

FAQ for recency of practice

Effective 14 September 2017

Area of practice for chiropractors

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

Your area of practice may include both clinical and non-clinical practice. You do not need to practise in a clinical role to meet the *Recency of practice registration standard*; you can be recent in non-clinical practice without being recent in clinical practice.

It is every registered health practitioner's professional responsibility to work within the limits of their competence and to reflect on and understand their own learning needs.

If you change your area of practice from not being directly involved in the delivery of clinical services to being directly involved, this is of particular concern to the Board. This is due to the possible risks that are involved to the safety of the public.

Such risks can relate to the recency of your clinical knowledge, the recency of your diagnosis and management skills and the recency of your skills in providing manual therapies.

It is the Chiropractic Board of Australia's (the Board) expectation that if you propose to change your area of practice from non-clinical to clinical practice, you need to reflect on and plan your individual learning needs appropriately. This will enable you to have a supported return to clinical practice and ensure the services you provide to the public are safe and to the expected standard.

What is the difference between clinical and non-clinical practice?

Practitioners need to satisfy the recency of practice requirements in the areas in which they seek to practice.

Clinical practice is where you are using your current knowledge, skills and attitudes as a chiropractor, whether remunerated or not, by directly providing or supervising the delivery of clinical care to patients.

Non-clinical practice is where you are using your current knowledge, skills and attitudes as a chiropractor, whether remunerated or not, in a way that is **not** directly providing or supervising the delivery of clinical care to patients.

While a chiropractor who satisfies the requirements for recency of clinical practice is assumed to be sufficiently recent in their clinical knowledge, diagnostic and management skills as well as their manual therapy skills to practice in either clinical or non-clinical areas, a practitioner who has recency only in non-clinical practice may have deficits in one or more of these areas depending on their individual circumstances. This will mean they cannot automatically be considered recent in clinical practice.

What does the Board need from me so I am recent in clinical practice?

The Board's [Registration standard recency or practice](#) defines recency of clinical practice as having:

- 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
- carried out 150 hours of clinical practice in the previous 12 months.

What does the Board require to be recent in non-clinical practice?

The Board's [Registration standard recency of practice](#) defines recent of non-clinical practice as having:

- at least 450 hours of clinical and or non-clinical practice in the previous three years and no continuous absences from practice that are greater than two years, or
- carried out 150 hours of clinical or non-clinical practice in the previous 12 months.

I am an academic who teaches student chiropractors, do I meet recency of clinical practice?

Not necessarily. While it is likely that you would meet non-clinical recency of practice (as defined in the Board's registration standard), academics involved in teaching but **are not** directly providing or supervising the delivery of clinical care to patients, are unlikely to meet the requirements for recency of clinical practice.

Academic practitioners who are not recent in clinical practice would normally have to complete a period of supervised practice as determined by the Board before being determined as having the required level of recent in clinical practice.

I am transitioning from non-clinical practice to clinical practice what should I do?

All practitioners have an obligation to make sure they are competent to carry out any activities they do as a chiropractor. This is particularly important when you are changing the scope of activities you carry out in your practice, especially if it is to move from non-clinical practice to clinical practice.

There is a possibility that you could be out of practice or not up-to-date when you move from non-clinical to clinical practice. The *Registration standard: Recency of practice* (the standard) imposes specific requirements which apply when this takes place.

If you do not meet the requirements for recency of clinical practice you must not start clinical practice without first providing a submission, containing the elements for a submission required in the [standard](#), supervision plan and proposal to the Board for consideration. This proposal should outline your background, experience and a plan to support your safe transition into clinical practice. This plan may include things such as further education and training, a period of supervised practice or even knowledge/skills assessments.

For further information

The [Registration standard recency of practice](#) and [Guidelines for supervision of chiropractors](#) provide more information about this process. You need to be familiar with them and read them carefully.