RACGP
Royal Australian College of General Practitioners

Healthy Profession. Healthy Australia.

15 July 2026

Australasian Health Professionals Regulation Agency (Ahpra)
PO Box 9958
Melbourne
Victoria 3001

via email: ahpraconsultation@ahpra.gov.au

**RE: Public consultation on the Review of registration standards for Recency of practice (ROP) and Continuing professional development (CPD).**

The Royal College of General Practitioners (RACGP) thanks Ahpra for the opportunity to provide feedback on the *Review of registration standards for Recency of practice (ROP) and Continuing professional development (CPD)* consultation. Please find our responses to your survey in Attachment 1.

The RACGP is the voice of specialist general practitioners (GPs) representing more than 50,000 members in our growing cities and throughout rural and remote Australia. For more than 60 years, we have supported the backbone of Australia's health system by setting the standards for education and practice and advocating for better health and wellbeing for all Australians. Our core commitment is to support specialist GPs from across the entirety of general practice to address the primary healthcare needs of the Australian population. The College now trains more than 90% of Australia's GPs including those in rural and remote areas and in Aboriginal and Torres Strait Islander communities.

The RACGP supports efforts to improve consistency across professions and recognises the value of clear, contemporary standards that support workforce participation while maintaining public safety.

The RACGP supports the proposed recency thresholds of 150 hours of practice over 12 months or 450 hours over three years and supports removal of longer five-year recency pathways. We consider these requirements provide an appropriate minimum standard while retaining flexibility for practitioners who work part-time or take career breaks.

However, the RACGP has concerns regarding the proposal to remove Board oversight for practitioners making substantial changes to their scope of practice. At a time when scopes of practice are expanding across a number of professions, the College considers it important that appropriate regulatory safeguards remain in place to ensure practitioners are suitably trained, competent and supported when undertaking new clinical responsibilities. Reliance on self-assessment alone may not provide sufficient assurance of public protection.

The RACGP also supports additional CPD requirements for practitioners with scheduled medicines endorsements but does not consider the proposed additional 10 hours of CPD to be sufficient assurance of ongoing competence for practitioners undertaking diagnosis, prescribing and clinical management activities. As non-medical professions assume greater clinical responsibilities, CPD and competency assurance requirements should be proportionate to those responsibilities and support consistent expectations across the health system. CPR training should also be mandatory for any registered healthcare practitioner.

The RACGP appreciates the opportunity to contribute to this important reform. Should you wish to discuss this feedback or any related matters, please do not hesitate to contact Samantha Smorgon, National Manager – Funding and Health System Reform, on (03) 8699 0566 or via samantha.smorgon@racgp.org.au.

Yours sincerely

Dr Michael Wright
President

# Appendix 1: RACGP response to the Ahpra survey questions

**Are you completing this submission on behalf of an organisation or as an individual?**

☒ Organisation

Name of organisation: Royal Australian College of General Practitioners (RACGP)

Contact email: healthreform@racgp.org.au

☐ Individual

Name: Dr Michael Wright

Contact email: healthreform@racgp.org.au

Do you give permission for your submission to be published?

☒ Yes – publish my submission **with** my name/organisation name

☐ Yes – publish my submission **without** my name/organisation name

☐ No – **do not** publish my submission

**Consultation questions: Recency of practice registration standard**

**Question 1:**

Is the proposed revised ROP standard clear and workable in practice? Why or why not?

**Your answer:**

No response.

**Question 2:**

Does the proposal to require 150 hours of practice in the previous 12 months or 450 hours in the previous three years provide appropriate options for practitioners applying for or renewing their registration, including overseas health practitioners applying for registration in Australia? Why or why not?

**Your answer:**

The RACGP recognises the value of a consistent, baseline Recency of Practice (ROP) standard across professions, and we support the proposed thresholds of 150 hours over 12 months or 450 hours over three years. These thresholds are a clear and reasonable minimum expectation that balances maintaining clinical connection with allowing flexibility in workforce participation.

The RACGP also strongly supports retaining flexibility within the model. The option to meet requirements over either 12 months or three years was seen as important in supporting practitioners who take career breaks or work part-time, including those experiencing significant life events such as parental leave, illness, or transition towards retirement. Flexibility is critical to maintaining workforce participation, particularly among experienced clinicians who may otherwise exit the workforce.

The RACGP strongly supports removing the 5-year period where it currently exists.

**Question 3:**

Does the requirement for practitioners moving to a new area of practice (e.g. non-clinical to clinical) to ensure they have sufficient training and/or qualifications to achieve competency in the new area adequately protect the public and align with public expectations of registered health practitioners?

**Your answer:**

The RACGP does not consider the removal of Board oversight for changes to scope of practice to be reasonable, particularly in the current context of expanding and evolving scopes across multiple health professions. As scopes of practice broaden across the health workforce, it is critical that changes remain subject to appropriate regulatory oversight.

Board oversight plays a critical role as a safeguard to ensure that practitioners are appropriately trained, competent, and practising within safe boundaries. Removing or reducing this oversight risks creating variability in practice standards, delays in identifying unsafe practice, and confusion for patients about practitioner roles and accountability.

The RACGP does not support an approach that relies solely on practitioners' self-assessment of competence and compliance with professional codes of conduct. The RACGP considers that appropriate safeguards are required when practitioners expand or change their scope of practice, including clear education and training requirements, strong clinical governance, and structured support for transitions into new areas of practice. Board oversight is a critical component of these safeguards and should be retained to promote patient safety, practitioner accountability, and public trust in the regulatory system.

The RACGP also considers that recency of practice should be assessed in relation to the practitioner's area of endorsed or expanded practice, rather than solely total hours worked. A practitioner may satisfy overall practice-hour requirements while having minimal recent exposure to the specific presentations, clinical conditions or prescribing activities that form part of an expanded scope of practice.

As health professions assume greater responsibility for diagnosis and prescribing, regulators should consider whether additional recency requirements are required for particular endorsements or advanced practice activities. Demonstrating recent practice in a profession generally may not be sufficient evidence of current competence in specific clinical areas associated with expanded scopes of practice.

**Question 4:**

What additional explanatory material or resources would help practitioners understand and comply with the standard?

**Your answer:**

No response.

**Question 5:**

Will the proposed ROP requirements help support access to health services while maintaining public protection? Please describe.

**Your answer:**

The RACGP considers that the proposed ROP requirements will support access to health services by providing appropriate flexibility for practitioners to maintain registration through the 150-hour and 450-hour recency pathways. However, maintaining public protection requires more than recency requirements alone. The RACGP remains concerned about proposals that rely primarily on practitioners' own assessment of their competence when changing or expanding their scope of practice. While flexibility can improve access to care, it must be accompanied by appropriate regulatory safeguards and oversight to ensure patient safety is not compromised.

The RACGP notes that public protection depends not only on maintaining overall participation in practice but also on maintaining competence in the specific activities performed. As professions expand into areas involving diagnosis and prescribing, consideration should be given to whether practitioners should demonstrate recent clinical exposure or skills maintenance in those areas. This is particularly relevant where practitioners have completed additional qualifications but may not routinely encounter the conditions they are authorised to assess and manage. Recency requirements that are too broad may not adequately assure ongoing competence for specific higher-risk activities.

**Question 6:**

Would the proposed ROP requirements result in any negative or unintended impacts for individuals or groups? This may include impacts on:

- Aboriginal and Torres Strait Islander Peoples
- patients, clients or consumers
- practitioners
- vulnerable communities

If so, please describe the impact and who may be affected.

**Your answer:**

The RACGP does not anticipate significant unintended impacts arising from the proposed recency of practice requirements. The proposed flexibility of 150 hours over 12 months or 450 hours over three years is likely to support workforce participation across a range of practice settings and career stages.

The RACGP notes, however, that practitioners working in rural, remote and underserved communities, including Aboriginal Community Controlled Health Organisations (ACCHOs), may face additional barriers in accessing supervision, mentoring and return-to-practice supports where these are required. It will be important that any return-to-practice processes remain flexible and responsive to different workforce contexts.

The RACGP also considers that recency of practice should be viewed alongside workforce capability and community need. Regulatory requirements should support retention of experienced practitioners in communities where access to healthcare services is already constrained.

From an equity perspective, ongoing monitoring should consider whether the proposed requirements have any unintended effects on workforce participation in settings that provide care to Aboriginal and Torres Strait Islander peoples, rural and remote communities and other populations experiencing barriers to accessing healthcare. The RACGP also notes that Aboriginal and Torres Strait Islander communities are diverse and that implementation of the standard should support flexibility and responsiveness to local contexts, including the workforce models and service delivery arrangements used by Aboriginal Community Controlled Health Organisations.

The RACGP supports a balanced approach that maintains public protection while supporting access to safe, high-quality and culturally responsive healthcare.

**Consultation questions: Continuing professional development registration standard**

**Question 1:**

Is the proposed revised CPD standard clear and workable in practice? Why or why not?

**Your answer:**

No response.

**Question 2:**

Should a minimum amount of interactive CPD (e.g. peer discussion, virtual mentoring, case review) be required? If yes, is five hours per year appropriate?

**Your answer:**

With the inclusion of virtual options, the minimum amount of 5 hours of interactive CPD seems appropriate.

**Question 3:**

Is the requirement for an additional 10 hours of CPD for practitioners with technical and/or profession-specific skills (e.g. endorsement for scheduled medicines) appropriate? Why or why not?

**Your answer:**

The RACGP supports additional CPD requirements for practitioners with scheduled medicines endorsement but considers that an additional 10 hours is unlikely to be sufficient evidence that competency is being maintained, given the complexity and risk associated with diagnosing, prescribing and managing clinical conditions.

The RACGP notes that endorsement for scheduled medicines increasingly enables health practitioners to undertake activities that rely on advanced clinical reasoning, differential diagnosis, prescribing decision-making, recognition of red flags and management of diagnostic uncertainty. These are competencies that require ongoing development and regular application in practice.

In the RACGP's view, CPD requirements should be proportionate to the responsibilities associated with prescribing and autonomous clinical decision-making. An additional 10 hours annually does not appear equivalent to the expectations placed on other prescribing professions and may not provide sufficient assurance to the public that practitioners are maintaining competence in these activities.

The RACGP is particularly concerned that completion of an approved qualification alone is not sufficient to ensure ongoing competency where practitioners may only occasionally encounter particular conditions in practice. For example, a practitioner may complete postgraduate training relating to the diagnosis and management of specific conditions but subsequently have limited exposure to those conditions for an extended period. In such circumstances, CPD should include requirements that support maintenance of clinical competence through relevant education, case review, peer discussion, audit activities or other profession-specific mechanisms that demonstrate contemporary knowledge and skills.

The RACGP considers that additional assurance measures may be required for endorsed prescribing practitioners, including condition-specific CPD requirements, structured peer review, clinical audit activities, or other mechanisms demonstrating continuing competence in the areas for which endorsement has been granted.

Practitioners who diagnose, prescribe and manage clinical care should be subject to comparable ongoing professional development requirements, regardless of profession. Medical practitioners are required to complete 50 hours of CPD annually to maintain registration and clinical competence. As scopes of practice expand and other health professions undertake increasingly complex clinical responsibilities, CPD requirements should reflect those responsibilities to support patient safety, public confidence and consistent regulatory expectations.

CPR training should be mandatory for all registered healthcare practitioners.

**Question 4:**

The Chiropractic, Optometry, Osteopathy and Podiatry Boards are proposing to remove mandatory first aid/CPR training requirements from the CPD standard, in alignment with other professions. This approach recognises that professional capabilities, CPD guidelines and/or other guidance can encourage practitioners to maintain these skills where relevant to their practice. Does this approach appropriately balance public protection with regulatory burden? Why or why not?

**Your answer:**

No response.

**Question 5:**

What additional explanatory material or resources would help practitioners understand and comply with the standard?

**Your answer:**

No response.

**Question 6:**

Will the proposed CPD requirements help support access to health services while maintaining public protection? Please describe.

**Your answer:**

No response.

**Question 7:**

Would the proposed CPD requirements result in any negative or unintended impacts for individuals or groups? This may include impacts on:

- Aboriginal and Torres Strait Islander Peoples
- patients, clients or consumers
- practitioners
- vulnerable communities

If so, please describe the impact and who may be affected.

**Your answer:**

The RACGP supports continuing professional development as an important mechanism for maintaining competence, supporting patient safety and improving quality of care.

The proposed requirements are unlikely to result in significant negative impacts. However, practitioners working in rural and remote settings, Aboriginal Community Controlled Health Organisations (ACCHOs) and other underserved communities may face practical barriers to accessing some CPD activities, including workforce shortages, travel requirements and limited opportunities for peer engagement. Continued access to flexible, accessible and high-quality CPD options, including virtual and interactive learning, will be important.

The RACGP supports the National Scheme's ongoing work to strengthen cultural safety capabilities across the health workforce. High-quality CPD that supports culturally safe, responsive and anti-racist practice has the potential to strengthen healthcare experiences and outcomes for Aboriginal and Torres Strait Islander peoples.

The RACGP also recognises that Aboriginal and Torres Strait Islander communities are diverse and that CPD approaches should support flexibility and responsiveness to local community priorities, cultural contexts and models of care.

The RACGP also notes that CPD requirements should remain proportionate to the complexity of practice and scope of responsibility. As some professions undertake greater responsibilities for diagnosis, prescribing and clinical management, ongoing professional development and competency assurance mechanisms should reflect those responsibilities.

Overall, the RACGP considers that the proposed framework is unlikely to create significant adverse impacts provided implementation supports equitable access to CPD across diverse practice settings and communities.

The Royal Australian College of General Practitioners Ltd
100 Wellington Parade, East Melbourne VIC 3002
Tel 1800 4RACGP | 1800 472 247 Fax (03) 8699 0400 Email racgp@racgp.org.au
racgp.org.au ACN 000 223 807 ABN 34 000 223 807