Public consultation - Submission

Review of the recency of practice registration standard

5 December 2025

The Medical Board of Australia is reviewing the *Registration standard: recency of practice* (RoP) and is consulting on the proposed changes.

This submission form is intended for organisations, registered health practitioners, patients and consumers.

The consultation paper is available on the Board's website.

Submissions can be emailed to medboardconsultation@ahpra.gov.au.

The closing date for submissions is 2 March 2026.

Publication of submissions

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

Your details
Name: Dr Vanessa Beavis, Executive Director, Professional Affairs
Organisation (if applicable): Australian and New Zealand College of Anesthetists (ANZCA)
Are you making a submission as? ☒ An organisation ☐ An individual medical practitioner ☐ Other registered health practitioner, please specify: ☐ Consumer/patient ☐ Other, please specify: ☐ Prefer not to say
Do you give permission to publish your submission? ☒ Yes, with my name ☐ Yes, without my name ☐ No, do not publish my submission

The Board is seeking feedback on requirements that will appropriately balance public safety with workforce flexibility. Stakeholders are invited to provide general comments on the draft revised Recency of practice registration standard, as well as feedback on these questions:

1. Is the content, language and structure of the proposed revised RoP standard clear, relevant and workable? Why or why not?

Yes

2. Is there any content that needs to be changed, added or removed in the proposed revised RoP standard? If so, please give details.

N/A

3. Which option (1 or 2) best protects the public while facilitating access to a sustainable health workforce?

Option 2

4. Do you agree or disagree that recency of practice should be defined as 150 hours in 12 months or 450 hours in three years (reduced from 152/456 hours), but with a maximum number of 37.5 hours per week? Please provide details.

Restricting the hours per week to 37.5 is minimalist and negates overtime or busy (still safe) practice. This approach does not account for procedural specialists (including anaesthetists, surgeons and some physicians, gynaecologists etc.) who work after-hours with acutely unwell patients who present after hours and need greater care secondary to their complexity and acuity. It may not also accord with a full-time public hospital appointment in Victoria (as an example, but may be relevant to other states and territories), where the anaesthesia FTE appointment is 38 hours/week.

However, the college does recognise it also strikes the balance between sufficient clinical immersion time to reskill without losing the time of reflection needed to reskill difference.

There is however a question whether there is sufficient supporting evidence for a specific number of 'recency of practice' hours as well as the evidence for reducing the mandated hours other than aligning with *some* international examples?

5. Do you agree or disagree the definition of recent graduate should be reduced from two years to one year? Please provide details.

Disagree

Recent graduate (even with the 2 year vs 1 year definition), is still a very short time to become a safe and competent practitioner, even at a junior level. One year would mean the return to practice would be more like retraining, rather than a period of re-skilling/re-familiarisation, in which case 450 hrs over 3 years, or 50 in one year is insufficient. However, these requirements must be an individual responsibility to secure and complete.

6. Do you agree or disagree the registration standard should specify the requirements for a doctor wishing to change their scope of practice? Please provide details.

Agree – the regulatory authority is tasked with protection of the public. Individuals should be required to meet the proposed standard, which is not a matter for personal opinion or hubris.

7. Do you agree with the change to the standard that makes explicit the additional information that the Board will consider when a practitioner does not meet the 150 hours in 12 months or 450 hours in three years? Why or why not?

Yes – in the interests of transparency and to assist the practitioner to meet the requirements in a timely way.

8. Do you think the Board should provide a template and/or explanatory resources to assist practitioners to provide information to support their application to return to practice?

Yes

9. Are there any impacts for patients and consumers, particularly vulnerable members of the community, that have not been considered in the draft RoP registration standard? If so, please describe.

Consideration of limiting the hours per week potentially reduces the sustainability of the medical workforce - would practitioners choose to work after hours in more difficult circumstances with sicker patients requiring greater skills if they cannot count this towards their minimum mandated hours?

10. Are there any impacts for Aboriginal and Torres Strait Islander Peoples that have not been considered in the draft revised RoP registration standard? If so, please describe.

Not that is obvious to us, but asking the question directly of representatives of those groups could be considered.

11. Are there any other regulatory impacts or costs, or other issues that have not been identified that the Board needs to consider?

Extend the examination of the mandated requirements for ongoing registration to examine the financial impost and lack of benefit (or potential benefit) to medical practitioners not involved in clinical care. For example, the motivation to stay registered, while paying large amounts for an insurance product that is not relevant to their non-clinical practice. This is the situation for individuals who are allowed to be involved in education but must remain registered to do so. Others who are involved in patient care must take time away from clinical work to educate the next generation, noting that pro bono activity is reducing rapidly across the medical sector.

12. Would the proposed changes to the RoP standard result in any potential negative or unintended effects? If so, please describe.

No