

Public consultation paper

2 May 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 feedback in a word document (or equivalent)¹ to medicalradiationconsultation@ahpra.gov.au by close of business on 30 June 2014.

Public consultation

The Medical Radiation Practice Board of Australia (the Board) is releasing the attached consultation paper on the review of the professional indemnity insurance, continuing professional development and recency of practice registration standards. 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 their discretion, and will not place on their 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 These submissions will not be published on the website or elsewhere.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.

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.

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Overview of consultation

2 May 2014

Registration standards:

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

Summary

Purpose of the proposal

The Health Practitioner Regulation National Law Act (the National Law) as in force in each state and territory requires National Boards to develop registration standards about five 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
- requirements in relation to the nature, extent, period and recency of any previous practice of the profession by applicants for registration in the profession.

The first 10 National Boards to regulate registered health professions under the National Registration and Accreditation Scheme (the National Scheme) developed registration standards that were approved by the Australian Health Workforce Ministerial Council and took effect on 1 July 2010. The Medical Radiation Practice Board of Australia's standards were approved by Ministers in December 2011. These standards were scheduled for review at least every three years, in keeping with good regulatory practice.

The Board is inviting general comments on its draft revised registration standards. There are also specific questions about the registration standards in this consultation paper which you may wish to address in your response.

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

Please provide feedback in a word document² by email to medicalradiationconsultation@ahpra.gov.au by close of business on 30 June 2014.

Background

There are 14 National Boards that regulate 14 professions under the National Registration and Accreditation Scheme (the National Scheme). Ten professions were regulated nationally under the National Scheme from 1 July 2010 and a further four professions became nationally regulated from 2012:

- Aboriginal and Torres Strait Islander Health Practice Board of Australia (from 1 July 2012)
- Chinese Medicine Board of Australia (from 1 July 2012)
- Chiropractic Board of Australia
- Dental Board of Australia
- Medical Board of Australia

² 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

- Nursing and Midwifery Board of Australia
- Medical Radiation Practice Board of Australia (from 1 July 2012)
- Occupational Therapy Board of Australia (from 1 July 2012)
- Optometry Board of Australia
- Osteopathy Board of Australia
- Pharmacy Board of Australia
- Physiotherapy Board of Australia
- Podiatry Board of Australia, and
- Psychology Board of Australia.

The Australian Health Practitioner Regulation Agency (AHPRA) works in partnership with the National Boards to implement the requirements of the National Scheme, which has public safety at its heart. Further information is available at www.ahpra.gov.au.

Overview

2 May 2014

Review of *Professional indemnity insurance registration standard*

Summary of issue

1. The National Law requires the Board to develop a professional indemnity insurance registration standard about the requirements for professional indemnity insurance arrangements for registered health practitioners registered in the profession.
2. Section 129 of the National Law provides that a registered health practitioner must not practise the health profession in which the practitioner is registered unless appropriate professional indemnity insurance arrangements are in force in relation to the practitioner's practice of the profession.
3. Section 109 of the National Law requires a practitioner applying to renew their registration to make a declaration that they have not practised the health profession during the preceding period of registration without appropriate professional indemnity insurance arrangements being in place. It also requires the applicant to declare that if their registration is renewed, they will not practise in the health profession unless appropriate professional indemnity insurance arrangements are in place.
4. Section 130 (3)(iii) requires a registered health practitioner within 7 days to notify the National Board that appropriate professional indemnity insurance arrangements are no longer in place in relation to the practitioner's practice of the profession.
5. The Board's initial *Professional indemnity insurance arrangements registration standard* required medical radiation practitioners to have minimum of \$10 million cover for a single claim, and unlimited run-off cover. The Board is reviewing its 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

6. The Boards have considered a number of options in developing this proposal.

Option 1 – Status quo

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

Option 2 – Proposed revised standard

8. Option 2 would involve the Board submitting a revised registration standard to the Ministerial Council for approval. The registration standard would continue to establish the Board's requirements for professional indemnity insurance arrangements, with some changes to the run-off cover required, no longer being unlimited, and to whom the standard applies, namely being only for those in clinical practice. The revised standard has clearer wording and structure to make it easier to understand.

Preferred option

9. The Board prefers Option 2.

Issues for discussion

Potential benefits and costs of the proposal

10. The benefits of the preferred option are that the draft revised standard:
 - a. is more flexible and user-friendly

- b. strikes a better balance between protecting the public and impact on applicants
- c. has been reworded to be simpler and clearer.

11. The costs of the preferred option are:

- a. applicants, other stakeholders, AHPRA and National Boards will need to become familiar with the new standard
- b. there will likely need to be a period of transition to the proposed revised standard, if approved.

Estimated impacts of the draft revised registration standard

12. The changes proposed in the draft revised registration standard are not major changes, although more significant changes may be proposed through consultation. There is little impact anticipated on practitioners, business and other stakeholders arising from the changes proposed.

Relevant sections of the National Law

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

Questions for consideration

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

- a. From your perspective, how is the current registration standard working?
- b. Is the definition of clinical practice suitable or should it also include the provision of advice to other practitioners?
- c. Is the content and structure of the draft revised registration standard helpful, clear, relevant and more workable than the current standard?
- d. Is there any content that needs to be changed or deleted in the draft revised registration standard?
- e. Does the proposed five year maximum period within which to undertake a review of the standard provide a reasonable balance between stability and the flexibility required to revise and update the standard if necessary?
- f. Is there anything missing that needs to be added to the draft revised registration standard?
- g. Do you have any other comments on the draft revised registration standard?

Attachments

- 14. The proposed revised *Professional indemnity insurance arrangements registration standard* is at [Attachment 1](#).
- 15. 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 2.
- 16. The current professional indemnity insurance registration standard is published on the Board's website, accessible from www.medicalradiationpracticeboard.gov.au/Registration-Standards.aspx

Registration standard: Professional indemnity insurance arrangements

Effective from: <<date>>

Review date: <<date>>

This registration standard explains the Board's requirements for professional indemnity insurance (PII) arrangements under the National Law.

Does this standard apply to me?

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

What must I do?

1. When you practise as a medical radiation practitioner, you must be covered by your own or third party PII arrangements that meet this standard:
 - a. for all aspects of your practice
 - b. that cover all locations where you practice
 - c. that provide cover for you whether you are working in the private, non-government and/or public sector, and
 - d. whether you are practising full time, part time, self-employed, employed or in an unpaid or volunteer capacity.
2. Your PII cover must include:
 - a. civil liability cover
 - b. unlimited retroactive cover
 - c. automatic reinstatement, and
 - d. run-off cover,

or

 - e. the equivalent of 2a to 2d above under employer-based PII arrangements, such as self-insurance by public sector employers or occurrence-based cover.
3. If you are covered by a third party PII arrangement, you must ensure that the policy meets this standard. However:
 - a. if the third party cover does not meet this standard you must take out additional cover to ensure this standard is met, and
 - b. if any area of your practice is specifically precluded from PII cover, you **must not** practise in that area.

4. If your PII arrangements are provided by your employer, and you intend to practise outside your stated employment, you must have individual PII arrangements in place to cover that practice, including undertaking practical components of continuing professional development.

Amount of cover

1. If you are undertaking **clinical practice** you must have minimum coverage of \$10 million for an aggregated claim.
2. You are expected to conduct a self-assessment and seek expert insurance advice (such as from your insurer) to ensure that you have appropriate cover for your individual practice and the risks involved.

Factors that you should consider include:

- a. your practice setting and the type of services and care you deliver
- b. the patient or client groups involved
- c. the volume of patients or clients to whom treatment, advice, guidance or care is provided
- d. current employment status
- e. previous history of insurance claims and the type of claim made against you in the past, if any
- f. your experience practising the profession
- g. any advice from professional indemnity insurers, professional associations and industrial organisations, including advice about the history and volume of professional liability claims experience by other members of the profession, and
- h. any advice from an insurance broker or insurer.

Are there exemptions to this standard?

There are no exemptions to this standard. The National Law requires you to have appropriate professional indemnity insurance arrangements in place when you practise as a medical radiation practitioner.

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 radiation practitioner, you must declare that you will not practise the profession unless you have professional indemnity insurance arrangements in place that meet this standard. This is a requirement under the National Law.

At renewal of registration

You will be required to declare annually at renewal that:

1. during the preceding period of registration, you practised the profession in accordance with the requirements of this standard, and
2. you will not practise the profession unless you have professional indemnity insurance arrangements in place that meet this standard.

During the registration period

1. You must notify the Board within 7 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)
2. 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 professional indemnity insurance in place.

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

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, however, there may be circumstances when you will be required to seek the documentation from that third party. 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 radiation practice (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 radiation practice (section 41 of the National Law).

Authority

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

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

Definitions

Aggregated claim is the term used to describe the mechanism whereby several losses are added together for the purposes of making a single claim on an insurance or reinsurance policy.

Automatic reinstatement is a provision in policies which allows for the limit of indemnity (amount insured) to be reinstated for new, unrelated claims, after one or more claims has been paid to the limit of the indemnity.

Civil liability insurance means insurance that covers the costs of liability incurred by the insured arising from civil claims seeking compensation for personal injury, harm or loss incurred, where the

claim arises directly from an alleged act, error or omission committed in the conduct of the practitioner's practice or professional business during the policy period. Civil liability cover includes cover for legal expenses incurred in defence or settlement of a civil claim and for damages payable.

Claims made policy means a policy that is in place at the time the claim is made, or when the circumstances that gave rise to the claim were notified to the insurer with prior events covered by continuity of cover, retroactive clauses, and/or run-off cover, whichever is applicable in the circumstances.

Clinical practice means practice that involves the provision of professional services direct to health service users.

Occurrence-based policy means a policy that is in place when the event which is the subject of the claim occurred, even if the policy has not been renewed.

Practice means any role, whether remunerated or not, in which an individual uses their skills and knowledge as a health practitioner in their profession. For the purpose 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.

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.

Retroactive cover means PII arrangements which cover the insured against new claims arising out of or in consequence of activities that were undertaken in the course of the practitioner's professional practice, ie claims not known at the time the policy was issued.

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.

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

Third party cover means the cover that an individual holds through a third party's insurance arrangement such, as an through 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: <<date>>

This registration standard replaces the previously published registration standard from <<date>>.

Statement of assessment

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

Professional indemnity insurance arrangements registration standard

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 operates in accordance with good regulatory practice.

Below is the National Board's assessment of their proposal for a revised Professional indemnity insurance Registration Standard 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 draft revised registration standard: Professional indemnity insurance arrangements meets the objectives and guiding principles of the National Law.

The draft revised registration standard, if approved, will provide for the protection of the public by ensuring that practitioners have appropriate professional indemnity insurance arrangements in place when they practise.

The draft revised registration standard also supports 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 will ensure that there is public exposure of their proposal 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 standard 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 the proposal is the best option for achieving the stated purpose. As fairly minor changes to the existing standard are proposed, the impact of the proposal is similar to the existing registration standard.

The Board considers that the draft revised standard would have a low impact on the profession. This low impact is significantly outweighed by the benefits of protecting the public and providing clearer, simpler requirements, in the public interest.

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

Board assessment

The Board considered whether its proposal could result in an unnecessary restriction of competition among health practitioners. The proposal is 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 draft revised registration standard will support consumer choice, by establishing clear requirements for professional indemnity insurance arrangements that practitioners must meet when they practise, 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 Board considered the overall costs of the revised registration standard to members of the public, registrants and governments and concluded that the likely costs are appropriate when offset against the benefits that this draft revised standard contributes to the National Scheme.

The Board considers the change in requirements will reduce costs to certain practitioners not undertaking clinical practice.

Subject to stakeholder feedback on the proposed revisions and if approved by the Ministerial Council, the revised standard 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 Board considers the draft revised registration standard has been written in plain English that will help practitioners to understand the requirements of the standard. The Board has changed the structure of the standard and reviewed the wording to make the standard 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 Board will review the revised registration standard 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 standard earlier, if it is necessary to ensure the standard’s continued relevance and workability.

Overview

2 May 2014

Review of *Continuing professional development registration standard*

Summary of issue

17. The National Law requires the Board to develop a registration standard about the requirements for continuing professional development for health practitioners registered in the profession. The registration standard is part of the regulatory framework for the medical radiation practice profession.
18. Section 128 of the National Law provides that a registered health practitioner (other than a practitioner who holds non-practising registration) must undertake the continuing professional development required by the Board's registration standard.
19. Section 109 of the National Law requires a practitioner applying to renew their registration to make a declaration that they have completed the continuing professional development required by an approved registration standard during the applicant's preceding period of registration.
20. 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. The 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. The available evidence does not provide definitive answers to issues such as the most effective amount and types of continuing professional development so the Board has also considered its experience with the standard. The National Boards and AHPRA will continue to monitor developments in this area to inform the Board's standard.
21. The proposed revised standard now includes a requirement for provisional registrants to undertake CPD. The Board considers that the revised standard presents no additional burden as CPD is already undertaken as part of their supervised practice program.
22. The proposed revised standard also requires registrants to undertake specified CPD activities or directed learning where required by the Board, in circumstances such as practitioners who require remediation.
23. The *CPD Guideline* has also been expanded upon to further assist registrants to understand the Board's requirements and is included as Attachment 4.

Options statement – *Continuing professional development registration standard*

24. The Boards have considered a number of options in developing this proposal.

Option 1 – Status quo

25. Option 1 would continue with the existing registration standard. The registration standard established the Board's initial requirements for continuing professional development under the National Law. However, the Board has now identified a range of opportunities to improve the current standard, including the ability to clarify the language and structure to make it easier to understand.

Option 2 – Proposed revised standard

26. Option 2 would involve the Board submitting a revised registration standard to the Ministerial Council for approval. The registration standard would continue to establish the Board's requirements for continuing professional development, with some changes to:
 - a. whom the standard applies, being to include provisional registrants, and
 - b. the capacity for the Board to direct specified CPD activities.

27. Changes have been made to the CPD Guideline including:
- providing examples of what constitutes general and substantive CPD, and
 - clarifying the CPD requirements for dual division registrants.
28. The revised standard has clearer wording and structure to make it easier to understand.

Preferred option

29. The Board prefers Option 2.

Issues for discussion

Potential benefits and costs of the proposal

30. The benefits of the preferred option are that the draft revised standard:
- is more flexible and user-friendly
 - strikes a better balance between protecting the public and impact on applicants
 - has been reworded to be simpler and clearer.
31. The costs of the preferred option are:
- applicants, other stakeholders, AHPRA and National Boards will need to become familiar with the new standard
 - that there will probably need to be a period of transition to the proposed revised standard, if approved.

Estimated impacts of the draft revised registration standard

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

Relevant sections of the National Law

- Section 38
- Section 109
- Section 128

Questions for consideration

33. The Board is inviting feedback on the following questions.
- From your perspective, how is the current registration standard working?
 - Are the proposed requirements for registrants to undertake specified CPD activities appropriate?
 - Is the change to who is required to meet the standard appropriate?
 - Is the content 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 draft revised registration standard?
 - Does the proposed five year maximum period within which to undertake a review of the standard provide a reasonable balance between stability and the flexibility required to revise and update the standard if necessary?
 - Is there anything missing that needs to be added to the draft revised registration standard?
 - Do you have any other comments on the draft revised registration standard?
 - What specific requirements in addition to those listed in 'what must I do' should the Board require to approve a CPD program?
 - Is the information provided in the guideline clear and useful?

Attachments

34. The proposed revised *Continuing professional development arrangements registration standard* is at Attachment 3.
35. The proposed revised *Continuing professional development guideline* is at Attachment 4.
36. 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 5.
37. The current continuing professional development registration standard is published on the Board's website, accessible from:
www.medicalradiationpracticeboard.gov.au/Registration-Standards.aspx



Registration standard: Continuing professional development

Effective from: <<date>>

Review date: <<date>>

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

1. Does this standard apply to me?

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

2. What must I do?

To meet this standard, you must:

- a. complete a minimum of 60 hours of self directed CPD activities over a three year cycle, with a minimum of 10 hours in any one year; or comply with the requirements of a CPD program approved by the Board.
- b. undertake and reflect on CPD activities,
 - i. that must be mostly substantive CPD activities, and
 - ii. may be general CPD activities for a lesser proportion.
- c. maintain evidence of CPD activities and reflection
- d. undertake specified CPD activities or directed learning where required by the Board

3. Are there any exemptions to this standard?

The Board may grant an exemption or variation from this standard in exceptional circumstances that result in a substantial absence from practice.

4. 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 radiation practitioner

At renewal

When you apply to renew your registration, you are required to declare whether you comply 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 five years in case you are audited.

5. 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 profession (sections 82 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 health practitioners as evidence of what constitutes appropriate practice or conduct for the health profession (section 41 of the National Law).

6. Continuing professional development (CPD) Guideline for medical radiation practitioners

The *CPD Guideline* provides information about how to meet this standard. Medical radiation practitioners are expected to apply the guideline together with this registration standard.

7. Authority

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

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

8. More information

The Board has published its policy for the approval for CPD programs. Every provider of Board-approved CPD programs has a continuing obligation to ensure that their program complies with this registration standard.

When a person registers for the first time, or applies for registration after it has lapsed; the number of CPD hours to be completed will be calculated on a pro rata basis according to a formula published by the Board in its CPD Guideline.

9. 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

General CPD activity means those activities that have a sufficient nexus to learning in the healthcare environment. These activities make up the lesser proportion of overall CPD activity.

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. Practice in this context is not restricted to the provision of direct clinical care. It also includes using professional knowledge (working) 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 the safe, effective delivery of services in the profession.

Self directed means a program of CPD activities planned, undertaken and recorded by the individual practitioner.

Substantive CPD activity means those activities that have significant intellectual or practical content primarily directed to a practitioner's practice or expansion of practice. These activities make up the greater proportion of CPD activity.

10. Review

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

Last reviewed: <<date>>

This standard replaces the previously published registration standard from <<date>>.

<<date>>

Continuing professional development

1. Introduction

This guideline has been developed by the Medical Radiation Practice Board of Australia (the Board) under s. 39 of the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).

This guideline:

- supplements the requirements set out in the Board's *Continuing professional development (CPD) registration standard* and must be read in conjunction with it
- supplements the requirements set out in the National Law at ss.128 and 109(1)(iii) in relation to practitioners obligations to undertake CPD and to advise the Board when applying for renewal of registration that the Board's CPD requirements have been met
- provides guidance to practitioners in relation to a matter of professional practice, not set down in the legislation or a registration standard, which can be used in proceedings under the National Law Act as evidence of what constitutes professional conduct or practice for practitioners under s. 128(2) of the National Law. The relevant sections of the National Law are in Attachment 1.

2. Who needs to use this guideline?

This guideline was developed to provide guidance to registered practitioners and those seeking to become registered practitioners. It applies to all registered practitioners, **except**:

- practitioners holding non practicing registration, and
- students.

3. Summary of guideline

This guideline outlines the specific requirements practitioners must meet when undertaking CPD for the purpose of meeting the Board's minimum CPD requirements for general or limited registration renewal.

It details information that must be recorded by practitioners when undertaking CPD to ensure that they:

- can complete a declaration of compliance when submitting a renewal of registration application, and
- to ensure that satisfactory records of CPD undertaken are maintained and available to be submitted to the Board during its annual CPD audit.

This guideline also specifies the types and range of CPD activities practitioners are required to undertake in order to meet the Board's annual CPD requirements for renewal of registration.

Registered practitioners are required to complete 60 hours of CPD activity over a three year period (triennium), with a minimum of ten hours in any one year. Alternatively a practitioner may undertake a CPD program approved by the Board.

For dual division registrants, their substantive CPD hours must include activities for each division of their registration.

The commencement date of the first CPD triennium was 1 July 2012. To align with the registration renewal period, the first year of the CPD triennium will continue until 30 November 2013, a period of 17 months. The first CPD triennium will finish on 30 November 2015.

4. Guideline

Continuing professional development is a lifelong learning activity for all registered practitioners. The main intent of CPD is to maintain, enhance or develop skills, knowledge, patient management, clinical, leadership and service management skills.

The Board's registration standard requires practitioners to complete 60 hours of CPD over a three year period, with a minimum of 10 hours in any one year. Alternatively a practitioner may undertake a CPD program approved by the Board. Approved CPD programs are listed on the Board's website at www.medicalradiationpracticeboard.gov.au.

The Board acknowledges the tensions between pressure to pursue education and development while meeting the demands of delivering services to patients. In recognising this tension, the Board has endeavoured to ensure that the requirements of the CPD registration standard are achievable and provide flexibility for individual practitioner circumstances.

Practitioners are best placed to determine the most appropriate CPD activities. To comply with the Board registration requirements, practitioners must ensure that their self-directed CPD program is:

- a) relevant – a majority of CPD activities must be directly relevant to your area of practice (see the definition for Substantive CPD below)
- b) varied - the Board recommends that practitioners undertake a variety of activity types and, where possible, include some CPD activities that involve interaction with peers. Engaging with other professionals on mutual areas of interest can provide valuable learning regarding professional and clinical matters.
- c) includes reflection – CPD activities should incorporate a degree of reflection, which requires a practitioner to analyse experiences in order to learn from them, and record that learning, and
- d) properly documented – for all CPD undertaken, the practitioner must maintain detailed and verifiable records which may be audited by the Board.

At all times, whether as self directed or as part of an approved CPD program, it is the responsibility of the practitioner to assess potential activities for suitability and relevance and to determine whether individual learning needs will be addressed by undertaking these activities.

In addition to complying with the Board's CPD standard and this guideline, practitioners should also meet the relevant requirements of the Board's *Code of conduct for practitioners*, outlined in Section 7 'Maintaining professional performance'.

5. CPD activities

CPD requirements should be determined by each individual practitioner, preferably in the context of a personal/professional development plan.

The Board recommends that practitioners undertake a variety of activity types and, when possible, select across a range of CPD activities that include interaction with peers.

The Board supports the notion of reflection on daily practice and engaging with other professionals. Reflection can be an important tool in practice-based professional learning settings where individuals learning from their own professional experiences as well as from formal teaching or knowledge transfer. Sharing and discussing issues of mutual experience and interest enables exploration and problem-solving for both professional and clinical matters.

6. Substantive CPD activities

Substantive CPD activities are those activities that have significant intellectual or practical content primarily directed to a practitioner's practice or expansion of practice. These activities must make up more than 30 hours over the triennium.

An activity can be meaningful or significantly connected to medical radiation practice irrespective of the method or medium used.

Examples of substantive CPD activities include:

- a. participating in postgraduate studies relevant to practice needs or scope of practice
- b. accredited training or vocational courses with recognised skills or knowledge (e.g. Basic Life Support, IV Cannulation etc)
- c. work based learning contracts or other assessed activities
- d. conferences, forums, workshops and seminars
- e. undertaking research and presentation of work or case studies. This needs to be substantive, referenced and evidence-based
- f. researching, preparing or editing an article published in a relevant professional publication or an article in a related healthcare publication
- g. authoring a book chapter
- h. making health related presentations of new or substantially reviewed material (e.g. poster presentations, lectures, seminars, workshops)
- i. presenting in-service or training to health professionals or carers
- j. attendance at in-services, case presentations or reviews specific to medical radiation practice
- k. participation in journal clubs
- l. developing evidence based practice resources (e.g. completing systematic reviews, developing evidence based guidelines)
- m. distance education or online learning that includes an examination, assessment or certificate evidencing learning outcomes
- n. program accreditation activities (inspection teams, evaluation of accreditation reports)
- o. activities to improve quality or reduce risk in practice, involving evaluation and reporting
- p. participating in a clinical audit or similar review activity
- q. formal supervision of undergraduate or post-graduate medical radiation practice students or practitioners under supervision
- r. private study - reading books and journals with a clear relationship to development goals and scope of practice
- s. reflective journaling involving a detailed account of case discussions and reflection that focuses on developing competence and quality of practice (this can include goal setting, interpretation of the strengths, weakness or relevance of the learning for practice; potential change to practice; action planned; additional learning or CPD required)
- t. attending applications training specific to medical radiation practice, and
- u. CPD activities related to ultrasound, as either substantive or general CPD, for medical radiation practitioners whose primary role is in ultrasound.

7. General CPD activities

General CPD activities are those activities that have a sufficient nexus or connection to learning in the healthcare environment. These activities may make up the lesser proportion of total CPD activity.

It is important for practitioners to ensure that activities in this category are relevant to healthcare.

Examples of general CPD activities include:

- a. private study - reading and reflecting on books and journals that demonstrate a nexus to healthcare
- b. attendance at compulsory employer training sessions that address safety or culture
- c. attendance at in-services, case presentations or reviews that are not specific to practice
- d. attending meetings and participating in the work of a committee or similar related to the work of a medical radiation practitioner

- e. membership of, and attending meetings of, a committee or similar, within an organisation with an identifiable healthcare function
- f. examining and reflecting on evidence-based resources (systematic review, evidence-based guidelines etc) and implementing changes in practice. This activity must also include written documentation of the findings and reflection
- g. online learning about an identifiable healthcare function involving discussion, chat rooms, contribution to list-servers
- h. providing general supervision or mentoring to supervised practitioners. (This is supervision of staff where the supervision is a usual responsibility of the work role. The details of this activity must be documented to count as CPD)
- i. internet research (without further application)
- j. managing or administering a CPD program for 10 or more people, and
- k. time spent reflecting upon and recording learning from CPD activities

8. Evidence of CPD

Records maintained by participants or by providers of CPD programs on behalf of participants must include details of CPD activities under the following fields when submitted by practitioners who are audited by the Board. (See Appendix 1 – CPD logbook template)

- I. Details of activity
 - a. Date, time and location of activity
 - b. Details of activity (e.g. journal article, seminar, lecture, workshop)
 - c. Source, reference or provider details (e.g. journal name, provider name)
 - d. Number of CPD Hours (excluding breaks) and the type of CPD hours (substantive or general)
 - e. Evidence of participation (eg attendance certificate, copy of enrolment or sign-in sheet)
- II. Reflection
 - a. self-reflection during and after a CPD activity
 - b. identifying how the CPD activity contributes to the practitioner's body of knowledge and skills
 - c. analysis of the impact of the CPD activity on practice, including how knowledge and findings can be integrated into practice
 - d. identifying further learning that could be undertaken.

When further information about CPD records is requested by the Board, practitioners may be required to provide evidence of attendance or completion of CPD, or in the case of self-directed learning, details of a self-directed learning plan.

Practitioners must retain their evidentiary record of CPD activities, including reflection, for the current triennium, plus an additional two years (i.e. a minimum of five years for any one triennium).

9. Participating in a CPD program

Practitioners who participate in a CPD program offered by a professional association or other body that has been approved by the Board can use evidence of completion of the requirements of that program to meet the requirements of the CPD Standard. The evidence and reflection must be retained in sufficient detail for five years and must be available for audit by the Board.

A list of approved CPD programs are available on the Board's website.

10. Circumstances where the Board may direct learning

Examples where the Board may require a practitioner to undertake specified CPD activities or directed learning includes but is not limited to ethical practice for a practitioner who is the subject of a notification or the requirement to complete a radiation safety course for practitioners returning to practice. The discretion to direct learning will assist the Board in remediation of practitioners in specific areas of knowledge or practice.

11. CPD pro rata formula

When a practitioner registers for the first time, or applies for registration after it has lapsed, the number of CPD hours to be completed will be calculated on a pro rata basis according to the following formula.

Divide the minimum hours by the number of months within the triennium i.e.

60 hours divided by 36 months = 1.67 hours per month.

In calculating a practitioner pro rata CPD requirement:

- months are rounded DOWN to the nearest whole month, and
- total CPD hours required are rounded UP to the nearest whole number.

Example

A practitioner who enters the program (registration date) on 6 October 2014 will calculate their CPD requirements using the formula of 1.67 hours per month.

- 6 October 2014 is rounded DOWN to November 2014
- 1.67 hours per month between 2014 and November 2015.
- $12 \times 1.67 = 20.04$

Rounding up to the nearest whole number of CPD hours equals 21 hours of CPD.

12. Exemptions

The Board acknowledges that there will be specific, but limited situations where it is appropriate for the Board to exempt a practitioner from the requirements of CPD. Where extenuating circumstances exist practitioners must apply to the Board for an exemption. Decisions on exemptions will be determined on a case by case basis.

Part time practitioners

It is in the public interest that all practitioners, regardless of how many hours they may work, maintain and enhance their professional skills. While all situations will be considered individually, as a general rule the Board does not consider extenuating circumstances to include part time practitioners

Parental leave

The Board accepts that there is a legitimate public interest in providing flexibility for those practitioners who are on parental leave. While it is recognised that professional practice is dynamic and that medical radiation practices vary with changing technologies, an exemption for 12 months from the Board's CPD requirements will not materially affect a practitioner's ability to practice in a safe manner on return to practice.

13. Failure to comply

In the event that a registrant fails to meet the requirements of the CPD registration standard the Board may, for example:

- a) place a condition on the practitioner's registration, and/or
- b) impose a condition on registration requiring the practitioner to successfully complete additional CPD activities in order to maintain and improve professional knowledge within a specified period.

Knowingly making a false declaration will be considered by the Board as a professional misconduct matter and as such will be dealt with by the Board through disciplinary mechanisms available under the National Law.

14. CPD and return to practice requirements

The Board's *Recency of practice registration standard* addresses the requirements for practitioners returning to practice after a period of absence. As far as is applicable, any reference to continuing professional development within the *Recency of practice registration standard* or Guideline must be read consistently with the requirements of the CPD Standard.

15. 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 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.

16. Review

This guideline applies from <<date>>. This guideline will be reviewed from time to time as required. This will generally be at least every five years.

Appendix 1

CPD Logbook Template



Continuing professional development (CPD)

CPD is a requirement of registration in Australia. Every year when you renew your registration, you will be required to sign a declaration stating that: you have undertaken sufficient CPD to maintain your competence throughout the past 12 months and that you commit to undertake sufficient CPD to maintain competence throughout the next 12 months. The following logbook template can be used to record your CPD activities to meet the Board's requirements. All your CPD, including that not directly related to your goals, should be recorded. A minimum of 10 hours is required each year.

The CPD logbook template can also be found on the Board's website under Registration > Continuing Professional Development:

www.medicalradiationpracticeboard.gov.au/Registration/CPD-logbook.aspx

CPD Logbook Template

Cycle 1 July 2012 - November 30 2015

Requirements: 60 hours over 3 years (minimum 10 hours per year)

Details of CPD activity

Date and time of CPD activity	
Location of activity (if applicable)	
Type of CPD activity (See CPD Guideline for examples) 1. General 2. Substantive A- Self directed learning B - Professional course/training C- Conference D - In-service /Meeting E - Other (specify) Give details (title, activity etc)	
Time taken for activity (hours)	
Source or reference details (e.g. journal name) or Provider details Name of facilitator/speaker (if applicable)	
Attachments (eg. Attendance certificate, copy of enrolment or sign-in sheet)	

Reflection on CPD activity

Summary of learning What have you learnt? How the CPD activity contributes to your body of knowledge and skills	
Outcomes How can you apply this learning to your work and integrate the knowledge and findings into your practice?	
Further learning What further learning could you undertake?	

This template has been adapted from the Royal Adelaide Hospital's CPD logbook example

Attachment A

General provisions

Health Practitioner Regulation National Law Act 2009 (Qld)

Division 3 Registration standards and codes and guidelines

39 Codes and guidelines

- 1) A National Board may develop and approve codes and guidelines —
 - (a) to provide guidance to the health practitioners it registers; and
 - (b) about other matters relevant to the exercise of its functions.
- 2) Example. A National Board may develop guidelines about the advertising of regulated health services by health practitioners registered by the Board or other persons for the purposes of section 133.

40 Consultation about registration standards, codes and guidelines

- 1) If a National Board develops a registration standard or a code or guideline, it must ensure there is wide ranging consultation about its content.
- 2) A contravention of subsection (1) does not invalidate a registration standard, code or guideline.
- 3) The following must be published on a National Board's website —
 - a. a registration standard developed by the Board and approved by the Ministerial Council;
 - b. a code or guideline approved by the National Board.
- 4) An approved registration standard or a code or guideline takes effect —
 - a. on the day it is published on the National Board's website; or
 - b. if a later day is stated in the registration standard, code or guideline, on that day.

41 Use of registration standards, codes or guidelines in disciplinary proceedings

An approved registration standard for a health profession, or a code or guideline approved by a National Board, is admissible in proceedings under this Law or a law of a co-regulatory jurisdiction against a health practitioner registered by the Board as evidence of what constitutes appropriate professional conduct or practice for the health profession.

Specific provisions

109 Annual statement

- 1) An application for renewal of registration must include or be accompanied by a statement that includes the following —
 - a. a declaration by the applicant that —
 - b. the applicant does not have an impairment; and
 - c. the applicant has met any recency of practice requirements stated in an approved registration standard for the health profession; and
 - d. the applicant has completed the continuing professional development the applicant was required by an approved registration standard to undertake during the applicant's preceding period of registration; and
 - e. the applicant has not practised the health profession during the preceding period of registration without appropriate professional indemnity insurance arrangements being in place in relation to the applicant; and
 - f. if the applicant's registration is renewed the applicant will not practise the health profession unless appropriate professional indemnity insurance arrangements are in place in relation to the applicant;
 - g. details of any change in the applicant's criminal history that occurred during the applicant's preceding period of registration;
- 2) Note. See the definition of criminal history which applies to offences in participating jurisdictions and elsewhere including outside Australia.
 - a. if the applicant's right to practise at a hospital or another facility at which health services are provided was withdrawn or restricted during the applicant's preceding period of registration

- because of the applicant's conduct, professional performance or health, details of the withdrawal or restriction of the right to practise;
 - b. if the applicant's billing privileges were withdrawn or restricted under the *Medicare Australia Act 1973* of the Commonwealth during applicant's preceding period of registration because of the applicant's conduct, professional performance or health, details of the withdrawal or restriction of the privileges;
 - c. details of any complaint made about the applicant to a registration authority or another entity having functions relating to professional services provided by health practitioners or the regulation of health practitioners;
 - d. any other information required by an approved registration standard.
- 3) Subsection (1)(a)(ii), (iii) and (iv), (c) and (d) does not
 - 4) apply to an applicant who is applying for the renewal
 - 5) of non-practising registration.

112 Decision about application for renewal

- 1) After considering an application for renewal of registration and any submissions made in accordance with a notice under section 111, a National Board may decide to renew, or refuse to renew, the applicant's registration or the endorsement.
- 2) The National Board may refuse to renew the applicant's registration or any endorsement on the applicant's registration —
 - a. on any ground on which the Board could refuse to grant the registration or endorsement under section 82 or 102 if the application were for a grant of registration or endorsement; or
 - b. if the applicant contravened any condition to which the applicant's previous registration or endorsement was subject; or
 - c. if, during the applicant's previous period of registration, the applicant failed to have appropriate professional indemnity insurance arrangements or failed to complete the continuing professional development required by an approved registration standard for the profession; or
 - d. if a statement made by the applicant in the applicant's annual statement was false or misleading in a material particular; or
 - e. if the application is for the renewal of provisional registration and the applicant's provisional registration has previously been renewed twice; or
 - f. if the application is for the renewal of limited application and the applicant's limited registration has previously been renewed 3 times.
- 3) If the National Board renews a registration, including any endorsement on the registration, the registration or endorsement is subject to —
 - a. any condition to which the registration was subject immediately before the renewal; and
 - b. any condition the Board considers necessary or desirable in the circumstances
- 4) Note. A failure by a registered health practitioner to comply with a condition of the practitioner's registration does not constitute an offence but may constitute behaviour for which health, conduct or performance action may be taken.
- 5) If the National Board decides to renew a registered health practitioner's registration or an endorsement of the registration subject to a condition under subsection (3)(b), the Board must decide a review period for the condition.
- 6) If a National Board decides to refuse to renew an applicant's registration or the endorsement of the applicant's registration, or to renew the registration or the endorsement subject to a condition under subsection (3)(b), the Board must give the applicant a notice that states —
 - a. the decision made by the Board; and
 - b. the reasons for the decision; and
 - c. that the applicant may appeal against the decision; and
 - d. how an application for appeal may be made and the period within which the application must be made.
- 7) A registration, including any endorsement of the registration, renewed under this Division —
 - a. starts on the day immediately after the applicant's previous period of registration ends or ended; and
 - b. expires at the end of the day that is 12 months after the day it starts.

Subdivision 3 Obligations of registered health practitioners and students

128 Continuing professional development

- 1) A registered health practitioner must undertake the continuing professional development required by an approved registration standard for the health profession in which the practitioner is registered.
- 2) A contravention of subsection (1) by a registered health practitioner does not constitute an offence but may constitute behaviour for which health, conduct or performance action may be taken.
- 3) In this section — registered health practitioner does not include a registered health practitioner who holds non-practising registration in the profession.

Statement of assessment

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

Continuing professional development registration standard

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 operates in accordance with good regulatory practice.

Below is the National Board's assessment of their proposal for a revised Continuing professional development Registration Standard 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 draft revised *Continuing professional development registration standard* meets the objectives and guiding principles of the National Law.

The revised registration standard, if approved, will provide for the protection of the public by ensuring that practitioners undertake appropriate continuing professional development as an important aspect of maintaining their competence.

The draft revised registration standard also supports 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 will ensure that there is public exposure of their proposal 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 draft revised registration standard 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 the proposal is the best option for achieving the stated purpose. As only minor changes to the existing standard are proposed, the impact of the proposal is similar to the existing registration standard.

The Board considers that the revised draft standard would have a low impact on the professions. This low impact is significantly outweighed by the benefits of protecting the public and providing clearer, simpler requirements informed by the best available evidence and the Board's regulatory experience, 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 Continuing professional development registration standards.

The Board considers that the requirement for registrants to undertake specified CPD activities or directed learning where required by the Board, in circumstances such as where practitioners require remediation, is in the public interest.

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

Board assessment

The Board considered whether its proposal could result in an unnecessary restriction of competition among health practitioners. The proposal is 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 will support consumer choice, by establishing clear requirements for continuing professional development that practitioners must meet as a key part of maintaining their competence, 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 Board considered the overall costs of the revised registration standard to members of the public, registrants and governments and concluded that the likely costs are appropriate when offset against the benefits that this revised draft standard contributes to the National Scheme.

The Board considers there will be minimal additional burden to provisional registrants being required to undertake CPD, as they already undertake CPD as part of their supervised practice program. The only change is that they will now be required to formally record their CPD undertaken.

Subject to stakeholder feedback on the proposed revisions and if approved by the Ministerial Council, the revised standard should have only minimal impact on the costs to applicants, including 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 Board considers the revised draft registration standard has been written in plain English that will help practitioners to understand the requirements of the standard. The Board has changed the structure of the standard and reviewed the wording to make the standard 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 Board will review the revised registration standard 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 standard earlier, if it is necessary to ensure the continued relevance and workability of the standard.

Overview

2 May 2014

Review of *Recency of practice registration standard*

Summary of issue

38. 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 of the profession by applicants for registration in the profession. The registration standard is part of the regulatory framework for the medical radiation practice profession.
39. Section 109 of the National Law requires a practitioner applying to renew their registration to make a declaration that they have met any recency of practice requirements stated in an approved registration standard for the health profession.
40. 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. The 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. The available evidence does not provide definitive answers to issues such as the amount of practice that a practitioner must undertake to remain competent so 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 Board's standards.
41. The proposed revised standard now includes a requirement to undertake a minimum of 450 hours of practice in the past three years for those medical radiation practitioners undertaking clinical practice.

Options statement – recency of practice registration standard

The Boards have considered a number of options in developing this proposal.

Option 1 – Status quo

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. However, the Board has now identified a range of issues with the current standard, including the ability to clarify the language and structure to make it easier to understand.

Option 2 – Proposed revised standard

Option 2 would involve the Board submitting a revised registration standard to the Ministerial Council for approval. The registration standard would continue to establish the Board's requirements for recency of practice, with some changes to include a minimum number of clinical practice hours in the past three years for those medical radiation practitioners undertaking clinical practice. The revised standard has clearer wording and structure to make it easier to understand.

Preferred option

The Board prefers Option 2.

Issues for discussion

Potential benefits and costs of the proposal

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

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

The costs of the preferred option are:

- a. applicants, other stakeholders, AHPRA and National Boards will need to become familiar with the new standard
- b. that there will likely need to be a period of transition to the proposed revised standard, if approved.

Estimated impacts of the draft revised registration standard

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

Relevant sections of the National Law

Section 109

Questions for consideration

The Board is inviting feedback on the following questions.

- a. From your perspective, how is the current registration standard working?
- b. Is the definition of clinical practice appropriate for the purpose of demonstrating recency of practice?
- c. Is the requirement for 450 hours of practice in the past three years sufficient for practitioners to competently and safely provide services to the public?
- d. Is the content of the draft revised registration standard helpful, clear, relevant and more workable than the current standard?
- e. Is there any content that needs to be changed or deleted in the draft revised registration standard?
- f. Does the proposed five year maximum period within which to undertake a review of the standard provide a reasonable balance between stability and the flexibility required to revise and update the standard if necessary?
- g. Is there anything missing that needs to be added to the draft revised registration standard?
- h. Is the information provided in the guideline clear and useful?
- i. Do you have any other comments on the revised registration draft standard?

Attachments

The proposed revised *Recency of practice registration standard* is at [Attachment 6](#).

The proposed revised *Recency of practice Guideline* is at [Attachment 7](#).

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 8](#).

The current recency of practice registration standard is published on the Board's website, accessible from www.medicalradiationpracticeboard.gov.au

Recency of practice registration standard

Effective from: <<date>>

Review date: <<date>>

1. Summary

This registration standard sets out the Board's minimum requirements for recency of practice for medical radiation practitioners to competently and safely provide services to the public.

2. Does this standard apply to me?

This standard applies to all registered medical radiation practitioners except those who are recent graduates or those with student or non-practising registration.

3. What must I do?

Meeting the Board's minimum requirements for recency of practice does not automatically satisfy your professional and ethical responsibilities for working within the limits of your competence. In addition to recency of practice requirements, you must ensure that you have the knowledge and skills necessary for the provision of safe and effective care.

1. All medical radiation practitioners undertaking clinical practice **must** have completed a minimum of 450 hours of practice in the past three years.
2. If you are registered in more than one division of registration you are required to complete a minimum of 450 hours of practice in the past three years for each division in which you are registered.
3. Applicants returning to practice after an absence of more than three years **may be required to:**
 - a. undertake an examination and/or assessment
 - b. undertake a Board approved course or program or part thereof, and/or
 - c. participate in a Board approved supervised practice program, and/or
 - d. meet any other requirement the Board considers necessary to ensure that the practitioner is safe to practice in a competent and ethical manner.
4. Applicants returning to practice after an absence of 10 years or more **will be required to:**
 - a. have your primary qualification assessed against an approved course of study, and/or
 - b. undertake an examination and/or assessment, and/or
 - c. undertake a Board approved course or program or part thereof, and/or
 - d. participate in a Board approved supervised practice program, and/or
 - e. meet any other requirement the Board considers necessary to ensure that you are safe to practice in a competent and ethical manner.

Recency of practice guideline for medical radiation practitioners

The *Recency of Practice Guideline* provides guidance about how to meet the requirements of the registration standard. Medical radiation practitioners are expected to understand and apply this guideline together with the registration standard.

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 or return to practice.

4. What does this mean for me?

At application

When you apply for registration as a medical radiation 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.

At renewal of registration

When you apply to renew your registration, you are required to 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 standard for five years in case you are audited.

5. What happens if I don't meet this standard?

If you are returning to practice after taking a break and you don't meet this standard, you will need to provide information to help the Board decide if and how you can return to practice. This standard describes some of the methods the Board may apply to safely facilitate your return to practice.

The *Recency of practice guideline* will assist registered medical radiation practitioners to understand what information the Board may request of you.

Other possible consequences

The National Law establishes possible consequences if you don't meet the recency of practice requirements in 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 radiation practitioners (section 41 of the National Law).

6. Recency of practice guideline for medical radiation practitioners

The *Recency of practice guideline* provides guidance about how to meet the requirements of the registration standard. You are expected to understand and apply this guideline together with the registration standard.

7. Authority

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

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

8. Explanatory notes

If you change your scope of practice you are required to declare this upon renewal of your registration. To satisfy the Board that you are safe and competent to practice you may be required to provide evidence of supervised practice, completion of course of study, or any other activity required by the Board.

If you are returning to clinical practice in order to meet this standard you must have undertaken 450 hours of clinical practice in the profession in the past three years. Undertaking continuous periods of sustained clinical practice helps to maintain your connection to current clinical practice.

9. Definitions

Clinical practice means practice that involves the provision of professional services direct to health service users.

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. Practice in this context is not restricted to the provision of direct clinical care. It also includes using professional knowledge (working) 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 the 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 having completed an approved program of study that was awarded not more than two years prior to the date of their application.

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

10. Review

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

Last reviewed: <<date>>

This standard replaces the previously published registration standard from <<date>>.

Guideline

<<date>>

Recency of practice

Introduction

This guideline has been developed by the Medical Radiation Practice Board of Australia (the Board) under section 39 of the Health Practitioner Regulation National Law, as it applies in each state and territory (the National Law).

This guideline:

- supplements the requirements set out in the Board's *Recency of practice registration standard* and must be read in conjunction with it
- supplements the requirements set out in the National Law at section 52 (1)(a), 65, 68 and 303, and
- provides guidance to practitioners in relation to a matter of professional practice, not set down in the legislation or a registration standard, which can be used in proceedings under the National Law Act as evidence of what constitutes professional conduct or practice for practitioners under section 38(1)(e) of the National Law. The relevant sections of the National Law are at [Attachment 1](#).

Summary

The Board's *Recency of practice registration standard* requires all medical radiation practitioners undertaking clinical practice to have completed at least 450 hours of practice in the past three years (in each division of registration).

The *Recency of practice registration standard* also requires registered medical radiation practitioners to ensure that they are competent and fit to practice in the profession. Every year, practitioners must declare whether their practice is current and in keeping with contemporary practice, when they apply to renew their registration.

If you are a registered medical radiation practitioner, but have not worked in the profession for at least 450 hours in the past three years, you will be required to demonstrate to the Board that you are competent to practice, or that you are updating your skills to ensure that you are competent, before becoming registered.

Overarching statement

Practitioners have a duty to make the care of patients or clients their first concern and to practise safely and effectively.

In meeting this duty of care, practitioners have a responsibility to recognise and work within the limits of their competence and scope of practice.

Good practice is patient-centred. In the current context, good practice involves:

- a. recognising and working within the limits of a practitioner's competence and scope of practice
- b. ensuring that practitioners maintain adequate knowledge and skills to provide safe and effective care
- c. when moving into a new area of practice, ensuring that a practitioner has undertaken sufficient training and/or qualifications to achieve competency in that area, and
- d. practising in accordance with the current and accepted evidence base of the health profession, including clinical outcomes.

If you do not meet the *Recency of practice registration standard*, you may be required to provide the Board with some or all of the following information to demonstrate that you are competent to practice:

- evidence of supervised practice
- completion of education courses, and/or
- completion of an examination/assessment.

Scope of application

The *Recency of practice registration standard* does not apply to:

- students
- non-practicing registration holders, or
- recent graduates

Only those practitioners who are engaged in clinical practice are required to meet this standard. Registered practitioners who are not engaged in clinical practice are **not required** to meet this standard.

At initial application for registration the applicant will be required to provide evidence that they meet the *Recency of practice registration standard*.

Upon renewal of registration a registered practitioner will be required to declare whether they have been engaged in clinical practice in the past 12 months

For example, a person in a primarily office-based role is unlikely to be engaged in clinical practice as the element of “direct” care is not present.

Evidence required for Recency of practice

At initial application the applicant will be required to provide evidence that they meet the *Recency of practice registration standard*. Applicants may be required to provide the following evidence

1. statement of service from an employer
2. position description(s)
3. a letter from an employer(s) verifying the number of clinical practice hours that the applicant / registrant has undertaken.

The same requirements will apply for those registered practitioners who are required to undergo an audit of the declarations they have made at renewal of registration.

Principles

The following principles underpin the decision making about whether an individual is an appropriate person to practise the profession:

- protecting the safety of the public is the paramount consideration for the National Board
- there is a need to maintain public confidence in the profession and the regulatory process
- protecting the safety of the public requires informed decision-making about the extent of an individual’s time away from clinical practice and the extent to which that is relevant to their ability to practice
- the decision will be proportionate to the identified risks posed to the public by the individual’s return to practice, taking into consideration the specific circumstances and context.

For practitioners who do not meet the requirement - Matters for consideration

The Board’s task involves a risk assessment, based on an evaluation of the time away from practice and other relevant factors. The risk assessment informs the Board’s decision about the risk of harm the individual concerned may pose to patients or clients who might seek health care from them in the future. When such a risk is identified, the decision-maker must determine what degree of public protection is required.

Each matter is to be considered on its merits, taking into consideration all of the evidence available to the Board and giving appropriate weight to the factors set out in the *Recency of practice registration standard* that the Board is required to consider.

Where an applicant or practitioner has not met the requirements of the *Recency of practice registration standard* the Board will consider the following factors:

- a. the qualification(s)
- b. the recency of the qualification
- c. the time spent in practice since qualification (post qualification experience (PQE))
- d. the amount and recency of practice
- e. the location and context of practice in the profession
- f. the amount of professional development activities undertaken
- g. any relevant and related activities whether as an employee or as a volunteer
- h. any mitigating actions undertaken, for example, completing a relevant post graduate qualification, the proposed working environment (sole practitioner, group practice etc)
- i. any other factor that is relevant to practice or that impacts on the risk to the public

Generally, the longer a practitioner has been absent from practice, the longer the required period of supervised practice will be, but all matters - including any mitigating actions undertaken - will be considered.

For example, if you have been absent from practice for more than three years, but less than four years and you have completed 20 hours of CPD in the past year, it is possible that you will be required to undertake supervised practice, but for only one month.

If you have been absent from practice for more than four years and less than seven years and have undertaken no CPD in the past year, you may be required to undertake supervised practice for two to three months.

If you have been absent from practice for more than seven years and less than ten years, but have renewed your qualification with greater than 26 weeks of clinical training included in the course, you will most likely be required to undertake supervised practice for six months.

If you have been absent from practice for more than ten years and less than fifteen years, but have renewed your qualification with greater than 26 weeks of clinical training included in the course, you may be required to undertake supervised practice for at least six months and also upgrade your qualification.

If you have been absent from practice for fifteen years or more and have not taken any mitigating actions, you may be required to undertake supervised practice for 12 months and also upgrade your qualification.

The above periods of supervised practice are indicative only, and each application is considered on a case by case basis.

Definitions

Clinical practice means practice that involves the provision of professional services direct to health service users.

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 working 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 and/or use their professional skills.

Recency of practice means that a registered practitioner has maintained contemporary practice in the profession since qualifying or obtaining registration.

Recent graduate means a person applying for registration having completed an approved program of study that was awarded not more than two years prior to the date of their application.

Scope of practice means any professional activity undertaken in the course of practice

- a) for which the practitioner has either been formally educated or trained in programs approved by the Board, and
- b) in which the practitioner is competent.

Review

This guideline applies from <<date>>. This guideline will be reviewed from time to time as required. This will generally be at least every five years.

Record of updates

November 2012 This guideline was revised in November 2012 and updated with the overarching statement and the inclusion of a definition of scope of practice (taken from the *Professional indemnity insurance registration standard*).

<<date>> This guideline was revised <<date>> and updated to reflect changes to the Recency of Practice Registration Standard.

Attachment 1

General Provisions

Health Practitioners Regulation National Law Act 2009 (Qld)

Division 3 Registration standards and codes and guidelines

39 Codes and guidelines

1. A National Board may develop and approve codes and guidelines —
 - a) to provide guidance to the health practitioners it registers; and
 - b) about other matters relevant to the exercise of its functions.
2. Example. A National Board may develop guidelines about the advertising of regulated health services by health practitioners registered by the Board or other persons for the purposes of section 133.

40 Consultation about registration standards, codes and guidelines

1. If a National Board develops a registration standard or a code or guideline, it must ensure there is wide ranging consultation about its content.
2. A contravention of subsection (1) does not invalidate a registration standard, code or guideline.
3. The following must be published on a National Board's website —
 - a) a registration standard developed by the Board and approved by the Ministerial Council;
 - b) a code or guideline approved by the National Board.
4. An approved registration standard or a code or guideline takes effect —
 - a) on the day it is published on the National Board's website; or
 - b) if a later day is stated in the registration standard, code or guideline, on that day.

41 Use of registration standards, codes or guidelines in disciplinary proceedings

An approved registration standard for a health profession, or a code or guideline approved by a National Board, is admissible in proceedings under this Law or a law of a co-regulatory jurisdiction against a health practitioner registered by the Board as evidence of what constitutes appropriate professional conduct or practice for the health profession.

Appendix 1

Time since last practiced	Requirement to meet Recency of Practice	Preliminary requirements to establish competency to practice	Mandatory requirements	Discretionary requirements	Mitigating Actions by Applicant
0-3 years	450 hours of clinical practice	Nil			
3 years 3 months		Nil	From 1 month (re-orientation) up to 4 months with a requirement for a successful clinical assessment against capabilities, depending on the amount of PQE	Over and above the requirements of CPD standard, an additional 20 hours of directed CPD in the first period of registration	<ul style="list-style-type: none"> • At least 900 hours of clinical practice within 4 years of an application for registration. • More than 2 years full time experience as a general registrant. • Completed more than 20 hours CPD in last 12 months prior to an application for registration.
3 years 6 months		Nil	From 1 month (re-orientation) up to 4 months with a requirement for a successful clinical assessment against capabilities, depending on the amount of PQE	Over and above the requirements of CPD standard, an additional 30 hours of directed CPD in the first period of registration	<ul style="list-style-type: none"> • At least than 900 hours of clinical practice within 4 years of an application for registration. • More than 2 years full time experience as a general registrant. • Completed more than 30 hours CPD in last 12 months prior to an application for registration.

Time since last practiced	Requirement to meet Recency of Practice	Preliminary requirements to establish competency to practice	Mandatory requirements	Discretionary requirements	Mitigating Actions by Applicant
4 years or less		Nil	From 1 to 4 months with a requirement for a successful clinical assessment against capabilities, depending on the amount of PQE	Over and above the requirements of CPD standard, an additional 40 hours of directed CPD in the first period of registration.	<ul style="list-style-type: none"> • At least 1800 hours of clinical practice within 5 years of application for registration. (extent of recent practice) • More than 3 years full time experience as a general registrant (extent of experience) • Has completed a relevant post graduate qualification within 5 years of the date of application (recent education) • Completed more than 80 hours of CPD in within 2 years of an application for registration.
5 years or less		Nil	3 - 5 months of supervised practice with successful clinical assessment against capabilities	Over and above the requirements of CPD standard, an additional 50 hours of directed CPD in the first period of registration	<ul style="list-style-type: none"> • At least 3600 hours of clinical practice within 7 years of application for registration. (extent of recent practice) • More than 5 years full time experience as a general registrant. (extent of experience) • Has completed a relevant post graduate qualification no more than 5 years prior to an application for registration (recent education)

Time since last practiced	Requirement to meet Recency of Practice	Preliminary requirements to establish competency to practice	Mandatory requirements	Discretionary requirements	Mitigating Actions by Applicant
More than 5 years but less than 7 years		Successfully pass an examination	4 - 6 months of supervised practice with successful clinical assessment against capabilities	Over and above the requirements of CPD standard, an additional 50 hours of directed CPD in the first period of registration	Completed a relevant postgraduate qualification (AQF9) no more than 2 years prior to an application for registration.
7 years or more		Successfully pass an examination	6 months of supervised practice with successful clinical assessment against capabilities	Over and above the requirements of CPD standard, an additional 50 hours of directed CPD in the first period of registration	Completed a relevant postgraduate qualification (AQF9) no more than 2 years prior to an application for registration.
10 years or more		Must have been previously registered with MRPBA (or previous state board) or holds an adequate qualification (3 year Bachelor (AQF 7) in a relevant division of registration) that was obtained not more than 10 years prior to the date of application.† Successfully pass a Board approved examination	<ul style="list-style-type: none"> • 12 months of supervised practice with successful clinical assessment against capabilities • Over and above the requirements of CPD standard, an additional 50 hours of directed CPD in the first period of registration 		Completed an approved program of study*.

†applicants who do not meet the threshold requirements to return to practice may be eligible for limited registration.

* applicants who undertake and complete an approved program of study automatically meet the requirements to return to practice.

PQE = Post qualification experience

Statement of assessment

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

Recency of practice registration standard

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 operates in accordance with good regulatory practice.

Below is the National Board's assessment of their proposal for a revised *Recency of practice registration standard* 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 Recency of practice registration standard meets the objectives and guiding principles of the National Law.

The draft revised registration standard, if approved, will provide for the protection of the public by ensuring that practitioners have appropriate recent practice.

The draft revised registration standard also supports 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 will ensure that there is public exposure of its proposal 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 draft revised registration standard 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

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 the proposal is the best option for achieving the stated purpose. As only minor changes to the existing standard are proposed, the impact of the proposal is similar to the existing registration standard.

The Board considers that the revised draft standard would have a low impact on the professions. This low impact is significantly outweighed by the benefits of protecting the public and providing clearer, simpler requirements, in the public interest.

The Board considers the introduction of a minimum of 450 hours of practice in the past three years for those undertaking clinical practice will contribute to the protection of the public.

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

Board assessment

The Board considered whether its proposal could result in an unnecessary restriction of competition among health practitioners. The proposal is 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 draft revised registration standard 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 Board considered the overall costs of the revised registration standard to members of the public, registrants and governments and concluded that the likely costs are appropriate when offset against the benefits that this draft revised standard contributes to the National Scheme.

Subject to stakeholder feedback on the proposed revisions and if approved by the Ministerial Council, the revised standard 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 Board considers the draft revised registration standard has been written in plain English that will help practitioners to understand the requirements of the standard. The Board has changed the structure of the standard and reviewed the wording to make the standard 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 Board will review the revised registration standard 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 standard earlier, if it is necessary to ensure the continued relevance and workability of the standard.