Public consultation

Review of registration standards

- Recency of practice
- Continuing professional development

May 2026

Contents

Introduction

The Australian Health Practitioner Regulation Agency (Ahpra) and 14 National Boards are reviewing their recency of practice (ROP) and continuing professional development (CPD) registration standards.

We are seeking feedback on draft revised ROP and CPD registration standards for participating National Boards (see Appendix A) to ensure the standards remain relevant and effective regulatory tools that keep patients/clients safe and support access to a sustainable health workforce.

All registered health practitioners must meet the requirements set out in ROP and CPD registration standards to be registered and continue practising.

Background

Ahpra works in partnership with each of the National Boards to implement the National Registration and Accreditation Scheme (the National Scheme), and regulate Australia's 960,000+ registered health practitioners in 16 professions. Our primary role is to protect the public, including supporting access to a sustainable health workforce. The National Scheme Strategy 2031 recognises the health workforce in Australia is a critical national asset, and the role regulatory settings play in enabling a flexible and sustainable health workforce.

Under the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory, National Boards are required to develop registration standards for registered health practitioners.[1]

To ensure registration standards remain relevant, contemporary and effective, the National Boards regularly review their standards, codes and guidelines. Registration standards are a key regulatory tool which protect the public by setting requirements for registration, and supporting competence and professionalism among registered health practitioners. Practitioners' compliance with the ROP and CPD standards may be audited from time to time. Compliance may also be checked if a Board receives a notification about a practitioner.

Consistency in regulatory approaches helps improve understanding for both patients/clients and practitioners, supports interprofessional practice and team-based care, and contributes to the safety and quality of healthcare. In this context, participating National Boards have agreed to jointly review ROP and CPD registration standards.

Ahpra and the National Boards are led by the objectives and guiding principles of the National Law, as well as the regulatory principles of the National Scheme. The National Law requires National Boards to ensure there is wide-ranging consultation on the content of any proposed registration standard.

Relevant sections of the National Law

- Section 38 – National Boards must develop registration standards
- Section 109 – Annual statement
- Section 128 – Continuing professional development

Making a submission

Feedback can be provided through;

- online submission survey, or
- by email to AhpraConsultation@ahpra.gov.au using the submission template (Word document) published on our website. This includes the same questions listed on pages 9 & 14 of this consultation paper.

Any queries on this consultation can also be sent to AhpraConsultation@ahpra.gov.au

The submission deadline is close of business 17 July 2026.

1 Section 38

Publishing submissions

We publish submissions at our discretion. We generally publish submissions to our website to encourage discussion and inform the community and stakeholders about consultation responses. Please let us know if you do not want your submission published.

We will not publish 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 can 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. A 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 if you want us to treat all or part of it as confidential.

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

Next Steps

National Boards will review and consider the feedback from this public consultation to inform the review of the ROP and CPD registration standards.

National Boards may decide to recommend draft revised common ROP and CPD registration standards to the Ministerial Council for approval.

If approved, practitioners will be provided substantial notice before the revised standard takes effect to give them enough time to prepare and comply with the requirements. Transitional arrangements would be applied where necessary.

The National Boards and Ahpra have completed the following as part of the review:

- Statement of assessment against *Procedures for the development of registration standards, codes and guidelines* (Appendix E)
- Patient Health and Safety Impact Statement for public consultation (Appendix F).

Recency of practice

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.

1. National Boards' ROP registration standards set out the minimum amount of practice required for a practitioner to remain registered. Recent practice helps practitioners to retain and develop their knowledge and skills, remain up to date and maintain an adequate connection with their profession.
2. 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 for the amount of practice required to maintain competence (see Appendix D). It noted that factors that appear to influence skills retention include the length of time away from practice, level of previous professional experience and the complexity of the intervention. These factors have been considered by National Boards when determining proposed recency of practice requirements and how practitioners can safely return to practice after a break.

Current standards

3. Twelve National Boards (except the Dental, Nursing and Midwifery and Psychology Boards) require practitioners to complete a minimum of 450 hours in the previous three years. Nine National Boards include the additional option to complete 150 hours in the previous 12 months, with the Occupational Therapy and Paramedicine Boards including a further additional option to include 750 hours over five years.[2] The Nursing and Midwifery Board currently requires 450 hours of practice in the previous five years. The Psychology Board currently requires 250 hours of practice in the previous five years. The Dental Board currently requires practice within the previous five years but do not specify a number of hours.
4. Some National Boards also set requirements relating to scope of practice within the Board's ROP standard. Seven National Boards[3] require practitioners who are extending their scope of practice to complete any advanced training/preparation that peers would expect. These National Boards (excluding Paramedicine) also require practitioners who are proposing a substantial change to their scope of practice to develop a plan for professional development to achieve competence, and submit this plan to the Board for consideration and approval before starting the new scope of practice.
5. The Chiropractic and Osteopathy Boards also require practitioners who provide clinical services to complete enough recent clinical practice[4] to meet the professions' recency of practice requirements.

Key proposed changes

6. The draft revised ROP standard at Appendix B:
   - aligns ROP requirements for all participating professions, requiring a minimum of 450 hours of practice in the previous three years or 150 hours of practice in the previous 12 months
   - emphasises practitioners' responsibilities when moving to a new area of practice, as set out in the Codes of conduct
   - does not allow exemptions as the minimum requirements enable flexibility for practitioners, including the ability to take breaks from practice
   - does not apply to 'recent graduates'[5] applying for registration within one year of completing their qualification for their profession, and
   - explains what actions National Boards can take when a practitioner does not meet the standard and what factors they will consider to enable safe return to practice. This enables the consideration of individual circumstances on a case-by-case basis.

2 The Paramedicine Board currently requires no continuous absence from practice of greater than two years.
3 Aboriginal and Torres Strait Islander Health Practice, Chinese Medicine, Medical, Occupational Therapy, Optometry, Paramedicine and Podiatry
4 The Chiropractic Board requires practitioners to have carried out at least 450 hours of clinical practice in the previous three years and had no continuous absences from clinical practice that are greater than two years or have carried out 150 hours clinical practice in the previous 12 months. The Osteopathy Board requires 450 hours of clinical practice in the previous three years in order to maintain recency of practice.
5 Except for psychology

Overview of issues being considered in the ROP standard review

Amount and period of recent practice

7. National Boards are proposing to align ROP requirements across all professions. The draft revised ROP standard requires a minimum of 450 hours of practice in the previous three years or 150 hours of practice in the previous 12 months.
8. The Nursing and Midwifery, Occupational Therapy, Paramedicine Boards and Psychology Boards are consulting on no longer accepting practice undertaken in the previous 5 years[6], as it may not adequately meet public expectations of 'recent' practice and may increase risk to the public through skills fade and lack of connection to the profession, particularly in the context of quickly evolving practice contexts and patient/client complexity.
9. 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. The revised standard supports flexibility for practitioners who wish to work part-time on an ongoing basis and to those who wish to (or need to) take longer breaks from practice.
10. The draft revised ROP standards minimum requirements can be met in a number of ways, offering practitioners flexibility and the opportunity to take career breaks. For example, completing 150 hours of practice in the previous 12 months could be met by:
    - working full time for four weeks
    - working part-time
    - non-consecutive periods of short-term work throughout the year (e.g. locum roles).
11. In considering the amount and period of recent practice, National Boards have aimed to support the diverse needs of the health workforce, including pregnancy, breastfeeding, family or caregiving responsibilities, disability, and other circumstances that may require flexible participation in practice.

Recent graduates

12. The revised standard defines a 'recent graduate' as 'a person who qualified from an approved program of study within one year of lodging a complete application for registration'.
13. Defining a recent graduate as having qualified within one year of applying for registration acknowledges the risk identified in the literature review of greater loss of skills in early-career practitioners. The one-year limit also encourages new graduates to enter the workforce sooner than the current two-year approach taken by some National Boards.

Managing risk to the public when a practitioner is making a substantial change to scope of practice

14. The National Law restricts the use of protected titles to individuals who are registered under the National Law in a regulated health profession.[7] To support workforce flexibility, it does not define or regulate scope of practice for the professions other than three specific practice protections set out in the National Law.[8]
15. When a practitioner is making a substantial change to their scope of practice, there is a risk that they may not have the necessary knowledge and/or skills to achieve competency and practise safely. Risk varies depending on the nature of the change and how those risks are managed. For example, practitioners moving from non-clinical to clinical practice, or to a different area of practice may not have experience of using new techniques and/or technologies or may not have retained the fine motor skills required to safely provide a particular health service.
16. National Boards' Codes of conduct (or equivalent) set out the expectation 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.
17. Some National Boards have previously managed risks associated with a practitioner making a substantial change to their scope of practice through additional regulatory interventions, such as requiring a practitioner to provide a professional development plan to the Board for approval.

6 The Nursing and Midwifery Board currently require 450 hours in the previous 5 years. The Psychology Board currently require 250 hours in the previous 5 years. The Occupational Therapy and Paramedicine Boards currently include the option to have completed 750 hours in the previous 5 years.
7 Section 113 (1) (a)
8 Section 121, 122, 123

18. The review has identified several protective factors at the individual, environmental and regulatory levels that can help to protect the public when a practitioner is making a substantial change to their scope of practice. These factors apply to practitioners providing healthcare within their current scope of practice and when a practitioner is making a substantial change:
    - Individual-level factors include the many ways in which a health practitioner practises professionally and safely, including meeting their professional obligations set out in Codes of conduct.
    - Environmental-level factors include the ways in which a practitioner's employer or practice setting supports a culture of safety and is proactive and responsive to risk. The applicability of environmental-level factors will vary depending on the practitioner's employment arrangements and practice setting.
    - Regulatory-level factors include the regulatory frameworks established by National Boards (standards, codes, policies and guidelines) and the regulatory actions Boards can take to protect the public when risks are not being managed appropriately at the individual and/or environmental levels.
19. Considering these protective factors, participating National Boards consider that risks to the public when a practitioner is making a substantial change to their scope of practice can be appropriately managed without additional regulatory requirements in ROP standards, such as professional development plans. Instead, the draft ROP standard emphasises practitioners' responsibilities when moving to a new area of practice, as set out in the Codes of conduct.

Table 1 – Protective factors that can apply to the provision of healthcare by registered practitioners including those making a substantial change to their scope of practice

Note: Not all environmental factors will apply to all practitioners.

Individual	Environmental	Regulatory
• Recognises and works within the limits of own skills and competence • Exercises judgement about work undertaken and its alignment with own competence • Maintains and updates knowledge and skills • Reflects on and improves knowledge and skills • Complies with professional standards, including completing continuing professional development and maintaining appropriate professional indemnity insurance • Reflects on and responds to near misses and adverse events • Completes additional education/training consistent with peer expectations • Changes or limits practice, updates knowledge and/or skills to manage risk • Engages with, and seeks input from, peers	• Accreditation standards and guidelines for health services • Clinical governance • Recruitment and training policies • Promoting culture of safety • Monitoring and responding to near misses and adverse events • Developing policies and processes to improve quality and prevent errors • Responding appropriately to identified issues • Requiring supervision and/or training • Limiting or restricting practice • Notifying regulator about serious concerns that cannot be managed by an employer, including mandatory notification obligations	• Codes of conduct • Registration standards, policies and guidelines • Analysis of regulatory data and sharing regulatory insights about areas of risk in practice • Assessment and investigation of concerns raised • Taking regulatory action to protect the public where risks of harm cannot be (or are not being) managed at the individual and organisational levels

Return to practice

20. 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 their National Board's ROP registration standard. Currently, National Boards take several factors into account when deciding how a practitioner who does not meet the ROP standard can safely return to practice (e.g. length of time away from practice, connection to the profession and amount of practice before the break).
21. The revised ROP standard explains actions National Boards can take when a practitioner does not meet the ROP standard and factors they will consider to enable safe return to practice.
22. The draft revised standard does not include specific requirements for returning to practice after an absence or set maximum periods of time out of practice. This approach enables National Boards 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 as a condition of registration.
23. National Boards will provide more detailed explanatory material to help practitioners understand their recency of practice requirements and plan for breaks from practice.

Implementation considerations

24. National Boards would develop additional guidance to help practitioners understand and comply with a revised ROP standard. Further resources on the following topics are proposed to help practitioners to meet the standard:
    - transition arrangements between current and revised requirements
    - understanding how different types of practice can meet minimum requirements
    - changing scope of practice
    - meeting recency requirements for dual registered practitioners, and
    - taking breaks from practice – planning a break in practice and how to return to practice after a break.

Options statement

Option 1 – Status quo

25. Option 1 would continue with National Boards' existing ROP standards. However, National Boards have identified possible improvements to current standards and are seeking feedback about revised ROP requirements that protect the public while supporting access to a sustainable health workforce. National Boards have also identified opportunities for greater alignment of ROP requirements across National Scheme professions.

Option 2 – Proposed revised recency of practice standard (preferred option)

26. Option 2 would involve the National Boards submitting a revised ROP standard to Health Ministers for approval. The revised standard would continue to outline National Boards' requirements for recency of practice. We are consulting on a draft revised ROP standard (Appendix B) that:
    a. applies to all registrants except:
        - students[9]
        - recent graduates applying for registration for the first time (except psychology)
        - those seeking psychology registration who are approved to enrol or are enrolled by a higher education provider in an accredited program of study that requires provisional registration
        - those applying for provisional or limited registration with the Pharmacy Board, and
        - practitioners with non-practising registration
    b. requires a minimum of 450 hours of practice in the previous three years or 150 hours of practice in the previous 12 months
    c. re-iterates expectations from Codes of conduct that practitioners moving to a new area of practice ensure they have sufficient training and/or qualifications to achieve competency in the new area
    d. explains how a practitioner who has not met the standard can demonstrate their competence to help National Boards make a decision about their safe return to practice
    e. explains what National Boards may require of a practitioner who does not meet the standard to enable them to return to practice (e.g. undergo an assessment, examination, a period of mentoring/ supervised practice), and
    f. 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 (except psychology).

9 The Psychology Board of Australia does not register students.

Questions for consideration

The National Boards are inviting general comments on the draft revised ROP standard as well as feedback on the following questions.

These questions are included in the online survey and submission template.

1. Is the proposed revised ROP standard clear and workable in practice? Why or why not?
2. Does the proposal to require 150 hours of practice in the previous 12 months or 450 hours in the previous three years provide appropriate options for practitioners applying for or renewing their registration, including overseas health practitioners applying for registration in Australia? Why or why not?
3. Does the requirement for practitioners moving to a new area of practice (e.g. non-clinical to clinical) to ensure they have sufficient training and/or qualifications to achieve competency in the new area adequately protect the public and align with public expectations of registered health practitioners?
4. What additional explanatory material or resources would help practitioners understand and comply with the standard?
5. Will the proposed ROP requirements help support access to health services while maintaining public protection? Please describe.
6. Would the proposed ROP requirements result in any negative or unintended impacts for individuals or groups? This may include impacts on:
    - Aboriginal and Torres Strait Islander Peoples
    - patients, clients or consumers
    - practitioners
    - vulnerable communities

    If so, please describe the impact and who may be affected.

Continuing Professional Development

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.

27. CPD aims to maintain, update and enhance practitioners' knowledge, clinical skills and performance to help them provide appropriate and safe care throughout their career. The combination of CPD and recency of practice requirements support registered health practitioners to practise in a safe, competent and ethical manner. National Boards' CPD registration standards set out the minimum amount of CPD that practitioners must complete each year.
28. A systematic review by Ahpra's Research Unit found very limited evidence for an optimal amount of CPD. However, it noted that CPD is most effective when it is interactive[10], focused on outcomes and considered important by practitioners. Research also suggested that interprofessional coaching, mentoring, use of reflection and other informal learning processes are important factors in improving clinician behaviour and patient/client outcomes.
29. The review found that the benefits of CPD include improved practitioner knowledge, clinical skills and patient/client outcomes. Other benefits include improved communication and business skills, improved self-confidence and self-esteem, career progression and better workforce retention.
30. Internationally, CPD requirements vary widely with some jurisdictions including CPD requirements within comprehensive revalidation, quality assurance or recertification processes. Where CPD requirements are specified in hours, 20 hours per year or more is common. When specified, a one or three year period to complete CPD was most common.

Current standards

31. All National Boards currently set CPD requirements in hours except the Pharmacy Board which currently requires 40 CPD credits per year. The most common requirement is 20 hours of CPD per year (eight National Boards[11]) with a further two National Boards requiring 60 hours of CPD over a three-year period.[12] The remaining three participating National Boards require between 25 and 30 hours of CPD per year.[13]
32. Some National Boards also set specific requirements about how CPD must be undertaken, including mandatory topics or types of CPD and setting maximum or minimum hours for certain types of CPD.[14]
33. Professions where practitioners have additional technical skills (e.g. endorsement for scheduled medicines, nurse practitioners, podiatric surgeons[15]) require additional CPD in relation to these skills.
34. Current CPD registration standards for chiropractors, optometrists, osteopaths and podiatrists require completion of first aid/cardiopulmonary resuscitation (CPR) and/or management of anaphylaxis.

Key proposed changes

35. The draft revised standard at Appendix C:
    - aligns CPD requirements across participating professions, including adopting a principles-based approach and a minimum of 20 hours of CPD activities per year
    - requires 5 of the 20 CPD hours be interactive (face to face or virtual with other practitioners)
    - requires additional CPD hours for practitioners with additional technical or profession-specific skills (e.g. endorsement for scheduled medicines), and
    - proposes four Boards[16] remove mandatory minimum training requirements on first aid, CPR and/or management of anaphylaxis.

10 See paragraph 33 for more information about interactive CPD activities.
11 ATSIHPBA, CMBA, ChiroBA, NMBA, OTBA, OptomBA, PodBA, PhysioBA
12 DBA and MRPBA
13 OsteoBA requires 25 hours/year, ParaBA and PsyBA require 30 hours/year. MBA, who are not participating in this review, require 50 hours/year.
14 OsteoBA requires four hours of mandatory topics within their 25 hours of CPD. CMBA requires four hours of CPD on professional issues. MRPBA requires practitioners to complete a minimum of 35 hours of CPD classified as 'substantive' over three years. OptomBA requires a maximum of five hours of nonscientific CPD per year. PharmBA utilises a credit based system, requiring practitioners to complete activities across three designated groups.
15 From October 2026, the title 'podiatric surgeon' will change to 'surgical podiatrist'.
16 ChiroBA, OptomBA, OsteoBA, PodBA

Overview of issues being considered in the CPD standard review

Minimum requirements

36. National Boards are proposing a consistent draft revised CPD standard that requires a minimum of 20 hours of CPD activities per year. The revised standard takes a principles-based approach to describing CPD activities, including that CPD contribute directly to maintaining and improving competence in current or future practice. The revised standard does not include mandatory topics or set minimum/maximum amounts of CPD hours for certain topics. The revised standard applies to all registrants except those with student or non-practising registration and provisionally registered psychologists.

Interactive CPD

37. The literature review found that CPD is most effective when it is interactive, uses a variety of methods, involves multiple exposures over time and is focused on outcomes considered important by practitioners.

38. National Boards are proposing to require that a minimum of 5 hours (of the 20 hours per year) are interactive CPD with other practitioners. Interactive CPD is defined as CPD activities that involve a two-way flow of information with other practitioners. This requirement can be met by completing a range of CPD activities (e.g. case discussions with colleague/s, attending an online training), including those that take place face-to-face and/or virtually.

Additional hours for technical or profession-specific skills

39. For professions that include additional technical or profession-specific skills (e.g. endorsement for scheduled medicines, nurse practitioners, surgical podiatrists and psychologists), National Boards will continue to require additional hours of CPD activities to reduce skills-fade and maintain competence. For example, practitioners with a scheduled medicines endorsement must complete an additional 10 hours of CPD in relation to the endorsement.

CPD portfolio

40. The draft revised standard requires practitioners to reflect on and plan their learning goals and CPD activities. Practitioners must maintain a CPD portfolio that records their learning goals, activities and a reflection on how the activities are expected to improve or have improved their practice.

Building health workforce capability

Cultural safety

41. It is a legislative objective of the National Scheme to build the capacity of the Australian health workforce to provide culturally safe health services to Aboriginal and Torres Strait Islander Peoples and to ensure the development of a culturally safe and respectful health workforce that contributes to the elimination of racism in the provision of health services.[17]

42. The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020–2025 includes a commitment to the development of a Cultural Safety Accreditation and Continuing Professional Development Upskilling Framework and Strategy.

43. The draft revised CPD standard encourages practitioners to complete CPD on cultural safety but does not establish a requirement, as there is separate work being led by Aboriginal and Torres Strait Islander Peoples to identify specific requirements for CPD on cultural safety. There will be a separate process for National Boards to consider these requirements. The Cultural Safety Accreditation and Continuing Professional Development Upskilling Framework and Strategy aims to eliminate racism and create a safe healthcare system through a set of core standards and competencies which can be adapted to any profession or location.

Anti-racism and discrimination prevention

44. Health practitioners are expected to engage in respectful and culturally safe practice, including respecting diverse cultures and beliefs and practising free from bias, discrimination and racism.[18] Racism and discrimination, including antisemitism, in health care undermines community trust and confidence in the safety of services provided by registered health practitioners.

17 National Law, s.3 and s.3A
18 Shared Code of conduct, Principle 3: Respectful and culturally safe practice for all

45. In September 2025, Health Ministers issued Policy Direction 2025–01 to Ahpra and the National Boards requesting they ensure registered health practitioners engage in appropriate education and training to build skills and knowledge that promote a culture of anti-racism and discrimination prevention in the delivery of healthcare services. Ahpra and the National Boards are committed to building health workforce capability and a culture of anti-racism in healthcare through a range of actions.
46. The principles-based approach of the draft revised CPD standard provides the framework for National Boards to strengthen CPD guidelines and provide other guidance to communicate the importance of building skills and knowledge in anti-racism and discrimination prevention for health practitioners. This work aims to support health practitioners to complete CPD that builds skills and knowledge in recognising and addressing racism and discrimination in healthcare, as relevant to their practice and individual learning needs.

Family, domestic, and sexual violence

47. In 2024, Health Ministers agreed for the National Scheme to take a range of actions to build the capability of the health workforce to address family, domestic and sexual violence (FDSV), including strengthening our regulatory frameworks to be clearer about health practitioners' important role in recognising and responding to FDSV.
48. The principles-based approach of the draft revised CPD standard provides the framework for National Boards to strengthen CPD guidelines and provide other guidance to emphasise that CPD on FDSV is a priority for National Scheme professions. This approach enables practitioners to complete CPD on FDSV that is relevant to their practice and individual learning needs.

First aid/CPR training requirements

49. Current CPD registration standards for chiropractors, optometrists, osteopaths and podiatrists require completion of first aid/cardiopulmonary resuscitation (CPR) and/or management of anaphylaxis. The CPD registration standards for the other professions do not include this requirement, although many practitioners would maintain these skills as a requirement of their employment and/or obligations under occupational health and safety legislation.
50. While first aid/CPR training may be relevant to many practitioners' practice, National Boards recognise that requiring all practitioners to maintain a resuscitation/first aid certificate as a minimum requirement for renewal of registration imposes a regulatory burden in cost and time that may not be equally relevant to all practitioners practising in the profession.
51. The Chiropractic, Optometry, Osteopathy and Podiatry Boards of Australia are interested in feedback about the proposed approach to remove mandatory first aid/CPR training requirements from the CPD standard, in alignment with other professions. The proposed approach has considered the regulatory impacts on practitioners of the current approach, the risks and benefits to the public and the role of other regulatory mechanisms, such as CPD guidelines, in supporting practitioners to complete first aid/CPR training where that is relevant to the practitioner's practice.
52. While proposing to remove these requirements for podiatrists, the Podiatry Board will continue to require surgical podiatrists to complete training in advanced life support provided by an approved training organisation, in consideration of the findings of the Independent review of the regulation of podiatric surgeons in Australia.

Implementation considerations

53. National Boards would develop guidance to help practitioners understand and comply with a revised CPD standard. Further resources on the following topics are proposed to help practitioners to meet the standard:
    - Transition arrangements between current and revised requirements
    - CPD activities that meet the standard
    - Interactive CPD
    - Calculating pro rata requirements (registration and schedule medicines endorsement), and
    - CPD portfolio and evidence of compliance.

Options statement

Option 1 – Status quo

54. Option 1 would continue with the National Boards' current CPD standards. However, National Boards have identified possible opportunities to streamline content and clarify language and structure to make the standard easier to understand and implement; as well as support greater alignment of CPD requirements across National Scheme professions.

Option 2 – Proposed revised CPD standard (preferred option)

55. Option 2 would involve the National Boards submitting a revised CPD standard to Health Ministers for approval. The revised standard would continue to outline National Boards' requirements for CPD. The main elements of the revised standard which are the subject of this consultation are:

    a. the standard applies to all registrants except students or practitioners with non-practising registration and provisionally registered psychologists
    b. practitioners must complete at least 20 hours of CPD each year
    c. certain practitioners must complete additional CPD activities relevant to their technical skills and/or professional context:
        i. practitioners with a scheduled medicines endorsement must complete an additional 10 hours of CPD activities relating to the endorsement
        ii. practitioners who are registered in more than one profession must complete 20 hours CPD relevant to each profession they are registered in (but may count relevant CPD activities towards each profession's requirements)
        iii. endorsed nurses/midwives and nurse practitioners must complete an additional 10 hours of CPD activities relevant to their practice
        iv. surgical podiatrists must complete an additional 20 hours of CPD focussed on activities relating to reviewing performance and measuring outcomes, with a minimum of 10 of these hours in an interactive setting with other practitioners. They must also complete training in advanced life support[19]
        v. psychologists must complete an additional 10 hours of peer consultation
    d. a principles-based approach to describe CPD activities that will meet the standard, including activities that:
        i. seek to improve health outcomes and patient/client experiences as relevant to the role
        ii. draw on best available evidence
        ii. contribute directly to maintaining and improving competence in current or future practice
        iii. build on existing knowledge, and
        iv. include a minimum of five hours of interactive CPD with other practitioners (except psychology which requires peer consultation instead of interactive CPD)
    e. encourages completion of CPD on Aboriginal and Torres Strait Islander cultural safety
    f. maintain a portfolio that documents goals, records planned and completed activities and a reflection on how the activities are expected to improve or have improved their practice
    g. clarifies pro rata requirements, including for practitioners with a scheduled medicines endorsement, and
    h. a full or partial exemption or variation from the standard in exceptional circumstances that result in a substantial absence from practice and create a significant obstacle to your ability to complete CPD.

19 The Podiatry Board of Australia completed preliminary consultation on the additional CPD requirements for podiatric surgeons as set out in the proposed CPD registration standard to address the findings and recommendations in the final report from the Independent review into the regulation of podiatric surgeons.

Questions for consideration

The National Boards are inviting general comments on the draft revised CPD standard as well as feedback on the following questions. These questions are included in the online survey and submission template.

1. Is the proposed revised CPD standard clear and workable in practice? Why or why not?
2. Should a minimum amount of interactive CPD (e.g. peer discussion, virtual mentoring, case review) be required? If yes, is five hours per year appropriate?
3. Is the requirement for an additional 10 hours of CPD for practitioners with technical and/or profession-specific skills (e.g. endorsement for scheduled medicines) appropriate? Why or why not?
4. The Chiropractic, Optometry, Osteopathy and Podiatry Boards are proposing to remove mandatory first aid/CPR training requirements from the CPD standard, in alignment with other professions. This approach recognises that professional capabilities, CPD guidelines and/or other guidance can encourage practitioners to maintain these skills where relevant to their practice. Does this approach appropriately balance public protection with regulatory burden? Why or why not?
5. What additional explanatory material or resources would help practitioners understand and comply with the standard?
6. Will the proposed CPD requirements help support access to health services while maintaining public protection? Please describe.
7. Would the proposed CPD requirements result in any negative or unintended impacts for individuals or groups? This may include impacts on:
    - Aboriginal and Torres Strait Islander Peoples
    - patients, clients or consumers
    - practitioners
    - vulnerable communities

    If so, please describe the impact and who may be affected.

Appendix A – Participating National Boards

Links to the current ROP and CPD registration standards for National Boards participating in this review and when these National Boards last conducted a review of their standards are outlined in Table 2 below.

Table 2 – Participating National Boards' current ROP and CPD registration standards

National Board	Current standards	Last reviewed
Aboriginal and Torres Strait Islander Health Practice	Recency of practice	2019
	Continuing professional development	2019
Chinese Medicine	Recency of practice	2019
	Continuing professional development	2019
Chiropractic	Recency of practice	2015
	Continuing professional development	2019
Dental	Recency of practice	2015
	Continuing professional development	2015
Medical Radiation Practice	Recency of practice	2016
	Continuing professional development	2015
Nursing and Midwifery	Recency of practice	2016
	Continuing professional development	2016
Occupational Therapy	Recency of practice	2019
	Continuing professional development	2019
Optometry	Recency of practice	2015
	Continuing professional development	2020
Osteopathy	Recency of practice	2015
	Continuing professional development	2015
Paramedicine	Recency of practice	2018
	Continuing professional development	2018
Pharmacy	Recency of practice	2015
	Continuing professional development	2015
Physiotherapy	Recency of practice	2016
	Continuing professional development	2015
Podiatry	Recency of practice	2016
	Continuing professional development	2015
Psychology	Recency of practice	2016
	Continuing professional development	2015

Appendix B – Registration standard Recency of practice

This registration standard sets out the [*profession*] Board of Australia's (the Board) minimum requirements for recency of practice for [*profession*]s.

Does this standard apply to me?

You must meet this standard if you are applying:

- for registration or renewal of your registration
- for an endorsement **(Professions with endorsement and/or endorsement for scheduled medicines only)**
- for provisional registration or renewal of your provisional registration (*unless identified below*) **(Psychology only)**
- to change your registration type

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

- applying for or renewing non-practising registration
- a student (except psychology), or
- a recent graduate[1] applying for registration for the first time (except psychology)
- approved to enrol or are enrolled by a higher education provider in an accredited program of study that requires provisional registration **(Psychology only)**
- applying for or renewing provisional or limited registration **(Pharmacy only)**

What must I do?

To meet this standard you must complete a minimum of:

- 450 hours of practice in the previous three years, or
- 150 hours of practice in the previous 12 months.

Nursing and midwifery only

- 450 hours of practice in the previous three years
- 150 hours of practice in the previous 12 months
- successful completion of a program or assessment approved by the NMBA, or
- successful completion of a period of supervised practice approved by the NMBA.

This standard sets minimum requirements to maintain recency of practice. Meeting these requirements doesn't automatically satisfy your professional and ethical responsibilities to ensure that you:

- recognise and work within the limits of your competence and scope of practice, and
- maintain adequate knowledge and skills to provide safe and effective care.

Maintaining a high level of professional competence and conduct is essential for good care. Good practice includes ensuring that, when moving to a new area of practice, you have sufficient training and/or qualifications to achieve competency in that new area.

Are there exemptions to this standard?

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

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

What does this mean for me?

When you first apply for registration

When you apply for registration as a [*profession*], you must meet this standard. This includes practitioners who are applying for new or additional types of registration, such as those applying to change from non-practising to general registration.

1 See definitions section

At renewal of registration

When you renew your registration, you must meet this standard. You will be asked to declare whether you have complied with this standard.

During the registration period

Your compliance with this standard may be audited from time to time. It may also be checked if the Board receives a notification (complaint) 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 or return to practice if I don't meet this standard?

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

The Board will consider your application to register or renew your registration, and any accompanying documentation, on an individual basis. It will take a number of factors into consideration when deciding whether or not to grant your application for registration or renewal of registration.

The Board will consider 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 should 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
- 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, if necessary.

The Board may require you to provide additional information about these factors.

After considering all the relevant information, the Board may 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 practise where available, and/or
- any other requirement the Board considers necessary to protect the public.

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).

Authority

This standard was approved by the Ministerial Council on xxxxxx.

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

Further information

Please refer to our website for more information about how to meet this standard.

Definitions

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

Provisional psychologist means a person who holds provisional registration as a psychologist under section 62 of the National Law. **(Psychology only)**

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 is a person who qualified from an approved program of study within one year of lodging a complete application for registration **(except psychology)**.

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

Review

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

Last reviewed: xxxxxx.

This standard replaces the previous registration standard dated xxxxxx.

Appendix C – Registration standard Continuing professional development

This registration standard sets out the [profession] Board of Australia's (the Board) minimum requirements for continuing professional development (CPD) for [*profession*]s.

Does this standard apply to me?

This standard applies to all registered [*profession*]s except those with student or non-practising registration **(except psychology)**.

Psychology only

This standard applies to all registered psychologists except those with provisional or non-practising registration.

What must I do?

To meet this standard you must:

1. complete at least 20 hours of CPD each registration year that:
    a. seeks to improve health outcomes and patient/client experiences as relevant to your role
    b. draws on the best available evidence, including well-established and accepted knowledge that is supported by research where possible and informs good practice and decision-making
    c. contributes directly to maintaining and improving your competence in your current or future practice
    d. builds on your existing knowledge, and
    e. includes a minimum of five hours of interactive[1] CPD with other practitioners (this can be face to face or virtual) **(except psychology).**
2. maintain a CPD portfolio that records:
    a. your learning goals
    b. your planned and completed CPD activities, and
    c. your reflection on how these CPD activities are expected to improve, or have improved your practice.

Psychology only

3. complete at least 10 hours of peer consultation in addition to 20 hours of CPD activities

All practitioners are encouraged to do CPD on Aboriginal and Torres Strait Islander cultural safety (see definitions section for the definition of cultural safety). Each Board will set out cultural safety training requirements in a proposed Cultural Safety Accreditation and Continuing Professional Development Upskilling Framework and Strategy.[2] The support for this training is set out in National Law amendments that started on 21 October 2022. The amendments introduce a new objective and guiding principle to the National Law that acknowledges the National Scheme's role in ensuring the development of a culturally safe and respectful health workforce that is responsive to Aboriginal and Torres Strait Islander Peoples and their health and that contributes to the elimination of racism in the provision of health services.

Additional requirements for practitioners who hold registration in more than one profession

If you hold registration in more than one profession, you must complete the required amount of CPD established by the National Board for each profession you are registered in. You may count relevant CPD activities towards each profession's requirements.

Podiatry only

Additional requirements for surgical podiatrists

If you are a surgical podiatrist you must also:

a. complete an additional 20 hours of CPD focused on activities relating to reviewing performance and measuring outcomes, with a minimum of 10 of these hours in an interactive setting with other practitioners, and
b. complete training in advanced life support provided by an approved training organisation.

You must have a current certificate or other evidence of successful completion of training in advanced life support issued by the approved training organisation. See the Board's website for more information.

1 See the definition section (below) and the Board's website.
2 Ahpra's Aboriginal and Torres Strait Islander Health Strategy Unit is currently working with the Cultural Safety Accreditation and Continuing Professional Development Working Group, with oversight by the Aboriginal and Torres Strait Islander Health Strategy Group, on the Cultural Safety Accreditation and Continuing Professional Development Upskilling Framework project to inform National Boards' future requirements for cultural safety training. National Boards will publish information about these requirements when available.

Professions with scheduled medicine endorsement only (except nursing and midwifery)

Additional requirements for practitioners with endorsement for scheduled medicines

If you hold an endorsement for scheduled medicines, you must complete an additional 10 hours of CPD in relation to the endorsement.

The Board has published more information on its website about CPD requirements and endorsement.

Nursing and midwifery only

Additional requirements for nurses and midwives with an endorsement

If you are a nurse or midwife who holds an endorsement for scheduled medicines or you hold an endorsement as a nurse practitioner, you must complete an additional 10 hours of CPD in relation to each endorsement.

The Board has published more information on its website about CPD requirements and endorsement.

Pro rata requirements

If you register part-way through a registration period you must complete five hours of CPD for every three months of registration remaining in the registration period **(except psychology)**.

Psychology only

If you register part-way through a registration period, you must complete 2.5 hours of CPD for every full month that you held general registration, and one third of the pro-rata CPD must be peer consultation.

Professions with scheduled medicine endorsement only

If your registration is endorsed for scheduled medicines part-way through a registration period you must also complete a minimum of two and a half additional hours of CPD related to the endorsement for every three months of registration remaining in the registration period.

What does not count as CPD?

You may not count education, training, mentoring or supervision required by the Board or a tribunal as part of CPD, for example education required by a condition or undertaking.

Are there exemptions to this standard?

The Board may grant a full or partial exemption or variation from this standard in exceptional circumstances that result in a substantial absence from practice and create a significant obstacle to your ability to complete CPD.

The Board has published more information on its website about exemptions.

What does this mean for me?

When you first apply for registration

You don't need to meet this standard when you apply for registration in Australia for the first time as a [*profession*].

At renewal of registration

When you apply to renew your registration, you must comply with this standard. You will be asked to declare whether you have complied with this standard.

During the registration period

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

Evidence

You must keep records of your CPD activity and your CPD portfolio for five years.

You may be required to provide your CPD portfolio, or any other information the Board requires, to the Board.

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 don't meet a requirement in an approved registration standard for the profession (sections 82, 83 and 112 of the National Law)

- a failure to carry out the CPD required by this standard is not an offence but may be behaviour for which health, conduct or performance action may be taken by the Board (section 128 of the National Law), and
- registration standards, codes or guidelines may be used in disciplinary proceedings against you as evidence of what constitutes appropriate practice or conduct for a practitioner (section 41 of the National Law).

More information

The Board has published more information on its website about how to meet this standard.

Authority

This standard was approved by the Ministerial Council on xxxxxx.

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

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.

A **CPD portfolio** is a collection of information about your CPD plans/goals, the CPD activities you have done and their impact on your practice. It can be hardcopy and/or electronic documents.

Cultural safety has been defined within the National Scheme, by public consultation and rightfully decided upon by Aboriginal and Torres Strait Islander Peoples. The Codes of conduct for all registered health practitioners require practitioners to provide culturally safe care for Aboriginal and/or Torres Strait Islander Peoples. Cultural safety is defined as follows:

Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.

Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.

To ensure culturally safe and respectful practice, health practitioners must:

a. Acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health.
b. Acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism.
c. Recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community.
d. Foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues.

Interactive means CPD activities that involve a two-way flow of information with other practitioners.

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.

Reflection means thinking about your learning goals, your CPD activities, what you have learnt and how you expect to improve or will improve your practice.

Review

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

Last reviewed: xxxxxx.

This standard replaces the previously published registration standard dated xxxxxx.

Appendix D – International comparison

Recency of practice requirements

Internationally, definitions and requirements for recent practice vary widely within and between professions. When specified, they are most commonly specified as hours of practice over a set period of time.

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 to remain registered. While the programs vary widely across jurisdictions and professions, they often 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.

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 in the previous three years).

The remaining regulated health professions in New Zealand[1] require some practice (amount unspecified) in addition to completing 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/client 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.

In the United Kingdom, nurses and midwives must practise for 450 hours in three years as part of revalidation processes which include CPD, self-reflection, practice-related feedback and reflective discussion. Medical practitioners must be revalidated every five years. The remaining regulated professions[2] must have practised in the previous one or two years in addition to completing CPD. Requirements include a combination of continuing professional development activities, self-reflection, formal reflection with peers, peer review, reflection or self-assessment.

In Canada (British Columbia and Ontario), where an amount of practice is specified, it is commonly higher than the requirements established by the National Boards. It ranges from 600 hours[3] to 960 hours[4] in the previous three years and 1200[5] to 1400[6] in the previous five years. Nurses in British Columbia have different options for meeting recent practice requirements, depending on the type of registration they hold. Nurse practitioners must complete 300 practice hours in the previous year or 900 hours in the previous three years. Registered nurses must complete 450 practice hours in the previous two years or 1400 in the previous five years.[7]

Recency of practice requirements for overseas applicants

In Australia, the same recency of practice requirements apply to all applicants for registration within a profession, including overseas qualified 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).

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.

In New Zealand and Canada, it is more common for a defined period of practice within the last three or five years to be a requirement of registration for overseas applicants. This ranges from 600 hours in the previous three years[8] to 1,800 hours of post-registration nursing experience.[9]

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, National Boards maintain public protection through a combination of regulatory mechanisms, including annual renewal of registration and annual CPD requirements.

1 Chinese medicine, chiropractic, dental, medical, medical radiation practice, midwifery, nursing, occupational therapy, optometry, osteopathy, paramedicine, pharmacy, physiotherapy, podiatry, psychology
2 Chiropractic, dental, osteopathy, pharmacy, Health Care and Professions Council
3 Ontario occupational therapy, British Columbia occupational therapy
4 British Columbia College of physicians and surgeons – includes podiatric surgeons
5 Ontario physiotherapy
6 British Columbia Nursing and midwifery
7 British Columbia Nursing
8 College of Occupational Therapists of British Columbia require 600 hours in the previous three years.
9 Nursing Council of New Zealand requires applicants to have practised nursing for at least 1,800 hours of practice hours. Applicants with less that 1,800 hours will require further evidence in support of their application.

Requirements for return to practice

Many international regulators 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 Health and Care Professions Council requires practitioners to have practised in the previous two years. The remaining health practitioner regulators in the United Kingdom require practice within the previous one or two years, except nursing and midwifery and medicine which have revalidation requirements.[10] The majority of regulators in British Columbia and Ontario require practice in the previous two or three years, with some exceptions being dental, nursing and midwifery, medical and physiotherapy which require practice in the previous five years. In Ontario, Chinese medicine and physiotherapy require practice in the previous five years.

Internationally, return to practice requirements vary but can 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.

Where specified, the longest amount of time out of practice among international regulators is 10 years, after which an applicant must successfully complete retraining and/or examination.[11]

National Boards considered whether to include a maximum amount of time away from practice after which an individual would need to retrain to return to practice in the draft revised ROP standard. However, feedback received during preliminary consultation noted the need to consider individual circumstances, and to take the differing risk profiles of the professions into account when determining a return to practice pathway.

10 The Nursing and Midwifery Council requires completion of revalidation processes every three years. The General Medical Council requires medical practitioners to complete revalidation every five years.

11 New Zealand – medical radiation practice, midwifery and psychology, Ontario – occupational therapy and British Columbia – dental profession.

Appendix E – Statement of assessment against *Procedures for the development of registration standards, codes and guidelines*

- Recency of practice registration standard
- Continuing professional development 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 following National Boards are carrying out a multi-profession scheduled review of their mandatory recency of practice (ROP) and continuing professional development (CPD) registration standards.

- Aboriginal and Torres Strait Islander Health Practice
- Chiropractic
- Chinese Medicine
- Dental
- Medical Radiation Practice
- Nursing and Midwifery
- Occupational Therapy
- Optometry
- Osteopathy
- Paramedicine
- Pharmacy
- Physiotherapy
- Podiatry
- Psychology

It is good regulatory practice to review registration standards, codes, and guidelines on a planned, regular basis to test their workability, clarity, and continued relevance. These are proposed revisions to ROP registration standards that have been in effect from between 2015 and 2019[1] and to CPD registration standards that have been in effect from between 2015 and 2020[2]. These standards are due for review.

The scheduled reviews are being done in line with good regulatory practice to produce contemporary ROP and CPD registration standards that continue to promote safe and effective healthcare. The review aims to produce revised standards that are consistent across the professions (except where profession-specific differences must be addressed).

The purpose of this consultation is to seek input from stakeholders about whether the draft revised standards improve clarity and balance flexibility for practitioners with public protection. National Boards are seeking input about:

- the amount of recent practice required
- the requirement for practitioners moving to a new area of practice to have undertaken sufficient training and/or qualification to achieve competence in the new area.
- the amount and types of CPD required and whether CPD requirements help facilitate access to health services while maintaining public protention and proportionate regulatory requirements for practitioners.

1 Chiropractic, Dental, Optometry, Osteopathy and Pharmacy since December 2015. Medical radiation practice, Nursing and Midwifery, Physiotherapy, Podiatry and Psychology since 2016. Paramedicine since May 2018. Aboriginal and Torres Strait Islander Health Practice, Chinese Medicine and Occupational Therapy since December 2019.

2 Dental, Medical Radiation Practice, Osteopathy and Pharmacy since December 2015. Nursing and Midwifery, Physiotherapy, Podiatry and Psychology since 2016. Paramedicine since May 2018. Aboriginal and Torres Strait Islander Health Practice, Chinese Medicine, and Chiropractic since December 2019. Optometry since December 2020.

Assessment

Below is the National Boards' assessment of their proposal for the draft revised recency of practice (ROP) and draft revised Continuing professional development (CPD) 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 Law[3]

1.2 draws on available evidence, including regulatory approaches by health practitioner regulators in countries with comparable health systems

The National Boards consider that the proposed draft revised ROP and CPD standards meet the objectives and guiding principles of the National Law.

If approved, the draft revised ROP and CPD standards will protect the public by ensuring that practitioners maintain the knowledge and expertise to provide safe and effective services by completing continuing professional development that is relevant to their practice each year and recently practising their profession.

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

The National Boards are jointly reviewing their ROP and CPD standards to support the development of revised standards that are consistent across the professions (except where profession-specific differences must be addressed). The revised ROP and CPD registration standards have been informed by comparison of the current ROP registration standards for the involved National Board, and a literature review and benchmarking of ROP requirements in comparable jurisdictions.

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.

Preliminary consultation was the first step in the consultation process. Most National Boards sought feedback and tested proposals with key stakeholders at preliminary consultation in 2024. A second targeted preliminary consultation was held in late 2025 for the National Boards who joined the review in 2025.

All participating National Boards have considered the feedback they received at preliminary consultation when preparing the revised ROP and CPD standards for public consultation.

The National Boards will consider the feedback received when further developing the revised ROP and CPD registration standards.

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

National Boards consider that this proposal is the best option for achieving public safety, high quality and professional practice and regulatory effectiveness. Proposed revised ROP and CPD standards seek to facilitate improved patient/client and practitioner understanding, support interprofessional practice, contribute to safety and quality of healthcare and facilitate access to a sustainable health workforce by creating greater consistency in the regulatory environment.

When reviewing the ROP and CPD standards, National Boards considered the findings of a literature review and international benchmarking. National Boards have taken this information and their regulatory experience into account when developing the revised standards. National Boards have also taken preliminary consultation feedback from key stakeholders into account.

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

National Boards consider that their proposal is unlikely to restrict competition as the proposed revised ROP and CPD standards would apply to all health practitioners in the professions participating in this review. Because the draft standards will create greater cross-profession consistency across the National Scheme they are not expected to impact on levels of competition among health practitioners.

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

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

National Boards consider that their proposal will not result in any unnecessary restrictions of consumer choice as the proposed revised ROP and CPD standards would apply to all practitioners applying for registration with the National Boards participating in this review.

Having clearer registration standards informed by evidence, international benchmarking and National Boards' regulatory experience helps maintain consumer choice by facilitating access to safe and effective healthcare services provided by registered health practitioners in accordance with the public interest.

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

National Boards have considered the overall costs of the proposed revised ROP and CPD standards to the public, health practitioners and governments during the development of this consultation paper. They have concluded that the likely costs are minimal as for most professions they are not proposing significant changes. Where National Boards are proposing change, they are considered to appropriately balance public protection while facilitating access to a sustainable health workforce.

National Boards are aware that changes to the ROP and CPD standards may impact on practitioners, other stakeholders and staff who need to become familiar with the changes. If approved, the proposed revised ROP and CPD standards will provide practitioners with clear, consistent guidance about our requirements.

National Boards consider that the benefits of the revised standards will outweigh any minimal costs related to health practitioners and other stakeholders needing to become familiar with and comply with the revised standards. They will develop additional explanatory information to help stakeholders understand and comply with the revised standards.

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

National Boards are committed to a plain language approach that will help health practitioners and the public understand the ROP and CPD standards. We consider the revised draft standards have been written in plain language.

To support implementation of the revised ROP and CPD standards, National Boards would develop a range of material to support transparency and public understanding.

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

National Boards have procedures in place to support a review of the ROP and CPD standards at least every five years, as it is good regulatory practice to do so.

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

4. Closing statement

Feedback on any regulatory impacts identified during the consultation process and/or in developing revised registration standards will be provided to the National Boards and Ministerial Council to inform decision-making.

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

Appendix F – Patient and Consumer Health and Safety Impact Statement

- Revised Recency of practice registration standard
- Revised Continuing professional development registration standard

Statement purpose

The National Boards Patient and Consumer Health and Safety Impact Statement (statement)[1] 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 healthcare, 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 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 2031 and reflects key aspects of the Ahpra Procedures for the development of registration standards, codes, guidelines and accreditation standards.

Below is our initial assessment of the potential impact of a proposed revision to the ROP and CPD registration standards (the standards) on the health and safety of patients/clients and consumers, 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 patient, client and consumer 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?

National Boards have carefully considered the impacts the standards could have on patient, client and consumer 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 informed by best available evidence, best practice approaches and monitoring of the current standards. The revised registration standards are more clearly expressed, which should make them easier for patients, clients and consumers to understand.

The proposed changes are expected to have a positive impact on patient, client and consumer health and safety by facilitating access to a sustainable health workforce through regulatory requirements that National Boards consider appropriately balance options for practitioners with patient safety.

In addition, increased consistency across the standards is expected to have positive impacts for patients, clients and consumers. Increased consistency of regulatory requirements for registered health practitioners contributes to improved patient and practitioner understanding, interprofessional practice, and the safety and quality of healthcare. Our assessment is that there will be no negative impact on the health and safety of patients, clients and consumers, particularly people vulnerable to harm in the community, and Aboriginal and Torres Strait Islander Peoples. We will seek further input and advice from Ahpra's Aboriginal and Torres Strait Islander Health Strategy Unit and Community Advisory Council on any proposed changes following public consultation. Our engagement through this public consultation will help us to better understand possible outcomes and meet our responsibilities to protect patient safety and healthcare quality.

1 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.

2. How will consultation engage with patients, clients and consumers, particularly those vulnerable to harm in the community during consultation?

In line with our consultation processes the National Boards are undertaking wide-ranging consultation. We will engage with patient, clients and consumers, peak bodies, community and other relevant organisations to get input and views from people vulnerable to harm in the community.

Our consultation questions specifically ask whether the proposed changes will impact on patient, client and consumer health and safety, particularly people vulnerable to harm in the community. Responses will help us better understand possible outcomes and address them.

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

National Boards have carefully considered possible unintended impacts of the revised standards, as the consultation paper explains. Preliminary consultation feedback about patient, client and consumer impacts has not identified any significant issues with the revised standards. Additional consultation with relevant organisations, practitioners and the public will help us to identify any other potential impacts. We will fully consider and take action to address any potential negative impacts for patients, clients and consumers that may be raised during consultation, particularly for people vulnerable to harm in 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 proposed amendments to the CPD registration standard are expected to have positive impacts for Aboriginal and Torres Strait Islander Peoples. The National Scheme has committed to the development of a National Scheme's Cultural Safety Accreditation and Continuing Professional Development Upskilling Framework and Strategy and, separate to the review of the ROP and CPD registration standards, work is underway to develop a set of core cultural safety standards and competencies which can be adapted to any profession or location. This work is being led by Aboriginal and Torres Strait Islander Peoples. The draft revised CPD registration standard refers to completion of any cultural safety training requirements specified separately by National Boards. In the interim, National Boards are committed to encouraging practitioners to undertake CPD on cultural safety, which has also been reflected in the draft revised CPD standard.

This work aims to contribute to the legislative objective of the National Scheme to build the capacity of the Australian health workforce to provide culturally safe health services to Aboriginal and Torres Strait Islander Peoples. It is underpinned by the guiding principles of the National Scheme to support the development of a culturally safe and respectful health workforce that is responsive to Aboriginal and Torres Strait Islander Peoples and their health and that contributes to the elimination of racism in the provision of health services.

Ahpra's Aboriginal and Torres Strait Islander Health Strategy Unit has been consulted on the draft revised ROP and CPD standards. The initial assessment is that there will be no negative impacts on Aboriginal and Torres Strait Islander Peoples. Further to the positive impacts expected related to cultural safety training in the draft revised CPD standard, we expect that increased clarity and consistency of the proposed revised registration standards and their potential to contribute to improved access to health services will have positive impacts for Aboriginal and Torres Strait Islander Peoples. Our engagement through consultation will help us to identify any other potential impacts, including any different impacts for Aboriginal and Torres Strait Islander Peoples and non-Aboriginal or Torres Strait Islander people. Consultation will also aim to support us to meet our responsibilities to build the capacity of the Australian health workforce to deliver culturally safe care and otherwise promote the safety and quality of healthcare for Aboriginal and Torres Strait Islander Peoples.

Our engagement through consultation with Aboriginal and Torres Strait Islander organisations and stakeholders will help us to identify any other potential impacts and meet our responsibilities to protect safety and healthcare quality for Aboriginal and Torres Strait Islander Peoples.

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

The National Boards are committed to the National Scheme's Aboriginal and Torres Strait Islander Cultural Health and Safety Strategy 2020–2025 which focuses on achieving patient safety for Aboriginal and Torres Islander Peoples as the norm, and the inextricably linked elements of clinical and cultural safety.

As part of our consultation process, we will explore the best ways to meaningfully engage with Aboriginal and Torres Strait Islander Peoples with input from Ahpra's Aboriginal and Torres Strait Islander Health Strategy Unit. We will engage directly with Aboriginal and Torres Strait Islander organisations and stakeholders, including

offering opportunities to meet to discuss the revised ROP and CPD registration standards in more detail and understand potential impacts for Aboriginal and Torres Strait Islander Peoples.

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

National Boards have carefully considered and have not identified any unintended impacts for Aboriginal and Torres Strait Islander Peoples in the revised ROP and CPD standards. Continuing to consult with Aboriginal and Torres Strait Islander Peoples and stakeholders at public consultation will help us to identify any other potential impacts. We will consider and take actions to address any potential negative or unintended impacts for Aboriginal and Torres Strait Islander Peoples raised during consultation.

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

Part of National Boards' work in keeping the public safe is ensuring that all our standards, policies, codes and guidelines are regularly reviewed.

In developing the revised ROP and CPD registration standards and in keeping with this, the National Boards will regularly review the revised registration standards and monitor our regulatory intelligence to check they are working as intended.