

Public consultation document

12 March 2018

Consultation on proposed registration standards:

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

Public consultation

The Chinese Medicine Board of Australia (the Board) is releasing this public consultation paper seeking feedback on the draft revised registration standards for professional indemnity insurance arrangements, continuing professional development and recency of practice.

This document will be published on the Board's website.

Your feedback

You are invited to provide feedback by email using the template published with this consultation paper to chinesemedicineconsultation@ahpra.gov.au by **close of business Friday, 4 May 2017**.

You are welcome to supply a PDF file of your feedback in addition to the Word (or equivalent) file, however we request that you do supply a text or Word file. As part of an effort to meet international website accessibility guidelines, AHPRA and the Board are striving to publish documents in accessible formats (such as Word), in addition to PDFs. More information about this is available at www.ahpra.gov.au/About-AHPRA/Accessibility.aspx.

How your submission will be treated

Submissions will generally be published unless you request otherwise. The Board publishes submissions on its website to encourage discussion and inform stakeholders and the community. However, the Board retains the right not to publish submissions at its discretion, and will not place on its website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the consultation.

Before publication, the Board will make reasonable efforts to remove information that personally identifies individuals making submissions, as well as individuals referred to in submissions, including their contact details.

The views expressed in submissions are those of the individuals or organisations who submit them and publication does not imply any acceptance of, or agreement with, those views by the Board.

The Board will also accept submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. While the Board and AHPRA will take all reasonable steps to preserve the confidentiality of these submissions, these may be disclosed if this is required by law or by a committee of a parliament. Usually requests 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 the Board know if you do not want your submission published, or want all or part of it treated as confidential.

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Public consultation draft

Overview of consultation

xx 2018

Consultation on proposed registration standards:

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

Summary

1. The Health Practitioner Regulation National Law as in force in each state and territory (the National Law) requires Boards to develop registration standards about certain matters including:
 - requirements for professional indemnity insurance arrangements for health practitioners registered in the profession
 - requirements for continuing professional development for health practitioners registered in the profession, and
 - requirements in relation to the nature, extent, period and recency of any previous practice of the profession by applicants for registration and health practitioners registered in the profession.
2. The Chinese Medicine Board of Australia (the Board) developed registration standards that were approved by Australian Health Workforce Ministerial Council¹ and took effect on 1 July 2012. These initial standards were scheduled for review at least every three years, in keeping with good regulatory practice.
3. In each case the Board has carefully considered the objectives and guiding principles of the National Law and the *Regulatory principles for the National Scheme*² in deciding whether it should propose changes to the existing registration standard. The Board has also adopted a risk-based approach to the reviews, drawing on its experience with the existing registration standards and other sources of information, including research and other published documents (summary provided) and the approach of other National Boards and comparable regulators. The Board also supports greater convergence of National Boards' registration standards where appropriate.
4. The Board consulted with its key stakeholders in 2016 on draft revised registration standards. The comments received were taken into consideration when developing this version for public consultation.
5. The Board is inviting general comments on its draft revised registration standards. There is an overview before each proposed draft that explains the proposed changes. There are also specific questions about the registration standards that you may wish to address in your response.

Context

6. It is clear from the National Registration and Accreditation Scheme (the National Scheme) review outcomes that governments expect National Boards to take advantage of the opportunities for multi-profession collaboration within the National Scheme.
7. Similarly, governments expect National Boards to develop consistent approaches across professions rather than maintaining historic profession-specific approaches unless there are clear and robust reasons to support them, such as differentiated evidence of risk. This expectation was reinforced in correspondence from the COAG Health Council for approval of the 2010 health professions' registration standards.

¹ The Tranche 1 amendment bill in September 2017 amends the definition of Ministerial Council to mean the COAG Health Council.

² The National Registration and Accreditation Scheme

8. National Boards for the 10 health professions that entered the National Scheme in 2010 completed a planned review of core profession-specific registration standards³ for the profession in August 2015. These National Boards agreed to use standard requirements, definitions and evidence provisions in the registration standards. As a result, there is a high level of consistency across the revised registration standards with a few minor profession-specific variances. This review builds upon the experience of those Boards.
9. Six National Boards⁴ are taking part in this planned review of core profession-specific registration standards. In order to maintain consistency and promote efficiency these National Boards are using the registration standards developed in the previous review as a basis for their draft revised registration standards.

Common timeframes for record keeping

10. National Boards are working towards consistency in relation to record keeping requirements. Agreement has been reached across most National Boards to establish a standard five year requirement for record keeping. This consistent approach is informed by:
 - a. consideration of other regulatory authorities' requirements (e.g. Income Tax Assessment Act, Corporations Act, Fair Work Act, Occupational Health and Safety Act, Australian Charities and Not for Profit Commission Act, New Zealand Health (Retention of Health Information) Regulations) which vary from 5–10 years, and
 - b. being able to support an effective consistent audit process. For example, an audit may consider a declaration from the previous year which relates to recency of practice in the three years before the declaration.
11. The move to a consistent record-keeping timeframe was supported by governments in the context of the review of registration standards by the 2010 health professions.

Common timeframes for future reviews

12. The proposed revised standards all include a five year review period, with an option for earlier review if required. The move from a three year period for scheduled review (in the initial standards) to a five year review period reflects the maturity of the National Scheme and the standards.
13. The move to a longer review period was supported by governments in the context of the review of registration standards by the 2010 health professions.

Next steps

14. The Board will consider the consultation feedback on the draft revised registration standards before finalising the documents for ministerial approval.

³ Continuing professional development, Professional indemnity insurance, Criminal history, English language skills and Recency of practice.

⁴ Aboriginal and Torres Strait Islander Health Practice Board of Australia, Chinese Medicine Board of Australia, Chiropractic Board of Australia, Occupational Therapy Board of Australia, Optometry Board of Australia and Psychology Board of Australia

Review of Registration standard: Professional indemnity insurance arrangements

Background

15. The Health Practitioner Regulation National Law (the National Law) requires National Boards to develop a registration standard about the requirements for professional indemnity insurance (PII) arrangements for health practitioners registered in the profession.
16. Section 129 of the National Law provides that a registered health practitioner must not practise unless they have appropriate PII arrangements in force.
17. Section 109 of the National Law requires a practitioner applying to renew their registration to make a declaration that they have not practised during the previous registration period without having appropriate PII arrangements in place. It also requires the practitioner to declare that if their registration is renewed, they will not practise without appropriate PII arrangements in place.
18. Section 130 (3)(iii) requires that a registered health practitioner must notify the National Board within seven days if appropriate PII arrangements are no longer in place.
19. The Board is reviewing its *Professional indemnity insurance arrangements registration standard* to ensure it meets the objectives of the National Law and is worded as simply and clearly as possible.

Proposed changes to the current standard

20. The proposed changes to the registration standard are minor except for the proposal to not set a minimum level of coverage. The draft revised standard continues to outline the Board's requirements for PII arrangements and aims to improve the clarity and readability of the document to make it easier to understand.
21. The draft revised PII arrangements registration standard requires Chinese medicine practitioners who are arranging their own PII to seek advice from their insurer about what level of cover is adequate and appropriate for their practice.
22. In addition, the PII arrangements registration standard requires Chinese medicine practitioners to provide their insurance broker or provider with accurate, up-to-date information about the scope and nature of their practice to enable the insurer to advise on the appropriate level of cover. Chinese medicine practitioners must be able to demonstrate that they fully disclosed this information to the insurance provider and justify their decisions about their PII arrangements if asked to do so by the Board.
23. The draft revised PII arrangements registration standard lists the circumstances in which a Chinese medicine practitioner is exempt from the requirement to have PII.

Options statement – Registration standard: Professional indemnity insurance arrangements

Option 1 – Status quo (continue with current standard)

24. Option 1 would continue with the existing registration standard. The registration standard would continue to establish the Board's requirements for PII arrangements. However, the standard would include minor improvements to clarify the language and structure and make it easier to understand.

Option 2 – Proposed revised standard

25. Option 2 would involve the Board submitting a revised registration standard to the COAG Health Council for approval. The revised registration standard would continue to outline the Board's requirements for PII arrangements, with one significant and otherwise minor changes to the requirements:
 - a. The standard would continue to advise Chinese medicine practitioners to seek advice from their insurer on what level of cover is adequate and appropriate for their practice rather than specifying

a minimum level of cover within the standard. This flexible approach acknowledges that appropriate cover may vary between practitioners according to the nature and context of their professional practice and will reduce the regulatory burden on Chinese medicine practitioners who practice in low risk areas, while continuing to protect the public by ensuring that practitioners have adequate cover. While \$5million cover is currently the common cover amount in Chinese medicine, it is practitioners' responsibility to determine an appropriate cover amount with their insurer on the basis of their experience, scope of practice etc.

- b. The standard recognises third-party arrangements (for example, cover by an employer, union or professional association).
 - c. The standard clarifies that run-off cover is required for matters that are not already covered. This will avoid duplication and means the standard will apply appropriately to policies whether they are based on a claims-made or an occurrence (claims-incurred) basis, as policies based on an occurrence basis cover the incident as long as it occurred during the period of cover, in effect providing run-off cover.
 - d. The standard lists the circumstances in which a Chinese medicine practitioner is not required to have PII arrangements.
 - e. The standard clarifies that insurers must generally be registered with the Australian Prudential Regulation Agency (APRA). Health practitioners who are taking out their own professional indemnity insurance are advised to ensure that their PII provider is registered with APRA as a general insurer or that it is a Lloyd's underwriter, and that their professional indemnity insurance is provided through a contract of insurance. This is intended to ensure the use of reputable insurers who are subject to Australian regulation.
26. The revised standard improves the overall clarity and workability of current requirements, improves cross-profession consistency with minimal but relevant and appropriate profession-specific variation, and will continue to ensure that public protection remains paramount.

27. AHPRA, together with the National Boards, will develop a fact sheet similar to that provided to the [2010 health professions](#) to support practitioners' understanding of the proposed revised standard.

Preferred option

28. The Board prefers Option 2.

Issues for discussion

Potential benefits and costs of the proposed option

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

- is more user-friendly
- strikes a balance between protecting the public and impact on registrants and applicants for registration, and
- has been reworded to be simpler and clearer.

30. The costs of the preferred option are:

- registrants, applicants, other stakeholders, AHPRA and National Boards will need to become familiar with the new standard, noting that the changes to the requirements are minor.

Estimated impacts of the draft revised registration standard

31. The changes proposed in the draft revised registration standard are minor, although more significant changes may be identified through public consultation. While the changes are minor, the Board recognises that PII is a complex area and will continue to work on materials to support practitioners' understanding of the changes.

32. We anticipate that the proposed changes will have a relatively minor impact on Chinese medicine practitioners, business and other stakeholders. As most National Boards⁵ have already adopted the changes proposed, we understand that insurers are already responding to the changes. However, there may be some further impacts on the insurance industry.
33. Public consultation will help ensure that any unintended consequences are identified and addressed.

Relevant sections of the National Law

34. Relevant sections of the National Law relating to PII are sections 38, 109, 129 and 130.

Questions for consideration

The Board is inviting feedback on the following questions:

1. From your perspective, how is the current PII arrangements registration standard working?
2. Is the content and structure of the draft revised PII arrangements registration standard helpful, clear, relevant and more workable than the current standard?
3. Is there any content that needs to be changed or deleted in the revised draft PII arrangements registration standard?
4. Is there anything missing that needs to be added to the revised draft PII arrangements registration standard?
5. Do you agree with the change to advising Chinese medicine practitioners to seek advice from their insurer on what level of cover is adequate and appropriate for their practice rather than specifying a minimum level of cover within the standard?
6. It is proposed that the draft revised PII arrangements registration standard is reviewed every five years or earlier if required, as the content is likely to be reasonably settled and stable after this review. Is this reasonable?
7. Is there anything else the National Board should take into account in its review of the PII arrangements registration standard, such as impacts on workforce or access to health services?
8. Do you have any other comments on the revised draft PII arrangements registration standard?

Relevant documents

The Board's *Statement of assessment against AHPRA's Procedures for development of registration standards* and *COAG principles for best practice regulation* (Attachment 1).

The current PII arrangements registration standard is published on the Board's website, accessible from www.chinesemedicineboard.gov.au/Registration-Standards.aspx

⁵ In their recent review, the Chiropractic Board of Australia, Medical Radiation Practice Board of Australia, Osteopathy Board of Australia and Podiatry Board of Australia have moved from specifying a minimum amount of cover to not stipulating a minimum amount. The Dental Board of Australia, Medical Board of Australia, Nursing and Midwifery Board of Australia, Optometry Board of Australia and Physiotherapy Board of Australia have never specified a minimum amount of cover.

Registration Standard

Professional indemnity insurance arrangements **(DRAFT)**

Effective from: <<Date>>

35. This registration standard sets out the Chinese Medicine Board of Australia's (the Board's) requirements for professional indemnity insurance (PII) arrangements for registered Chinese medicine practitioners. Registrants can be covered by their own PII arrangements or third-party PII arrangements.

Does this standard apply to me?

36. This standard applies to all registered Chinese medicine practitioners except those with student or non-practising registration.

What must I do?

37. 1. When you practise as a Chinese medicine practitioner, you must be covered by your own or third-party PII arrangements that meet this standard:
- for all aspects of your practice
 - in all locations where you practise
 - whether you are working in the private, non-government and/or public sector, and
 - whether you are practising full-time, part-time, are self-employed, employed, or in an unpaid or volunteer capacity, or any combination of these factors.
38. 2. Your PII cover must include:
- adequate and appropriate civil liability cover
 - appropriate retroactive cover for otherwise uncovered matters arising from prior practice
 - automatic reinstatement, or an equivalent approach which ensures that the amount of cover will not be exhausted by a single claim,
- or** the equivalent of 2a to 2c above under third-party PII arrangements.
39. 3. If you are covered by a third-party PII arrangement, it must meet this registration standard. If you are in any doubt about whether the third-party cover meets this registration standard, you should always ask what is covered by the third-party PII arrangement.
40. 4. If the third-party cover does not meet this registration standard you must take out additional cover to ensure this standard is met.
41. 5. If any area of your practice is specifically excluded from your PII cover, you must not practise in that area.
42. 6. If your PII cover is provided by your employer, and you intend to practise outside your stated employment, you must have individual PII arrangements in place to cover that practice. This may include cover for undertaking:
- practical components of continuing professional development
 - study involving patient treatment, or
 - volunteer work (unless you are covered separately for this work, for example, by the volunteering organisation).

Amount of cover

43. If you are arranging your own professional indemnity insurance, you should ensure that you take out adequate and appropriate insurance or professional indemnity cover. Professional indemnity insurers provide these policies. Insurance brokers or providers are best placed to advise you on what level of cover is adequate and appropriate for your practice. To enable them to make this judgement, you must provide your broker, insurer or indemnifier with accurate and up-to-date information about the scope and nature of your practice. You need to be able to demonstrate that you fully disclosed your scope of practice to the provider of cover and justify your decisions about PII if asked to do so by the Board or AHPRA.

Are there exemptions to this standard?

44. Chinese medicine practitioners are exempt from requiring PII:
- when the scope of practice of an individual practitioner does not include the provision of healthcare or opinion in respect of the physical or mental health of any person
 - when a practitioner has statutory exemption from liability. That is, they are employed as a practitioner or are in another arrangement and are exempted from liability under state or Commonwealth legislation, or
 - when practitioners are registered in Australia but are practising exclusively overseas.
45. Note: run-off cover is required for past practice in Australia.

What does this mean for me?

46. The National Law states that a registered health practitioner must not practise their profession unless appropriate professional indemnity insurance arrangements are in force in relation to the practitioner's practice of the profession (section 129 of the National Law).

When you apply for registration

47. When you apply for registration you must declare that you will not practise the profession unless you have professional indemnity insurance arrangements in place that meet this standard. This is a requirement under the National Law.

At renewal of registration

48. You will be required to declare annually at renewal that:
- during the preceding period of registration, you practised the profession in accordance with the requirements of this registration standard, and
 - you will not practise the profession unless you have professional indemnity insurance arrangements in place that meet this standard.

During the registration period

49. You must notify the Board within seven days if you no longer have appropriate professional indemnity insurance arrangements in place in relation to your practice that meet the requirements of this standard (section 130 of the National Law).
50. Your compliance with this standard may be audited by AHPRA from time to time.

When you cease practice

51. When you decide to cease practice, you must ensure you have appropriate run-off cover for matters that would otherwise be uncovered arising from your previous practice as a registered Chinese medicine practitioner.

Evidence

52. The Board may, at any time, require you to provide evidence that you have appropriate professional indemnity insurance arrangements in place.
53. If you hold private insurance in your own name, you must retain documentary evidence of your insurance for at least five years.
54. If you are covered by a third-party insurance arrangement, you are not required to obtain documentary evidence of the insurance policy unless the Board requests it. However, there may be circumstances when you are required to seek the documentation from that third party. If requested by the Board, you must provide a certified copy of the certificate of currency or a letter from the third party declaring that you are covered.

What happens if I don't meet this standard?

55. The National Law establishes possible consequences if you don't meet this standard, including that:
 - the Board can impose a condition or conditions on your registration or can refuse your application for registration or renewal of registration when you don't meet a requirement in an approved registration standard for the Chinese medicine profession (sections 82, 83 and 112 of the National Law)
 - practising without appropriate PII arrangements, or failing to notify the Board within seven days that appropriate PII arrangements are no longer in place, is not an offence but may be behaviour for which health, conduct or performance action may be taken (sections 129 and 130 of the National Law), and
 - registration standards, codes or guidelines may be used in disciplinary proceedings against you as evidence of what constitutes appropriate practice for the Chinese medicine profession (section 41 of the National Law).

More information

56. Chinese medicine practitioners should be aware that the provision of professional indemnity insurance (PII) to health professionals is generally governed by the *Medical Indemnity (Prudential Supervision and Products Standards) Act 2003* (Cth), with some exceptions.
57. An insurer providing PII to health professionals must generally be registered with the Australian Prudential Regulation Agency (APRA). Chinese medicine practitioners who are taking out their own professional indemnity insurance are advised to ensure that:
 - their PII provider is registered with APRA as a general insurer or that it is a Lloyd's underwriter (APRA's website contains a list of registered general insurers), **and**
 - their professional indemnity insurance is provided through a contract of insurance.

Authority

58. This registration standard was approved by the COAG Health Council on <<date>>.
59. Registration standards are developed under section 38 of the National Law and are subject to wide-ranging consultation.

Definitions

60. **Automatic reinstatement** is a provision in insurance policies that allows for the limit of indemnity (amount insured) to be reinstated for new, unrelated claims, after one or more claims have been paid to the limit of the indemnity.
61. **Civil liability insurance** means insurance that covers the costs of liability incurred by the insured arising from civil claims seeking compensation for personal injury, harm or loss incurred, where the claim arises directly from an alleged act, error or omission committed in the conduct of the practitioner's practice or professional business during the period covered by the insurance policy. Civil

liability cover includes cover for legal expenses incurred in defence or settlement of a civil claim and for damages payable.

62. **Occurrence-based policy** means an insurance policy that is in place when the event that is the subject of the claim occurred, even if the policy has not been renewed.
63. **Practice** means any role, whether remunerated or not, in which an individual uses their skills and knowledge as a health practitioner in their profession. For the purpose of this registration standard, practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct nonclinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession.
64. **Professional indemnity insurance arrangements** means arrangements that secure, for the practitioner's professional practice, insurance against civil liability incurred by, or loss arising from, a claim that is made as a result of a negligent act, error or omission in the conduct of the practitioner. This type of insurance is available to practitioners and organisations across a range of industries and covers the cost and expenses of defending a legal claim, as well as any damages payable. Some government organisations under policies of the owning government are self-insured for the same range of matters.
65. **Retroactive cover** means PII arrangements that cover the insured person against claims arising out of, or in consequence of, activities that were carried out in the course of that person's professional practice, before the date the insurance started.
66. **Run-off cover** means insurance that protects a practitioner who has ceased a particular practice against claims that arise out of, or are a consequence of, activities that were carried out when the person was conducting that practice. This type of cover may be included in a PII policy or may need to be purchased separately.
67. **Scope of practice** means the professional role and services that an individual health practitioner is educated and competent to perform.
68. **Third-party cover** means the cover that an individual holds through a third party's insurance arrangement, such as through an employer, education provider or union.

Review

69. This registration standard will be reviewed from time to time as required. This will generally be at least every five years.
70. Last reviewed: <<Date>>
71. This standard replaces the previously published registration standard dated 1 July 2012.

Review of Registration standard: Continuing professional development

Background

72. The National Law requires National Boards to develop a registration standard about the requirements for continuing professional development (CPD) for health practitioners registered in the profession.
73. Section 128 of the National Law provides that a registered health practitioner (other than a practitioner who holds non-practising registration) must undertake the CPD required by the Board's CPD registration standard.
74. Section 109 of the National Law requires practitioners applying to renew their registration to make a declaration that they have completed the CPD required by the relevant National Board in the previous registration period.
75. The Board is reviewing its standard to ensure it is based on the best available evidence, meets the objectives of the National Law and is worded as simply and clearly as possible.

Proposed changes to the current standard

76. The Board, and the other National Boards currently reviewing their CPD registration standards, considered the literature on the effectiveness of CPD. The Board has taken this information into account in its review of the registration standard. A summary of the documents considered is provided separately, however the key findings that the Board has drawn on in its revised standards are:
 - a. effective CPD promotes genuine learning
 - b. effective CPD includes a Chinese medicine practitioner planning or preparing for the CPD activities they will do and reflecting on the CPD activities they have done – particularly through the use of a portfolio. A portfolio is a collection of information about CPD plans, the CPD activities completed and their impact on practice. It can comprise hardcopy and/or electronic documents or a combination. Reflection means a practitioner thinking about what they can do in order to improve learning and practice
 - c. indications that specific CPD requirements would be beneficial in the context of change of scope of practice (for example, change from administrative to clinical practice)
 - d. CPD activities that include interactivity, multimedia, varied teaching methods and repetition were found to be consistently more effective than learning exercises designed and delivered using a single teaching method, and
 - e. supervision and feedback were found to enhance learning outcomes, and peer interaction reduced the impact and risks of professional isolation.
77. As the available evidence does not provide definitive answers to issues such as the most effective amount and types of CPD activities, the Board has also considered its experience with the registration standard over the past three years in its review. The National Boards and AHPRA will continue to monitor developments in this area to inform this registration standard in the future.
78. The Board is developing additional guidance to assist Chinese medicine practitioners to understand the CPD standard. Draft guidelines are included in this consultation document and the Board is seeking feedback regarding whether the guidelines are clear and help to explain what practitioners need to do to meet the standard.
79. A template CPD portfolio will also be developed to help practitioners who are seeking further guidance on recording CPD activities undertaken and their reflections on how they have changed their practice as a result of the CPD activities that they have completed. A draft template portfolio is included with this consultation paper.

Options statement – Registration standard: Continuing professional development

Option 1 – Status quo (continue with current standard)

80. Option 1 would continue with the existing registration standard. The registration standard established the Board's initial requirements for CPD under the National Law. The Board has, however, identified some issues with the current standard, including the benefits of greater convergence across professions within the National Scheme where supported by evidence and analysis of risk, and the opportunity to clarify the language and structure to make it easier to understand.

Option 2 – Proposed revised standard and guidelines

81. Option 2 would involve the Board submitting a revised registration standard and guidelines to the COAG Health Council for approval. The revised registration standard would continue to outline the Board's requirements for CPD, with the following changes:
- there has been convergence in CPD requirements between National Boards
 - National Boards have established requirements for reflection and specified how practitioners should select CPD activities that contribute directly to maintaining or improving their competence and keeping them up to date in their scope of practice
 - the statement about exemptions has been made more succinct in the standard and examples of circumstances for which an exemption would be granted will be included in additional guidance documents, and
 - National Boards have mostly included consistent definitions, and common evidence provisions.
82. The standard clarifies and is more specific about the requirement to complete CPD related to all divisions of the register in which the Chinese medicine practitioner is registered. Given the diversity of Chinese medicine practice, and the overlap in relevance of CPD for the divisions, it was decided, however, that being too prescriptive about this was not helpful.
83. The requirements for registered Chinese medicine practitioners with an approved scheduled medicine endorsement have been removed as this is not currently available and establishing this will be subject to wide-ranging consultation on a range of aspects including CPD requirements.
84. The revised standard also has clearer wording and structure to make it easier to understand.
85. The guidelines provide additional information for Chinese medicine practitioners about how to meet the requirements for CPD under the National Law, including:
- information about why effective CPD is important, how to choose effective CPD, examples of the types of CPD activities that practitioners may choose to do and what activities cannot be counted as CPD
 - information describing how planning and reflection fit into the CPD cycle in written and diagrammatic form. Additional detail is provided about how to undertake planning and reflection and how to record these processes, and
 - more detail about pro rata requirements and recording CPD activities for audit purposes.

Preferred option

86. The Board prefers Option 2.

Issues for discussion

Potential benefits and costs of the proposal

87. The benefits of the preferred option are that the draft revised standard:
- strikes a better balance between protecting the public and the impact on registrants and applicants for registration
 - has increased convergence between requirements for different professions under the National Scheme, which is more clearly linked to the current evidence about what makes CPD effective and will assist registrants with multiple registrations and stakeholders managing multiple professions.

- is more user-friendly, and
- has been reworded to be simpler and clearer.

88. The costs of the preferred option are:

- registrants, applicants, other stakeholders, AHPRA and National Boards will need to become familiar with the new standard.

Estimated impacts of the draft revised registration standard

89. The draft revised registration standard will promote:

- a. a continued focus on improved patient/client outcomes and experiences
- b. specified factors to facilitate effective CPD, and
- c. reflection and maintaining a portfolio.

90. We anticipate the changes proposed may affect some Chinese medicine practitioners. However, supporting documentation will be made available to ensure a smooth transition to this revised standard.

Relevant sections of the National Law

91. The relevant sections of the National Law relating to CPD are section 38, 109 and 128

Questions for consideration

The Board is inviting feedback on the following questions.

1. From your perspective, how is the current CPD registration standard working?
2. Is the content and structure of the draft revised CPD registration standard helpful, clear, relevant and more workable than the current standard?
3. Is there any content that needs to be changed or deleted in the revised draft CPD registration standard?
4. Is there anything missing that needs to be added to the revised draft CPD registration standard?
5. Is the content and structure of the draft CPD guidelines helpful, clear and is it a useful addition to the draft revised CPD registration standard?
6. Is there any content that needs to be changed or deleted in the draft CPD guidelines?
7. Is there additional clarification from the revised draft CPD registration standard that needs to be added to the draft CPD guidelines?
8. Does including the statement 'The Board does not endorse/accredit CPD providers or activities but expects practitioners to select CPD activities that are consistent with the ethical and professional standards set out by the Board' add clarity to the CPD guidelines?
9. Are there any other ways that the Board can support Chinese medicine practitioners to best engage in CPD?
10. Is there anything else the National Board should take into account in its review of the CPD registration standard and guidelines, such as impacts on workforce or access to health services?
11. Do you have any other comments on the revised draft CPD registration standard and guidelines?

Relevant documents

The Board's Statement of assessment against AHPRA's Procedures for development of registration standards and COAG principles for best practice regulation (Attachment 1).

The current CPD registration standard is published on the Board's website, accessible from www.chinesemedicineboard.gov.au/Registration-Standards.aspx.

The draft template portfolio included with this consultation package.

A summary of research to inform registration standards reviews.

Public consultation draft

Registration Standard

Continuing professional development **(DRAFT)**

Effective from: <<date>>

92. This registration standard sets out the Board's minimum requirements for continuing professional development (CPD) for Chinese medicine practitioners.

Does this standard apply to me?

93. This standard applies to all registered Chinese medicine practitioners except those with student or non-practising registration.

What must I do?

94. To meet this standard, you must:

1. complete at least 20 hours of CPD each registration year that:
 - a. seeks to improve patient outcomes and experiences
 - b. draws on the best available evidence, including well-established and accepted knowledge that is supported by research where possible, to inform good practice and decision-making
 - c. contributes directly to improving your competence (performance and behaviour) and keeping you up to date in your chosen scope⁶ and setting of practice
 - d. builds on your existing knowledge
 - e. includes a minimum of five hours' CPD in an interactive setting with other practitioners, and
 - f. includes at least 4 of the CPD hours related to professional issues.
2. maintain a portfolio of your learning goals, your planned CPD activities and your reflections on how these CPD activities are expected to improve or have improved your practice.

95. The Board's *Guidelines: Continuing professional development* provide further information about CPD requirements.

Specific requirements for people registered in multiple divisions of the register

96. The CPD undertaken by registrants who are registered in more than one division of the register must include some content relevant to each of the divisions in which they are registered.

97. The Board's *Guidelines: Continuing professional development* provide further information about CPD requirements.

98. Pro rata requirements

99. 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.

What does not count as CPD?

100. You may not count education, training, mentoring or supervision required by the Board or a Tribunal as part of CPD. e.g. education required by a condition or undertaking.

⁶ Including division/s of the register

Are there exemptions to this standard?

101. The Board may grant a full or partial exemption or variation from this standard in exceptional circumstances that result in a practitioner taking a substantial absence from practice.
102. The Board's *Guidelines: Continuing professional development* provide further guidance.

What does this mean for me?

When you apply for registration

103. You don't need to have met this standard for the preceding year when you apply for registration in Australia for the first time as a Chinese medicine practitioner.

At renewal of registration

104. When you apply to renew your registration, you must declare whether you have complied with this standard.

During the registration period

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

Evidence

106. You must maintain records of your CPD activity for five years.
107. If you are audited you may be required to provide your CPD portfolio, or any other information the Board requires.

What happens if I don't meet this standard?

108. The National Law establishes possible consequences if you don't meet this standard, including that:
- the Board can impose a condition or conditions on your registration or can refuse an application for registration or renewal of registration, if you do not meet a requirement in an approved registration standard for the profession (sections 82, 83 and 112 of the National Law)
 - a failure to undertake 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 Chinese medicine (section 41 of the National Law).

More information

109. The *Guidelines: Continuing professional development* provide more information about how to meet this standard. You are expected to understand and apply these guidelines together with this standard.

Authority

110. This standard was approved by the COAG Health Council on <<date>>.
111. Registration standards are developed under section 38 of the National Law and are subject to wide-ranging consultation.

Definitions

112. **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.

113. **CPD record** means information about your CPD plans/goals, the CPD activities you have done, evidence of completing CPD activities and your reflection on their effect on your practice. It can be hardcopy and/or electronic or a combination.
114. **Interactive** means learning that involves two-way flow of information and occurs with other practitioners, such as face-to-face or interactive online education.
115. **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.
116. **Professional issues** include but are not limited to ethics, communication, professional boundaries, advertising, infection prevention and control, new standards, privacy, regulatory matters, patient confidentiality, dealing with complaints and so forth.
117. **Reflection** means thinking about what you do in order to improve your learning and practice.
118. **Scope of practice** means the professional role and services that an individual health practitioner is educated and competent to perform.

Review

119. This standard will be reviewed from time to time as required. This will generally be at least every five years.
120. Last reviewed: <date>
121. This standard replaces the previously published registration standard dated 1 July 2012 (or <date>).

Guidelines: Continuing professional development

Effective from: <<date>>

Introduction

122. These guidelines provide information about how to meet the Chinese Medicine Board of Australia's (the Board's) minimum annual continuing professional development (CPD) requirements outlined in the *Registration standard: Continuing professional development (CPD)*. You are expected to understand and apply these guidelines together with the CPD standard.
123. The public have the right to expect that registered Chinese medicine practitioners will provide competent and up-to-date services. CPD helps Chinese medicine practitioners to maintain their competence and to provide safe and effective health services.

Do these guidelines apply to me?

124. These guidelines apply to all registered Chinese medicine practitioners except those with student and non-practising registration.

What must I do?

125. You must undertake CPD to meet the Board's registration standard each registration year.

Summary

126. These guidelines will help you:
- understand the importance of CPD in staying up to date, maintaining safe practice and improving patient outcomes
 - choose effective CPD that meets the registration standard, and
 - keep CPD records, by providing advice about what information to include in a portfolio of your learning goals, CPD activities and reflections.

Effective CPD and why it is important

127. Learning and development occurs throughout a Chinese medicine practitioner's career. CPD is an important foundation of lifelong learning and helps Chinese medicine practitioners to maintain their competence to practise.
128. Effective CPD promotes genuine learning. Genuine learning occurs when you apply what you have learnt in your practice. It facilitates more effective clinical care, leading to safer outcomes for patients and clients.
129. Research indicates that CPD may be more effective when it involves planning and reflection. Reflection means thinking carefully about your CPD, what you learned and how you might use it to improve your practice as a Chinese medicine practitioner. The CPD standard requires you to maintain a portfolio that records your reflections on how CPD has affected your practice.

Benefits of interactive and interprofessional CPD

130. The *CPD standard* requires you to complete at least five hours of interactive CPD activities, as there is some evidence that this facilitates effective learning. It also helps to maintain connections with other practitioners and contemporary practice. Interactive CPD activities are any activities that involve other practitioners, such as face-to-face education in person or through technologies such as webconferencing.
131. Interprofessional CPD activities can also have benefits by supporting effective interprofessional practice which, in turn, optimises health services, strengthens health systems and improves health outcomes.

CPD activities

132. All CPD which helps you maintain competence, stay up to date and is relevant to your scope of practice will meet the standard.
133. The Board does not endorse/accredit CPD providers or activities but expects practitioners to select CPD activities that are consistent with the ethical and professional standards set out by the Board.
134. When selecting CPD activities you should consider:
- the qualifications, credentials and experience of the provider
 - selecting a range of topics and activities over time
 - choosing activities that are consistent with the Board's other standards and guidance.
135. Learning occurs through a wide variety of CPD activities. Examples include, but are not limited to:
- higher education/accredited courses
 - conferences, forums and seminars
 - undertaking research and presentation of work
 - online learning and internet research
 - written reflections on experience in day-to-day clinical practice
 - reading books and journals relevant to your practice
 - engagement in quality assurance activities, such as accreditation, clinical audit or review of records
 - participation in committees relevant to your practice
 - work-based learning contracts and employment related professional development
 - information sharing at meetings with colleagues or in an interprofessional setting interactive professional or inter-professional interactions such as meetings e.g. case reviews, clinical forums (may be online or face to face), and
 - current or emerging health priority areas, for example, cultural safety particularly for Aboriginal and Torres Strait Islander peoples. Another example is effectively identifying and responding to family violence.
136. Undertaking your day-to-day routine work duties cannot be counted as CPD.

Planning and reflection

137. The CPD standard requires you to:
- plan and record your learning goals and the activities that you will do to meet these goals
 - complete the CPD activities and record a reflection on how they improved your practice.
138. When planning your CPD you may find it useful to:
- review best practice standards or evidence-based practice. This will enable you to evaluate and improve your level of competency, treatment plan or service delivery
 - identify changes in the profession including standards of care
 - undertake a self-assessment to identify possible areas for improvement. This will help you to improve your practice to meet current standards using evidence-based practice or best practice standards
 - identify how you could further develop competency or strengths in areas of particular interest or aptitude
 - identify opportunities for interactive and interprofessional CPD, and
139. you may wish to consider current or emerging health priorities, and should also consider any priority areas identified by your National Board, for example, cultural safety for Aboriginal and Torres Strait Islander peoples.
140. There is good evidence suggesting that reflecting on how your CPD relates to your practice may improve your learning. This can be done by:
- a. briefly summarising the CPD activities you have completed,
 - b. assessing your progress against your learning goals and

c. describing how you have used what you learnt in your practice.

141. Reflecting on your learning will help you set learning goals for the coming year as part of the ongoing CPD cycle.

142. It is often helpful to discuss your CPD planning with colleagues, mentors and/or supervisors to help you identify your own areas for improvement. Patient feedback may also be helpful in identifying areas where you need further professional development.

143. A template CPD portfolio that can help you to plan and document your learning goals, your CPD activities and your reflections can be found on the Board's website with completed examples to assist you to maintain your own portfolio.

144. It is your responsibility to make sure you meet the CPD standard. You must undertake the required minimum number of CPD hours and your CPD portfolio must include planning and reflection.

145. The diagram below demonstrates the CPD cycle.

Public consultation draft

The CPD cycle



Record keeping

146. The CPD standard requires you to keep your CPD portfolio for at least five years from the date you completed the CPD cycle. The portfolio must be available for audit or if required by the Board as part of an investigation arising from a notification (complaint).

147. In addition to your portfolio, you must also keep evidence of CPD activities completed, such as:

- certificates of attainment or attendance, and
- your notes from the CPD activities such as conducting a literature review, or reading case studies or journal articles. In this example, it is expected that these notes will provide a comprehensive summary of the key points of the review and reflect your learning from this activity.

Pro rata CPD

148. Chinese medicine practitioners who are registered part-way through a registration period must complete a minimum of five hours of CPD for every three months of registration remaining in the registration period.

Exemption

149. The Board believes the range of activities and the time frame provided to meet the CPD requirements is flexible enough for Chinese medicine practitioners to meet the requirements other than in exceptional circumstances.

150. However, under the *Registration standard: Continuing professional development*, the Board may consider and/or grant a full or partial exemption or variation from the CPD requirements in exceptional circumstances. Exceptional circumstances for exemptions will only be considered where there is

compelling evidence that the circumstances have created a significant obstacle to the Chinese medicine practitioner's ability to complete CPD.

151. You should submit an Application for exemption form to the Board as soon as possible after you identify the need for an exemption. The application must include the nature of, evidence for and time period of the exceptional circumstances, involved.

Absence from practice

152. **If you take a period of leave** while you remain registered to practise, you are still required to meet the Board's CPD registration standard unless you are granted an exemption.
153. **If you move to non-practising registration or don't maintain your registration**, before you re-apply for registration to practise you are encouraged to assess what changes have occurred in your profession and if there is any professional development you need to do to ensure that you are prepared to return to practice.

Compliance

154. As the CPD standard explains:

- when you renew your registration, you are required to declare whether you have met the requirements of the CPD standard
- your compliance with this standard may be audited from time to time, which involves a review of your CPD portfolio including including your CPD goals, activities completed, and your reflection on those activities
- a failure to comply with the CPD standard requirements may result in disciplinary action being taken against you by the Board to protect the public.

Important note: Making a false declaration when you renew your registration is a serious matter which may result in disciplinary action being taken against you by the Board.

Authority

155. The Board has developed these guidelines under section 39 of the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).
156. Guidelines approved by the Board may be used as evidence of what constitutes appropriate professional conduct or practice for Chinese medicine practitioners in proceedings against a health practitioner under the National Law, or a law of a co-regulatory jurisdiction.

Definitions

157. **Continuing professional development (CPD)** is the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence and develop the personal qualities required throughout their professional lives.
158. **Competence** means having the qualifications and ability to perform a specific role. It involves a complex interaction and integration of knowledge, skills, professional behaviours and judgement.
159. **CPD cycle** means the registration year in which the CPD was completed.
160. **CPD portfolio** means information about your CPD plans/goals, the CPD activities you have done, evidence of completion of the CPD activities and your reflection on their effect on your practice. It can be hardcopy and/or electronic or a combination.
161. **Interactive** means learning that involves two-way flow of information and occurs with other practitioners, such as face-to-face or interactive online education.

162. **Interprofessional education** means learning that occurs when individuals from two or more professions⁷ learn about, from and with each other to enable effective collaboration and improve health outcomes.
163. A **portfolio** is a collection of information about your CPD plans, the CPD activities you have done and their impact on your practice. It can be hardcopy and/or electronic documents or a combination.
164. **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.
165. **Reflection** means thinking about what you do in order to improve your learning and practice.
166. **Scope of practice** means the professional role and services that an individual health practitioner is educated and competent to perform.

⁷ This does not refer to the different divisions of the Chinese medicine register

Review of Registration standard: Recency of practice

Background

167. The National Law requires the Board to develop a registration standard about the requirements for the nature, extent, period and recency of any previous practice by Chinese medicine practitioners applying for initial registration in the Chinese medicine profession.
168. Section 109 of the National Law requires a practitioner applying to renew their registration to declare that they have met the recency of practice requirements in the Board's registration standard.
169. The Board is reviewing its standard to ensure it is based on the best available evidence, meets the objectives of the National Law and is worded as simply and clearly as possible.

Proposed changes to the current standard

170. The Board and the other National Boards currently reviewing their recency of practice registration standards considered the literature about recency of practice requirements. A summary of the documents considered is provided separately. The Board has taken this work into account in its review of the registration standard, and in particular it has considered the following issues:
 - a. There is limited reliable research in this area, and much of the available research relates to professions other than the four within the scope of this review, common to much health practitioner research. In particular, little guidance was available about the minimum time out of practice or minimum volume of practice required to prevent loss of skills or deteriorating competence. This may also be influenced by the nature of the profession and type of practice.
 - b. Research in relation to the experience of the nursing profession reinforces the importance of using plain English and making the standard as clear as possible.
 - c. While recency definitions and provisions varied widely within and between professions, the length of absence from practice after which recency provisions begin is commonly between one and five years.
 - d. The review found evidence for a trend towards educating returning practitioners based on an individualised needs analysis to determine the skills necessary to meet eligibility requirements for re-registration or resumption of clinical work.
 - e. The available evidence suggests:
 - i. support from the workplace, including flexible work arrangements, is seen as a positive driver for return to practice in the nursing literature. This finding may also suggest higher risk with practitioners returning to solo practice who lack this support
 - ii. age and length of time out of practice are key considerations when considering recency of practice
 - iii. more consideration should be given to the 'return to practice' aspect of the standard, which means facilitating individualised needs assessments for practitioners returning to practice.
171. As the available evidence does not provide definitive answers to issues such as the amount of practice that a practitioner must undertake to remain competent, the Board has also considered its experience with the standard over the past three years and how best to protect the public given current knowledge. The National Boards and AHPRA will continue to monitor developments in this area to inform the Boards' future registration standards.
172. The draft revised registration standard also includes requirements for Chinese medicine practitioners making a significant change to a different scope of practice. In proposing these requirements, the Board is conscious that many Chinese medicine practitioners have a very broad scope of practice. The Board is keen to ensure that its requirements to protect the public are proportionate and do not involve unnecessary burdens for practitioners. As a result, the Board will provide additional information to clarify the circumstances when these requirements will apply.
173. The following examples illustrate how the requirement in the draft revised standard will be interpreted.

- i. a Chinese medicine practitioner who has worked as a full time researcher, changing to private clinical practice, or
- ii. a Chinese medicine practitioner in an administrative or management role, not treating patients, taking up a clinical role.

174. The Board welcomes feedback about this approach during the consultation process.

Options statement – Registration standard: Recency of practice

175. The Board has considered a number of options in developing this proposal.

Option 1 – Status quo

176. Option 1 would continue with the existing registration standard. The registration standard established the Board's initial requirements for recency of practice under the National Law. The Board has, however, identified some issues with the current standard, including the need for greater convergence for professions within the National Scheme and the opportunity to clarify the language and structure to make it easier to understand.

Option 2 – Proposed revised standard

177. Option 2 would involve the Board submitting a revised registration standard to the COAG Health Council for approval. The draft revised registration standard would continue to outline the Board's requirement for recency of practice. The Board is consulting on the following proposed changes to the registration standard:

- a. the requirement that Chinese medicine practitioners must complete a minimum of 450 hours practice in the previous three years or 150 hours practice in the previous 12 months
- b. the inclusion of greater guidance for Chinese medicine practitioners on the information that will be considered by the Board after an absence from practice, and the pathways for return to practice
- c. the inclusion of guidance on the steps a Chinese medicine practitioner needs to take if substantially changing their scope of clinical practice
- d. clarification of requirements related to multiple divisions of the register

178. The draft revised standard also has clearer wording and structure to make it easier to understand.

Preferred option

179. The Board prefers Option 2.

Issues for discussion

Potential benefits and costs of the proposal

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

- is more user-friendly
- is more clearly based on the best available information, including National Boards' experience with recency of practice requirements since the National Scheme started
- strikes a better balance between protecting the public and the impact on registrants and applicants for registration, and
- has been reworded to be simpler and clearer.

181. The costs of the preferred option are:

- registrants, applicants, other stakeholders, AHPRA and National Boards will need to become familiar with the new standard.

Estimated impacts of the draft revised registration standards

182. The draft revised registration standard proposes the introduction of a requirement for Chinese medicine practitioners to have completed a minimum of 450 hours of practice in the previous three years or 150 hours of practice in the previous 12 months to meet the recency of practice requirements. This is more

consistent with most other National Boards. We anticipate that there will be some impact on some practitioners arising from these changes. This would be managed by providing substantial notice to practitioners before the standard takes effect to give them enough time to prepare, and the development of transitional arrangements where necessary.

183. Further, the Board is planning work to improve resources available to practitioners about taking a break from practice, how to manage scope of practice changes in light of the new requirements, and return-to-practice options. The Board will also be strengthening its messaging to the profession that not meeting the recency of practice standard is usually not a barrier to returning to practice.

Relevant sections of the National Law

184. Section 109 is the relevant section of the National Law for developing this registration standard.

Questions for consideration

The Board is inviting feedback on the following questions.

1. From your perspective, how is the current recency of practice registration standard working?
2. Do you have feedback about the proposal to introduce a minimum of 450 practice hours in the previous three years or 150 practice hours in the previous 12 months to meet recency of practice requirements?
3. Is the content and structure of the draft revised recency of practice registration standard helpful, clear, relevant and more workable than the current standard?
4. Is there any content that needs to be changed or deleted in the draft revised recency of practice registration standard?
5. Is there anything missing that needs to be added to the draft revised recency of practice registration standard?
6. It is proposed that the draft revised recency of practice standard is reviewed every five years or earlier if required. Is this reasonable?
7. Is there anything else the National Board should take into account in its review of the recency of practice registration standard, such as impacts on workforce or access to health services?
8. Do you have any other comments on the draft revised registration draft standard?

Relevant documents

185. The Board's *Statement of assessment against AHPRA's Procedures for development of registration standards* and *COAG principles for best practice regulation* (Attachment 1).
186. The current recency of practice registration standard is published on the Board's website, accessible from www.<<profession>>board.gov.au/Registration-Standards.aspx

Registration Standard

Recency of practice **(DRAFT)**

Effective from: <<date>>

Summary

187. All National Boards must set recency of practice requirements to help registered practitioners maintain safe and competent practice within their scope of practice.
188. This registration standard sets out the Board's minimum requirements for recency of practice for Chinese medicine practitioners.

189. Does this standard apply to me?

190. This standard applies to all registered Chinese medicine practitioners except students, recent graduates applying for registration for the first time or practitioners with non-practising registration.

What must I do?

191. To meet this registration 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.
192. 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 maintain adequate knowledge and skills to provide safe and effective care.
193. By declaring on an application that you meet the Board's recency requirements, you are declaring that you have the required minimum practice hours *within your current scope of practice*. If you intend to change to a new field of practice or from non-clinical to clinical practice and you do not meet the above criteria for this new scope of practice, you must undertake appropriate preparation before you commence practising in the new scope of practice (See '*What happens if I am changing my scope of practice?*' below).

Specific requirements for people registered in multiple divisions of the register

194. The recency of practice of registrants who are registered in more than one division of the register must include some practice relevant to each of the divisions in which they are registered.

Are there exemptions to this standard?

195. There are no exemptions to this standard.
196. The '*What happens if I don't meet this standard?*' section below explains what you need to do if you don't meet this standard and wish to continue or return to practice.

What does this mean for me?

When you apply for registration

197. When you apply for registration as a Chinese medicine practitioner, you must meet this registration standard. This includes practitioners who are applying for new or additional types of registration, such as changing from non-practising to general registration.
198. You don't need to meet this registration standard if you are a recent graduate applying for registration for the first time.

At renewal of registration

199. When you renew your registration, you must declare if you comply with this registration standard.

During the registration period

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

Evidence

201. You must keep records as evidence that you meet the requirements of this standard for five years in case you are audited.

What happens if I don't meet this standard?

202. If you want to continue to practise, or return to practice after taking a break, and you don't meet this standard, you will need to provide information to help the Board decide whether you are able to continue or return to practice.

203. 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).

204. 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. These factors include, but are not limited to:

- 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 or education completed, or professional contact maintained during your break from practice
- your intended field of practice, including
 - the role and position proposed
 - the level of risk associated with your proposed practice
 - any continuing professional development or education proposed in relation to the role, and
 - access to supervision, if necessary.

205. The Board may require you to provide additional information about these factors, and after considering all this information, the Board may also require you to undertake:

- an assessment or examination to assess your competence to practice, and/or
- further specific education, and/or
- a period of supervised practice.

What happens if I am changing my scope of practice?

206. If you are proposing to change the scope of your practice you may be required to undergo additional training to ensure that you are competent in your new scope of practice.

207. The Board's requirements are:

- a. prior to extending your scope, you must complete any advanced training/preparation that your peers would expect to ensure you are competent to practise in the extended scope
- b. if it is a substantial change to a different scope of practice (for example, from an administrative to a clinical practice role), you must develop a plan for professional development to ensure your competence and submit this plan to the Board for consideration and approval prior to commencing the extended scope of practice.

Other possible consequences

208. The National Law establishes other possible consequences if you don't meet the recency of practice requirements in this standard, including that registration standards, codes or guidelines may be used

in disciplinary proceedings against you as evidence of what constitutes appropriate professional practice or conduct for the profession (section 41 of the National Law).

Authority

209. This registration standard was approved by the COAG Health Council on <<date>>.
210. Registration standards are developed under section 38 of the National Law and are subject to wide-ranging consultation.

Definitions

211. **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.
212. **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.
213. **Recent graduate** is a person who qualified from an approved program of study within two years of lodging a complete application for registration.
214. **Scope of practice** means the professional role and services that an individual health practitioner is educated and competent to perform.

Review

215. This registration standard will be reviewed from time to time as required. This will generally be at least every five years.
216. Last reviewed: <<date>>
217. This standard replaces the previous registration standard dated 1 July 2012 (or <<date>>).

Statement of assessment

The Board's statement of assessment against AHPRA's Procedures for development of registration standards, codes and guidelines and COAG principles for best practice regulation

Registration standards:

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

The Australian Health Practitioner Regulation Agency (AHPRA) has *Procedures for the development of registration standards, codes and guidelines* which are available at <http://www.ahpra.gov.au/Publications/Procedures.aspx>.

These procedures have been developed by AHPRA in accordance with section 25 of the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law), which requires AHPRA to establish procedures for the purpose of ensuring that the National Registration and Accreditation Scheme (the National Scheme) operates in accordance with good regulatory practice.

Below is the Board's assessment of its proposal for its draft revised registration standard and guidelines against the three elements outlined in the AHPRA procedures.

1. The proposal takes into account the National Scheme's objectives and guiding principles set out in section 3 of the National Law

Board assessment

The Board considers that the draft revised registration standards and guidelines meet the objectives and guiding principles of the National Law.

The proposal takes into account the National Scheme's key objective of protecting the public by ensuring only persons who are suitably trained and qualified in a competent and ethical manner are granted general registration.

The draft revised *Registration standard: Professional indemnity insurance arrangements*, if approved, will provide for the protection of the public by ensuring that practitioners have appropriate professional indemnity insurance (PII) arrangements in place when they practise.

The draft revised *Registration standard: Continuing professional development* and the corresponding guidelines, if approved, will provide for the protection of the public by ensuring that practitioners undertake appropriate continuing professional development (CPD) as an important aspect of maintaining their competence. It will facilitate access to health services by ensuring that practitioners regularly do CPD relevant to their practice.

The draft revised *Registration standard: Recency of practice*, if approved, will provide for the protection of the public and access to health services by ensuring that practitioners have appropriate recent practice.

The proposed revised registration standard and guidelines also support the National Scheme to operate in a transparent, accountable, efficient and fair way.

2. The consultation requirements of the National Law are met

Board assessment

The National Law requires wide-ranging consultation on proposed registration standards and guidelines. The National Law also requires the Board to consult other boards on matters of shared interest.

The Board will ensure that there is public exposure of its proposals and there is the opportunity for public comment by undertaking an eight-week public consultation process. This process includes the publication of the consultation paper (and attachments and relevant other documents) on its website.

The Board has drawn this paper to the attention of key stakeholders.

The Board will take into account the feedback it receives when finalising its proposals for submission to the COAG Health Council for approval.

3. The proposal takes into account the COAG Principles of Best Practice Regulation

Board assessment

In developing the revised draft registration standards and guidelines for consultation, the Board has taken into account the Council of Australian Governments (COAG) Principles of Best Practice Regulation.

As an overall statement, the Board has taken care not to propose unnecessary regulatory burdens that would create unjustified costs for the profession or the community.

The Board makes the following assessment specific to each of the COAG principles expressed in the AHPRA procedures.

The Board makes the following assessment specific to each of the COAG principles expressed in the AHPRA procedures.

COAG principles

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

Board assessment

The Board considers that its proposals are the best options for achieving the stated purposes. It is expected the proposals may affect some practitioners.

The Board considers that the revised draft standards would have a moderate impact on the profession. These impacts are significantly outweighed by the benefits of protecting the public and providing clearer, simpler requirements, in the public interest.

National Boards, in reviewing their registration standards, commissioned a literature review on the effectiveness of CPD and on recency of practice requirements. The Board has taken this information and its regulatory experience into account, in addition to feedback already provided from key stakeholders on their experience with the standards and guidelines, in its review of the *Registration standard: Professional indemnity insurance arrangements*, *Registration standard: Continuing professional development*, *Guidelines: Continuing professional development* and *Registration standard: Recency of practice*.

The Board has also applied the regulatory principles for the National Scheme, including proportionality, and its assessment of risk in relation to the profession it regulates in the context of each registration standard and the CPD guidelines.

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

Board assessment

The Board considered whether its proposals could result in an unnecessary restriction of competition among health practitioners. Because the proposals apply in the same way to all registered practitioners, and update the requirements in the current registration standards and guidelines, they are not expected to impact on the current levels of competition among health practitioners.

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

Board assessment

The Board considers that the revised draft registration standards and guidelines will support consumer choice, by:

- a. continuing and clarifying requirements for PII arrangements that practitioners must meet when they practise, in accordance with the National Law
- b. continuing clear requirements for CPD that practitioners must meet as a key part of maintaining their competence, in accordance with the National Law, and
- c. clarifying the requirements for recency of practice that practitioners must meet, in accordance with the National Law.

Having clearer registration standards and guidelines with requirements appropriate to the risk and practice of the particular professions helps consumers understand what to expect from registered practitioners and supports consumer choice.

d. Whether the overall costs of the proposal to members of the public and/or registrants and/or governments are reasonable about the benefits to be achieved

Board assessment

The Board considered the overall costs of the revised registration standards and guidelines to members of the public, registrants and governments and concluded that the likely costs are appropriate when offset against the benefits that the revised draft standards and guidelines contribute to the National Scheme.

Subject to stakeholder feedback on the proposed revisions and if approved by the COAG Health Council, the revised draft standards and guidelines should have a minimal effect on the costs to applicants by making relatively minor changes to improve the standards and guidelines and presenting the Board's requirements in a clearer and simpler way.

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

Board assessment

The Board considers the revised draft registration standards and guidelines have been written in plain English that will help practitioners to understand the requirements of the standards. The Board has changed the structure of the standards and guidelines and reviewed the wording to make them easier to understand.

f. Whether the Board has procedures in place to ensure that the proposed registration standard, code or guideline remains relevant and effective over time

Board assessment

If approved, the Board will review the revised registration standards and guidelines at least every five years, including an assessment against the objectives and guiding principles in the proposed National Law and the COAG principles for best practice regulation.

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