

Guidelines

20 November 2012

Recency of Practice

Introduction

This guideline has been developed by the Medical Radiation Practice Board of Australia (the Board) under section 39 of the *Health Practitioner Regulation National Law Act* (the National Law) as it applies in each state and territory. This guideline:

- supplements the requirements set out in the Board's registration standard for Recency of Practice
- supplements the requirements set out in the National Law at section 52 (1)(a), 65, 68 and 303
- provides guidance to practitioners in relation to a matter of professional practice, not set down in the legislation or a registration standard, which can be used in proceedings under the National Law Act as evidence of what constitutes professional conduct or practice for practitioners under section 38(1)(e) of the National Law. The relevant sections of the National Law are at [Attachment 1](#).

Summary

The Recency of Practice Standard requires practitioners to ensure that they are competent and fit to practice in the profession through the making of an annual declaration that their practice is current and in keeping with contemporary practice.

The Recency of Practice standard also identifies the amount of time a practitioner may spend away from practice before the fitness and competence to practice needs to be considered by the Board.

If you are a registered medical radiation technologist but have not worked in the profession for at least three years, you will be required to demonstrate to the Board that you are competent to practice, or that you are updating your skills to ensure that you are competent, before being issued with a certificate of registration.

Scope of application

The Recency of Practice Standard does not apply to:

- Students
- Non-practicing registration holders
- Provisional registration holders
- Applicants who have engaged in practice within three years of the date of an application for registration or an application for renewal of registration.

Overarching Statement

Practitioners have a duty to make the care of patients or clients their first concern and to practise safely and effectively.

In meeting this duty of care, practitioners have a responsibility to recognise and work within the limits of their competence and scope of practice.

Good practice is patient centred. In the current context, good practice involves:

- a) recognising and working within the limits of a practitioner's competence and scope of practice
- b) ensuring that practitioners maintain adequate knowledge and skills to provide safe and effective care
- c) when moving into a new area of practice, ensuring that a practitioner has undertaken sufficient training and/or qualifications to achieve competency in that area
- d) practising in accordance with the current and accepted evidence base of the health profession, including clinical outcomes.

Return to Practice Plan

Individuals applying for registration after a period of absence from the profession are required to provide a plan for Return to Practice (available at Appendix 1). The plan submitted by applicants will be assessed by the Board. While the Board may accept the submitted plan, it may also request amendments and ask for the plan to be resubmitted.

Absence from Practice of between 3 and 5 years

Applicants who have not undertaken practice for a period of 3 years or more, but less than 5 years will be required to submit to the Board a Return to Practice Plan (found on the Board's website under Recency of Practice). When producing a Return to Practice Plan, applicants must:

1. Verify the period for which they have been absent from practice. Applicants may wish to provide documentation from the last clinical post that they have held. Supporting documentation may include:
 - o Position descriptions
 - o Supporting letter from your employer
 - o Certificates of Service
 - o Pay advice slips
2. Provide evidence that demonstrates the extent of your experience in practice. Evidence should include an up-to-date Curriculum Vitae
3. Provide evidence demonstrating any CPD undertaken during your absence from practice
4. Provide documentation of any research, study or teaching undertaken during the period of absence. Also included here is any proposed course of study just prior to or during the time of a return to practice.

The aim of a Return to Practice Plan is address any deficits in knowledge or skill that has occurred as a consequence of not undertaking practice for a period of time. In developing a Return to Practice Plan, applicants must make an appropriate and realistic assessment of their own skills and knowledge and ensure that the Return to Practice Plan properly addresses that assessment. Additionally a Return to Practice Plan must address the fundamentals of medical radiation practice, such as radiation safety.

Absence from Practice Greater than 5 Years

Applicants for registration who have been absent from practice in the preceding 5 years for a period of 5 years will need to complete the Return to Practice Plan found here:

www.medicalradiationpracticeboard.gov.au/Registration/Recency-of-Practice.aspx

and submit this to the Board for consideration. The Return to Practice Plan should clearly address the criteria in the Matters for Consideration section below.

The Board will consider your Return to Practice Plan, and may also:

- a) Require you to undergo an assessment conducted by the Board's accreditation entity. All costs of the assessment will be borne by the applicant
- b) Require you to undertake a Board approved course or program designed to support a return to practice
- c) Require you to undertake a period of supervised practice
- d) Have conditions imposed upon your registration

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Matters for Consideration

The Board will assess any application for renewal against any of the following criteria where relevant:

1. your qualification(s)
2. the totality of clinical experience
3. the proposed working environment (sole practitioner, group practice etc)
4. your identified learning goals
5. mode or method to address learning goals
6. the ability of the proposed mode or method to address the learning goals
7. the process for assessment against learning goals
8. The Board will further consider whether the mode or method of learning:
 - a) meets current professional and educational standards
 - b) is participative i.e. you are materially involved in the learning
 - c) builds on existing knowledge, skills and experience
 - d) is designed to support a return to practice
9. The Board will also consider with regard to any proposed training:
 - a) the demonstrated ability and experience of the facilitators of learning
 - b) the adequacy of the facilities to support the learning goals
 - c) the learning methods to be used
 - d) the manner of assessment against proposed learning goals.

Definitions

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

Recency of practice means that a registered practitioner has maintained contemporary practice in the profession since qualifying or obtaining registration.

Scope of Practice means any professional activity undertaken in the course of practice

- a) for which the practitioner has either been formally educated or trained in programs approved by the Board, and
- b) in which the practitioner is competent

Review

This guideline applies from 1 July 2012. The Board will review this standard at least every 3 years.

Record of Updates

November 2012 This guideline was revised in November 2012 and updated with the Overarching Statement and the inclusion of a definition of Scope of Practice (taken from the Professional Indemnity Insurance Registration Standard)

Attachment 1

General Provisions

Health Practitioners Regulation National Law Act 2009 (Qld)

Division 3 Registration standards and codes and guidelines

39 Codes and guidelines

1. A National Board may develop and approve codes and guidelines —
 - a) to provide guidance to the health practitioners it registers; and
 - b) about other matters relevant to the exercise of its functions.
2. Example. A National Board may develop guidelines about the advertising of regulated health services by health practitioners registered by the Board or other persons for the purposes of section 133.

40 Consultation about registration standards, codes and guidelines

1. If a National Board develops a registration standard or a code or guideline, it must ensure there is wide ranging consultation about its content.
2. A contravention of subsection (1) does not invalidate a registration standard, code or guideline.
3. The following must be published on a National Board's website —
 - a) a registration standard developed by the Board and approved by the Ministerial Council;
 - b) a code or guideline approved by the National Board.
4. An approved registration standard or a code or guideline takes effect —
 - a) on the day it is published on the National Board's website; or
 - b) if a later day is stated in the registration standard, code or guideline, on that day.

41 Use of registration standards, codes or guidelines in disciplinary proceedings

An approved registration standard for a health profession, or a code or guideline approved by a National Board, is admissible in proceedings under this Law or a law of a co-regulatory jurisdiction against a health practitioner registered by the Board as evidence of what constitutes appropriate professional conduct or practice for the health profession.