

Public consultation:

Review of Recency of practice registration standard

5 December 2025

Summary

The Medical Board of Australia's (the Board's) registration standards set out the requirements that registered medical practitioners must meet when applying for or renewing their registration.

The recency of practice (RoP) registration standard sets out the minimum practice required for a practitioner to remain registered. Recent practice helps practitioners to retain and develop their knowledge, skills and competence, remain up to date and maintain an adequate connection with their profession which promotes safe care. To be registered and continue practising, all registered medical practitioners must meet the requirements for recent practice set out in the RoP registration standard.

The Board is reviewing the RoP registration standard to ensure that it is a relevant and effective regulatory tool that contributes to patient safety and facilitates access to a sustainable health workforce.

The review is carefully considering how best to balance all the objectives and guiding principles of the National Law in the current environment. The Board and Ahpra are acutely aware of the current pressure on the health workforce and health service delivery. For this reason, minor changes to requirements are proposed, along with providing increased flexibility for practitioners who have not practised for more than three years to return to practice, while maintaining patient safety.

This review has also been informed by the review recently consulted on by other National Boards and will actively consider how the RoP registration standard can contribute to the best outcomes for patients, practitioners and the health system.

This public consultation paper has been developed to help key stakeholders understand and provide feedback about the changes proposed in the draft revised RoP registration standard. The paper:

- proposes a draft revised RoP registration standard and seeks feedback on it
- outlines the rationale for the minor wording and formatting changes and specifies proposed requirements for practitioners seeking to return to practice after an absence of more than three years
- discusses options that the Board has considered before deciding to consult on this proposal
- proposes questions for consideration.

The consultation is open until **2 March 2026**.

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Making a submission in the public consultation

What are we consulting on

The Medical Board of Australia (the Board) is seeking feedback about proposed recency of practice requirements that will promote the delivery of safe including culturally safe, effective, high-quality healthcare while facilitating access to a sustainable health workforce. We are consulting on a draft revised Recency of practice (RoP) registration standard which sets out the amount of practice practitioners must do to be registered and what may be required when a practitioner doesn't meet the standard.

It also emphasises practitioners' responsibilities, as set out in *Good medical practice: a code of conduct for doctors in Australia* (the Code), when moving to a new area of practice to ensure they have sufficient training, preparation and/or qualifications to be competent in the new area.

Public consultation enables the Board to seek feedback on proposed approaches to maintaining practitioner competency through the RoP standard and on the proposed revised RoP registration standard.

We want your feedback

You are invited to give feedback on the registration requirements set out in the draft revised RoP registration standard.

There are specific questions about the draft revised RoP registration standard, along with an opportunity for general comment. You do not need to answer all the questions included in this consultation paper.

Public consultation starts on Friday 5 December 2025 and closes on Monday 2 March 2026. The extended timeframe for the consultation is provided to take into consideration the busy end of year and holiday periods.

Please provide your feedback and send by email to medboardconsultation@ahpra.gov.au marked: 'Public consultation - RoP registration standard review'.

Publication of submissions

The Board publishes submissions at its discretion. We generally publish submissions on our website in the interests of transparency and to support informed discussion.

Please advise us if you do not want your submission published.

We will not place on our website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the subject of the consultation. Before publication, we may remove personally identifying information from submissions, including contact details.

We 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 (Cth), which has provisions designed to protect personal information and information given in confidence.

Please let us know if you do not want us to publish your submission or would like us to treat all or part of it as confidential.

Published submissions will include the names of the individuals and/or the organisations that made the submission unless confidentiality is requested.

After public consultation closes, the Board will review and consider all feedback from this consultation before deciding the next steps, which may include submitting the revised standard to the Ministerial Council for approval.

A revised RoP registration standard must be approved by Health Ministers before taking effect.

Questions for consideration

1. The Board is seeking feedback on requirements that will appropriately balance public safety with workforce flexibility. Stakeholders are invited to provide general comments on the draft revised RoP registration standard, as well as feedback on these questions:

1. Is the content, language and structure of the proposed revised RoP standard clear, relevant and workable? Why or why not?
2. Is there any content that needs to be changed, added or removed in the proposed revised RoP standard? If so, please give details.
3. Which option (1 or 2) best protects the public while facilitating access to a sustainable health workforce?
4. Do you agree or disagree that recency of practice should be defined as 150 hours in 12 months or 450 hours in three years (reduced from 152/456 hours), but with a maximum number of 37.5 hours per week? Please provide details.
5. Do you agree or disagree the definition of recent graduate should be reduced from two years to one year? Please provide details.
6. Do you agree or disagree the registration standard should specify the requirements for a doctor wishing to change their scope of practice? Please provide details.
7. Do you agree with the change to the standard that makes explicit the additional information that the Board will consider when a practitioner does not meet the 150 hours in 12 months or 450 hours in three years? Why or why not?
8. Do you think the Board should provide a template and/or explanatory resources to assist practitioners to provide information to support their application to return to practice?
9. Are there any impacts for patients and consumers, particularly vulnerable members of the community, that have not been considered in the draft RoP registration standard? If so, please describe.
10. Are there any impacts for Aboriginal and Torres Strait Islander Peoples that have not been considered in the draft revised RoP registration standard? If so, please describe.
11. Are there any other regulatory impacts or costs, or other issues that have not been identified that the Board needs to consider?
12. Would the proposed changes to the RoP standard result in any potential negative or unintended effects? If so, please describe.

Regulatory overview

2. The Australian Health Practitioner Regulation Agency (Ahpra) works in partnership with each of the National Boards to implement the National Registration and Accreditation Scheme (the National Scheme), which has maintaining public safety as its primary responsibility. National Boards regularly review their standards, codes, policies and guidelines to make sure they remain relevant, contemporary and effective.
3. Ahpra and the National Boards are guided by the objectives and guiding principles of the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law). Further, we are guided by the [Regulatory principles for the National Scheme](#). Our work to protect the public and advance community confidence in the services provided by regulated health practitioners includes [the National Scheme Strategy 2020-25](#), [the Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy](#), [the National Scheme Engagement Strategy 2020-25](#), [Ministerial Council- issued policy directions](#)¹ and [the Regulatory guide](#).
4. Under section 38 of the National Law, National Boards are required to develop and recommend to the Ministerial Council registration standards about the requirements in relation to the nature, extent, period and recency of any previous practice of the profession by applicants for registration in the profession.²
5. Section 109 of the National Law requires a practitioner applying to renew their registration to declare that they have met the recency of practice requirements in the Board's registration standard.
6. The Board regularly reviews its registration standards, in keeping with good regulatory practice to ensure that they remain relevant and effective regulatory tools.
7. The Board is also aware that changes to the RoP registration standard may impact on practitioners, other stakeholders and staff who need to become familiar with the changes. Therefore, the Board is only proposing minor changes to better address the objectives and guiding principles of the National Law, including to facilitate access to health services and/or achieve a sustainable health workforce, align with the best available evidence, clarify processes, streamline and remove unnecessary information and address gaps in content.
8. The Board may develop additional guidance to help practitioners understand and comply with revised standards.

Relevant sections of the National Law

The relevant sections of the National Law are sections 38, 109 and 128.

¹ Policy Direction 2019-01 – Paramourncy of public protection when administering the National Scheme and Policy Direction 2019-02 – Requirements to consult with patient safety bodies and health care consumer bodies on every new and revised registration standard, code and guidelines.

² Section 38(1)(c) & (e). Health Practitioner Regulation National Law Act 2009.

Part A: Review of recency of practice arrangements

Background

9. The Board seeks to ensure that the public receive safe including culturally safe, effective, high-quality healthcare without imposing any unnecessary regulatory burden on practitioners. To do this, we require practitioners to maintain and develop their professional skills, including through recent practice.
10. Recent practice helps practitioners to retain and enhance their knowledge and skills, remain up to date and maintain an adequate connection with their profession.
11. In requiring recent practice, the Board has considered research about skills loss due to lack of ongoing application and applied a broad definition of practice that is wider than direct clinical care.
12. The RoP registration standard contributes to maintaining a practitioner's knowledge, expertise and enables them to provide safe and effective healthcare to the public. It sets out the minimum practice required for a practitioner to remain registered. The Board considers that this approach minimises regulatory burden by enabling practitioners to meet the RoP standard through the practice of their profession.
13. The Board is aware of the need to be responsive to increasing health workforce pressures. This review of the registration standard is considering how our regulatory requirements can provide appropriate flexibility for the health workforce while protecting the public and maintaining public confidence in the safety of services provided by registered medical practitioners.
14. In December 2023 National Cabinet considered the [Final Report](#) of the *Independent review of overseas health practitioner regulatory settings*. The review covers health practitioner registration, skill and qualification recognition for overseas-trained health professionals and international students who have studied in Australia. The review highlighted that 'the health workforce is under significant pressures relating to COVID-19, an increasing incidence of chronic disease and growing demand in aged care, disability and mental health'.³
15. The final report makes a number of recommendations to address urgent shortages in medical, nursing, midwifery and allied health professions, some of which relate to recency of practice registration standards. In particular, the final report recommends that:
 - Ahpra work together with the National Boards to allow greater flexibility for overseas health practitioners to meet recency of practice requirements, so long as they have met a minimum level of clinical experience in a comparable health setting ⁴
 - National Boards report back to health ministers on minimum clinical experience requirements based on evidence of clinical outcomes and best practice, and
 - National Boards review and consult on their mandatory recency of practice standards.
16. A [systematic review](#) by Ahpra's Research Unit noted that recency of practice is an under-researched area. The literature review and international benchmarking found that there is not good evidence about the amount of practice required to maintain competence. It noted that factors that appear to influence skills retention include the length of time away from practice, the level of previous professional experience and activities undertaken to maintain knowledge and skills. These factors have been considered by the Board when determining proposed recency of practice requirements and how practitioners can safely return to practice after a break.

Recency of practice requirements for registered medical practitioners in Australia

17. Both international and domestic applicants are required to meet the same recency of practice requirements for registration in Australia. Currently the Board requires 152 hours of practice in the previous 12 months or 456 hours of practice in the previous three years whereas most other National Boards require 150 hours of practice in the previous 12 months or 450 hours of practice in the previous

³ [Independent review of overseas health practitioner regulatory settings](#) covering health practitioner registration, skill and qualification for overseas trained health professionals and international students who have studied in Australia.

⁴ For the purpose of recency of practice requirements, the Board will consider any relevant practice of overseas medical practitioners.

three years. The National Scheme uses a broad definition of practice, defined as 'any role in which the individual uses their skills and knowledge as a health practitioner'. This enables registered practitioners to meet recency requirements by doing their day-to-day work.

International comparison of recency of practice requirements

18. Internationally, definitions and requirements for recent practice vary widely within and between professions; however, when specified, they are most commonly specified as hours of practice over a set period of time.
19. International regulators that do not require a specific amount of recent practice often rely on additional regulatory requirements to support practitioners to maintain competence. For example, regulators in Canada (British Columbia and Ontario), New Zealand and the United Kingdom have quality assurance, recertification or revalidation programs that practitioners must comply with in order to remain registered. While the programs vary widely across jurisdictions and professions, they frequently require a significant time and/or financial commitment from registered practitioners. As such, it is difficult to make valid comparisons of recent practice requirements between jurisdictions.
20. In New Zealand, the [Health Practitioners Competence Assurance Act 2003](#) requires applicants to have held an annual practising certificate within the previous three years. Some professions require a specified amount of practice in addition to recertification/CPD (e.g. [nurses](#) and [pharmacists](#) in New Zealand are required to complete 450 hours of practice in the previous three years).
21. Doctors, and the remaining regulated health professions in New Zealand⁵ require some practice (amount unspecified) in addition to completion of a recertification/CPD program that may include a combination of CPD planning, mandated and voluntary professional development including cultural or diversity responsiveness activities, self-reflection, formal reflection with peers, peer review, interaction/reflection with a nominated peer, provision of de-identified patient records for assessment by peers or the regulator, emergency skills refresher, self-assessment of competence, formal skills/competence assessment by the regulator, and self-audit.
22. In the United Kingdom, [Medical practitioners](#) must be revalidated every five years and [nurses and midwives](#) must practise for 450 hours in three years as part of the revalidation processes which include CPD, self-reflection, practice-related feedback and reflective discussion. The remaining regulated professions⁶ must have practised in the previous one or two years in addition to completing CPD.
23. In Canada (British Columbia and Ontario), where an amount of practice is specified it is commonly higher than the requirements established by the Board. In British Columbia, medical practitioners must have practised for at least 960 hours⁷ in the previous three years to be considered current. Ontario requires doctors to have practised within the previous two years⁸.

Recent practice requirements for overseas applicants

24. In Australia, the same recency of practice requirements applies to all applicants for registration within a profession, including overseas health practitioners. Internationally, regulators sometimes establish different requirements for overseas applicants. This is most common where domestic applicants are subject to comprehensive revalidation, quality assurance or recertification processes in which overseas applicants are unlikely to have participated (depending on their home jurisdiction).
25. While many UK regulators do not specify a specific period of practice for overseas applicants, some recent practice is generally expected or required. For example, practice history and professional references are often required as part of applications for registration from overseas-trained practitioners.
26. In New Zealand, overseas applicants must have practised within the previous three years⁹ and in Canada, the requirements include a specific number of hours in the previous three years (960 hours in British

⁵ [Chinese medicine](#), [chiropractic](#), [dental](#), [medical](#), [medical radiation practice](#), [midwifery](#), [nursing](#), [occupational therapy](#), [optometry](#), [osteopathy](#), [paramedicine](#), [pharmacy](#), [physiotherapy](#), [podiatry](#), [psychology](#)

⁶ [Chiropractic](#), [dental](#), [optometry](#), [osteopathy](#), [pharmacy](#), [Health Care and Professions Council](#)

⁷ [British Columbia College of Physicians and Surgeons](#)

⁸ [College of Physicians and Surgeons of Ontario](#)

⁹ [Medical Council of New Zealand](#)

Colombia, one year within the previous three years in Alberta)^{6,10} and a general requirement to have practised or been in training in the previous two years in Ontario⁷.

27. Compared with those regulators that define a period of recent practice for overseas applicants, the requirements proposed in the revised RoP standard are substantially lower (e.g. 150 hours/one year, 450 hours/three years). However, in addition to RoP requirements, the Board maintains public protection through a combination of regulatory mechanisms, including annual renewal of registration, annual CPD requirements and a strategy to embed Aboriginal and Torres Strait Islander Cultural Safety into the recency of practice CPD requirements.

Requirements for return to practice

28. In the National Scheme, practitioners who stop practising may move to non-practising registration or allow their registration to lapse. To return to practice, these practitioners must comply with the Board's RoP registration standard. Currently, the Board takes several factors into account when deciding how a practitioner who does not meet the recency of practice standard can safely return to practice (e.g. length of time away from practice, amount of practice before the break).
29. In the current RoP standard, a practitioner who has been absent from practice for more than three years is required to provide a plan for professional development and re-entry to the profession. To enable flexibility in return to practice pathways, in the draft revised RoP standard, the Board has expanded the information a practitioner needs to provide to demonstrate the extent to which they have maintained their knowledge and skills to enable them to practise safely and effectively. The information includes registration and practice history, any continuing professional development (CPD) or education completed, including Aboriginal and Torres Strait Islander specific CPD, or professional contact maintained during their break from practice, the role and position proposed, and the level of risk associated with their proposed practice, any CPD or education proposed in relation to the role, and access to supervision.
30. This approach allows the Board to consider each application on a case-by-case basis. A practitioner who doesn't meet the recency of practice requirements may be required to undergo additional assessment, education and/or supervised practice if the Board approves their registration.
31. Many of the international regulators reviewed specify the maximum amount of time away from practice before a return to practice pathway is required. In New Zealand, the [Health Practitioner Assurance Act 2003](#) requires practitioners to have held an annual practising certificate within three years. In the United Kingdom, the General Medical Council (GMC) have revalidation requirements. The majority of regulators in Canada require practice in the previous two or three years^{6,7,9}.
32. Internationally, return to practice requirements vary but may include:
- completing a specified amount of CPD/continuing education
 - meeting the quality assurance program requirements for the period since registration lapsed
 - submission of professional development portfolios (self-assessment, professional development)
 - completing specified education programs
 - completion of a specified ethics and jurisprudence course and examination
 - peer assessment
 - supervised practice
 - refresher program
 - assessment/examination
 - skills updating, and/or
 - clinical assessment.

¹⁰ [College of Physicians and Surgeons of Alberta](#)

Scope of practice

33. The National Law restricts the use of protected titles to individuals who are registered under the National Law in a regulated health profession.¹¹ To facilitate workforce flexibility, it does not define or regulate scope of practice for the professions other than three specific practice protections that relate to spinal manipulation, restricted dental acts and the prescription of optical appliances.¹²
34. The National Scheme defines [practice](#) as 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 in a direct non-clinical relationship with patients and 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.
35. The Board's Code of conduct sets out that registered health practitioners are expected to recognise and work within the limits of their competence and scope of practice and, when moving to a new area of practice, have sufficient training and/or qualifications to achieve competency in the new area.
36. In the existing RoP standard, doctors may be required to undergo additional training to ensure they are competent in the new field or scope of practice.
37. This is consistent with six other National Boards (Aboriginal and Torres Strait Islander Health Practice, Chinese Medicine, Occupational Therapy, Optometry, Paramedicine and Podiatry) who require practitioners who are extending their scope of practice to complete any advanced training/preparation that peers would expect, to develop competence to practice in the extended scope.

¹¹ Section 113 (1) (a)

¹² Section 121, 122, 123

Part B: Draft proposed registration standard

The Board is proposing a draft revised RoP registration standard. The draft revised standard is on the following pages.

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Registration standard: Recency of practice

Effective from: [TBC]

Summary

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

Does this standard apply to me?

You must meet this standard if you are applying:

- for registration or renewal of registration
- to change your registration type
- for an endorsement or renewal of endorsement on registration.

You don't need to meet this standard if you are:

- applying for or renewing non-practising registration
- a student, or
- a recent graduate applying for provisional registration for the first time to undertake an accredited intern position.

What must I do?

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

- a. 150 hours in one registration period, or
- b. 450 hours over three consecutive registration periods.

The maximum number of hours that can be counted per week is 37.5 hours.

Medical practitioners who work part-time must complete the same total minimum number of hours of practice which can be completed part-time.

In addition to meeting the Board's minimum requirements for recency of practice, you must also satisfy your professional and ethical responsibilities to ensure that you recognise and work within the limits of your competence and maintain adequate knowledge and skills to provide safe and effective care.

Are there exemptions to this standard?

There are no exemptions to this standard. However, the standard allows you to take breaks from practice.

The section below, '*How can I continue to practise or return to practice if I don't meet this standard*', explains what you need to do if you don't meet this standard and wish to continue to practise.

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What does this mean for me?

When you apply for registration

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

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

At renewal of registration

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

During the registration period

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

Evidence

You must keep records as evidence that you meet the requirements of this standard for five years.

The Board may withdraw your registration if it reasonably believes that you or someone else gave false or misleading information about your compliance with this standard (section 85A of the National Law).

How can I continue to practise, or return to practice if I don't meet this standard?

If you do not meet this standard and want to continue to practise, or return to practice, you will need to provide information to help the Board decide whether you are able to continue or return to practice.

Where you have held non-practising registration, or have not been registered

If you have two or more years clinical experience as a registered medical practitioner, to return to practice, you are required to complete the following.

- **If you have held non-practising registration, or have not been registered, for up to and including 12 months**

- You must apply for practising registration.
- There are no additional continuing professional development (CPD) requirements that you have to meet before re-commencing practice.

- **If you have held non-practising registration, or have not been registered, for between 12 months and up to and including 36 months**

- You must apply for practising registration.
- At a minimum, before re-commencing practice, you must complete 50 hours of continuing professional development (CPD) educational activities, relevant to your intended scope of practice. The CPD activities must be designed to maintain and update your knowledge and clinical judgment.

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- **If you have held non-practising registration, or have not been registered, for more than 36 months**

The Board will consider your application for practising registration, and any accompanying documentation, on an individual basis.

The Board will take a number of factors into consideration including your practice history and what you have done to maintain your knowledge and skills to enable you to practise safely and effectively. At the time of application, you will be required to provide information to help the Board make a decision about your application for registration. This may include:

- your registration and practice history, including:
 - your length of time away from practice, and
 - the nature and scope of practice prior to your break from practice
- any continuing professional development (CPD) or education completed, or professional contact maintained during your break from practice, including Aboriginal and Torres Strait Islander Cultural Safety CPD
- your intended scope of practice, including
 - the role and position proposed
 - the level of risk associated with your proposed practice
 - any CPD or education proposed in relation to the role, and
 - access to supervision and other supports, if necessary
- the Board may require you to provide additional information about these factors.

After considering all the relevant information, the Board will decide whether to grant practising registration. It may also require you to complete:

- further specific education or training, and/or
- a period of mentoring/supervised practice, and/or
- an assessment or examination to assess your competence to practice where available, and/or any other requirement the Board considers necessary to protect the public.

If you have not lodged a complete application for registration within one year of qualifying from an approved program of study

The Board will take a number of factors into consideration including what you have done to maintain your knowledge and skills to enable you to practise safely and effectively. The Board will advise you what information you should provide to help it make a decision about your application for registration.

After considering all the relevant information, the Board will decide whether to grant practising registration.

You may be required to complete:

- further specific education or training, and/or
- a period of mentoring/supervised practice, and/or
- an assessment or examination to assess your competence to practice where available, and/or any other requirement the Board considers necessary to protect the public.

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Where you hold practising registration

If you hold practising registration, but have not practised medicine for the minimum hours required in the previous three years

When the Board considers your application to renew your registration it will take a number of factors into consideration including:

- your practice history and
- what you have done to maintain your knowledge and skills to enable you to practise safely and effectively over the past three years.

At the time of application, you will be required to provide information to help the Board make a decision about your application to renew your registration. This may include:

- information explaining why you have not met the required recency of practice hours
- your registration and practice history, including:
 - the number of hours you have practised over the past three years
 - any time away from practice, and
 - the nature and scope of your practice over the past three years
- the continuing professional development (CPD) or education completed over the previous three years, including Aboriginal and Torres Strait Islander Cultural Safety CPD
- how you intend to recommence/continue to practise to meet the requirements, including
 - 1.1.1 the role and position proposed
 - 1.1.2 the number of hours you propose to practise
 - 1.1.3 the level of risk associated with your proposed practice, and
 - 1.1.4 access to supervision and other supports, if necessary.

After considering all the relevant information, the Board will decide whether to renew your practising registration. It may also require you to complete:

- further specific CPD, education or training, and/or
- a period of mentoring/supervised practice, and/or
- an assessment or examination to assess your competence to practice where available, and/or any other requirement the Board considers necessary to protect the public.

Where you have held practising registration for less than two years

If you have less than two years clinical experience as a registered medical practitioner and have not been registered for more than 12 months, or have not practised for more than 12 months

To return to practice you are required to commence work under supervision in a training position approved by the Board.

Other possible consequences

The Health Practitioner Regulation National Law, as in force in each state and territory (the National Law) establishes possible consequences if you don't meet this standard, including that the Board can impose conditions on your registration, or refuse your application for registration or renewal of registration (sections 82, 83 and 112 of the National Law).

Registration standards, policies, codes or guidelines may be used in disciplinary proceedings as evidence of what constitutes appropriate professional practice or conduct for your profession (section 41 of the National Law).

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Requirements for medical practitioners who are changing their scope of practice

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

The requirements are:

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

As the definition of 'practice' is broad, practitioners engaging in non-clinical practice can be registered and will continue to meet this standard as long as they do not change the scope of their practice. However, if they wish to change the scope of their practice, for example to resume clinical activities, they will need to meet the requirements for changing their scope of practice.

More information

1. Further information about when registration is necessary is available on the Board's website.
2. The Board accepts practice outside Australia for the purposes of meeting the recency of practice registration standard.
3. All registered medical practitioners must meet the Board's CPD registration standard, including joining a CPD home and completing CPD as specified in the CPD registration standard.

Authority

This registration standard was approved by the Ministerial Council on [TBC].

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

Definitions

Approved program(s) of study have been assessed against accreditation standards and approved as an accredited program of study providing a qualification for the purposes of registration.

Continuing professional development (CPD) 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. The Board's CPD requirements are set out in the *Continuing professional development registration standard*.

A **CPD home** is an organisation that is accredited by the Board's accreditation authority, the Australian Medical Council, to provide a CPD program for medical practitioners. This organisation may be an education provider, another organisation with a primary educational purpose or an organisation with a primary purpose other than education.

National Law means the Health Practitioner Regulation National Law, as in force in each state and territory.

Non-practising registration does not allow any level of practice and is suitable for those who are retired, temporarily absent, or practicing overseas.

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 in a direct non-clinical relationship with patients and clients, working in management, administration, education, research,

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advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession.

Practising registration includes general, specialist, provisional and limited registration types. It allows individuals with medical qualifications to be registered where they are using their skills and knowledge as a medical practitioner, regardless of whether they are providing direct patient care.

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 who qualified from an approved primary medical education program of study within one year of lodging a complete application for registration.

Registration period means from 1 October to the following 30 September for general and specialist registration and the anniversary of 12 months from the date of first registration for limited and provisional registration or at the expiry date if less than 12 months registration is granted.

Risk is the likelihood that a practitioner's return to practice without adequate preparation could compromise patient safety, clinical outcomes, or professional standards.

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

Review

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

Last reviewed: [TBC]

This standard replaces the previous registration standard dated 1 October 2016.

Part C: Options for recency of practice registration standard requirements

Option one – Status quo

38. Option one would continue with Board's existing RoP standard. However, we have identified opportunities to more closely align RoP requirements across other health professions and are seeking stakeholders' feedback about minor changes to recency of practice requirements that protect the public while facilitating access to a sustainable health workforce.
39. Option one would not enable the Board to take action in response to the findings of *the Independent review of overseas health practitioner regulatory settings*, which recommended that National Boards review and consult on RoP standards to consider greater flexibility for overseas health practitioners to demonstrate recency of practice.

Option two – Proposed revised RoP standard

40. Option two would involve the Board submitting a revised RoP standard to Health Ministers for approval, following wide-ranging consultation. The revised standard would continue to outline the Board's requirements for recency of practice.
41. The proposed draft revised RoP standard:
- a. applies to all registrants except students, recent graduates applying for registration for the first time and practitioners with non-practising registration.
 - b. defines a recent graduate as an individual who has successfully completed an approved program of study within one year of lodging a complete application for registration
 - c. has minor wording changes to make the intention of the Board clearer
 - d. requires a minimum of 450 hours of practice in the previous three years or 150 hours of practice in the previous 12 months. This is slightly less than the current standard and brings the number of hours in line with other professions. It continues to allow flexibility for practitioners who wish to work part-time on an ongoing basis and for those who wish to take longer breaks from practice
 - e. requires practitioners moving to a new area of practice to ensure they have sufficient training and/or qualifications to achieve competency in the new area. This is not a new requirement
 - f. provides advice to practitioners who have not met the standard about the information they need to provide to the Board that will help them to demonstrate their competence when applying for a return to practice¹³
 - g. continues to provide options for practitioners, including the ability to take breaks from and re-enter the health workforce more easily.
42. The revised RoP standard does not allow exemptions as the requirement to complete 150 hours (four weeks) of practice in one year or 450 hours (12 weeks) of practice in three years is not considered onerous and enables practitioners to take breaks from practice. The 450 hours can be completed at any time during the three years, in one block or multiple blocks. Table two provides examples.

Year	Practitioner A	Practitioner B	Practitioner C	Practitioner D	Practitioner E	Practitioner F
2022	350 hours	350 hours	300 hours	450 hours	400 hours	450 hours
2023	100 hours	100 hours	150 hours	0 hours	50 hours	0 hours
2024	0 hours	100 hours	0 hours	0 hours	50 hours	200 hours
2025	350 hours	250 hours	300 or 150 hours	At least 150 hours	350 or 150 hours	250 or 150 hours

Table 1 – Meeting the proposed recency of practice requirements while taking breaks in practice

¹³ A template using the RoP requirements in the draft standard will be developed (similar to existing *Plan for professional development and re-entry to practice*) as supporting material to provide clarity on type and level of information practitioners will be required to provide

43. A detailed comparison between current and proposed RoP standard is included in Appendix A.

Preferred option

44. The Board considers that option two is a minor change from the existing requirements for recency of practice, but would provide a higher degree of clarity, consistency, transparency and flexibility for practitioners.

45. The proposed changes to the Board's RoP registration standard are based on the following high-level principles:

- the standard advances the objectives and guiding principles of the National Law, including access to health services, workforce sustainability, protection of the public and public confidence in the safety of services provided by registered health practitioners
- the standard should be clear and easy to understand for applicants, the public, National Board decision makers, staff and external stakeholders
- requirements are informed by evidence and data
- variation across the standards of different professions should be minimised, particularly where variation is not supported by evidence, and
- the standard should apply an effective balance between public protection, access to health services, regulatory efficiency and appropriate options for applicants.

46. The revised RoP standard provides information about the factors that the Board will consider when deciding what a practitioner who does not meet the standard will need to provide to apply to return to practice. It fleshes out the existing requirement of providing a plan for professional development and re-entry to practice. This approach enables the Board to consider individual circumstances on a case-by-case basis.

47. The impact on practitioners would be minimised by providing substantial notice to practitioners before the revised standard takes effect to give them enough time to prepare and comply with the new requirements. Transitional arrangements would be applied where necessary.

48. While the Board has drafted a registration standard for consultation, it will take all stakeholder feedback into consideration. Any registration standard subsequently proposed to health ministers would be informed by feedback.

Expected benefits of the preferred option

49. The expected benefits of the preferred option of revising the RoP registration standard:

- will ensure that registered health practitioners have remained up to date, developed their knowledge and skills and maintained an adequate connection with their profession
- will clearly set out the requirements for demonstrating recency of practice and what documentation is required when a practitioner seeks to return to practice after an absence of more than three years
- will increase transparency
- provides consistency across professions in the number of hours required to demonstrate recency of practice
- provides flexibility in the requirements for practitioners returning to practice
- considers comparison of requirements in international jurisdictions
- maintains the balance between supporting high quality health care for patients while minimising the regulatory burden on registrants and applicants for registration.

Estimated impacts of the proposed revised standard

50. The Board does not expect any significant negative impacts for medical practitioners, the community, government or employers from the proposal. The proposed changes do not significantly change the requirements for registration and maintain the standard of practice expected of doctors.

51. The proposal supports public safety by ensuring that only practitioners who have practised recently or remained up to date, developed their knowledge and skills and maintained an adequate connection with their profession are able to practise.

52. The Board's patient and consumer health and safety impact statement is included at Appendix C.

Part D Appendices

Appendix A: Summary of proposed changes to the recency of practise registration standard

Section	Current registration standard	Proposed change
Does this standard apply to me		Rewording and reformatting to make requirements clearer
What must I do?	<p>Practise within your scope of practice at any time for a minimum total of:</p> <ul style="list-style-type: none"> • four weeks full-time equivalent in one registration period, which is a total of 152 hours, or • 12 weeks full-time equivalent over three consecutive registration periods, which is a total of 456 hours. 	<p>Change:</p> <ul style="list-style-type: none"> • 152 hours reduced to 150 hours and • 456 hours reduced to 450 hours <p>This brings requirements in line with other health professions</p> <p>Include 37.5 hours as the maximum number of hours that can be counted towards recency of practice in any one week.</p>
What happens if I don't meet this standard?		Rewording and reformatting to make requirements clearer
How can I continue to practise or return to practice if I don't meet this standard?	<ul style="list-style-type: none"> • if you have had non-practising registration, or have not been registered, for up to and including 12 months • if you have had non-practising registration, or have not been registered, for between 12 months and up to and including 36 months • if you have held non-practising registration, or have not been registered, for more than 36 months 	<p>Rewording and reformatting to make requirements clearer</p> <p>Rewording and reformatting to make requirements clearer</p> <p>Deleted existing requirement to provide a plan for professional development and re-entry to practice to the Board for consideration and approval</p> <p>Replace with explanation that the Board will consider the practitioner's application to register, and any accompanying documentation, on an individual basis. Gives examples of the information a practitioner should provide to help the Board make a decision about their application for registration</p> <p>New section: Where you hold practising registration</p> <p>Explains the factors the Board will take into consideration when the practitioner applies to renew their registration</p> <p>A template using the RoP requirements in the draft standard will be developed (similar to existing <i>Plan for professional development and re-entry to practice</i>) as supporting material to provide clarity on type and level of information practitioners will be required to provide</p>

Definitions	<ul style="list-style-type: none"> • Recent graduate means a person who qualified from an approved program of study within two years of lodging a complete application for registration • Other definitions 	<p>Change from two years to one year</p> <p>Additional definitions added for</p> <ul style="list-style-type: none"> • approved program of study • returning to practice • practising registration • non-practicing registration • risk
Other sections		Rewording, reordering and reformatting to make requirements clearer

Appendix B: Statement of assessment against Ahpra's *Procedures for the development of registration standards, codes and guidelines*

Proposal to revise the recency of practice registration standard

Introduction

Section 25 of the Health Practitioner Regulation National Law as in force in each state and territory (the National Law) requires Australian Health Practitioner Regulation Agency (Ahpra) to establish procedures for the purpose of ensuring that the National Registration and Accreditation Scheme (the National Scheme) operates in accordance with good regulatory practice.

The Ahpra *Procedures for the development of registration standards, codes and guidelines* (2023) is available at on the [Ahpra Resources webpage](#)

Context – issue or problem statement

The recency of practice (RoP) registration standard sets out the minimum practice required for a practitioner to be registered. Recent practice helps practitioners to retain and enhance their knowledge, skills and competence, remain up to date and maintain an adequate connection with their profession which promotes safe care. To be registered and continue practising, all registered medical practitioners must meet the requirements for recent practice set out in the RoP registration standard.

The Medical Board of Australia (the Board) is reviewing the RoP registration standard, which was last reviewed in 2016, to ensure that it is a relevant and effective regulatory tool that contributes to patient safety and facilitates access to a sustainable health workforce.

Assessment

Below is the Board's assessment of the proposal to revise the recency of practice registration standard, taking account of the Ahpra procedures.

1. Describe how the proposal

- 1.1 takes into account the paramount principle, objectives and guiding principles in the National Law¹⁴
- 1.2 draws on available evidence, including regulatory approaches by health practitioner regulators in countries with comparable health systems

The Board's proposal takes into account the National Scheme's paramount principle of protecting the public and maintaining public confidence in the safety of services provided by health practitioners by ensuring only practitioners who have practised recently and have maintained and enhanced their knowledge and skills are able to practise.

The proposal to revise the registration standard also supports the National Scheme to operate in a transparent, accountable, efficient, effective and fair way. Having clear requirements to maintain recency of practice and a flexible approach to considering how practitioners seeking to return to practice can demonstrate they have remained up to date, developed their knowledge and skills and maintained an adequate connection with their profession is critical to achieving this.

The Board has drawn from the available evidence internationally and from other regulated professions in Australia to inform the proposal.

2. Outline steps that have been taken to:

- achieve greater consistency within the National Scheme (for example, by adopting any available template, guidance or good practice approaches used by National Scheme bodies)
- meet the wide-ranging consultation requirements of the National Law

This proposal has been informed by the review of RoP registration standards recently consulted on by other National Boards and will actively consider how the Board's RoP registration standard can contribute to the best outcomes for patients, practitioners and the health system.

¹⁴ See section 3 and section 3A of the National Law

The Board is proposing to align the number of hours required to demonstrate recency of practice with that of the other health practitioner boards.

The National Law requires wide-ranging consultation on the proposed standards, codes and guidelines. The National Law also requires National Boards to consult each other on matters of shared interest.

The Board is ensuring stakeholders are consulted on the proposal to revise the standard through wide-ranging public consultation which includes the publication of the consultation paper on its website and informing medical practitioners via the Board's electronic newsletter sent to more than 95% of registered medical practitioners. The Board will also draw the public consultation paper to the attention of medical stakeholders, governments, as well as organisations that represent the public, particularly Aboriginal and Torres Strait Islander groups.

The Board will take into account the feedback it receives when it decides if it will proceed to revise the standard.

3. Address the following principles:

- a. whether the proposal is the best option for achieving the proposal's stated purpose and protection of the public

The Board has considered two options, (1) maintain the status quo or (2) revise the RoP registration standard, to ensure it continues to support the objectives of the National Law and continues to be relevant.

While the two standards are not significantly different, the Board considers option two provides greater clarity of requirements for practitioners and aligns better with the requirements of other health practitioner boards. Both standards ensure that only practitioners who have practised recently and/or remained up to date, developed their knowledge and skills and maintained an adequate connection with their profession are able to practise.

There are better opportunities for greater clarity, consistency and transparency under option 2.

- b. whether the proposal results in an unnecessary restriction of competition among health practitioners

The proposal allows for a more flexible approach when the Board considers practitioners who want to return to practice after an absence of three years. The proposal allows practitioners to demonstrate they have remained up to date, developed their knowledge and skills and maintained an adequate connection with their profession. The other proposed changes do not significantly change existing requirements. Therefore, the proposal is unlikely to restrict competition among health practitioners.

- c. whether the proposal results in an unnecessary restriction of consumer choice

The proposal is unlikely to restrict consumer choice as it is not proposing restrictive changes to existing requirements and is not proposing to change the standard of practice expected of medical practitioners.

- 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

There are no foreseeable costs associated with the proposal; therefore, we do not expect there to be any cost impacts for governments, registrants or members of the public. However, this will be tested during public consultation where feedback will be sought on whether there are any other costs or impacts that the Board needs to be aware of arising from this proposal.

- e. whether the proposal's requirements are clearly stated using 'plain language' to reduce uncertainty, enable the public to understand the requirements, and enable understanding and compliance by registrants, and

The Board is committed to a plain English approach that will help practitioners and the public understand and apply the requirements of the draft revised registration standard. The Board will test the clarity of the proposal during public consultation.

- f. whether the Board has procedures in place to ensure that the proposed standard remains relevant and effective over time.

The Board has procedures in place to support a review of registration standards, codes and guidelines at least every five years as it is good regulatory practice to do so.

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

4. Closing statement

Feedback on any regulatory impacts identified during the consultation process proposing a revised registration standard will be provided to the Board and the Ministerial Council to inform decision-making.

The Board has completed a **patient health and safety impact statement** for consultation and will provide a patient and safety impact assessment (if the proposal is approved).

Proposal to revise the recency of practice registration standard

Statement purpose

The National Boards Patient and Consumer Health and Safety Impact Statement (Statement)¹⁵ explains the potential impacts of a proposed registration standard, code or guideline on the health and safety of the public, particularly those vulnerable to harm in the community which includes those subject to stigma or discrimination in health care, and/or experiencing health disadvantage and Aboriginal and Torres Strait Islander Peoples.

The four key components considered in the Statement are:

1. The potential impact of the proposed revisions to the registration standard, code or guideline on the health and safety of patients and consumers particularly those vulnerable to harm in the community including approaches to mitigate any potential negative or unintended effects.
2. The potential impact of the proposed revisions to the registration standard, code or guideline on the health and safety of Aboriginal and Torres Strait Islander Peoples including approaches to mitigate any potential negative or unintended effects.
3. Engagement with patients and consumers particularly those vulnerable to harm in the community about the proposal.
4. Engagement with Aboriginal and Torres Strait Islander Peoples about the proposal.

The National Boards Patient and Consumer Health and Safety Impact Statement aligns with the [National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025](#), [National Scheme engagement strategy 2020-2025](#), [the National Scheme Strategy 2020-25](#) and reflects key aspects of the Ahpra [Procedures for the development of registration standards, codes, guidelines and accreditation standards](#).

Below is the Medical Board of Australia's (the Board) initial assessment of the potential impact of a proposal to revise the recency of practice registration standard on the health and safety of patients, particularly those vulnerable to harm in the community, and Aboriginal and Torres Strait Islander Peoples. This statement will be updated after consultation feedback.

1. How will this proposal impact on patients' health and safety, particularly those vulnerable to harm in the community? Will the impact be different for people vulnerable to harm in the community compared to the general public?

The Board has carefully considered the impacts of the proposal to revise the recency of practice registration standard could have on patient health and safety, particularly those vulnerable to harm in the community in order to put forward what we think is the best option for consultation.

The proposed option is based on best practice approaches, both internationally and by other National Boards in which recency of practice requirements for applicants and registered practitioners are clear and consistent. The proposal does not significantly change the standard of practice expected of medical practitioners in Australia.

The impact is not expected to be significantly different for vulnerable members of the public. It may result in safer health care as the draft revised registration standard ensures only practitioners who have practised recently and/or remained up to date, developed their knowledge and skills and maintained an adequate connection with their profession are able to practise. Our engagement through consultation will

¹⁵ This statement has been developed by Ahpra and the National Boards in accordance with section 25(c) and 35(c) of the Health Practitioner Regulation National Law as in force in each state and territory (the National Law). Section 25(c) requires Ahpra to establish procedures for ensuring that the National Registration and Accreditation Scheme (the National Scheme) operates in accordance with good regulatory practice. Section 35(c) assigns the National Boards functions to develop or approve standards, codes and guidelines for the health profession including the development of registration standards for approval by the Ministerial Council and that provide guidance to health practitioners registered in the profession. Section 40 of the National Law requires National Boards to ensure that there is wide-ranging consultation during the development of a registration standard, code or guideline.

help us to better understand possible outcomes and meet our responsibilities to protect patient safety and healthcare quality.

2. How will National Boards engage with patients, particularly those vulnerable to harm in the community during consultation?

In line with our consultation processes the Board is undertaking wide-ranging consultation. During public consultation, the Board will engage with patients and consumers, peak bodies, communities and other relevant organisations to get input and views from vulnerable members of the community. In addition to professional stakeholders, we will consult with:

- Aboriginal and Torres Strait Islander Health Board of Australia
- Ahpra Aboriginal and Torres Strait Islander Health Strategy Group
- Ahpra Community Advisory Council
- Coalition of Aboriginal and Torres Strait Islander Peaks
- Council of the Ageing
- Health complaints entities
- Health consumer organisations:
 - Australian Consumers' Association (CHOICE)
 - Health Consumers of Rural and Remote Australia Inc
 - Consumers Health Forum
 - Consumers' Federation of Australia
 - Health Care Consumers Association ACT
 - Health Consumers' Council (WA)
 - Health Consumers Queensland
 - Health Consumers NSW
 - Health Consumers Tasmania
 - Health Issues Centre (VIC)
 - Health Consumer Advocacy Network of South Australia
 - Federation of Ethnic Communities' Councils of Australia
- NT Aboriginal Health Forum
- National Aboriginal Community Controlled Health Organisation
- National Health Leadership Forum
- National Health Practitioner Ombudsman and Privacy Commissioner
- Office of the Health Ombudsman, Queensland

3. What might be the unintended impacts for patients, particularly people vulnerable to harm in the community? How will these be addressed?

The Board has considered any potential unintended impacts of the proposal to revise the recency of practice registration standard. The Board has not identified any specific unintended impacts. However, consulting with relevant organisations and vulnerable members of the community will help the Board to identify any potential impacts.

The Board considers the provision of safe care, particularly to vulnerable community members is paramount. The proposed revised standard ensures only medical practitioners who have practised recently and/or remained up to date, developed their knowledge and skills and maintained an adequate connection with their profession are able to practise and provide the same high standard of care for all patients and consumers.

The Board will fully consider and take actions to address any potential negative impacts for patients and consumers that may be raised during consultation particularly for vulnerable members of the community.

4. How will this proposal impact on Aboriginal and Torres Strait Islander Peoples? How will the impact be different for Aboriginal and Torres Strait Islander Peoples compared to non-Aboriginal and Torres Strait Islander Peoples?

The Board has carefully considered any potential impact revising the standard may have on Aboriginal and Torres Strait Islander Peoples and how the impact might be different to non-Aboriginal and Torres Strait Islander Peoples in order to put forward the proposed option for feedback as outlined in the consultation paper.

The importance of Aboriginal and Torres Strait Islander Peoples' health needs has been considered in the development of the revised registration standard. Based on the proposed changes, our assessment is that there will be no negative impact on the health and safety of patients and consumers, and Aboriginal and Torres Strait Islander Peoples and potentially minor positive impacts. Our engagement through consultation will help us to identify any other potential impacts and meet our responsibilities to protect safety and health care quality for Aboriginal and Torres Strait Islander Peoples.

5. How will consultation about this proposal engage with Aboriginal and Torres Strait Islander Peoples?

The Board is committed to the National Scheme's [Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025](#) which focuses on achieving patient safety for Aboriginal and Torres Strait Islander Peoples as the norm, and the inextricably linked elements of clinical and cultural safety.

As part of the preliminary consultation process, the Aboriginal and Torres Strait Islander Health Board of Australia and the Aboriginal and Torres Strait Islander Health Strategy Group were consulted. During the public consultation, the Board will try to find the best way to meaningfully engage with Aboriginal and Torres Strait Islander Peoples, including continuing to engage with Aboriginal and Torres Strait Islander organisations and stakeholders.

6. What might be the unintended impacts for Aboriginal and Torres Strait Islander Peoples? How will these be addressed?

The Board has carefully considered what might be any unintended impacts of a revised registration standard as identified in the consultation paper. As noted previously, the importance of Aboriginal and Torres Strait Islander Peoples' health needs has been considered in the proposed revised registration standard.

We do not expect any unintended impacts for Aboriginal and Torres Strait Islander Peoples, however continuing to engage with relevant organisations and Aboriginal and Torres Strait Islander Peoples will help us to identify any other potential impacts. We will consider and take actions to address any other potential negative impacts for Aboriginal and Torres Strait Islander Peoples that may be raised during consultation.

7 How will the impact of this proposal be actively monitored and evaluated?

Part of the Board's work in keeping the public safe is ensuring that all the Board's standards, codes and guidelines are regularly reviewed.

In keeping with this, the Board is proposing a revised recency of practice registration standard. If approved, the Board will regularly review the standard to check it is working as intended.