

Australian Health Practitioner Regulation Agency

Physiotherapy

Consultation report: Recency of practice (RoP)

30 October 2015

1. Introduction

The National Law¹ requires National Boards to develop registration standards about the requirements for recency of practice (RoP) for registered health practitioners.

Eleven National Boards have now reviewed their RoP arrangements, as part of a planned review of the five core registration standards².

The review has resulted in greater convergence in recency of practice requirements across the professions, compared to the previous registration standards. Most National Boards have included consistent definitions and evidence provisions from a common template; while each National Board has established pathways to return to practice that reflect the characteristics and regulatory history of that profession.

2. Consultation

National Boards undertook an eight-week public consultation process between April and July 2014, following on from a preliminary consultation round with key stakeholders in January 2014 to ensure public exposure to proposed revisions - a requirement under the National Law. The Commonwealth Office of Best Practice Regulation (OBPR) was also consulted during preliminary consultation in order to assess the potential for any significant regulatory impacts. The OBPR determined that a regulation impact statement was not required.

Public consultation documents are published under the News tab of each National Board website. Submissions (except those made in confidence) have also now been published.

The table below lists the number of responses that each National Board received during the public consultation on its revised RoP registration standard.

National Board	No. of responses	National Board	No. of responses
Chiropractic	5	Osteopathy	5

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¹ The National Health Practitioner Regulation Law as in force in each state and territory.

² Continuing professional development, Professional Indemnity Insurance, Criminal history, English language skills and Recency of practice.

National Board	No. of responses	National Board	No. of responses
Dental	10	Pharmacy	10
Medical radiation practice	6	Physiotherapy	8
Medicine	25	Podiatry	10
Nursing and midwifery	12	Psychology	9
Optometry	2		

The revisions proposed by National Boards focused on improving clarity and workability of the current RoP standards and were broadly supported by respondents. National Boards also received feedback from the Australian Health Ministers' Advisory Council Health Workforce Principal Committee, which helped to inform the proposed standards.

3. Issues

While there is not yet research that shows definitively how much recent practice a health practitioner needs to maintain their skills and knowledge, or whether minimum hours to maintain competence vary according to the profession, type and scope of practice, National Boards have drawn on the research that is available as well as their regulatory experience to set requirements for recent practice.

Given the current evidence constraints, a number of National Boards have decided to adopt more consistent RoP requirements, taking into account previous regulatory experience, the objectives and guiding principles of the National Law and the regulatory principles.

Most National Boards now require a minimum of 450 hours of practice in a three year period in order to demonstrate RoP, which equates roughly to three months of full time equivalent practice. Five National Boards also include an alternative of 150 hours of practice (roughly equivalent to one month of full time equivalent practice) in the year before applying for registration or renewal of registration. Psychology is an exception, requiring 250 hours of practice in the past five years.

The Nursing and Midwifery Board of Australia (NMBA) considered feedback on their existing RoP requirements for 450 hours in five years and whether this should be reduced to three years in line with the approach taken by other National Boards. On balance, the NMBA considered that the existing requirements should remain as there have been no regulatory risks identified with this requirement and no issues raised about practitioners returning to practice following an absence of up to five years.

Some National Boards currently provide additional guidance on RoP requirements to assist the practitioners they regulate. These Boards will publish revised guidelines that will take effect at the same time as the revised standards.

4. Conclusion

National Boards consider that the revised registration standards provide a well balanced approach to addressing the majority of the issues raised during the public consultation and improving the workability of the requirements, while continuing to ensure high levels of public protection.

The National Boards with AHPRA will continue to undertake research and consider international benchmarking to support good practice and greater convergence if appropriate in the National Boards' RoP registration standards. Further research has already been undertaken to inform the review of the RoP registration standards currently being undertaken by the remaining three National Boards (Aboriginal and Torres Strait Islander Health Practice, Chinese Medicine and Occupational Therapy).