

Public consultation

28 April 2014

You are invited to provide feedback on this public consultation

Consultation on registration standards:

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

Consultation on guidelines:

- Continuing professional development
- Assessment of formal learning activities

Please provide feedback in a word document (or equivalent)¹ by email to chiroboardconsultation@ahpra.gov.au by close of business on 30 June 2014

Public consultation

The Chiropractic Board of Australia (Board) is releasing attached document containing revised registration standards in relation to recency of practice, professional indemnity insurance and continuing professional development and guidelines in relation to continuing professional development and the assessment of formal learning activities for public comment. You are invited to provide your comments on the consultation paper, including the questions in the paper, by 30 June 2014.

Public consultation enables the Board to test its proposals with, and receive feedback from, all stakeholders and refine them before proceeding to propose them to the Australian Health Workforce Ministerial Council for approval or publish those that do not require such approval.

How your submission will be treated

Submissions will generally be published unless you request otherwise. The Boards publish submissions on their websites to encourage discussion and inform the community and stakeholders. However, the Boards retain the right not to publish submissions at their discretion, and will not place on their website, or

¹ 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 National Boards 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.

make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the consultation.

Before publication, the Boards will remove personally-identifying information from submissions, including contact details. The views expressed in the submissions are those of the individuals or organisations who submit them and their publication does not imply any acceptance of, or agreement with, these views by the Boards.

The Boards 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. Any request for access to a confidential submission will be determined in accordance with the *Freedom of Information Act 1982* (Cwlth), which has provisions designed to protect personal information and information given in confidence.

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

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Contents

Overview of consultation	Page 2
Overview Registration standard: Professional indemnity insurance arrangements	Page 5
Consultation Registration standard: Professional indemnity insurance arrangements	Page 8
Overview Registration standard: Continuing professional development and Guidelines: Continuing professional development and Assessment of formal learning activities	Page 12
Consultation Registration standard: Continuing professional development and Guidelines: Continuing professional development and Assessment of formal learning activities	Page 15
Overview Registration standard: Recency of practice	Page 22
Consultation Registration standard: Recency of practice	Page 25
Statement of assessment against AHPRA's Procedures for development of registration standards and COAG principles for best practice regulation	Page 29

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Overview of consultation

28 April 2014

Registration standards:

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

Guidelines:

- Continuing professional development
- Assessment of formal learning activities

Summary

Purpose of the proposal

1. The Health Practitioner Regulation National Law Act (the National Law) as in force in each state and territory requires National Boards to develop registration standards about matters, including the:
 - requirements for professional indemnity insurance arrangements for registered health practitioners registered in the profession
 - requirements for continuing professional development for registered health practitioners registered in the profession, and
 - requirements in relation to the nature, extent, period and recency of any previous practice of the profession by applicants for registration in the profession.
2. The first 10 National Boards to regulate registered health professions under the National Registration and Accreditation Scheme (the National Scheme) developed registration standards that were approved by the Australian Health Workforce Ministerial Council and took effect on 1 July 2010. These standards were scheduled for review at least every three years, in keeping with good regulatory practice.
3. The Board is inviting comments on its draft revised registration standards. There is an overview before each that explains the proposed changes. There are also specific questions about the registration standards which you may wish to address in your response.
4. The Board will consider the consultation feedback on the draft revised registration standards before finalising them for approval by the Australian Health Workforce Ministerial Council.

Please provide feedback in a word document² by email to chiroboardconsultation@ahpra.gov.au by close of business on 30 June 2014

Background

² You are welcome to provide a PDF file of your feedback in addition to the word (or equivalent) file, however we request that you do supply a word file. As part of an effort to meet international website accessibility, AHPRA and National Boards are striving to publish documents in accessible formats (such as word) in addition to PDFs.. More information is available on the AHPRA website.

5. There are 14 National Boards that regulate 14 professions under the National Registration and Accreditation Scheme (the National Scheme). Ten professions were regulated nationally under the National Scheme from 1 July 2010 and a further four professions became nationally regulated from 2012:
 - Aboriginal and Torres Strait Islander Health Practice Board of Australia (from 1 July 2012)
 - Chinese Medicine Board of Australia (from 1 July 2012)
 - Chiropractic Board of Australia
 - Dental Board of Australia
 - Medical Board of Australia
 - Nursing and Midwifery Board of Australia
 - Medical Radiation Practice Board of Australia (from 1 July 2012)
 - Occupational Therapy Board of Australia (from on 1 July 2012)
 - Optometry Board of Australia
 - Osteopathy Board of Australia
 - Pharmacy Board of Australia
 - Physiotherapy Board of Australia
 - Podiatry Board of Australia, and
 - Psychology Board of Australia.
6. The Australian Health Practitioner Regulation Agency (AHPRA) works in partnership with the National Boards to implement the requirements of the National Scheme, which has public safety at its heart. Further information is available at www.ahpra.gov.au.

Overview

March 2014

Review of Professional indemnity insurance arrangements registration standard

Summary of issue

7. The National Law requires the Board to develop a registration standard regarding “the requirements for professional indemnity insurance arrangements for registered health practitioners registered in the profession.”
8. Section 129 of the National Law provides that a registered health practitioner must not practice unless they have appropriate professional indemnity insurance arrangements in place.
9. Section 109 of the National Law requires a practitioner applying to renew their registration to make a declaration that they have not practiced during the preceding period of registration without appropriate professional indemnity insurance arrangements being in place. It also requires the practitioner to declare that if their registration is renewed, they will not practice unless appropriate professional indemnity insurance arrangements are in place.
10. Section 130 (3)(iii) requires a registered health practitioner to notify the National Board within 7 days if appropriate professional indemnity insurance arrangements are no longer in place.
11. The Board’s initial professional indemnity insurance (PII) arrangements registration standard required that practitioners must not practise unless covered by appropriate PII. The Board required that practitioners maintain a minimum level of cover of not less than \$10 million for any single claim with appropriate run off cover that covers them for seven years since they ceased practice.
12. The Board is reviewing its standard to ensure it meets the objectives of the National Law and is worded as simply and clearly as possible.

Options statement – professional indemnity insurance

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

Option 1 – Status quo

14. Option 1 would continue with the existing registration standard. The registration standard establishes the Board’s requirements for professional indemnity insurance arrangements.
15. The Board has however identified a range of issues with the current standard, including the opportunity to clarify the language and structure to make it easier to understand.

Option 2 – Proposed revised standard

16. Option 2 would involve the Board submitting a revised registration standard to the Ministerial Council for approval. The registration standard would continue to establish the Board’s requirements for professional indemnity insurance arrangements, with some changes to ensure that practitioners have adequate coverage for the practice activities they undertake, including non-clinical and expanded areas of practice, and are aware of their reporting obligations under the National Law.
17. The revised standard also has clearer wording and structure to make it easier to understand.

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Preferred option

The Board prefers Option 2.

Issues for discussion

Potential benefits and costs of the proposal

18. The benefits of the preferred option are that the draft revised standard:
- is more flexible and user-friendly
 - strikes a better balance between protecting the public and impact on registrants and practitioners applying for registration
 - has been reworded to be simpler and clearer.
19. The costs of the preferred option are:
- applicants, other stakeholders, AHPRA and National Boards will need to become familiar with the new standard
 - there will likely need to be a period of transition to the proposed revised standard, if approved.

Estimated impacts of the draft revised registration standards

20. The changes proposed in the draft revised registration standard are relatively minor and seek to clarify and enhance the existing standard rather than change it, although more significant changes may emerge through consultation. There has been no change in the limit and requirements for professional indemnity insurance from the previous standard.
21. As this standard has worked well in operation, there is little impact anticipated on practitioners, business and other stakeholders arising from the changes proposed.

Relevant sections of the National Law

22. Relevant sections of the National Law relating to PII (and summarized above) are:
- Section 38
 - Section 109
 - Section 129
 - Section 130

Questions for consideration

23. The Board is inviting feedback on the following questions.
1. From your perspective, how is the current registration standard working?
 2. Is the content and structure of the draft revised registration standard helpful, clear, relevant and more workable than the current standard?
 3. Is there any content or requirement that needs to be changed or deleted in the revised draft registration standard?
 4. Is there anything missing that needs to be added to the revised draft registration standard?
 5. Does the proposed five year maximum period within which to undertake a review provide a reasonable balance between stability and the flexibility required to revise and update the standard if necessary?
 6. Do you have any other comments on the revised registration draft standard?

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Attachments

24. The Board's Statement of assessment against AHPRA's Procedures for development of registration standards and COAG principles for best practice regulation is at [Attachment 1](#).
25. The current professional indemnity insurance arrangements registration standard is published on the Board's website, accessible from www.chiropracticboard.gov.au/Registration-Standards.aspx

Consultation registration standard: Professional indemnity insurance arrangements

Effective from: <<date>>

Review date: <<date>>

This registration standard explains the Board's requirements for professional indemnity insurance (PII) arrangements under the National Law. Registrants can be covered by their own PII arrangements or third party PII arrangements.

Does this standard apply to me?

This standard applies to all registered chiropractors except those with student or non-practising registration.

What must I do?

1. You must not practice as a chiropractor in Australia unless you have PII arrangements in place that meet this standard:
 - a. for all aspects of your practice
 - b. that covers all locations where you practice
 - c. that provides cover for you whether you are working in the private, non-government and/or public sector, and
 - d. that provides cover for you whether you are practising full time, part time, self-employed, employed, or in an unpaid or volunteer capacity.
2. Your PII cover must include:
 - a. civil liability cover
 - b. retroactive cover for new claims not known at the time the policy was issued
 - c. automatic reinstatement, and
 - d. run-off cover ,

or

 - e. the equivalent of 2a to 2d above under employer-based PII arrangements, such as self-insurance by public sector employers or occurrence based cover.
3. If you are covered by a third party PII arrangement, you must ensure that the policy meets this standard. However:
 - if the third party cover does not meet this standard you must take out additional cover to ensure this standard is met, and
 - if any area of your practice is specifically precluded from your PII cover, you **must not** practise in that area.

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4. If your PII arrangements are provided by your employer, and you intend to practice outside your stated employment), you must have individual PII arrangements in place to cover that practice activity (including as volunteers unless they are already or separately covered in that capacity e.g. by the volunteering organization).

Registrants who take out their own PII policy must do so with a reputable insurer regulated by the Australian Prudential Regulation Agency.

Amount of cover

1. You are expected to hold a policy with a minimum of \$10 million cover.
2. You are expected to conduct a self-assessment and seek expert insurance advice (such as from your insurer) to ensure that the level of PII cover you have meets at least the minimum requirements of the Board and is adequate for your individual practice and the risks involved.

Factors that you should consider include:

- a. your practice setting and the type of services and care you deliver
- b. the patient or client groups involved
- c. the volume of patients or clients to whom treatment, advice, guidance or care is provided
- d. current employment status
- e. previous history of insurance claims and the type of claim made against you in the past, if any
- f. your experience practising the profession
- g. any advice from professional indemnity insurers, professional associations and industrial organisations, including advice about the history and volume of professional liability claims experience by other members of the profession, and
- h. any advice from an insurance broker or insurer.

Are there exemptions to this standard?

There are no exemptions to this standard. The National Law requires you to have appropriate professional indemnity insurance arrangements in place when you practice as a chiropractor.

What does this mean for me?

The National Law provides that a registered health practitioner must not practice his/her profession unless appropriate professional indemnity insurance arrangements are in force in relation to the practitioner's practice of the profession (s.129).

When you apply for registration

When you apply for registration as a chiropractor, 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 of the National Law.

When you apply for renewal

You will be required to declare annually at renewal that:

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1. during the preceding period of registration, you practised the profession in accordance with the requirements of this standard, and
2. you will not practise the profession unless you have professional indemnity insurance arrangements in place that meet this standard.

During the registration period

1. You must notify the Board within 7 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 (s. 130).
7. Your compliance with this standard may be audited from time to time.

Evidence

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

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

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; although there may be circumstances when you will be 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?

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 chiropractors (sections 82 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 (section 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 chiropractors (section 41 of the National Law).

Authority

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

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

Definitions

Automatic reinstatement is a provision in policies which allows for the limit of indemnity (amount insured) to be reinstated for new, unrelated claims, after one or more claims has been paid to the limit of the indemnity.

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

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directly from an alleged act, error or omission committed in the conduct of the practitioner's practice or professional business during the policy period. Civil liability cover includes cover for legal expenses incurred in defence or settlement of a civil claim and for damages payable.

Claims made policy means a policy that is in place at the time the claim is made, or when the circumstances that gave rise to the claim were notified to the insurer with prior events covered by continuity of cover, retroactive clauses, and/or run-off cover, whichever is applicable in the circumstances.

Occurrence-based policy means a policy that is in place when the event which is the subject of the claim occurred, even if the policy has not been renewed.

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.

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.

Retroactive cover means PII arrangements which cover the insured against new claims arising out of or in consequence of activities that were undertaken in the course of the practitioner's professional practice, prior to the date of the commencement of the insurance.

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 undertaken when he/she was conducting that practice. This type of cover may be included in a PII policy or may need to be purchased separately.

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

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

Last reviewed: <<date>>.

This standard replaces the previously published registration standard that was effective from 1 July 2010

Overview

March 2014

Review of Continuing professional development registration standard, Guidelines for continuing professional development and for the assessment of formal learning activities

Summary of issue

26. The National Law requires the Chiropractic Board of Australia (Board) to develop a registration standard about the requirements for continuing professional development (CPD) for registered health practitioners registered in the profession. The Board has also developed guidelines to support the operation of the standard. The registration standard and its supporting guidelines are part of the regulatory framework for the chiropractic profession. The CPD registration standard and guideline are being revised and the guideline for the assessment of formal learning activities is a new document being developed to support the existing standard and guideline.
27. Section 128 of the National Law provides that a registered health practitioner (other than a practitioner who holds non-practising registration) must undertake the continuing professional development required by the Board's registration standard
28. 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 during the previous registration period.
29. The Board is reviewing its original standard and supporting guideline and introducing a new guideline to ensure that the CPD requirements for chiropractors is based on the best available evidence and meets the objectives of the National Law. This revision also seeks to ensure that these documents are worded as simply and clearly as possible.
30. The Board in conjunction with the other National Boards who are reviewing their CPD registration standards, commissioned a review of the literature on the effectiveness of CPD. The Board has taken this information into account in its review of the registration standard.
31. As the available evidence does not provide definitive answers to issues such as the most effective amount and types of continuing professional development, the Board has also considered its experience with the standard over the past three years in its review. The National Boards and AHPRA will continue to monitor developments in this area to inform the Board's standard.
32. Ensuring that members of the public are able to receive health services from safe and competent practitioners is the primary objective of this standard. As well as being a requirement under the National Law (s128), continuing professional development (CPD) serves an important function in ensuring practitioners are up to date with the latest evidence-based developments and improvements in their profession.
33. The Board acknowledges that the most effective CPD is self directed. While this is the case, the Board has sought to ensure that, while practitioners are free to undertake whatever learning they wish, only evidence based practice activities that relate to minimising risk, improving patient safety and health outcomes are eligible for recognition as part of their mandatory formal learning CPD requirements.
34. While this was implied in the previous standard it is more explicit in the revised standard and supporting guidelines. The guideline in relation to the assessment of formal learning activities is intended to provide guidance on how both practitioners and recognised bodies can assess formal learning activities to ensure compliance with the CPD requirements of the Board and effect the objectives of the National Law as they relate to CPD.

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35. The option of being able to self assess formal learning activities against clear criteria rather than solely relying on the assessments of recognised bodies, expands the opportunities for practitioners to engage in a wider variety of formal learning activities to satisfy their learning needs.
36. The Board recognises the Chiropractors' Association of Australia (National) Limited (CAAN) and the Chiropractic and Osteopathic College of Australasia (COCA) as the recognised bodies to assess formal learning activities on behalf of practitioners from 1 January 2011. These same bodies conduct a similar activity for the Department of Veterans Affairs and did so for some years prior to the commencement of the National Registration and Accreditation Scheme.
37. The level of CPD required has not changed from the previous standard.
38. The revised standard and supporting guidelines have, clearer wording and structure to make them easier to understand.

Options statement – Continuing professional development registration standard and guideline and guideline for the assessment of formal learning activities

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

Option 1 – Status quo

40. Option 1 would continue with the existing registration standard and guideline and have formal learning assessed only by recognised bodies. The registration standard established the Board's initial requirements for continuing professional development under the National Law.
41. However, with three years' experience in the operation of this standard the Board has now identified a range of opportunities to improve the current standard, including the opportunity to empower practitioners to assess their own CPD and the ability to clarify the language and structure to make it easier to understand.

Option 2 – Proposed revised standard

42. Option 2 would involve the Board submitting a revised registration standard and guideline to the Ministerial Council for approval along with an additional guideline to support the assessment of formal learning activities
43. The National Board's experience of the operation of the current standard and its attendant guidance documents demonstrated some areas that required increased clarification and increased rigor to ensure the effect of the objectives of the National Law.
44. The registration standard continues to establish the Board's requirements for continuing professional development, with some changes to provide clarity around the Board's expectations in relation to the quality of formal learning activities and the keeping of a CPD portfolio.
45. The revised standard and supporting guidelines have clearer wording and structure to make them easier to understand.

Preferred option

The Board prefers Option 2.

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Issues for discussion

Potential benefits and costs of the proposal

46. The benefits of the preferred option are that the draft revised standard and supporting guidelines:
- are more flexible and user-friendly
 - strike a better balance between protecting the public and impact on registrants and practitioners applying for registration, and
 - have been reworded to be simpler and clearer.
47. The costs of the preferred option are:
- applicants, other stakeholders, AHPRA and National Boards will need to become familiar with the new standard, and
 - there will probably need to be a period of transition to the proposed revised standard, if approved.

Estimated impacts of the draft revised registration standards

48. The changes proposed in the draft revised registration standard and supporting guidelines are relatively small as they aim to better define and describe the Board's expectations around the quality of what can be considered formal learning and the record keeping requirements associated with maintaining a CPD portfolio; although more significant changes may emerge through consultation.
49. Practitioners are not restricted in what CPD they can undertake but only activities that meet the standards of the Board are able to be considered as formal learning activities under the revised standard. The changes make what was implied in the current standard and supporting guideline much clearer in the revised versions.
50. There has been no change in the amount of CPD required to be undertaken by practitioners. There is little impact anticipated on practitioners, business and other stakeholders arising from the changes proposed.

Relevant sections of the National Law

51. The relevant sections of the National Law relating to CPD (and summarized above) are:
- Section 38
 - Section 109
 - Section 128

Questions for consideration

The Board is inviting feedback on the following questions.

1. From your perspective, how is the current registration standard and guideline working?
2. Is the content and structure of the draft revised registration standard and guideline helpful, clear, relevant and more workable than the current standard?
3. Does the introduction of a new guideline to support the assessment of formal learning activities assist in clarifying and enhancing the requirements of the registration standard and guideline?
4. Is there any content that needs to be changed or deleted in the revised draft registration standard or its supporting guidelines?
5. Is there anything missing that needs to be added to the revised draft registration standard or its supporting guidelines?
6. Is the model of formal learning activity assessment with an option for individual assessment a suitable model?
7. Are the additional requirements relating to portfolios and their maintenance sufficiently clear and not too onerous?

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8. Does the proposed five year maximum period within which to undertake a review provide a reasonable balance between stability and the flexibility required to revise and update the standard if necessary?
9. Do you have any other comments on the revised registration draft standard and its supporting guidelines?

Attachments

52. The Board's Statement of assessment against AHPRA's Procedures for development of registration standards and COAG principles for best practice regulation is at Attachment 1.
53. The current continuing professional development registration standard and guideline is published on the Board's website, accessible from www.chiropracticboard.gov.au/Registration-Standards.aspx and www.chiropracticboard.gov.au/Codes-Guidelines.aspx

Consultation registration standard: Continuing professional development

Effective from: <<date>>

Review date: <<date>>

This registration standard sets out the Board's minimum requirements for continuing professional development for chiropractors.

Does this standard apply to me?

This standard applies to all registered chiropractors except those with student or non-practising registration.

What must I do?

To meet this registration standard, you must:

- a. complete a minimum of 25 hours of CPD activities in each registration period
 - at least 50 per cent (12.5 hours) of these hours must be 'formal' learning activities. The balance may be either 'formal' or 'informal' learning activities
 - whilst the CPD undertaken should be relevant to your practice of the profession, maintain competence, develop professionally and improve the quality of health care you provide, your credits towards formal learning activities must be evidence based and directed towards clinical matters that contribute to minimising risk, improving patient safety and improving health outcomes for patients
- b. complete a first aid course at least every three years equivalent to the standard set out in *HLTFA311A - Apply first aid* or its predecessors. This is in addition to the minimum 25 hours of annual CPD
- c. maintain an up to date portfolio of your CPD activities and be able to produce your up to date portfolio when required, such as when you are audited, and
- d. declare whether you comply with this standard in your renewal application each year (National Law s.109).

Pro rata requirements

Pro rata reduction of these requirements will apply to those practitioners registered for less than 9 months of the registration period.

Are there exemptions to this standard?

The Board may grant an exemption or variation from this standard in exceptional circumstances, such as serious illness or bereavement that results in a substantial absence from practice as a chiropractor.

Where possible, exemptions should be applied for, considered and decided upon before making your annual declaration as part of the renewal of your registration.

The *Guidelines for CPD for chiropractors* provide further guidance.

What does this mean for me?

When you apply for registration

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You don't need to meet this standard when you apply for registration in Australia for the first time as a chiropractor.

When you apply for renewal

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

During the registration period

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

Evidence

You should maintain records of your CPD activity for 5 years in case you get audited.

What happens if I don't meet this standard?

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 behavior for which health, conduct or performance action may be taken by the Chiropractic Board of Australia (section 128 of the National Law), and
- registration standards, codes or guidelines may be used in disciplinary proceedings against health practitioners as evidence of what constitutes appropriate practice or conduct for the health profession (section 41 of the National Law).

Continuing professional development guidelines for chiropractors

The *Guidelines for CPD for chiropractors* provide more information about how to meet this standard. You are expected to understand and apply these guidelines together with this registration standard.

Authority

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

Definitions

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.

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 .

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

Formal learning activities (FLA) are evidence based activities that encourage or enhance evidence based clinical practice and contribute to the maintenance and development of both clinical competencies

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and clinical practice with the expectation that these activities will contribute to minimising risk, improving patient safety and health outcomes.

All formal learning activities must be assessed by either an approved body³ or where that activity is not assessed by an approved body, by the individual practitioner who is seeking to claim a quantum of hours as a formal learning activity. Formal learning activities may refer to:

- tertiary and other courses
- distance education modules
- conferences, forums and seminars
- undertaking research
- presentation of work (seminars, journal publications etc)
- online learning
- in-service education programs
- making presentations of new material
- Board approved student or practitioner clinical supervision/mentoring.

The *Guideline on continuing professional development* and *Guideline for the assessment of formal learning activities* published by the Board provide additional explanation and understanding of formal learning activities.

Informal learning activities may refer to any other form of learning activity which helps a chiropractor maintain competence, develop professionally and improve the quality of health care they provide. Informal learning activities may refer to:

- self-study — reference materials, journals, etc
- clinical case discussion with other health professionals/colleagues
- quality assurance activities, such as practice accreditation
- self-directed informal research
- online research
- reading journal articles textbooks, etc

Portfolio means (and may incorporate):

- a private collection of CPD and other evidence which demonstrates the continuing acquisition of skills, knowledge, attitudes, understanding and achievement (it is both retrospective and prospective, as well as able to reflect the current stage of development of the individual)
- examples that describe learning experiences and provides evidence that concepts and principles from these experiences are being applied in practice
- a means of recording personal career progress and to show that a person is demonstrating professional knowledge and competence.

The *Guideline on continuing professional development* for chiropractors published by the Board provides additional explanation and understanding of portfolios.

Evidence based practice implies the integration of the best available evidence, practitioner experience and patient needs, values and preferences in making clinical decisions.

Review

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

Last reviewed: <<date>>

³ A recognised body is a body or organisation that is experienced in the assessment of continuing professional development and is recognised by the Board for the purposes of assessing formal learning activities on behalf of practitioners.

This standard replaces the previously published registration standard from 1 July 2010.

DRAFT

Consultation guideline: Continuing professional development

Approval date: <<date>>

Effective from: <<date>>

Review Date: <<date>>

1. Introduction

Patients have the right to expect that chiropractors will provide services in a competent and contemporary manner. Chiropractors need to be able to demonstrate that they are maintaining their currency in the knowledge, developments and skills related to their practise of the profession. This applies in all areas of health professional services – clinical, education, management/leadership and research.

The provisions of s39(1)(c) of the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law) requires all chiropractors to engage in continuing professional development (CPD) as described by the Chiropractic Board of Australia's (Board) CPD registration standard and guidelines to maintain, continue, enhance and extend their current competence and professional development.

2. Continuing professional development

2.1 Definition

CPD is an interactive process by which chiropractors can maintain, enhance and extend their knowledge, expertise and competence throughout their careers and in line with the changing needs of patients and society.

2.2 What is effective CPD?

Effective CPD for chiropractors is generally agreed to need to:

- emphasise active participation in learning
- be practical
- be relevant to their practice, and
- be undertaken on an ongoing basis throughout a chiropractor's career.

An increasing number of randomised controlled trials and systematic reviews of CPD have demonstrated that CPD can assist to produce changes in practitioner behaviour, improve competence and result in better patient outcomes.

It is important to note that activities that engage, provide knowledge and provide an opportunity to practise skills are optimum in producing changes in professional practice and improving health outcomes for patients.

The process of identifying learning needs, developing a learning plan and engaging in reflection on the activities undertaken are key elements in any effective CPD process.

2.3 What counts as CPD?

CPD activities encompass all learning activities that help a chiropractor maintain competence, develop professionally and improve the quality of health care they provide. CPD for chiropractors can occur through a wide variety of formal and informal activities.

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2.3.1 Formal learning activities

Formal learning activities are evidence based activities that encourage or enhance evidence based clinical practice and contribute to the maintenance and development of both clinical competencies and clinical practice with the expectation that these activities will contribute to minimising risk, as well as improving patient safety and health outcomes.

All formal learning activities must be assessed by either an approved body or where that activity is not assessed by a recognised body⁴, by the individual practitioner who is seeking to claim a quantum of hours as a formal learning activity. The *Guidelines for the assessment of formal learning activities* provide more information and assistance on the assessment of formal learning activities.

Formal learning activities must be consistent with the ethical and professional standards set out by the Board in the various registration standards, codes, guidelines and other materials published by the Board. For example, formal learning activities must contain balanced, evidence based information and should be patient centred.

The clinical competencies that chiropractors need to maintain and develop are set out in the CCEA Competency based standards for entry level chiropractors⁵. All of the described competencies are relevant except those in sections 3.1, 4.1, 4.2 and 5.1 which the Board deems as being non-clinical. These competencies can be grouped into the following broad categories:

- the community
- the health care system
- professional interface
- patient assessment
- diagnostic decision making
- planning of patient care
- implementation of care
- disease prevention and health management
- professional scientific development

Examples of formal learning activities may be:

- tertiary and other accredited courses
- distance education modules
- conferences, forums and seminars
- undertaking research
- presentation of work (seminars, journal publications, etc)
- online learning
- in-service education programs, and/or
- making presentations of new material
- Board approved clinical supervision/mentoring of students or practitioners

The Board has developed guidelines to provide further information and an assessment tool against which assessments of formal learning hours can be made. A copy of any assessment made of a formal learning activity by an individual practitioner should be included in that practitioner's CPD portfolio.

The Board does not itself assess, approve, endorse or accredit CPD activities to be undertaken by chiropractors.

⁴ A recognised body is a body or organisation that is experienced in the assessment of continuing professional development and is recognised by the Board for the purposes of assessing formal learning activities on behalf of practitioners.

⁵ <http://www.ccea.com.au/Publications/Publications.htm>

2.3.2 Informal learning activities

Informal learning activities may refer to any other form of learning activity which helps a chiropractor maintain clinical competence, develop professionally and improve the quality of health care they provide.

Examples of informal learning activities may be:

- self-study — reference materials, journals etc.
- clinical case discussion with other health professionals/colleagues
- quality assurance activities such as practice accreditation
- self directed informal research - online research, reading journal articles, textbooks, etc
- Non Board approved supervision or mentoring

2.4 An ideal CPD program

Chiropractors will learn best when they are motivated and their CPD:

- is highly self directed and based on an individual learning plan and the learning needs
- builds on their existing knowledge and experience
- is linked with and involves material they can quickly integrate into their practice of the profession
- includes a reflection of the effect of their learning on their practice
- involves a personal review of their learning plan in response to their reflection and learning experience, and
- contains some sort of structured review or assessment.

2.5 Reflection

Research suggests that CPD based on a practitioner's own self reflection achieves the best outcome.

Practitioners should:

- engage in reflection to identify their learning needs
- identify learning activities that address their learning needs
- engage in the activities identified, and
- reflect on the activity and record it in their log.

In reflecting on an activity undertaken a practitioner should consider and record information that addresses the following questions.

- What learning need(s) did the activity seek to address?
- Did the activity meet their learning need?
- Did the activity contribute to the maintenance and development of their clinical competencies and clinical practice?
- Did the activity contribute to minimising risk, improve the safety of their patients or provide better health outcomes for their patients?
- What opportunities or motivation for further education or learning did it create?

2.6 Portfolio

It is required that chiropractors maintain a personal portfolio to record their CPD. A portfolio is a private collection of evidence which demonstrates the continuing acquisition of skills, knowledge, attitudes, understanding and achievement (it is both retrospective and prospective, as well as reflecting the current stage of development of the individual), it describes learning experiences and provides evidence that concepts and principles from these experiences are being applied in practice and is a means of recording personal career progress and compliance with the requirements of the Board.

A professional portfolio for the purposes of this guideline should include:

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1. a log of all formal and informal CPD activities undertaken⁶
2. a reflection on the activities undertaken⁷, and
3. in relation to formal learning activities:
 - evidence of attendance/participation in the activity and other supporting documentation, for example:
 - notes or handouts
 - certificates of attendance
 - proof of enrolment
 - articles published, and/or
 - presentations made.
 - any individual assessments of formal learning hours content⁸

If a chiropractor is required to provide the Board with evidence of his or her CPD, their personal portfolio needs to demonstrate how they have complied with the requirements of the Board.

2.7 Compliance

In order to comply with the CPD for chiropractors' registration standard, chiropractors must:

1. complete a minimum of 25 hours of CPD activities annually
2. complete at least 50 per cent (12.5 hours) of the hours required as 'formal' learning activities; the balance may be either 'formal' or 'informal' learning activities, and
3. complete a first aid course at least every three years equivalent to the standard set out in *HLTFA311A - Apply first aid (or its predecessors)*. This is in addition to the minimum 25 hours of annual CPD activities.

2.8 Noncompliance

If a chiropractor is unable to declare that they comply with the requirements of the standard when applying to renew their registration, the Board may refuse to renew their registration and any endorsements, or approve renewal of their registration and any endorsements subject to conditions.

Knowingly making a false declaration may be dealt with by the Board through the disciplinary mechanisms available under the National Law. These mechanisms include sanctions ranging from cautioning or reprimanding chiropractor, to cancellation of registration

2.9 Variations and exemptions

Pro rata reduction of these requirements will apply to those practitioners registered for less than nine months of the registration period.

The Board may grant an exemption from, or variation of, these CPD requirements in exceptional circumstances. Exceptional circumstances may include ill-health, bereavement, or other circumstance that creates a substantial absence from practice. Exemptions should be applied for and granted before making an annual declaration as part of the annual renewal of registration where possible.

The Board reserves the right to consider and/or grant an exemption or variation to the CPD registration standard as a matter of policy, and may issue a guideline or policy about this matter.

⁶ The National Board has a downloadable form to assist practitioners in keeping track of their CPD activities and their reflections on those activities. [<http://www.chiropracticboard.gov.au/Codes-Guidelines.aspx>]

⁷ The downloadable form published by the National Board contains space to record reflections on an activity

⁸ Only activities not assessed by a recognized body are required to be assessed by an individual practitioner if they are seeking to claim those hours as formal learning. More information about the assessment of formal learning can be found in the *Guidelines for the assessment of formal learning activities* and the assessment tool included in that guideline.

The Board reserves the right to revoke a variation or an exemption to the CPD registration standard.

Review

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

Last reviewed: <<date>>

This guideline replaces the previously published guideline that was effective from 1 July 2010

DRAFT

Consultation guideline: Assessment of formal learning activities

Approval date: <<date>>

Effective from: <<date>>

Review Date: <<date>>

1. What these guidelines are for

These guidelines support the process of assessing formal learning activities to ensure that the activity is of sufficient quality and content to satisfy the requirements and standards of the Chiropractic Board of Australia (Board). All formal learning activities must be assessed by either a recognised body⁹ or where that activity is not assessed by a recognised body, by the individual practitioner who is seeking to claim a quantum of hours as a formal learning activity.

This document provides guidance to both recognised bodies and individual practitioners on the assessment of formal learning activities as described in the registration standard and guideline published by the Board in relation to CPD.

These guidelines are permissible in proceedings under the National Law. They may be used as evidence of what constitutes appropriate formal learning activities for the chiropractic profession in proceedings against a chiropractor under the National Law. This guideline may also be used by the Board to refuse or reassess formal learning activities assessed by a recognised body. **See Appendix 1**

2. Scope

These guidelines apply only to the assessment of formal learning activities undertaken by chiropractors as part of activities undertaken to meet the Board's CPD requirements and are not intended to apply to informal or other learning activities undertaken by chiropractors.

3. Requirements

Requirements of chiropractors

The requirements of the National Board in relation to CPD, are that chiropractors must:

- a. complete a minimum of 25 hours of CPD activities annually, and that:
 - at least 50 per cent (12.5 hours) of these hours must be 'formal' learning activities and the balance may be either 'formal' or 'informal' learning activities
 - hours credited towards formal learning activities must be directed towards clinical matters that contribute to minimising risk, improving patient safety and improving health outcomes for patients
- b. complete a first aid course at least every three years that is equivalent to the standard set out in *HLTFA311A - Apply first aid* or its predecessors (this is in addition to the minimum 25 hours of annual CPD)
- c. maintain an up to date portfolio of CPD activities and be able to produce an up to date portfolio when required, such as when audited
- d. declare whether they have complied with the Board's CPD requirements every year when they apply to renew their registration (National Law s.109).

⁹ An recognised body is a body or organisation that is experienced in the assessment of continuing professional development and is recognised by the Board for the purposes of assessing formal learning activities on behalf of practitioners.

Requirements of formal learning activities

Formal learning activities are evidence based activities that encourage or enhance evidence based clinical practice and contribute to the maintenance and development of both clinical competencies and clinical practice with the expectation that these activities will contribute to minimising risk and improve patient safety and health outcomes.

Formal learning activities must be consistent with the ethical and professional standards set out by the Board in the various registration standards, codes, guidelines and other materials published by the Board. For example, formal learning activities must contain balanced, evidence based information and should be patient centred.

Examples of formal learning activities may be:

- tertiary and other accredited courses
- distance education modules
- conferences, forums and seminars
- undertaking research
- presentation of work (seminars, journal publications, etc)
- online learning
- in-service education programs, and/or
- making presentations of new material
- Board approved clinical supervision/mentoring of students or practitioners

4. Clinical competencies

Formal learning activities must contribute to the maintenance and development of the clinical competencies for chiropractors. Clinical competencies are competencies that relate to professional activities directly related to patient care.

The competencies for chiropractors are set out in the *CCEA Competency based standards for entry level chiropractors*¹⁰. Sections 3.1, 4.1, 4.2 and 5.1 are not deemed by the Board to be relevant clinical competencies.

The categories of clinical competencies for chiropractors are as follows.

- **The community**
 - Awareness of responsibility, accountability and competence of health providers in Australasian society.
 - Awareness of public health concepts.
- **Health care system**
 - Relates effectively and knowledgeably to professionals and agencies.
 - Understands relevant health care economics.
- **Professional interface**
 - Awareness of professionalism.
 - Skills in intra-professional referral.
 - Understands professional responsibility, strengths, limitations and legal responsibilities.
- **Patient assessment**
 - Obtains and records patient history.
 - Performs a thorough general physical examination.
 - Performs a thorough neuromusculoskeletal examination.
 - Performs a psychological/psychosocial assessment.

¹⁰ www.ccea.com.au/Publications/Publications.htm

- Where a chiropractor undertakes a radiological investigation, it should be appropriate and adequate.
 - interprets laboratory pathology procedures.
 - Orders and interprets special studies.
 - Effectively deals with patients referred by another health care provider or an agency.
- **Diagnostic decision making**
 - Establishes differential and working diagnoses from the information required.
 - Collaborates or refers as necessary to obtain expert opinion.
- **Planning of patient care**
 - Bases patient management plans on adequate diagnostic data.
 - Designs an interim management plan.
 - Designs an appropriate patient management plan.
 - Considers safety in patient care.
- **Implementation of care**
 - Explains the case to the patient, (patient's family or carer(s) as appropriate) and obtains informed consent.
 - Communicates with and counsels the patient, (patient's family or carer(s) as appropriate) during chiropractic care.
 - Counsels the patient, (patient's family or carer(s) as appropriate) on preventative, supportive, concurrent and referral care.
 - Refers patients.
 - Demonstrates a caring approach.
 - Observes safety guidelines.
 - Implements appropriate crisis management.
 - Effectively applies chiropractic techniques.
 - Effectively applies other treatment modalities.
 - Evaluates progress.
- **Disease Prevention/Health Management**
 - Counsels the patient, (patient's family or carer(s) as appropriate) on disease prevention and health promotion.
- **Professional Scientific Development**
 - Develops a personal ability to seek out and apply scientific information.

All formal learning activities should be:

- broken down into the units of competency addressed in the activity.
- given an 'hours of formal learning activity amount' broken down into the 9 broad units of competency described above

5. Evidence Based Practice¹¹

The Board is committed to ensuring that chiropractors conduct their professional practice in an evidence-based manner, including their continuing professional development.

Evidence-based practice (EBP) is also known as evidence-informed practice, evidence-based treatment, evidence-based healthcare, and even evidence-influenced practice. Regardless of the name, it requires the proper integration of three elements.

¹¹ *Evidence-based practice (EBP) is '...the integration of best research evidence with clinical expertise and patient values'.* Sackett DL, Rosenberg WMC, Muir Gray JA, Haynes RB, Richardson WS. Evidence based medicine: what it is and what it isn't. BMJ 1996;312:71-2. (13 January.) & Muir Gray JA. Evidence-Based Healthcare. How to Make Health Policy and Management Decisions. London: Churchill Livingstone, 2004.

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These elements are:

- the best available evidence
- the clinical expertise of the practitioner, and
- the patient's values and expectations.

The use of an evidence-based approach in relation to clinical decision making is universally agreed as the most appropriate model for the contemporary practice of any clinical profession and is consistent with the expectations of the patients whom chiropractors care for.

Formal learning activities should encourage or enhance evidence based clinical practice. Any formal learning activity should be:

- supported with a relevant up to date and acceptable evidence, and
- conducted in accordance with the principals of evidence based practice.

6. Minimising risk and improve patient safety and health care outcomes

Formal learning activities must enhance a chiropractor's clinical practice with the expectation that these activities will contribute to minimising risk, improving patient safety and health outcomes.

Any formal learning activity should be able to demonstrate:

- its relevance to contemporary clinical chiropractic practice
- how it minimises risk, improves patient safety and improves health outcomes

7. Ethical and professional standards required by the Board and the National Law

The National Law and the Board sets the standards for the ethical and professional standards for registered chiropractors.

The *Code of conduct or chiropractors* provides guidance about the ethical and professional standards expected of chiropractors.

The Board also, from time to time, releases position statements or other documents to provide further guidance on particular issues. Any formal learning activity should be able to demonstrate:

- that its content is consistent with the professional and ethical standards expected by the National Board, and
- that its content does not contain material determined by the Board not to be within the area of practice for a chiropractor.

Both practitioners and providers should be mindful of the requirements associated with advertising in relation to regulated health services. The National Law and the *Guidelines for advertising of regulated health services*¹² provide information and advice about the proper advertising of regulated health services.

8. The formal learning assessment tool

A tool for guiding the assessment of formal learning is provided at **Appendix 2**. If an assessment has not been undertaken by an recognised body, an individual practitioner may perform their own assessment of the formal learning for that activity, for their own use and inclusion in their own CPD portfolio. Their portfolio must be able to be produced upon demand.

9. Conflict of interest

Should a practitioner or recognised body be perceived as having a conflict of interest in the assessment of a formal learning activity, e.g. they are both the assessor and presenter of the activity, that conflict should be declared and, where possible, the assessment undertaken by another body or person

¹² <http://www.chiropracticboard.gov.au/Codes-Guidelines.aspx>

Review

The Board will review this Guideline within five years.

Date of issue: <<date>>

Date of review: <<date>>

Last reviewed: <<date>>

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Appendix 1

Health Practitioner Regulation National Law Act 2009

Part 5 Division 3 Registration standards and codes and guidelines

39 Codes and guidelines

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.

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.

Appendix 2

Formal Learning Assessment Tool

When assessing the suitability and hours for formal learning content of a proposed CPD activity, the following document should be completed and be retained as evidence of the hours claimed for the identified formal learning activity.

General Information

1. Name of activity
2. Location and dates of activity
3. Other information about the activity:
 - a. Presenter (including presenter CV, qualifications and experience)
 - b. Type of activity – (format of presentation of CPD e.g. didactic, online, distance, research, workshop etc)
 - c. Material provided (copies of any syllabus/course notes/presentations or learning materials provided should be attached where possible)

Clinical Competencies

4. Provide a breakdown estimate of how many hours of the activity address any of the following groups of competencies(as outlined in section 4 of the *Guidelines for the assessment of formal learning activities*)
 - The community
 - The health care system
 - Professional interface
 - Patient Assessment
 - Diagnostic decision making
 - Planning of patient care
 - Implementation of care
 - Disease prevention and health management
 - Professional scientific development

Evidence Based Practice

5. Did the formal learning activity encourage or enhance evidence based clinical practice?
6. Was the content balanced and evidence based?

Minimise risk, improve patient safety and health care outcomes

7. Did the activity contribute to minimising risk, improving the safety of patients and providing better health outcomes?

Ethical and professional standards

8. Was the content of the formal learning activity consistent with the professional and ethical standards expected by the National Board?

Summary

9. Does the activity meet the definition of 'Formal Learning Activity' as defined by the Chiropractic Board of Australia (National Board) and how many hours of the activity were reasonably considered as eligible to be a formal learning activity?

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Appendix 3

Topics covered in the *Code of conduct for chiropractors*

- Australia and Australian health care
- substitute decision-makers
- providing good care
- good practice
- shared decision-making
- decisions about access to care
- treatment/care in emergencies
- working with patients
- partnerships
- effective communication
- confidentiality and privacy
- informed consent
- Informed financial consent
- Children and young people
- Culturally safe and sensitive practice
- Patients with additional needs
- Relatives, carers and partners
- Adverse events and open disclosure
- When a complaint is made by a patient
- Ending a professional relationship
- Personal relationships
- Working with multiple patients
- Closing a practice
- Use of diagnostic and therapeutic modalities in chiropractic practice
- Respect for colleagues and other practitioners
- Delegation, referral and handover
- Working with other practitioners
- Delegation to unregistered staff, chiropractic students and assistants
- Working within the healthcare system
- Wise use of healthcare resources
- Health advocacy
- Public health matters
- Minimising risk
- Risk management
- Chiropractor performance
- Maintaining professional performance
- Continuing professional development (CPD)
- Professional behaviour
- Professional boundaries
- Reporting requirements
- Health records
- Insurance
- Advertising
- Legal, insurance and other assessments
- Reports, certificates and giving evidence
- Curriculum vitae
- Investigations
- Conflicts of interest
- Financial and commercial dealings
- Chiropractors health
- Other practitioners' health
- Teaching and supervising
- Assessing colleagues
- Working with Students
- Undertaking research
- Research ethics
- Treating chiropractors and research
- Public health activities performed by chiropractors
- Radiography /Radiology, and
- Duration and frequency of care.

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Overview

28 April 2014

Review of *Recency of practice registration standard*

Summary of issue

54. 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 registration in the profession. The registration standard is part of the regulatory framework for the chiropractic profession.
55. 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.
56. The Board is reviewing its standard to ensure it is based on the best available evidence, meets the objectives of the National Law and is worded as simply and clearly as possible.
57. The Board, together with the National Boards reviewing their recency of practice registration standard commissioned a review of the literature on recency of practice requirements. The Board has taken this information into account in its review of this registration standard.
58. The available evidence does not provide definitive answers to issues such as the amount of practice that a practitioner must undertake to remain competent, so the Board has also considered its experience with the standard over the past three years and how best to protect the public given current knowledge limitations. The National Boards and AHPRA will continue to monitor developments in this area to inform the Boards' standards.

Options statement – recency of practice registration standard

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

Option 1 – Status quo

60. 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.
61. However, the Board has now identified a range of issues with the current standard, including the ability to clarify the language and structure to make it easier to understand.

Option 2 – Proposed revised standard

62. Option 2 would involve the Board submitting a revised registration standard to the Ministerial Council for approval. The registration standard would continue to establish the Board's requirements for recency of practice, with some changes to the hours requirements which have been adjusted to be more in line with other National Boards and clearer pathways to articulate between clinical and non-clinical areas of practice are included.
63. The provision of safe and effective health services by competent practitioners has been the key objective in drafting this standard.

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64. The revised standard has clearer wording and structure to make it easier to understand.

Preferred option

The Board prefers Option 2.

Issues for discussion

Potential benefits and costs of the proposal

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

- is more flexible and user-friendly
- strikes a better balance between protecting the public and the impact on registrants and practitioners applying for registration,
- has more clarity around the requirements for different types of practice, thereby enhancing public safety,
- has clearer return to 'clinical practice' pathways, and
- has been reworded to be simpler and clearer.

66. The costs of the preferred option are:

- applicants, other stakeholders, AHPRA and National Boards will need to become familiar with the new standard, and
- there will likely need to be a period of transition to the proposed revised standard, if approved.

Estimated impacts of the draft revised registration standards

67. The breadth of the definition of practice adopted by all National Boards provides for a wide variety of practice types within the profession. The changes proposed in the draft revised registration standard are minor in terms of the overall requirements for recency of practice but significant in defining recency for both clinical and non-clinical areas of practice. Also, these proposed changes allow for pathways to articulate into, or return to, clinical practice should the recency of practice requirements for 'clinical practice' not be satisfied. More significant changes may emerge through consultation.
68. Most boards have included a definition of recent graduate, which varies somewhat depending on the characteristics of the profession. Some have specified a two year period where the profession regulated commences practise in an environment where there is oversight, often in the public sector or a multi-practitioner organization, and/or where a graduate commences practice through a structured internship program.
69. National Boards for professions which involve significant manual dexterity and/or technical skills which may deteriorate rapidly without consolidation, who generally practice in the private sector in smaller or solo practitioner practices and where there is limited oversight have tended to specify a one year period. This Board is of this view and proposes a one year period
70. The small impact anticipated on practitioners who are not recent in clinical practice is offset by the assurance that practitioners who are in clinical practice do have recency in clinical practice. No significant impact is anticipated to arise for business and other stakeholders from the changes proposed.

Relevant sections of the National Law

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

Questions for consideration

The Board is inviting feedback on the following questions.

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1. From your perspective, how is the current registration standard working?
2. Is the content and structure of the draft revised 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 registration standard?
4. Is there anything missing that needs to be added to the revised draft registration standard?
5. Are the definitions of clinical and non-clinical practice appropriate to the chiropractic workforce?
6. Are the hours of practice prescribed, sufficient to ensure the recency of practice of a chiropractor?
7. Are the proposed pathways to return to practice, or to articulate between clinical and non-clinical practice a reasonable balance between ensuring the ongoing clinical competence of a practitioner and career break flexibility?
8. Is the 12 month limit on being a recent graduate a reasonable balance between workforce flexibility and ensuring the competency of a recent graduate, particularly as it relates to the embedding and performance of psychomotor skills?
9. Does the proposed five year maximum period within which to undertake a review provide a reasonable balance between stability and the flexibility required to revise and update the standard if necessary?
10. Do you have any other comments on the revised registration draft standard?

Attachments

71. The Board's Statement of assessment against AHPRA's Procedures for development of registration standards and COAG principles for best practice regulation is at [Attachment 1](#).
72. The current recency of practice registration standard is published on the Board's website, accessible from www.chiropracticboard.gov.au/Registration-Standards.aspx.

Consultation registration standard: Recency of practice

Effective from: <<date>>

Review date: <<date>>

This registration standard sets out the Board's minimum requirements for recency of practice for chiropractors.

Does this standard apply to me?

This standard applies to all registered chiropractors except those with student or non-practising registration.

What must I do?

This standard sets minimum requirements to maintain recency of practice.

The National Board acknowledges two main areas of practice in the profession for the purposes of this registration standard:

- **clinical practice** is where the practitioner is directly involved in providing direct clinical care to or oversight/supervision of the direct clinical care of patients using the current knowledge, skills and attitudes of a chiropractor whether remunerated or not, and
- **non clinical practice** is where a practitioner is not directly involved in providing direct clinical care to or oversight / supervision of the direct clinical care of patients using the current knowledge, skills and attitudes of a chiropractor whether remunerated or not.

All chiropractors

To meet this registration standard, you:

- a. must ensure that your knowledge and skills are sufficient for the area(s) of practice you are undertaking
- b. must be mindful of the requirements of this standard relevant to your area of practice when transitioning from a non-clinical to a clinical area of practice

Chiropractors undertaking clinical practice

If you are undertaking clinical practice, and to maintain your recency of clinical practice, you must:

- a. have undertaken at least 450 hours of clinical practice in the previous three years and had no continuous absences from clinical practice that are greater than two years, or
- b. have undertaken 150 hours clinical practice in the previous twelve months.

If you satisfy the requirements for recency of clinical practice you will automatically satisfy the requirements for recency in non-clinical practice

Chiropractors undertaking non-clinical practice

- a. If you are recent in clinical practice, you are deemed to be recent in non-clinical practice.
- b. If you do not satisfy the requirements for recency of clinical practice, to meet the recency of non-clinical practice requirements, you must:
 - have undertaken at least 450 hours of clinical and /or non-clinical practice in the previous three years and had no continuous absences from practice that are greater than two years, or
 - have undertaken 150 hours non-clinical practice in the previous 12 months.

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Meeting the Board's minimum requirements for recency of practice does not automatically satisfy your professional and ethical responsibilities to ensure that you recognize and work within the limits of your competence and maintain adequate knowledge and skills to provide safe and effective care.

Are there exemptions to this standard?

There are no exemptions to this standard.

The section below "What happens if I do not meet this standard?" explains what you need to do if you do not meet this standard and wish to continue or return to practice.

What does this mean for me?

When you apply for registration

When you apply for registration as a chiropractor, 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 or applying for an endorsement.

You do not need to meet this registration standard if you are a recent graduate applying for registration for the first time.

When you apply for renewal

When you apply to renew your registration, you are required to declare whether you comply with this registration standard.

During the registration period

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

Evidence

You should retain 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?

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 to practice.

Chiropractors undertaking clinical practice

- a. Chiropractors seeking to undertake clinical practice who do not satisfy the requirements for recency of clinical practice must meet different requirements, depending on the length of their absence from practice.
- b. Chiropractors with a continuous absence from clinical practice of between **2 and 5 years and/or due to having insufficient hours of practice**, will be required to complete a period of supervised practice approved by the National Board to ensure their safety and recency before independent clinical practice can be undertaken. The length and level of the supervised practice period will be determined by the National Board after receiving a submission from the practitioner.

The submission should contain information detailing:

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- their education
 - experience
 - activities undertaken in the previous five years
 - any continuing professional development undertaken, and
 - the work role they wish to undertake.
- c. Chiropractors with a continuous absence from clinical practice of between **5 and 7 years**, will be required to successfully complete the practical Observed, Structured Clinical Examination (OSCE) undertaken by overseas trained practitioners as administered by the Council on Chiropractic Education Australasia, to ensure their safety and recency before independent clinical practice can be undertaken.
- d. Chiropractors who do not satisfy the requirements for recency of clinical practice due to a continuous absence from practice **greater than 7 years** will be required to successfully complete the written and practical Observed, Structured Clinical Examinations (OSCE) undertaken by overseas trained practitioners as administered by the Council on Chiropractic Education Australasia, to ensure their safety and recency before independent clinical practice can be undertaken.

Chiropractors undertaking non - clinical practice

- a. Chiropractors who do not satisfy the requirements for recency of non clinical -practice will be required to make a submission to the National Board supporting a claim for recency. This submission should contain information detailing their:
- education
 - experience
 - activities undertaken in the previous 5 years
 - any continuing professional development undertaken, and
 - the role they wish to undertake.

Other possible consequences

The National Law establishes the possible consequences if you don't meet the recency of practice requirements in this standard, including that:

- the Board can impose conditions on your application for registration or renewal of registration or can refuse your application for registration or renewal of registration (sections 82 and 112 of the National Law), and
- registration standards, codes or guidelines may be used in disciplinary proceedings against you as evidence of what constitutes appropriate practice or conduct for chiropractors (section 41 of the National Law).

Authority

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

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

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. 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,

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advisory, regulatory or policy development roles, and any other roles that impact on the safe, effective delivery of services in the profession.

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.

Recent graduate means a person applying for registration on the basis of a qualification for registration that was awarded not more than twelve months prior to the date of their application.

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

Clinical practice is when the practitioner is directly involved in providing direct clinical care to or oversight of the direct clinical care of patients using the current knowledge, skills and attitudes of a chiropractor whether remunerated or not.

Non-clinical practice is when a practitioner is not directly involved providing direct clinical care to or oversight of the direct clinical care of patients using the current knowledge, skills and attitudes of a chiropractor whether remunerated or not.

References

Chiropractic Board of Australia, *Guidelines – Supervision of chiropractors*

Review

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

Last reviewed: <<date>>

This standard replaces the previously published registration standard that was effective from 1 July 2010

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

Registration standard: Recency of practice

The Australian Health Practitioner Regulation Agency (AHPRA) has *Procedures for the Development of Registration Standards* which are available at: www.ahpra.gov.au

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 operates in accordance with good regulatory practice.

Below is the National Boards' assessment of their proposal for its revised draft registration standards 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 meet the objectives and guiding principles of the National Law.

The revised draft *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 arrangements in place when they practice.

The revised draft *Registration standard: Continuing professional development*, if approved, will provide for the protection of the public by ensuring that practitioners undertake appropriate continuing professional development as an important aspect of maintaining their competence.

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

The revised draft registration standards also support the National Scheme to operate in a transparent, accountable, efficient, effective 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. The National Law also requires the Board to consult other boards on matters of shared interest.

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

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

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

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

Board assessment

In developing the revised draft registration standards for consultation, the Board has taken into account the Council of Australian Governments (COAG) *Principles for 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. Only relatively minor changes to the existing standards are proposed. The existing standards have been in operation for over 3 years without major issues, and the impact of the proposed standards is similar to the existing registration standards.

The Board considers that the revised draft standards would have a low impact on the professions. These low 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 review of the literature on the effectiveness of CPD and on recency of practice requirements. The Board has taken this information and its regulatory experience into account in its review of the relevant registration standards.

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. The proposals 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 standard: Professional indemnity arrangements* will support consumer choice, by establishing clear requirements for professional indemnity insurance arrangements that practitioners must meet when they practise, in accordance with the National Law.

The Board considers that the revised draft *Registration standard: Continuing professional development* will support consumer choice, by establishing clear requirements for continuing

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professional development that practitioners must meet as a key part of maintaining their competence, in accordance with the National Law. The option for practitioners to choose to undertake unassessed CPD activities and assess them for themselves also serves to expand consumer choice.

The Board considers that the revised draft *Registration standard: Recency of practice* will support consumer choice, by establishing clear requirements for recency of practice that practitioners must meet, in accordance with the National Law. Any negative impact on consumer choice by the new differentiation between clinical and non-clinical practice is offset by both the benefit to the public by clinical care being provided by practitioners being recent in clinical practice and the articulation of clear pathways to move between clinical and non-clinical practice.

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 Boards considered the overall costs of the revised registration standards 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 contribute to the National Scheme.

Subject to stakeholder feedback on the proposed revisions and if approved by the Ministerial Council, the revised draft standards should have only minimal impact on the costs to applicants by 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 Boards consider the revised draft registration standards have been written in plain English that will help practitioners to understand the requirements of the standard. The Boards have changed the structure of the standards and reviewed the wording to make the standards 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 Boards will review the revised registration standards 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 earlier, if it is necessary to ensure the standards' continued relevance and workability.