.
3. Medical practitioners who are international medical graduates and have provisional registration:
 - must participate in the supervised training and education programs associated with their position, or
 - if not in an accredited intern position, must complete a minimum of 50 hours of CPD per year, and
 - comply with any further requirements for training or supervised practice specified in guidelines issued from time to time by the Board.
4. Medical practitioners who have general registration and are college vocational trainees must:
 - participate in the supervised training and education programs associated with their position, and
 - comply with any further requirements for training or supervised practice specified in guidelines issued from time to time by the Board.
5. Medical practitioners who have limited registration for postgraduate training or supervised practice, limited registration for area of need, limited registration for teaching or research or limited registration in the public interest must:
 - complete CPD activities as agreed in their supervision plan

- complete a minimum of 50 hours of CPD per year (i.e. if their CPD activities agreed in their supervision plan total less than 50 hours, additional CPD activities must be completed to reach a minimum of 50 hours), and
 - comply with any further requirements for training or supervised practice specified in guidelines issued from time to time by the Board.
6. Medical practitioners who have limited registration (public interest - occasional practice) must:
- complete a minimum of 10 hours CPD per year focused on the particular nature of their practice, for example, therapeutics.
7. Medical practitioners who have general registration only (i.e. do not have specialist registration):
- must complete a minimum of 50 hours of CPD per year, and
 - may choose a self-directed program which must include practice-based reflective elements such as clinical audit, peer review or performance appraisal, as well as participation in activities to enhance knowledge such as courses, conferences and online learning.

Are there exemptions to this standard?

Medical practitioners who have limited registration in the public interest or limited registration for teaching and research (to demonstrate a procedure or participate in a workshop) and who have been granted registration for no more than four weeks, are exempt from the CPD requirement (see the Board's registration standards for limited registration).

The Board may also grant an exemption or variation from this standard in exceptional circumstances, such as serious illness or bereavement, that result in a substantial absence from practice.

What does this mean for me?

When you apply for registration

You don't need to meet this standard when you apply for registration in Australia for the first time as a medical practitioner.

When you apply for renewal

When you apply to renew your registration, you are required to declare whether you have complied with this standard.

During the registration period

Your compliance with this standard may be audited from time to time.

Evidence

You should maintain records of your CPD activity for audit purposes.

The length of time that you need to keep your records will depend on your type of registration. If you have specialist registration, the length of time that you need to keep your records will depend on the CPD requirements of the college.

You are required to keep your records for three years if you have:

- only general registration
- provisional registration
- limited registration.

If you have specialist registration, you must meet the requirements for CPD set by the relevant specialist medical college/s. That means that the length of time that you must keep your CPD records will depend on the college requirements. For example, some colleges have annual programs, some have triennial and some have five year programs.

If your college has annual CPD requirements, you are required to keep your records for three years.

If your college has CPD requirements that span more than 12 months, you are required to keep your records for the entire duration of the program or cycle set by the college and then an additional two years. For example:

- triennial cycle – keep your records for five years
- five year cycle – keep your records for seven years.

You may keep your own records, use college processes or use another third party to keep your records.

What happens if I don't meet this standard?

The National Law establishes possible consequences if you don't meet this standard, including that:

- the Board can impose a condition or conditions on your registration or can refuse an application for registration or renewal of registration, if you do not meet a requirement in an approved registration standard for the professions (sections 82, 83 and 112 of the National Law)
- a failure to undertake the CPD required by this standard is not an offence but may be behavior for which health, conduct or performance action may be taken by the Board (section 128 of the National Law), and
- registration standards, codes or guidelines may be used in disciplinary proceedings against you as evidence of what constitutes appropriate practice or conduct for medical practitioners (section 41 of the National Law).

Authority

This registration standard was approved by the Australian Health Workforce Ministerial Council on <insert date of approval>.

Registration standards are developed under section 38 of the National Law and are subject to wide ranging consultation.

More information

1. Medical practitioners who are engaged in any form of medical practice are required to participate regularly in CPD that is relevant to their scope of practice in order to maintain, develop, update and enhance their knowledge, skills and performance to ensure that they deliver appropriate and safe care.
2. CPD must include a range of activities to meet individual learning needs including practice-based reflective elements, such as clinical audit, peer-review or performance appraisal, as well as participation in activities to enhance knowledge such as courses, conferences and online learning. CPD programs of medical colleges accredited by the Australian Medical Council meet these requirements.

3. Medical practitioners with more than one specialist qualification may have specialist registration in more than one specialty. The Board expects these medical practitioners to comply with the CPD requirements of every specialty in which they hold specialist registration. The Board accepts that there may be CPD undertaken that fulfils the CPD requirements of more than one specialist college or specialty.
4. *'Limited registration in the public interest – occasional practice'* is a closed registration category for medical practitioners which limits their scope of practice to practise on an occasional basis (often limited to issuing repeat prescriptions and writing referrals, often without remuneration). This registration category will not be available after three renewals of registration in the National Registration and Accreditation Scheme.

Definitions

Continuing professional development is the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives.

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

Scope of practice means the professional role and services that an individual health practitioner is trained, qualified and competent to perform.

Specialist medical college means a college:

- whose program of study has been accredited by the Board's accreditation authority, the Australian Medical Council, and
- whose resultant qualification has been approved by the Board as providing a qualification for the purposes of specialist registration.

Review

This standard will be reviewed from time to time as required. This will generally be at least every five years.

Last reviewed: XXX

This standard replaces the previously published registration standard from 1 July 2010.

Overview

April 2014

Review of *Recency of practice registration standard*

Summary of issue

40. The National Law requires the Board to develop a registration standard about the requirements for the nature, extent, period and recency of any previous practice by practitioners applying for initial registration in the medical profession.
41. Section 109 of the National Law requires a practitioner applying to renew their registration to declare that they have met the recency of practice requirements in the Board's registration standard.
42. The Board is reviewing its standard to ensure it is based on the best available evidence, meets the objectives of the National Law and is worded as simply and clearly as possible.
43. The Board, together with the other National Boards reviewing their recency of practice registration standards, commissioned a review of the literature on recency of practice requirements. The Board has taken this information into account in its review of the registration standard.
44. As the available evidence does not provide definitive answers to issues such as the amount of practice that a practitioner must undertake to remain competent, the Board has also considered its experience with the standard over the past three years and how best to protect the public given current knowledge limitations. The National Boards and AHPRA will continue to monitor developments in this area to inform the Boards' standards.

Options statement – recency of practice registration standard

45. The Board has considered a number of options in developing this proposal.

Option 1 – Status quo

46. Option 1 would continue with the existing registration standard. The registration standard established the Board's initial requirements for recency of practice under the National Law. The Board has, however, identified a range of issues with the current standard, including the opportunity to clarify the language and structure to make it easier to understand.

Option 2 – Proposed revised standard

47. Option 2 would involve the Board submitting a revised registration standard to the Ministerial Council for approval. The registration standard would continue to outline the Board's requirements for recency of practice. The introduction of a minimum number of hours of practise for recency of practice is proposed. The revised standard also has clearer wording and structure to make it easier to understand.

Preferred option

48. The Board prefers Option 2.

Issues for discussion

Potential benefits and costs of the proposal

49. The benefits of option two are that the draft revised standard:

- is more user-friendly
- strikes a better balance between protecting the public and impact on registrants and applicants for registration
- has been reworded to be simpler and clearer.

50. The costs of option two are:

- applicants, other stakeholders, AHPRA and National Boards will need to become familiar with the new standard.

Estimated impacts of the draft revised registration standards

51. The draft revised registration standard proposes the introduction of a minimum number of hours of practice for medical practitioners. There is some impact anticipated on some medical practitioners arising from the changes proposed.

Relevant sections of the National Law

52. Section 109 is the relevant section of the National Law for developing this registration standard.

Questions for consideration

53. The Board is inviting feedback on the following questions.

- From your perspective, how is the current registration standard working?
- Is the content and structure of the draft revised registration standard helpful, clear, relevant and more workable than the current standard?
- Is there any content that needs to be changed or deleted in the revised draft registration standard?
- Is there anything missing that needs to be added to the revised draft registration standard?
- It is proposed that the draft revised standard is reviewed every five years or earlier if required. Is this reasonable?
- Do you have any other comments on the revised registration draft standard?

Attachments

54. The Board's *Statement of assessment against AHPRA's Procedures for development of registration standards and COAG principles for best practice regulation* is at [Attachment 1](#).

55. The current recency of practice registration standard is published on the Board's website, accessible from www.medicalboard.gov.au/Registration-Standards

Registration standard

Recency of practice

Effective from:

Review date:

This registration standard sets out the Board's minimum requirements for recency of practice for medical practitioners.

Does this standard apply to me?

This registration standard applies to all registered medical practitioners, except those with student or non-practising registration and recent graduates applying for provisional registration to undertake an accredited intern position.

What must I do?

To meet this registration standard, you must practise within your scope of practice at any time for a minimum total of:

- four weeks equivalent full time (minimum 38 hour week) in one registration period, or
- 12 weeks equivalent full time (minimum 38 hour week) over three consecutive registration periods.

Meeting the Board's minimum requirements for recency of practice doesn't automatically satisfy your professional and ethical responsibilities to ensure that you recognise and work within the limits of your competence and maintain adequate knowledge and skills to provide safe and effective care.

Are there exemptions to this standard?

There are no exemptions to this standard. The section below "What happens if I don't meet this standard?" explains what you need to do if you don't meet this standard and wish to continue to practise.

What does this mean for me?

When you apply for registration

When you apply for registration as a medical practitioner, you must meet this registration standard. This includes practitioners who are applying for new or additional types of registration, such as changing from non-practising to general registration or applying for an endorsement on registration.

You don't need to meet this registration standard if you are a recent graduate applying for registration for the first time.

When you apply for renewal

When you apply to renew your registration, you must declare whether you comply with this registration standard.

During the registration period

Your compliance with this registration standard may be audited from time to time. It may also be checked if the Board receives a notification about you.

Evidence

You should retain records as evidence that you meet the requirements of this registration standard for five years for audit purposes.

What happens if I don't meet this standard?

The National Law establishes possible consequences if you don't meet the recency of practice requirements of this standard, including that:

- the Board can impose conditions on your application for registration or renewal of registration or can refuse your application for registration or renewal of registration (sections 82 and 112 of the National Law), and
- registration standards, codes or guidelines may be used in disciplinary proceedings against you as evidence of what constitutes appropriate practice or conduct for medical practitioners (section 41 of the National Law).

If you want to continue to practise and you don't meet this standard, you will need to provide information to help the Board decide whether you are able to continue to practise.

Requirements for medical practitioners with non-practising registration or who are not registered and wish to return to practice (includes international medical graduates)

If you have two or more years' clinical experience as a registered medical practitioner and are returning to practice, you are required to complete the following requirements:

- a. if you have had non-practising registration, or have not been registered, for up to and including 12 months:
 - i. there are no specific requirements that have to be met before re-commencing practice
- b. if you have had non-practising registration, or have not been registered, for between 12 months and up to and including 36 months:
 - i. at a minimum, you must complete the equivalent of one year's CPD activities, relevant to your intended scope of practice. The CPD activities must be designed to maintain and update your knowledge and clinical judgment, or
- c. if you have had non-practising registration, or have not been registered, for more than 36 months:
 - i. you are required to provide a plan for professional development and re-entry to practice to the Board for consideration and approval. The Board has issued information to assist medical practitioners who are required to develop and submit a plan for professional development and for re-entry to practice.

If you have less than two years clinical experience as a registered medical practitioner and are returning to practice and have not been registered for more than 12 months, or have not practised for more than 12 months, you are required to commence work under supervision in a training position approved by the Board.

Requirements for medical practitioners who are changing their scope of practice

If you are changing your field or scope of practice, you may be required to undergo additional training to ensure you are competent in the new field or scope of practice.

The requirements are:

- a. if the change is to a subset of your current practice, there are no additional requirements
- b. if the change is an extension of your practice that your peers might reasonably expect from a practitioner in that field, you are required to undertake any training that peers would expect before taking up the new area of practice
- c. if the change is to a different field of practice, you will be required to consult with the relevant specialist college and develop a professional development plan for entering the new field of practice for the consideration and approval of the Board.

Authority

This registration standard was approved by the Australian Health Workforce Ministerial Council on <insert date of approval>.

Registration standards are developed under section 38 of the National Law and are subject to wide ranging consultation.

More information

1. A medical practitioner is considered to meet this registration standard if they are practising and do not change the scope of their practice. As the definition of 'practice' is broad, practitioners engaging in non-clinical practice can be registered and will continue to meet this standard as long as they do not change the scope of their practice. However, if they wish to change the scope of their practice, for example to resume clinical activities, they will need to meet the requirements in this standard.
2. The Board's guidelines 'Medical Registration – What does it mean? Who should be registered?' provides further information for practitioners and is available on the Board's website.
3. All registered medical practitioners must meet the Board's continuing professional development registration standard. That is, all medical practitioners who are registered must undertake CPD as specified in the CPD registration standard.

Definitions

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. For the purposes of this registration standard, practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct nonclinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession.

Recency of practice means that a health practitioner has maintained an adequate connection with, and recent practice in the profession since qualifying for, or obtaining registration.

Recent graduate means a person applying for registration for the first time whose qualification for registration was awarded not more than two years prior to the date of their application.

Registration period **means from 1 October to the following 30 September.**

Scope of practice means the professional role and services that an individual practitioner is trained, qualified and competent to perform.

Student registration in the context of this registration standard means registration granted by the Medical Board of Australia.

Review

This registration standard will be reviewed from time to time as required. This will generally be at least every five years.

Last reviewed: XXXX.

This standard replaces the previously published registration standard from 1 July 2010.

Attachment 1

Statement of assessment

Board's statement of assessment against AHPRA's *Procedures for development of registration standards* and COAG principles for best practice regulation

Registration standard: Professional indemnity insurance arrangements

Registration standard: Continuing professional development

Registration standard: Recency of practice

The Australian Health Practitioner Regulation Agency (AHPRA) has *Procedures for the Development of Registration Standards* which are available at: www.ahpra.gov.au

These procedures have been developed by AHPRA in accordance with section 25 of the Health Practitioner Regulation National Law as in force in each state and territory (the National Law) which requires AHPRA to establish procedures for the purpose of ensuring that the National Registration and Accreditation Scheme (the National Scheme) operates in accordance with good regulatory practice.

Below is the National Boards' assessment of their proposal for its revised draft registration standards against the three elements outlined in the AHPRA procedures.

1. The proposal takes into account the National Scheme's objectives and guiding principles set out in section 3 of the National Law

Board assessment

The Board considers that the revised draft registration standards meet the objectives and guiding principles of the National Law.

The revised draft *Registration standard: Professional indemnity insurance arrangements*, if approved, will provide for the protection of the public by ensuring that practitioners have appropriate professional indemnity insurance (PII) arrangements in place when they practise.

The revised draft *Registration standard: Continuing professional development*, if approved, will provide for the protection of the public by ensuring that practitioners undertake appropriate continuing professional development (CPD) as an important aspect of maintaining their competence.

The revised draft *Registration standard: Recency of practice*, if approved, will provide for the protection of the public by ensuring that practitioners have appropriate recent practise.

The revised draft registration standards also support the National Scheme to operate in a transparent, accountable, efficient, effective and fair way.

2. The consultation requirements of the National Law are met

Board assessment

The National Law requires wide-ranging consultation on proposed registration standards. The National Law also requires the Board to consult other boards on matters of shared interest.

The Board is ensuring that there is public exposure of its proposals and there is the opportunity for public comment by undertaking an eight week public consultation process. This process includes

the publication of the consultation paper (and attachments) on its website.

The Board has drawn this paper to the attention of key stakeholders.

The Board will take into account the feedback it receives when finalising its proposals for submission to the Ministerial Council for approval.

3. The proposal takes into account the COAG Principles for Best Practice Regulation

Board assessment

In developing the revised draft registration standards for consultation, the Board has taken into account the Council of Australian Governments (COAG) *Principles for Best Practice Regulation*.

As an overall statement, the Board has taken care not to propose unnecessary regulatory burdens that would create unjustified costs for the profession or the community.

The Board makes the following assessment specific to each of the COAG principles expressed in the AHPRA procedures.

COAG Principles

A. Whether the proposal is the best option for achieving the proposal's stated purpose and protection of the public

Board assessment

The Board considers that its proposals are the best options for achieving the stated purposes. It is expected there will be some impact of the proposals for some practitioners.

The Board considers that the revised draft standards would have a moderate impact on the medical profession. These impacts are significantly outweighed by the benefits of protecting the public and providing clearer, simpler requirements, in the public interest.

National Boards in reviewing their registration standards commissioned a review of the literature on the effectiveness of CPD and on recency of practice requirements. The Board has taken this information and its regulatory experience into account in its review of the *Registration standard: Continuing professional development* and *Registration standard: Recency of practice*.

B. Whether the proposal results in an unnecessary restriction of competition among health practitioners

Board assessment

The Board considered whether its proposals could result in an unnecessary restriction of competition among health practitioners. The proposals are not expected to impact on the current levels of competition among health practitioners.

C. Whether the proposal results in an unnecessary restriction of consumer choice

Board assessment

The Board considers that the revised draft *Registration standard: Professional indemnity arrangements* registration standard will support consumer choice, by establishing clear requirements for PII arrangements that practitioners must meet when they practise, in accordance with the National Law.

The Board considers that the revised draft *Registration standard: Continuing professional development* will support consumer choice, by establishing clear requirements for CPD that practitioners must meet as a key part of maintaining their competence, in accordance with the National Law.

The Board considers that the revised draft *Registration standard: Recency of practice* will support consumer choice, by establishing clear requirements for recency of practice that practitioners must meet, in accordance with the National Law.

D. Whether the overall costs of the proposal to members of the public and/or registrants and/or governments are reasonable in relation to the benefits to be achieved

Board assessment

The Boards considered the overall costs of the revised registration standards to members of the public, registrants and governments and concluded that the likely costs are appropriate when offset against the benefits that the revised draft standards contribute to the National Scheme.

Subject to stakeholder feedback on the proposed revisions and if approved by the Ministerial Council, the revised draft standards should have only minimal impact on the costs to applicants by presenting the Board's requirements in a clearer and simpler way.

E. Whether the requirements are clearly stated using 'plain language' to reduce uncertainty, enable the public to understand the requirements, and enable understanding and compliance by registrants

Board assessment

The Boards consider the revised draft registration standards have been written in plain English that will help practitioners to understand the requirements of the standard. The Boards have changed the structure of the standards and reviewed the wording to make the standards easier to understand.

F. Whether the Board has procedures in place to ensure that the proposed registration standard, code or guideline remains relevant and effective over time

Board assessment

If approved, the Boards will review the revised registration standards at least every five years, including an assessment against the objectives and guiding principles in the proposed National Law and the COAG principles for best practice regulation.

However, the Board may choose to review the standards earlier, in response to any issues which arise or new evidence which emerges to ensure the standards' continued relevance and workability.