



## FAQ – Recency of practice

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This FAQ provides supplementary information for registrants in meeting the Paramedicine Board of Australia's (the Board) [Recency of practice registration standard](#).

The recency of practice registration standard applies to all registered paramedics and those applying for registration, except for:

- students
- recent graduates applying for registration for the first time, and
- practitioners with non-practising registration.

The public has a right to expect that paramedics will provide safe and effective care. The Board's requirements will help you provide safe and competent health services following a break in practice.

### Regulatory principles

The Board has endorsed a set of regulatory principles, which inform the Board's approach to decision-making. The principles are:

- The Board's primary consideration is the protection of the public.
- The longer you have been away from practice, the greater the potential risk to the public.
- Protecting the safety of the public requires informed decision-making about the extent of an individual's time away from practice and the extent to which that is relevant to their ability to practise. To do this, the Board:
  - identifies risks that require a response
  - assesses the likelihood and possible consequences of the risks, and
  - responds in a way that manages risks proportionately so the Board can adequately protect the public.
- The Board's response to risk considers the need to uphold professional standards and maintain public confidence in the profession.

The Board uses the minimum regulatory force necessary to manage risk.

### What must I do?

To meet this registration standard, you must have completed a minimum of:

- a. 150 hours of practice in the previous year, or
- b. 450 hours of practice in the previous three years, or
- c. 750 hours of practice in the previous five years with no continuous absence from practice of greater than two years.

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.

By declaring that you meet the Board's recency requirements, you are saying that you have the required minimum practice hours within your current scope of practice.

## Are there exemptions to this standard?

There are no exemptions to this standard.

## What does this mean for me?

### When you apply for registration

When you apply for registration as a paramedic, you must meet this registration standard. This includes practitioners applying for new or additional types of registration, such as changing from non-practising to general registration.

You don't need to meet this registration standard if you are a recent graduate applying for registration for the first time and it is within two years of finishing your qualification.

### At renewal of registration

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

### During the registration period

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

### Other possible consequences

The National Law establishes other possible consequences if you don't meet the recency of practice requirements in this standard. Registration standards, codes or guidelines, may be used in disciplinary proceedings against you as evidence of what constitutes appropriate professional practice or conduct for the profession (section 41 of the National Law).

## I work part-time - will I meet the standard?

You can work part-time or temporarily and still meet the requirements of the standard.

For example:

- Working one day a week (7.5 hours a day) for at least five months in a year should be enough to meet the standard, so long as the total hours worked meets the minimum number of hours required in the standard.
- Working one day a month (7.5 hours a day) will probably not be enough to meet the standard.

## Can I have a year off and still meet the recency of practice standard?

Yes, the recency of practice standard allows you to be flexible in meeting the standard over the previous one, three, or five-year period. You don't need to practise every year if you practised in your scope of practice for at least 450 hours over the previous three-year period or 750 hours over the preceding five-year period before applying for registration or renewal of registration.

The block of hours can be at any time during the three or five-year period, in one block or multiple blocks. For example, you could practise in year one, have year two off and practise again in year three.

The following table shows some of the ways you can meet the minimum requirements of the registration standard at the end of 2021.

Year	Practitioner A	Practitioner B	Practitioner C	Practitioner D	Practitioner E	Practitioner F
2021	150 hours	100 hours	100 hours	50 hours	150 hours	100 hours
2020	150 hours	100 hours	50 hours	0 hours	0 hours	0 hours
2019	150 hours	100 hours	300 hours	400 hours	10 hours	300 hours

2018	150 hours	0 hours	0 hours	0 hours	10 hours	0 hours
2017	150 hours	450 hours	10 hours	10 hours	0 hours	350 hours

### **My role is non-clinical – can I still meet the requirements?**

The definition of practice<sup>1</sup> is broad and can include both clinical and non-clinical roles. You may not have any direct contact with patients, but if your work relates to your practice of the profession, you can meet the recency of practice standard if you have practised at least the minimum number of hours in your chosen scope of practice.

For example, if your scope of practice involves a teaching, research or policy role relating to your profession, you may be able to use these roles to meet the standard.

### **I do a mix of clinical practice and some administration work – will I meet the standard?**

The Board does not regulate the scope of practice for paramedics. It is your responsibility to make sure that you are safe and competent in your scope of practice. The definition of practice is broad and includes both clinical and non-clinical practice. If the administrative work and/or clinical practice you perform fall within the practice definition, you will satisfy the requirements for recency of practice in the standard.

Suppose you have not completed the required number of hours to remain safe and competent in the clinical aspects of your scope of practice. In that case, you may be required to carry out some supervised practice, further education and training, or an assessment or examination, to assess your competence to practise.

See also *I'm changing/extending my scope of practice – what do I need to do?*

### **What happens if I don't meet the requirements?**

If you haven't completed the minimum hours required by the registration standard, you will need to advise the Board when you renew your registration. This will not necessarily prevent you from renewing your registration and continuing to practise or returning to practice.

Practitioners who do not meet the requirements of the standards will usually be required to make a submission to the Board that details:

- your experience
- the length of your absence from practice
- the amount of practice completed (including statements of service if available)
- the role/scope of practice you wish to undertake (including position descriptions etc.)
- CPD activities or relevant study undertaken
- professional activities
- professional contact or engagement maintained, and
- any other relevant factors that should be considered.

The Board will assess the likely effect the gap in practice may have had on your skills, knowledge and ability to practise safely along with the type of practice you propose to undertake when deciding on a safe and appropriate way for you to show your competence and ability to practise safely.

To do this, the Board may require you to undertake some supervised practice and/or further education and training and/or an assessment or examination to ensure you are safe and competent to practise.

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<sup>1</sup> 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.

## What are the principles the Board uses in making decisions on recency of practice?

All applications are assessed on an individual basis and on the information available. Your submission is very important in helping the Board fully understand your circumstances. Where it is safe and possible to do so, an appropriate way for you to show your competence and ability to practise safely will be determined. It will be based on the consideration of several factors including, but not limited to the following:

### **1.1 Registration and practice history, including the length of time away from practice, application of knowledge and skills and the nature and scope of practice before the break from practice.**

The general principles that inform these considerations are:

- The longer you are away from practice and not applying your skills and knowledge as a paramedic, the higher risk is that you may have reduced skills and knowledge that affect your ability to practise safely. For example, a practitioner who has been absent from practice for five years is more likely to have reduced knowledge and skills which poses a higher risk than a practitioner who has been absent from practice for two years.
- If you can show that you have consolidated and embedded your knowledge and skills over a period of practice, it may be possible that you have retained more skills and knowledge after a break in practice than another practitioner who has not embedded and consolidated their knowledge and skills. For example, a graduate who has never applied their skills and knowledge as a paramedic may be more adversely affected by an absence than an experienced paramedic who has practised for many years at an advanced level.

### **1.2 Any continuing professional development or education completed or professional contact maintained during a break from practice.**

The general principles that inform these considerations are:

- Engaging with or staying connected to the profession while on a break from practice may help maintain your skills and knowledge and reduce the risk of losing your skills and knowledge. For example, keeping up with developments and advances in the profession, engaging with colleges, attending conferences and meetings etc., may help maintain some of your skills and knowledge.
- Using your knowledge and skills as a paramedic in a non-paramedic titled role may also help maintain some of your skills and knowledge. For example, working as a university lecturer or working as a nurse in particular settings help maintain some of your skills and knowledge.
- Carrying out continuing professional development (CPD) keeps your knowledge up to date, engaged in your profession, and may help maintain your recency of practice. For example, a paramedic who has not done any CPD throughout a three-year absence is more likely to have reduced skills and knowledge than a paramedic who maintained their CPD throughout absence from practice.
- Doing relevant study or training during a period of absence may also help maintain your skills and knowledge. For example, doing advanced practice credentialing, or a post-graduate paramedicine qualification may be very helpful in maintaining your skills and knowledge.

### **1.3 Intended scope of practice, including, proposed role.**

The risks associated with your proposed type of practice and any professional education or development done or required to support your intended role as well as access to supervision (if required), are some of the additional factors that may need to be considered to understand the inherent risk associated with your proposed practice environment.

In conjunction with any loss of your skills or knowledge, the level of risk of your proposed practice is important in determining the requirements for you to safely return to practice. For example, the requirements to return to independent practice dealing with high acuity patients in a remote area might be different to the requirements to return to team practice involving low acuity patients in an urban area with high-levels of oversight, support and backup.

Ensuring the safety of the public during a return to practice is the paramount consideration of the Board.

## What are the usual decisions made by the Board when the requirements of the recency of practice registration standard are not met?

When considering matters related to recency of practice, it is open for the Board to refuse registration (or renewal of registration), require a practitioner to complete a period of supervised practice and/or require them to complete a competence assessment and/or require them to complete specified retaining/re-education.

Each case is assessed and managed on its own merits and with public safety being a paramount consideration. Generally, though:

- A practitioner with a gap in practice of more than five years is likely to be required to complete some form of retraining and/or an assessment of competency (at their own expense). In addition, a subsequent period of supervised practice may also be required.
- A practitioner with a gap in practice of between zero and five years is likely to be required to complete a period of supervised practice to show their competence and ability to practise safely and/or assessment of competency at their own expense.

### Supervised practice

The Board may decide that completing a period of supervised practice is the most appropriate way for a particular practitioner to show their competence and their ability to practise safely.

If completing a period of supervised practice is suitable, the Board will impose conditions on the practitioner's registration that they must successfully complete a specified number of hours of supervised practice, at the end of which their supervisor will report on their competence and ability to practice safely.

The number of hours required will vary depending on individual circumstances but can range from one week of full-time practice to over a year of full-time practice.

The Board must approve all supervised practice before it can begin. The practitioner cannot practise outside of any approved supervision arrangements until the Board has removed the requirement to practise under supervision.

Suppose a practitioner is unsuccessful in demonstrating their competence and ability to practise safely during a period of supervised practice. In that case, additional period(s) of supervised practice and/or a competence assessment may be required. Ongoing failure to demonstrate competence to practise safely may affect a practitioner's suitability to hold registration.

### Competence assessment

The Board may decide that completing a competence assessment is the most appropriate pathway for a practitioner to show their competence and ability to practise safely. This may be in addition to a subsequent period of supervised practice but is usually where the Board considers that a period of supervised practice might not safely be carried out and/or may not be sufficient for that practitioner to show their competence and ability to practise safely.

When a practitioner is renewing their registration, the Board may impose conditions on their registration that they must successfully complete a specified assessment that will demonstrate their competence and ability to practise safely and have the conditions removed from their registration before they can start to practise.

When a practitioner is registering for the first time or returning from not holding general registration, they may be required to successfully complete any specified assessment before their application for registration can be considered.

All assessments are done at the practitioner's own expense.

Due to the logistics and practicalities involved in obtaining suitable arrangements for supervised practice, some practitioners may request to undertake a competence assessment in place of a period of supervised practice, and the Board is open to receiving such requests from practitioners. Decisions about these requests are made on an individual basis. In some cases, the Board may consider that the acceptable completion of a competence assessment may be a substitute for all or part of a period of supervised practice.

Failure to successfully demonstrate competence and an ability to practise safely in a competence assessment may affect a practitioner's ability to achieve registration or remain registered. However, in some circumstances, the Board may allow a practitioner to re-sit an assessment within a specified time frame.

### **Retraining or re-education**

The Board may decide that a practitioner needs to complete specified retraining/re-education to ensure their competence and ability to practise safely. This is usually where the Board considers that the gap in practise is too large and/or there is no other suitable pathway for them to demonstrate their competence and ability to practise safely.

In such cases, the Board will generally refuse a practitioner's registration or renewal of registration and invite the practitioner to reapply once the training or education specified by the Board has been successfully completed.

Some practitioners may request to undertake a retraining program in place of all or part of a period of supervised practice, and the Board is open to receiving such requests from practitioners. Decisions about these requests are made on an individual basis.

All training or education is done at the practitioner's own expense.

### **What about credentialing/re-credentialing and recency of practice?**

Credentialing/re-credentialing often involves a combination of retraining, competence assessment and supervised practice. When the requirements of the recency of practice registration standard are not met, the Board is open to considering, on a case by case basis, proposals from practitioners to complete a credentialing/re-credentialing program as a way to show their competence and ability to practise safely.

The Board does not endorse or generally approve credentialing programs. Because of the variety of these programs, the variety of providers and the need for a program to meet the needs of a specific practitioner, each case will need to be assessed in detail on its own merits to see if it will meet the Board's expectations.

### **What does scope of practice mean?**

Scope of practice is the professional role and services that an individual health practitioner is trained, qualified and competent to perform. A practitioner's scope of practice may include clinical and/or non-clinical practice. If your scope of practice is in a non-clinical role, you do not need to practise in a clinical role to meet the recency of practice standard. However, depending on the amount of time away from clinical practice, you may need to meet more requirements to return to clinical practice.

The Board's code of conduct requires paramedics to recognise and work within the limits of their competence and scope of practice.

### **I'm changing/extending my scope of practice – what do I need to do?**

If you are changing your scope of practice, you may be required to complete extra training to ensure you are competent in the new scope of practice.

The requirements vary depending on the change that you are making.

- a. If you are narrowing your scope of practice, there are no extra requirements.
- b. If you are extending your scope of practice to a new area, you must undertake the training that your peers would reasonably expect before taking up the new area of practice.
- c. If you are making a substantial change to your scope of practice (for example, moving from a non-clinical role such as an administrative role back to clinical practice), you must develop a professional development plan, for approval by the Board, that details the activities you intend to do to ensure your competence in the new scope of practice.
- d. You **must not** practise in the new scope of practice until the Board has approved your professional development plan.
- e. The Board will consider several factors when reviewing your professional development plan, and you may be required to carry out some supervised practice, further education and training, or an

assessment/examination to assess your competence to practise in this new role to ensure you remain safe and competent.

### **What happens if I'm audited?**

If you are audited, you will need to give evidence that you have met the requirements of the standard. The evidence that you give will depend on your practice. You may give evidence of your employment which could include:

- pay advice, and/or
- statement of service from your employer and position description, and/or
- correspondence from your employer/s, and/or
- other evidence of practice that you have carried out.

You must keep records as evidence that you meet the requirements of this standard for five years.