



Aboriginal and Torres Strait  
Islander health practice  
Chinese medicine  
Chiropractic  
Dental  
Medical  
Medical radiation practice  
Nursing and Midwifery

Occupational therapy  
Optometry  
Osteopathy  
Pharmacy  
Physiotherapy  
Podiatry  
Psychology

Australian Health Practitioner Regulation Agency

## Common FAQs: Recency of practice

30 October 2015

### Why must National Boards have a Recency of Practice (RoP) registration standard?

The National Law requires National Boards to develop registration standards about the requirements for Recency of Practice (RoP) for registered health practitioners. Recent practice is an important way that practitioners can maintain their professional skills and knowledge.

### Why is there a requirement for 450 hours of practice in three years in the Recency of Practice standard?

While there is not yet research that shows how much recent practice a health practitioner needs to maintain their skills and knowledge, National Boards have drawn on the research that is available as well as their regulatory experience to set requirements for recent practice. National Boards consider that 450 hours of practice over three years provides an appropriate balance between ensuring that practitioners have undertaken sufficient recent practice to maintain the knowledge and skills to safely practise the profession; and providing reasonable flexibility for situations such as part-time work, study leave and parenting leave.

The following example shows how this requirement could apply:

Year	Practitioner A	Practitioner B	Practitioner C	Practitioner D	Practitioner E	Practitioner F
1	150 hours	100 hours	450 hours	0 hours	50 hours	400 hours
2	150 hours	100 hours	0 hours	0 hours	50 hours	0 hours
3	150 hours	250 hours	0 hours	450 hours	350 hours	50 hours

### How do I meet the standard by doing 150 hrs of practice in one year?

In addition to 450 hours of practice over three years, some National Boards (chiropractic, medical, pharmacy, physiotherapy and podiatry) provide that 150 hours of practice in the previous registration year will meet the RoP standard. The boards consider this additional option is a further support for flexibility in the workforce. Without this requirement, a practitioner who did 450 hours of practice in year one, followed by no practice in years two and three, would need to do 450 hours in year four to meet the standard. The inclusion of the 150 hours option will enable these practitioners to do 150 hours in year four and continue to meet the standard.

'Practice' includes any role, whether remunerated or not, in which you use your skills and knowledge as a health practitioner in your profession. It is not restricted to the provision of direct clinical care.

### When will the new standards come into effect?

The new standards will generally apply from the start of a registration period for simplicity and clarity. Aligning new standards with registration periods helps practitioners, employers and others understand

which standard to apply. In some cases, the new standards are very similar to the old standards and there are very few if any changes that practitioners will need to make. This means it is possible to start the new standards sooner. In other cases, e.g. some of the recency of practice registration standards, the changes are more significant so practitioners will have more time to prepare and meet the new requirements.

New RoP standards will commence on:

1. 1 December 2015 for professions where the requirements have not changed significantly: chiropractic, dental, optometry, osteopathy and pharmacy
2. 1 October 2016 for medicine, and
3. 1 December 2016 for medical radiation practice, physiotherapy, podiatry and psychology. These professions have introduced more significant changes to their RoP requirements.

Practitioners applying for or renewing their registration after these dates will need to meet the new RoP standards.

### **Audit of registration standard requirements**

If you are selected for audit, you will be audited against the registration standard that was in effect during the audit period. For example, if you are audited in February 2016 for CPD for the period 1 December 2014 to 30 November 2015, the standard that you will be audited against is the standard that was in effect at that time, not the new standard that started after 30 November 2015.

### **Evidence for the revised registration standards**

National Boards aim to draw on the best available evidence to inform their regulatory work. AHPRA worked with National Boards to commission research about continuing professional development and recency of practice to ensure that the revised registration standards were as evidence-based as possible. In addition, National Boards drew on their regulatory experience with the previous registration standards and benchmarking with other comparable regulators. The literature on CPD and RoP is still developing and doesn't yet provide definitive answers to some issues, such as the ideal amount and type of CPD that health practitioners should do. However, where the literature does suggest some characteristics of effective CPD, National Boards have aimed to include these in their standards. The Boards will continue to monitor and respond to developments in the literature in future reviews.