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Review of the *Recency of Practice Registration Standard*

Royal Australasian College of Physicians submission
to the Medical Board of Australia

March 2026

About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 21,000 physicians and 9,000 trainee physicians, across Australia and Aotearoa New Zealand.

The RACP represents a broad range of physicians, supervisors and supervisees, across practice settings, worksites and medical specialties including clinical pharmacology and toxicology, general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, infectious diseases medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine, and addiction medicine.

We acknowledge and pay respect to the Traditional Custodians and Elders – past, present and emerging – of the lands and waters on which RACP members and staff live, learn and work. The RACP acknowledges Māori as tangata whenua and Te Tiriti o Waitangi partners in Aotearoa New Zealand.



Introduction

The RACP welcomes the opportunity to offer feedback on the MBA's proposed revisions to the *Recency of Practice Registration Standard* (the Standard).

RACP members in Australia engage directly with the Standard at critical points in their professional lives, including during periods of leave, transition, part-time practice, research or scope change.

We share the MBA's commitment to delivering well-defined, flexible and supportive arrangements for recency of practice registration.

The RACP supports the direction and intent of the proposed reforms and offer additional comments to improve the Standard.

Feedback on questions

1. Are the content, language and structure of the proposed revised *Recency of Practice Standard* clear, relevant and workable? Why or why not?

The content, language and structure of the proposed revised Standard are appropriate, clear and workable. The Standard is generally well defined and structured, accessible and fitting for practical implementation. However, the Standard would be improved by the following.

Define scope and application across the physician career course

The RACP recommends greater nuance in articulating the scope of the Standard and the situations in which it applies.

This includes extended paternity or maternity leave, periods of disability or illness, absences undertaken for study and research, and other non-traditional practice patterns that may not be directly related to registration or clinical practice.

Clearer articulation of how recency arrangements apply in these and other circumstances would support fairness, transparency and confidence in the implementation of the Standard across the physician career course.

Augment and centre definition of "practice"

The inclusion of a broad yet clear definition of "practice" early in the Standard and in associated support resources would be of use to time-poor registrants.

The definition should recognise and address the broad range of activities and experiences that may count toward recency requirements for annual or triennial recency pathways.

RACP members (including both physicians and trainees) make diverse high-value contributions to patients within their respective scopes of practice and expertise. These contributions extend beyond patient-facing clinical care to include teaching, supervision and education, research and academic leadership, management, consultancy, community engagement, and policy and advocacy.

Maintaining a broad definition of practice is critical to ensuring physicians are not unfairly disadvantaged where their professional contribution is multifaceted yet integral to optimal health outcomes for patients and communities.

3. Which option (1 – status quo or 2 – proposed revised Standard) best protects the public while facilitating access to a sustainable health workforce?

The RACP strongly supports Option 2 which clearly aims to balance public protection, improved health outcomes with workforce sustainability and support for physician practice and wellbeing.

The responses to Questions 4 and 5 below provide additional feedback related to the specific requirements comprising Option 2.

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

The RACP broadly supports the proposed revised minimum hour thresholds for the demonstration of recency of practice over 12 months and three years.

While the 37.5 hour cap is generally seen as reasonable, aligned with arrangements for other Ahpra-regulated professions and aimed at addressing risks of burnout and fatigue, the Board should be mindful of its potential negative effects on physicians who practise infrequently, but when practising do so in blocks in excess of 37.5 hours per week, including on-call and rostered extended shifts.

For this subset of RACP members seeking to demonstrate recency on the 12-month pathway, accrual of hours is particularly crucial. These members may include those undertaking infrequent but intensive locum, teaching, and consultancy duties, and rural, regional or remote work, as well as physicians in transition to retirement who provide periodic yet vital support to patients and the health system.

This subset of registrants would benefit from unique and specific Board consideration in the interpretation and application of the Standard in regulatory practice.

5. Should the definition of ‘recent graduate’ be reduced from two years to one year? Please provide details.

The Board’s proposal to reduce the definition of ‘recent graduate’ from two to one year of registration following completion of an approved course of study is well aligned with the RACP’s [Basic Training Entry Requirements](#), whereby applicants must satisfactorily complete at least an intern year (postgraduate year one) to gain candidature.

Accordingly, we consider the pre-vocational medical intern year required for eligibility to be aligned with the definition of a recent medical graduate.

There are two key benefits to revising the definition of ‘recent graduate’:

- Early engagement with the Standard, with early career registrants learning about and conforming to recency requirements at an earlier point in their professional journey
- Incentivising expedited transition into clinical roles for early career doctors, with building up skills, experience and expertise during this critical formative period.

However, it is important to note that certain RACP specialties deal with significant shortfalls of available Basic Training Positions (noting that the RACP does not ‘cap’ training positions – available training positions are determined by hospitals and health services based on their capacity to resource, supervise and support training).

Some early career trainees may face delays in securing employment or appropriate clinical practice. As such, the RACP would encourage adding some caveats and nuance to the definition of 'recent graduate' to mitigate the risk of the Standard unfairly disadvantaging trainees and unintentionally penalising them for systemic workforce issues beyond their control.

6. Should the registration Standard specify the requirements for doctors wishing to change their scope of practice? Please provide details

The draft clauses inserted in the revised Standard will indeed assist with career planning and provide greater certainty for practitioners wishing to change scope of practice. The clauses clearly outline requirements for recency declarations following minor, significant or intended changes in scope (e.g. when direct patient care will be required to meet recency requirements as a distinct form of practice from self-directed professional development or endorsed learning plans).

The RACP supports the draft clause acknowledging the vital role of medical colleges in supporting skills development, training and practice experience for recency-related declarations within the draft Standard. The College is well positioned to support practitioners and the Board in developing professional development plans in any new fields of physician practice.

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

The RACP supports the proposal for additional information that the Board will consider when a practitioner does not meet the above requirements. Such expanded information will promote transparency and procedural fairness, and reflects a more proportionate, risk-based approach to practitioner compliance.

Improved clarity will assist practitioners in planning their careers, including structured absences and breaks from practice, and enhance their understanding of the information that may be required to support safe re-entry to practice.

The Board's proposed approach to addressing unmet recency aligns closely with the RACP's [Flexible Training Policy](#), which similarly adopts individualised and proportionate approaches to managing interruptions to physician training, based on the length of absence from training (e.g. less than 12 months or part of the year, beyond 12 months and beyond 24 months), allowing for case-by-case planning where appropriate.

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

We urge the Board to provide additional guidance, templates and explanatory resources to assist practitioners in understanding recency requirements and reporting relevant activities.

Further guidance would reduce the likelihood of unmet requirements by addressing the complexity of reporting history of practice, CPD activities, changes in scope of practice and other considerations associated with returning to practice.

Many practitioners are not familiar with recency requirements because they conform with these requirements by default. Should their circumstances change, however, there may be gaps in practitioner knowledge and awareness. Webinars, infographics, training modules, case studies, templates and checklists would encourage consistency, improve record keeping and reduce registrant uncertainty.

The Board should also work to identify registrant types at high risk of unmet recency requirements and work with the RACP to deliver proactive, tailored resources to mitigate specific risks affecting trainee physicians and physicians.

We also recommend investment in Ahpra contact centres to ensure easily accessible and clear advice for practitioners on the application and interpretation of the revised Standard and other registration standards.

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

The draft regulatory impact statements for patients and consumers are generally well set out and support the needs and rights of patients and consumers.

Over time, the Board may wish to include additional statements on the intersection between the Standard and cultural safety outcomes for diverse priority patient groups in the community.

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

The draft regulatory impact statements for Aboriginal and Torres Strait Islander Peoples are generally comprehensive and well set out in the Standard.

We refer the Board to the [RACP's Indigenous Strategic Framework \(2018-2028\)](#) for RACP-endorsed targets and actions which align with the Standard and serve to support members in Australia in optimising safe and effective practice in First Nations communities.

Next steps

Thank you again for the opportunity to offer the RACP's feedback on the draft revised Standard.

The RACP broadly supports the proposed revisions and reforms to the Standard.

In summary, we recommend that the MBA consider:

- Need for greater clarity in articulating the scope and application of the Standard across the physician career continuum, particularly in circumstances involving parental leave, disability or illness, structured absences, engagement in research and other non-traditional practice patterns.
- Need for a broad, inclusive definition of "practice" that recognises teaching, research, leadership, policy and advocacy roles as contributions to recency periods.
- Potential impact of the weekly cap of 37.5 hours on a small but important subset of practitioners who undertake infrequent but intensive blocks of practice.
- Ensuring that the revised definition of "recent graduate" operates fairly for all trainees, especially where workforce entry, retention and limited training positions may delay trainee employment or clinical practice.
- Need for targeted and proactive guidance, templates, CPD and practitioner support to assist members in understanding, documenting and demonstrating compliance with the Standard.

As the current consultation is the first review of the Standard since its implementation in 2016, it is important for the revised Standard to truly reflect the realities and challenges of trainee and physician practice, in all its variety and specificity, as it is performed by medical practitioners in 2026 and beyond.

A crucial part of ensuring that the Standard remain fit for purpose and of use to practitioners and regulators alike will be regular reviews of the Standard. The RACP suggests that the Board commit to a specific timeline for future reviews of the Standard.

We welcome further engagement with the Board on the development and implementation of the Standard. Please contact Peter Lalli, Senior Policy & Advocacy Officer, for inquiries related to this submission via policy@racp.edu.au