Aboriginal and Torres Strait Islander Health Practice Board of Australia

Public consultation document

Proposing changes to the rules for being a registered Aboriginal and/or Torres Strait Islander Health Practitioner

March 2018

We are thinking of changing the rules for being registered as an Aboriginal and/or Torres Strait Islander Health Practitioner.

We want to change five rules. Some changes are small, others are big.

Can you please tell us what you think of the changes?

Based on what you say, we will make more changes. We will also ask the larger Aboriginal and Torres Strait Islander communities and the general public what they think.

We want to make sure the changes to the rules are easy to understand and follow.

We call the rules 'registration standards'. One of the registration standards is harder to understand so we have added a guideline to help explain it.

You can read more about the changes we are thinking about making in the following pages but here is a short summary:

Registration standard	Current requirements	Proposed changes
Professional Indemnity Insurance arrangements (PII) (Registration standard only. No guideline.)	• You need to make sure you have enough PII including adequate run-off cover. Remember that unless you work for yourself it is likely that your employer has PII cover for you.	**No big change.** • Small change to the way the form looks to make it easier to read.
Continuing Professional Development (CPD) (Registration standard and guideline.)	• 60 hours of CPD over 3 years, with a minimum of 10 hours in one year. • Must include 45 hours of formal CPD. • Must hold a current first aid certificate which includes resuscitation.	**Big change:** • 20 hours of CPD per year, 5 hours must be interactive. • No current first aid certificate needed.
Recency of practice	• What is needed depends on how long you have taken a break from practice.	**Big change:** • 450 hours of practice over the last 3 years or 150 hours over

Registration standard only. No guideline.)		the last year you were registered.
English language skills Registration standard only. No guideline.)	• You must be able to show you can speak and write English well. You can do this by doing a Certificate IV Aboriginal and/or Torres Strait Islander Primary Health Care (Practice).	**Big change:** • if you have a qualification from an *Approved program of study* it will meet the English language requirements. If you have been registered before and you are applying under section 53(d), you can hold a Certificate IV qualification of any kind.
Aboriginal and Torres Strait Islander Registration standard only. No guideline.)	• Only Aboriginal and/or Torres Strait Islander people can register	**One change only:** • As proof, you can provide a letter from a recognised Aboriginal and/or Torres Strait Islander organisation, using its letterhead and an official seal, ***if they have one***. (This has changed because not all states/territories require an official seal).

How do I have my say?

We have posed a number of questions for each document.

You can send an email with your comments to atsihpboardconsultation@ahpra.gov.au.

You can ring the Aboriginal and Torres Strait Islander Health Practice Board's Executive Officer, Jill Humphreys, on 03 8708 9066 and talk to her.

Any comments you make will be published unless you tell us you don't want your comments published.

This is your chance to have your say. There is a template provided with this document which you can use to send us feedback.

Please send any comments by **4 May 2018**

Aboriginal and Torres Strait Islander Health Practice Board of Australia

Consultation on proposed registration standards:

- Professional indemnity insurance
- Continuing professional development
- Recency of practice
- English language skills
- Aboriginal and/or Torres Strait Islander

Public consultation

1. The Aboriginal and Torres Strait Islander Health Practice 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, recency of practice, English language skills and the Aboriginal and Torres Strait Islander registration standards.

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

Your feedback

3. You are invited to provide feedback by email using the template published with this consultation paper to atsihpboardconsultation@ahpra.gov.au by **close of business Friday, 4th May 2018**.

4. 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

5. 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.

6. 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.

7. 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.

8. 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. Whilst 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 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.

9. **Please let the Board know if you do not want your submission published, or want all or part of it treated as confidential.**

Contents

Contents

Aboriginal and Torres Strait Islander Health Practice Board of Australia

Overview of consultation

March 2018

Consultation on proposed registration standards:

- Professional indemnity insurance
- Continuing professional development
- Recency of practice
- English language skills
- Aboriginal and/or Torres Strait Islander

Summary

1. The Health Practitioner Regulation National Law as in force in each state and territory (the National Law) requires National Boards to develop registration standards about certain matters, including the:
   - 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
   - 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, and
   - requirements for English language skills.
2. The National Law also enables the National Boards to develop and recommend to the COAG Health Council registration standards about any other issue relevant to the eligibility of individuals for registration in the profession or the suitability of individuals to competently and safely practise the profession.
3. The Aboriginal and Torres Strait Islander Health Practice Board of Australia (the Board) is therefore also consulting on one additional draft revised registration standard:
   - Aboriginal and/or Torres Strait Islander registration standard
4. The Aboriginal and Torres Strait Islander Health Practice Board of Australia (the Board) developed these registration standards that were approved by the Ministerial Council[1] and took effect on 1 July 2012.

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

These initial standards were scheduled for review at least every three years, in keeping with good regulatory practice.

5. 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.

6. 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.

7. 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

8. 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.

9. 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.

10. National Boards for the ten health professions that entered the National Scheme in 2010 completed a planned review of core profession-specific registration standards[3] for the profession in August 2015. These National Boards agreed to use the same 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.

11. Six National Boards[4] 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

12. 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*

[2] The National Registration and Accreditation Scheme

[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

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 and 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.

13. 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

14. 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.

15. 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

16. The Board will consider the consultation feedback on the draft revised registration standards before finalising the documents for COAG Health Council approval.

Review of *Registration standard: Professional indemnity insurance arrangements*

Background

17. 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.

18. Section 129 of the National Law provides that a registered health practitioner must not practise unless they have appropriate PII arrangements in force.

19. 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.

20. 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.

21. 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 registration standard

22. The proposed changes to the registration standard are minor. The draft revised registration 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.

23. The draft revised PII arrangements registration standard requires 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.'

24. In addition, the PII arrangements registration standard requires 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. 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.

25. The draft revised PII arrangements registration standard lists the circumstances in which a 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)

26. 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 registration standard would include minor improvements to clarify the language and structure and make it easier to understand.

Option 2 – Proposed revised registration standard

27. 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 minor changes to the requirements:

a. The registration standard would continue to advise 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 registration 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 practitioners who practice in low risk areas while continuing to protect the public by ensuring that practitioners have adequate cover.

b. The registration standard recognises third-party arrangements (for example, cover by an employer, union or professional association).

c. The registration standard clarifies that run-off cover is required for matters that are not already covered. This will avoid duplication and means the registration 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 registration standard lists the circumstances in which a practitioner is not required to have PII arrangements.

e. The registration 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.

28. The revised registration 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.

29. 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 registration standard.

Preferred option

30. The Board prefers Option 2.

Issues for discussion

Potential benefits and costs of the proposal

31. 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.

32. The costs of the preferred option are:

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

Estimated impacts of the draft revised registration standard

33. 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.

34. We anticipate that the proposed changes will have a relatively minor impact on practitioners, business and other stakeholders. As most National Boards[5] 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.

35. Public consultation will help ensure that any unintended consequences are identified and addressed.

Relevant sections of the National Law

36. Relevant sections of the National Law relating to PII (and summarised above) are:

- section 38
- section 109
- section 129, and
- section 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. 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?
6. 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?
7. 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.atsihealthpracticeboard.gov.au/Registration-Standards.

[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.

Aboriginal and Torres Strait Islander Health Practice Board of Australia

Registration standard

Professional indemnity insurance arrangements **(DRAFT)**

Effective from: <<Date>>

37. This registration standard sets out the Aboriginal and Torres Strait Islander Health Practice Board of Australia's (the Board's) requirements for professional indemnity insurance (PII) arrangements for Aboriginal and Torres Strait Islander Health Practitioners. Registrants can be covered by their own PII arrangements or third-party PII arrangements.

Does this standard apply to me?

38. This standard applies to all registered Aboriginal and Torres Strait Islander Health Practitioners except those with student or non-practising registration.

39. **What must I do?**

    1. When you practise as an Aboriginal and/or Torres Strait Islander Health Practitioner, you must be covered by your own or third-party PII arrangements that meet this standard:

        a. for all aspects of your practice

        b. in all locations where you practise

        c. whether you are working in the private, non-government and/or public sector, and

        d. 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.

    2. Your PII cover must include:

        a. adequate and appropriate civil liability cover

        b. appropriate retroactive cover for otherwise uncovered matters arising from prior practice

        c. 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.

40. 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.

41. If the third-party cover does not meet this registration standard you must take out additional cover to ensure this standard is met.

42. If any area of your practice is specifically excluded from your PII cover, you must not practise in that area.

43. 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

44. 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?

45. 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.

46. Note: run-off cover is required for past practice in Australia.

What does this mean for me?

47. 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

48. 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

49. 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

50. 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).

51. Your compliance with this standard may be audited from time to time.

When you cease practice

52. When you decide to cease practice, you must take out appropriate run-off cover for matters that would otherwise be uncovered arising from your previous practice as a registered health practitioner.

Evidence

53. The Board may, at any time, require you to provide evidence that you have appropriate professional indemnity insurance arrangements in place.

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

55. 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?

56. 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 Aboriginal and/or Torres Strait Islander health practice 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 Aboriginal and/or Torres Strait Islander health practice profession (section 41 of the National Law).

More information

57. Health 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.

58. An insurer providing PII to health professionals 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 (APRA's website contains a list of registered general insurers), **and**
- their professional indemnity insurance is provided through a contract of insurance.

Authority

59. This registration standard was approved by the COAG Health Council on <<date>>.

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

Definitions

61. **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.

62. **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.

63. **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.

64. **Practice** means any role, whether remunerated or not, in which an individual uses their skills and knowledge as a health practitioner in their profession. For the purpose of this registration standard, practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession.

65. **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.

66. **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.

67. **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.

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

69. **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

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

71. Last reviewed: <Date>

72. This standard replaces the previously published registration standard dated 1 July 2012.

Overview

March 2018

Review of *Continuing professional development registration standard*

Background

73. The National Law requires the Board to develop a registration standard about the requirements for continuing professional development (CPD) for health practitioners registered in the profession.

74. 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.

75. 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.

76. The Board is reviewing its registration 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 registration standard

77. 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 registration standards are:

    a. effective CPD promotes genuine learning

    b. effective CPD includes planning or preparing for the CPD activities you will do and reflecting on the CPD activities you have done – particularly through the use of a written record. A written record should include a collection of information about your CPD plans, the CPD activities you have done and their impact on your practice. It can comprise hardcopy and/or electronic documents or a combination. Reflection means thinking about what you can do in order to improve your learning and practice.

    c. evidence suggests patient safety is enhanced by practitioners who prescribe scheduled medicines undertaking specific prescriber-related CPD annually

    d. 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)

    e. 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

    f. supervision and feedback were found to enhance learning outcomes, and peer interaction reduced the impact and risks of professional isolation.

78. 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.

79. The Board is developing additional guidance to assist practitioners to understand the CPD registration 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 registration standard.

80. 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.

Options statement – Continuing professional development registration standard

Option 1 – Status quo

81. 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 registration standard and guidelines

82. 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, and include:

    a. a minimum number of hours of CPD per year has been reduced from 60 hours over 3 years to 20 hours per year

    b. alignment of CPD requirements with those of other National Boards

    c. National Boards establishing 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

    d. The statement about exemptions has been made more succinct in the registration standard and examples of circumstances for which an exemption would be granted will be included in additional guidance documents, and

    e. National Boards have mostly included consistent definitions, and common evidence provisions.

83. The revised registration standard also has clearer wording and structure to make it easier to understand.

84. The guidelines provide additional information for practitioners about how to meet the requirements for CPD under the National Law, including:

    a. information about why effective CPD is important, how to choose effective CPD and examples of the types of CPD activities that practitioners may choose to do and what activities cannot be counted as CPD

    b. 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

    c. more detail about pro rata requirements and recording CPD activities for audit purposes.

Preferred option

85. The Board prefers Option 2.

Issues for discussion

Potential benefits and costs of the proposal

86. The benefits of the preferred option are that the draft revised registration 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.

87. The costs of the preferred option are:

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

Estimated impacts of the draft revised registration standard

88. 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 wrriten CPD portfolio.

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

Relevant sections of the National Law

90. The relevant sections of the National Law relating to CPD (and summarised above) are:

- section 38
- section 39
- section 40
- section 41
- section 109, and
- section 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 registration 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 practitioners to best engage in CPD?
10. Would it be helpful for the Board to recommend topics for CPD from time to time in its newsletter? (for example, CPD might be recommended on record keeping if this issue arises regularly in notifications or audit data)
11. 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?
12. 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.atsihealthpracticeboard.gov.au/Registration-Standards

Aboriginal and Torres Strait Islander Health Practice Board of Australia

Registration standard

Continuing professional development **(DRAFT)**

Effective from: <<date>>

91. This registration standard sets out the Board's minimum requirements for continuing professional development (CPD) for Aboriginal and/or Torres Strait Islander Health Practitioners.

Does this standard apply to me?

92. This standard applies to all registered Aboriginal and/or Torres Strait Islander Health Practitioners except those with student or non-practising registration.

What must I do?

93. To meet this standard, you must:

    1. complete at least 20 hours of CPD each 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 scope and setting of practice

        d. builds on your existing knowledge, and

        e. includes a minimum of five hours' CPD in an interactive setting with other practitioners.

    2. maintain a portfolio that documents your learning goals, and records all your planned CPD activities and your reflection on how these CPD activities are expected to improve or have improved your practice, and

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

Pro rata requirements

95. 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?

96. 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.

Are there exemptions to this standard?

97. 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.

98. The Board's *Guidelines: Continuing professional development* provide further guidance.

What does this mean for me?

When you apply for registration

99. You don't need to meet this standard when you apply for registration in Australia for the first time as an Aboriginal and/or Torres Strait Island Health Practitioner.

At renewal of registration

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

During the registration period

101. 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

102. You must maintain records of your CPD activity for five years.

103. 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?

104. 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 proceedings against you as evidence of what constitutes appropriate practice or conduct for an Aboriginal and/or Torres Strait Island Health Practitioner (section 41 of the National Law).

More information

105. 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

106. This standard was approved by the COAG Health Council on <<date>>.

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

Definitions

108. **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.

109. **Interactive** means learning that involves a two-way flow of information and occurs with other practitioners, such as face-to-face or interactive online education.

110. 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.

111. **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.

112. **Reflection** means thinking about what you do in order to improve your learning and practice.

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

Review

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

115. Last reviewed: <date>

116. This standard replaces the previously published registration standard dated 1 July 2012.

Guidelines: Continuing professional development

Effective from: <<date>>

Introduction

117. These guidelines provide information about how to meet the Aboriginal and Torres Strait Islander Health Practice Board of Australia's (the Board's) minimum annual continuing professional development (CPD) requirements outlined in the *Registration standard: Continuing professional development* (CPD standard). You are expected to understand and apply these guidelines together with the CPD standard.

118. The public have the right to expect that Aboriginal and/or Torres Strait Islander Health Practitioners will provide competent and up-to-date services. CPD helps Aboriginal and/or Torres Strait Islander Health Practitioners to maintain their competence and to provide safe and effective health services.

Do these guidelines apply to me?

119. These guidelines apply to all registered Aboriginal and/or Torres Strait Islander Health Practitioners, except those with student and non-practising registration.

What must I do?

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

Summary

121. 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 provding advice about what information to include in a portolio for recording your learning goals, CPD activities and reflections.

Effective CPD and why it is important

122. Learning and development occurs throughout an Aboriginal and/or Torres Strait Islander Health Practitioner's career. CPD is an important foundation of lifelong learning and helps Aboriginal and/or Torres Strait Islander Health Practitioners to maintain their competence to practise.

123. 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.

124. Research indicates that CPD may be more effective when it involves planning and reflection. Reflection means thinking carefully about your CPD, what you learnt and how you might use it to improve your practice as an Aboriginal and/or Torres Strait Islander Health 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

125. The CPD standard requires you to complete at least 5 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.

126. 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

127. All CPD which helps you maintain competence, stay up to date and is relevant to your scope of practice will meet the standard.

128. The Board does not endorse or 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

129. 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.

130. 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
- 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
- interactive professional or inter-professional interactions such as meetings e.g. case reviews, clinical forums (may be online or face to face)
- activities that address current or emerging health priority areas, for example, cultural safety. Another example is effectively identifying and responding to family violence.

131. Undertaking your day-to-day routine work duties cannot be counted as CPD.

Planning and reflection

132. 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 then record a reflection on how they improved your practice.

133. 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
- identify your limitations or deficits. 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, and
- identify opportunities for interactive and interprofessional CPD.

134. 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.

135. There is good evidence suggesting that reflecting on how your CPD relates to your practice may improve your learning. This can be done by

- briefly summarising the CPD activities you have completed
- assessing your progress against your learning goals, and
- describing how you have used what you learnt in your practice.

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

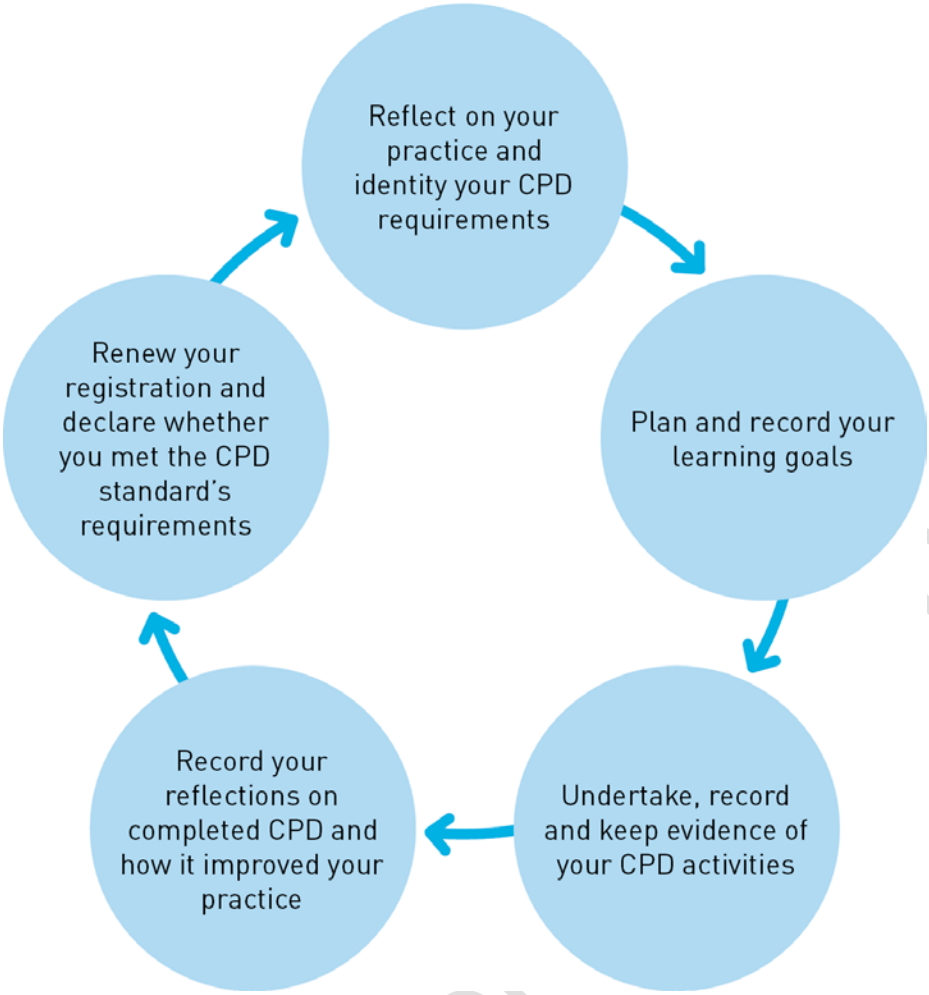
137. It is often helpful to discuss your CPD planning with colleagues, mentors and/or supervisors as you may not always identify your own areas for improvement. Patient feedback may also be helpful in identifying areas where you need further professional development.

138. A template portfolio that can help you to record your learning goals, your CPD activities and your reflection can be found on the Board's website. Examples of completed CPD portfolios are also published on the Board's website.

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

140. The diagram below demonstrates the CPD cycle.

The CPD cycle



Record keeping

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

142. 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 activity 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

143. Aboriginal and/or Torres Strait Islander Health 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

144. The Board believes the range of activities and the time frame provided to meet the CPD requirements is flexible enough for all Aboriginal and/or Torres Strait Islander Health Practitioners to meet the requirements other than in exceptional circumstances.

145. 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 Aboriginal and/or Torres Strait Islander Health Practitioner's ability to complete the CPD requirements.

146. 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.

Absence from practice

147. **If you take a period of leave** while you remain registered to practise, you are still required to meet the Board's CPD standard unless you are granted an exemption.

148. **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

149. As the CPD registration 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 registration standard may be audited from time to time, which involves a review of your CPD portfolio including your CPD goals, activities completed, and your reflection on those activities.
- A failure to comply with the CPD standard requirements may result in action being taken against you by the Board to protect the public.

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

Authority

151. 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).

152. Guidelines approved by the Board may be used as evidence of what constitutes appropriate professional conduct or practice for Aboriginal and/or Torres Strait Islander Health Practitioners in proceedings against a health practitioner under the National Law, or a law of a co-regulatory jurisdiction.

Definitions

153. **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.

154. **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.

155. **CPD cycle** means the registration year in which the CPD was completed.

156. **Interactive** means learning that involves a two-way flow of information and occurs with other practitioners, such as face-to-face or interactive online education.

157. **Interprofessional education** means learning that occurs when individuals from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.

158. 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.

159. **Practice** means any roles, 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.

160. **Reflection** means thinking about what you do in order to improve your learning and practice.

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

March 2018

Review of *Recency of practice registration standard*

Background

162. 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 practitioners applying for initial registration in the Aboriginal and/or Torres Strait Islander Health Practitioner profession.

163. 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.

164. The Board is reviewing its registration 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 registration standard

165. 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 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 registration standard, which means facilitating individualised needs assessments for practitioners returning to practice.

166. 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 registration 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.

167. The draft revised registration standard also includes requirements for practitioners making a significant change to a different scope of practice. In proposing these requirements, the Board is conscious that many Aboriginal and Torres Strait Islander Health Practitioners have a very broad scope of practice. The Board is keen to ensure that its requirements protect the public but 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.

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

Options statement – recency of practice registration standard

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

Option 1 – Status quo

170. 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 registration standard

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

    a. the requirement that 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 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 practitioner needs to take if substantially changing their scope of clinical practice

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

Preferred option

173. The Board prefers Option 2.

Issues for discussion

Potential benefits and costs of the proposal

174. The benefits of the preferred option are that the draft revised registration 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.

175. The costs of the preferred option are:

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

Estimated impacts of the draft revised registration standards

176. The draft revised registration standard proposes the introduction of a requirement for Aboriginal and/or Torres Strait Islander Health Practitioners to have completed a minimum of 450 hours practice in the previous three years or 150 hours practice in the previous 12 months. We anticipate that there will be some impact on some practitioners arising from these changes.

Relevant sections of the National Law

177. The relevant sections of the National Law relating to Recency of practice are:

- section 40
- section 41, and
- section 109.

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 3 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 revised recency of practice draft registration standard?
5. Is there anything missing that needs to be added to the revised draft recency of practice registration standard?
6. It is proposed that the draft revised recency of practice registration 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 revised registration draft 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 recency of practice registration standard is published on the Board's website, accessible from www.atsihealthpracticeboard.gov.au/Registration-Standards

Aboriginal and Torres Strait Islander Health Practice Board of Australia

Registration standard

Recency of practice **(DRAFT)**

Effective from: <<date>>

Summary

178. All National Boards must set recency of practice requirements to help registered practitioners maintain safe and competent practice within their scope of practice.

179. This registration standard sets out the Board's minimum requirements for recency of practice for Aboriginal and/or Torres Strait Islander Health Practitioners.

Does this standard apply to me?

180. This standard applies to all registered Aboriginal and/or Torres Strait Islander Health Practitioners except students, recent graduates applying for registration for the first time or practitioners with non-practising registration.

What must I do?

181. To meet this registration standard you must complete a minimum of:

    a. 450 hours practice in the previous three years, or

    b. 150 hours of practice in the previous 12 months.

182. 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.

183. 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).

Are there exemptions to this standard?

184. There are no exemptions to this standard.

185. 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

186. When you apply for registration as an Aboriginal and/or Torres Strait Islander Health 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.

187. 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

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

During the registration period

189. 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

190. 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?

191. If you want to continue to practice, 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.

192. 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).

193. 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.

194. 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?

195. 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.

196. The Board's requirements are:

    a. prior to extending your scope, you must complete any advanced training/preparation that your peers would reasonably 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

197. 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 (sections 41 of the National Law).

Authority

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

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

Definitions

200. **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.

201. **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.

202. **Recent graduate** is a person who qualified from an approved program of study within two years of lodging a complete application for registration.

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

Review

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

205. Last reviewed: <<date>>

206. This standard replaces the previous registration standard dated 1 July 2012.

Overview

March 2018

Review of *English language skills registration standard*

Background

207. The National Law requires the Board to develop a registration standard about the requirements for English language skills for registered health practitioners registered in the profession.

208. The Board's existing *English language skills registration standard* requires that an applicant for registration as an Aboriginal and/or Torres Strait Islander Health Practitioner can demonstrate that they have an adequate command of the English language to the satisfaction of the Board. The Board is reviewing this registration standard to ensure it meets the objectives of the National Law and is worded as simply and clearly as possible.

209. The Board's English language skills registration standard differs from those of the other National Boards to better reflect the specific nature of practice of this profession.

Options statement – English language skills registration standard

210. The Board has considered a number of options in developing this proposal for a revised English language skills registration standard.

Option 1 – Status quo

211. Option 1 would continue with the existing registration standard. The registration standard establishes the Board's requirements for English language skills requirements. The Board has, however, identified some issues with the current registration standard, including the opportunity to clarify the language and structure to make it easier to understand.

Option 2 – Proposed revised standard

212. Option 2 would involve the Board submitting a revised registration standard to the COAG Health Council for approval. The registration standard would continue to outline the Board's requirements for English language skills, with minor changes to the requirements:

    a. The other professions regulated under the National Registration and Accreditation Scheme (NRAS) have recently updated their English language skills registration standards, making the formatting and language more user-friendly. The revised registration standard has clearer wording and structure to make it easier to understand.

    b. The current registration standard's requirement for evidence to show an appropriate level of English language skills has been amended to reflect the expiry of the Grandparenting provisions of the National Law. That is, under the proposed revisions, an applicant holding a qualification from an approved program of study will meet the English language skills registration standard because of the qualification they hold and would therefore be considered for registration under section 53(a) of the National Law.

        To cater for the likely very few applicants who have been registered under a previous law, but do not hold a qualification from a Board-approved program of study (section 53(d) of the National Law), these applicants for registration can demonstrate English language proficiency through the completion of a Certificate IV level qualification, or higher, of any kind as long as it meets the definitional requirements in the registration standard, including that it is taught and

assessed in English in Australia, was undertaken primarily face-to-face and requires students to use English language speaking, writing, reading and listening skills. The qualification must meet the definitional requirements that it is taught and assessed in English, was undertaken primarily face-to-face and requires students to use English language speaking, writing, reading and listening skills.

Preferred option

213. The Board prefers Option 2.

Issues for discussion

Potential benefits and costs of the proposal

214. The benefits of the preferred option are that the draft revised registration 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.

215. The costs of the preferred option are:

- registrants, applicants, other stakeholders, AHPRA and National Boards will need to become familiar with the new registration standard, noting that the requirements have changed only slightly.

Estimated impacts of the draft revised registration standard

216. The changes proposed in the draft revised registration standard are minor, although more significant changes may emerge through consultation. There are relatively minor impacts anticipated on practitioners, business and other stakeholders arising from the changes proposed.

Questions for consideration

The Board is inviting feedback on the following questions.

1. From your perspective, how is the current English language skills registration standard working?
2. Is the content and structure of the draft revised English language skills 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 English language skills registration standard?
4. Is there anything missing that needs to be added to the revised draft English language skills registration standard?
5. Is there anything else the National Board should take into account in its review of English language skills registration standard, such as impacts on workforce or access to health services?
6. Do you have any other comments on the revised draft English language skills 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 English language skills registration standard is published on the Board's website, accessible from http://www.atsihealthpracticeboard.gov.au/Registration-Standards.

Aboriginal and Torres Strait Islander Health Practice Board of Australia

Registration standard

English language skills (DRAFT)

Effective from: <<date>>

Summary

217. The Aboriginal and Torres Strait Islander Health Practice Board of Australia (Board) requires all applicants for **registration**[6] to demonstrate English language skills to be suitable for registration.

218. This registration standard sets out how an applicant for registration can demonstrate to the Board that their competency in speaking and communicating in English is sufficient to practise as an **Aboriginal and/or Torres Strait Islander Health Practitioner**.

Does this standard apply to me?

219. This registration standard applies to all applicants for **registration**.

220. It does not apply if you are applying for non-practising registration or if you are a **student**.

What must I do?

221. If you are applying for **registration** you must demonstrate your English language competency through:

    1. the successful completion of an **approved program of study**, **or**

    2. holding a qualification that is at the level of **Certificate IV or higher**.

222. You will be required to provide a certified copy of your qualification upon application for registration.

223. The Board retains the power to require further evidence of English language skills under section 80 of the National Law. This may include formal testing of English language proficiency in accordance with the Australia Core Skills Framework.[7]

Exemptions

224. There are no exemptions to this registration standard.

More information

225. **Aboriginal and/or Torres Strait Islander Health Practitioners** will only be trained in Australia.

[6] Bolded terms are defined in the Definitions section of this registration standard.

[7] The Australian Core Skills Framework (ACSF) contains the endorsed language, literacy and numeracy (LLN) standards that are to be reflected in all Training Packages.

226. Further information about the evidence that applicants must provide to the Board to prove that they meet this standard are set out in the application form.

Authority

227. This registration standard was approved by the COAG Health Council on <date>.

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

Definitions

229. **Aboriginal and/or Torres Strait Islander Health Practitioner** means a person registered by the Aboriginal and Torres Strait Islander Health Practice Board. The practitioner may use the titles:

- Aboriginal Health Practitioner,
- Aboriginal and Torres Strait Islander Health Practitioner, or
- Torres Strait Islander Health Practitioner.

230. **Approved program of study** means an accredited program of study approved by the Aboriginal and Torres Strait Islander Health Practice Board of Australia under section 49(1) of the National Law and published in the Board's list of approved programs of study on the Board's website.

231. **Certificate IV or higher** means vocational education taught and assessed in English in Australia where:

232. the level of the vocational education was at the Australian Qualifications Framework Level 4 or Certificate IV or higher[8], where the training and assessment leading to the qualification**:**

- was in English in Australia
- was delivered primarily delivered through face-to-face methods
- required students to use English language speaking, writing, reading and listening skills.

233. **National Law** means the *Health Practitioner Regulation National Law* (as in force in each state and territory).

234. **Registration** means:

- a practitioner applying for registration in Australia in the Aboriginal and Torres Strait Islander Health Practice profession for the first time, **or**
- a practitioner applying for registration (including moving from non-practising to another registration type) who has not used English for a period of greater than five years.

235. **Student** means a student currently registered under the National Law.

Review

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

237. Last reviewed: <date>

238. This standard replaces the previously published registration standard dated 1 July 2012.

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[8] See: http://www.aqf.edu.au/aqf/in-detail/aqf-levels/

Overview

March 2018

Review of the *Aboriginal and/or Torres Strait Islander registration standard*

Background

239. The National Law enables National Boards to develop registration standards about certain issues relevant to the eligibility of individuals for registration in the profession or the suitability of individuals to competently and safely practise the profession.

240. The Board's Aboriginal and/or Torres Strait Islander registration standard has been in existence since the commencement of the profession in the National Registration and Accreditation Scheme (NRAS).

241. This registration standard sets out the requirements of the Board with respect to being an Aboriginal and/or Torres Strait Islander person.

Options statement – Aboriginal and/or Torres Strait Islander registration standard

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

Option 1 – Status quo

243. Option 1 would continue with the existing registration standard. The registration standard established the Board's initial requirements with respect to being an Aboriginal and/or Torres Strait Islander person under the National Law. The Board has, however, identified some issues with the current standard, including a need to clarify the language and structure to make it easier to understand.

Option 2 – Proposed revised standard

244. Option 2 would involve the Board submitting a revised registration standard to the COAG Health Council for approval. The registration standard would continue to outline the Board's requirements for meeting the registration standard, with the following change.

- removal of the requirement to include an official seal on a letter that may be provided as evidence with respect to being an Aboriginal and/or Torres Strait Islander person where the authoring organisation is not required to hold an official seal.

245. The revised registration standard also has clearer wording and structure to make it easier to understand.

Preferred option

246. The Board prefers Option 2.

Issues for discussion

Potential benefits and costs of the proposal

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

- is more user-friendly

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

248. The costs of the preferred option are:

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

Estimated impacts of the draft revised registration standard

249. The draft revised registration standard proposes that where an applicant for registration wishes to use as evidence a letter from an official organisation attesting to their being an Aboriginal and/or Torres Strait Islander person, they do not have to include the organisation's official seal if the organisation is not required to have an official seal. The differing legislation in the various Australian jurisdictions means that there are differing requirements for organisations to hold an official seal. There is no impact anticipated on practitioners arising from the changes proposed.

Questions for consideration

The Board is inviting feedback on the following questions.

1. From your perspective, how is the current Aboriginal and/or Torres Strait Islander registration standard working?
2. Is the content and structure of the draft revised Aboriginal and/or Torres Strait Islander registration standard helpful, clear, relevant and more workable than the current registration standard?
3. Is there any content that needs to be changed or deleted in the revised draft Aboriginal and/or Torres Strait Islander registration standard?
4. Is there anything missing that needs to be added to the revised draft Aboriginal and/or Torres Strait Islander registration standard?
5. Is there anything else the National Board should take into account in its review of the Aboriginal and/or Torres Strait Islander registration standard, such as impacts on workforce or access to health services?
6. Do you have any other comments on the revised draft Aboriginal and/or Torres Strait Islander registration standard?

Aboriginal and Torres Strait Islander Health Practice Board of Australia

Registration standard

Aboriginal and/or Torres Strait Islander **(DRAFT)**

Please note:

This draft has been developed for the Aboriginal and Torres Strait Islander Health Practitioner Board of Australia only.

The major change proposed to this document has been written in red.

Effective from: <<date>>

Summary

250. Only persons who are Aboriginal and/or Torres Strait Islander are eligible for registration as an Aboriginal and Torres Strait Islander Health Practitioner.

251. This registration standard sets out how an applicant for registration can demonstrate to the Board that they are Aboriginal and/or Torres Strait Islander.

Does this standard apply to me?

252. This registration standard applies to all applicants for registration.

253. If does not apply if you are a student.

Scope of application

254. This registration standard applies to all applicants.

Requirements

255. To be eligible to apply for registration as an **Aboriginal and Torres Strait Islander Health Practitioner** a person must be:

    a. an Aboriginal and/or Torres Strait Islander person, and

    b. identify as an Aboriginal and/or Torres Strait Islander person, and

    c. be accepted as an Aboriginal and/or Torres Strait Islander person in the community in which they live or did live.

256. Applicants must be able to provide evidence with regard to 1a to 1c above when applying for registration. Evidence may include, but is not limited to, a letter from a recognised Aboriginal and/ or Torres Strait Islander organisation, to the satisfaction of the Board, stating that a person is an Aboriginal and/or Torres Strait Islander and is accepted as such by the organisation. The letter must carry the organisation's letterhead, hold the organisation's official seal, where applicable, and be dated and signed by a person authorised by the organisation.

257. Pursuant to section 80, of the National Law the Board may seek further evidence of a registrant's claim to be an Aboriginal and/or Torres Strait Islander person.

Definitions

258. **Aboriginal and Torres Strait Islander Health Practitioner** means a person registered by the Aboriginal and Torres Strait Islander Health Practice Board. The practitioner may use the titles:

- Aboriginal Health Practitioner
- Aboriginal and Torres Strait Islander Health Practitioner, or
- Torres Strait Islander Health Practitioner.

Review

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

Last reviewed: <<date>>.

260. This standard replaces the previously published registration standard dated 27 March 2012.

Attachment 1

Statement of assessment

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

Registration standard: Professional indemnity insurance arrangements

Registration standard: Continuing professional development

Guidelines: Continuing professional development

Registration standard: Recency of practice

Registration standard: English language skills

Registration standard: Aboriginal and/or Torres Strait Islander

The Australian Health Practitioner Regulation Agency (AHPRA) has *Procedures for the development of registration standards, codes and guidelines*, which are available at https://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 National Boards' assessment of their proposal for its revised draft registration standards 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 revised draft 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 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 revised draft *Registration standard: English language skills*, if approved, will provide for the protection of the public and access to health services by ensuring that practitioners are able to speak and communicate in English at a level that is sufficient to practise as an Aboriginal and/or Torres Strait Islander Health Practitioner.

The revised draft *Registration standard: Aboriginal and Torres Strait Islander*, if approved, will provide for the protection of the public and access to health services by ensuring that only those people who can identify and are accepted as Aboriginal and/or Torres Strait Islander people are registered.

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 is ensuring 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) 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.

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*
- *Registration standard: Recency of practice*
- *Registration standard: English language skills*, and
- *Registration standard: Aboriginal and/or Torres Strait Islander*.

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

c. clarifying the requirements for recency of practice that practitioners must meet, in accordance with the National Law.

d. simplifying the requirements for English language skills for the Aboriginal and Torres Strait Islander health practice profession, in accordance with the National Law, and

e. continuing clear requriements for applicants for registration to be able to meet the requirements of the Aboriginal and Torres Strait Islander registration standard.

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 in relation to 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 consider 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.