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# RACP Re-entry into practice and Remediation Support Guidelines

June 2026

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# 1. Introduction

The Royal Australasian College of Physicians (RACP) is committed to supporting Continuing Professional Development (CPD) Participants to maintain the professional standards of competence, conduct, and performance required of their role.

Medical practitioners may, at times, experience challenges in meeting CPD, recency of practice, or other regulatory standards in Australia and Aotearoa New Zealand. As an accredited CPD Home provider for the Medical Board of Australia (MBA) CPD registration standard and the Te Kaunihera Rata o Aotearoa/Medical Council of New Zealand (MCNZ) recertification requirements, the College provides structured support to address gaps in knowledge, skills, behaviours or compliance.

# 2. Purpose

The purpose of these Guidelines is to provide a clear, consistent and transparent framework for supporting RACP CPD Participants in maintaining compliance, managing changes in scope of practice, re-entering clinical practice or addressing underperformance, while ensuring patient safety and regulatory alignment.

# 3. Scope

These Guidelines apply to RACP CPD Participants who:

- have been identified as being non-compliant in a CPD year or following an annual CPD Audit
- are returning to clinical practice (re-entry) after a period of absence
- seeking support for a change in scope of practice
- have been identified as requiring remediation or performance improvement, either through self-identification, employer notification, or regulatory mandate.

The Guidelines also apply to the RACP CPD Team, employers and regulatory authorities in Australia and Aotearoa New Zealand in their engagement with CPD Participants under these circumstances.

# 4. Guiding Principles

RACP's approach to re-entry and remediation is guided by the following principles:

- patient safety and public protection are paramount
- regulatory alignment with MBA and MCNZ requirements
- proportionality, ensuring responses are appropriate to the level of risk or deficit identified
- individualisation, recognising differences in scope, context and experience
- procedural fairness and transparency
- clear documentation and accountability

# 5. Overview

Support may be requested by CPD Participants, employers or regulatory authorities and is assessed individually. Where appropriate, requests may be escalated to a CPD Review Panel with relevant specialist representation.

Support provided may include, but is not limited to:

- targeted clinical upskilling, such as courses and workshops
- supported clinical practice, including peer review, mentorship, and supervision
- education on ethical behaviour or professional conduct
- training or mentoring to strengthen decision making, teamwork, leadership, and supervisory skills
- other interventions identified by the CPD Review Panel or regulatory authority

RACP may be required to report the outcomes of training and remediation activities to employers and/or regulatory bodies. All information will be handled in accordance with RACP Privacy Policy and relevant privacy regulations.

# 6. Categories of support

## 6.1. Re-entry into practice

Requirements to re-enter practice after periods of absence are determined by the relevant authority. RACP provides support to CPD Participants are returning from working overseas or have been absent from practice for 36 months or more to develop a formal re-entry program, which meets the practice re-entry requirements of the MBA or the MCNZ, as applicable.

**Australia**

- To meet the MBA Recency of Practice standard medical practitioners must practise within their scope of practice at any time for a minimum total of:
  - four weeks full-time equivalent in one registration period, which is a total of 152 hours, or
  - 12 weeks full-time equivalent over three consecutive registration periods, which is a total of 456 hours.

A medical practitioner who has two or more years clinical experience as a registered medical practitioner and is returning to practice, is required to complete the following requirements:

- if they have not practised for up to and including 12 months:
  - there are no additional requirements that have to be met before re-commencing practice
- if they have not practised for between 12 months and up to and including 36 months:
  - at a minimum, before re-commencing practice, they must complete the equivalent of one year's continuing professional development (CPD) activities, relevant to their intended scope of practice. The CPD activities must be designed to maintain and

update their knowledge and clinical judgment, (activities designed to review performance or measure outcomes are not required)

- if they have not practised for more than 36 months:
  - they are required to provide a plan for professional development and re-entry to practice to the Board for consideration and approval. A medical practitioner will be required to work under supervision for a period time set by the MBA.

The MBA accepts practice outside of Australia as meeting the recency of practice standard.

**Aotearoa New Zealand**

A doctor practising in their vocational scope of practice, must participate in a MCNZ approved recertification provider programme and must also establish a collegial relationship with a doctor who is registered and practising in the relevant vocational scope for that area of medicine (irrespective of time of absence). MCNZ may decline to issue a practising certificate or impose conditions on the scope of practice to a doctor who is absent from practice for 36 months or more.

Doctors who are on the medical register but do not hold a practising certificate must contact MCNZ to request a practising certificate application form.

MCZN considers conditions may be required on the scope of practice of a doctor who has worked overseas but has not practised medicine in New Zealand in the preceding 3 years. The doctor's scope of practice, the context and nature of their medical practice and the comparability of the health system during the period overseas are taken into consideration.

The MCNZ Policy on practising certificate applications for doctors who have not held a New Zealand practising certificate or lawfully practised medicine within the previous 3 years sets out the requirements when considering an application for a practising certificate New Zealand or returning to New Zealand after working overseas. It also sets out the measures and requirements to ensure a supported return to practice, including mandated supervision and CPD.

Doctors seeking to re-enter practice must apply directly with MCNZ.

## 6.2. Change in scope of practice

A CPD Participant who proposes to change their field or scope of practice may be required to undergo additional training to ensure they are competent in the new field or scope of practice. In Australia, the MBA distinguishes between the following circumstances:

- if the change is to a subset of their current practice (that is, they are narrowing their scope of practice), there are no additional requirements
- if the change is an extension of their practice that their peers might reasonably expect from a practitioner in that field, they are required to undertake any training that peers would expect before taking up the new area of practice, or
- if the change is to a different field of practice, they are required to consult with the relevant specialist college and develop a professional development plan for entering the new field of practice for the consideration and approval of the Board.

Under the requirements of the MCNZ, a practitioner seeking to change or extend their vocational scope may require an application to the MCNZ. Additional training or supervision may be imposed, conditions may be placed on the practicing certificate and approval must be obtained before practicing in the new scope.

### 6.3. Remediation

Remediation applies where:

- a regulatory authority has imposed conditions on a CPD Participant's registration
- an employer has identified performance concerns requiring structured support or improvement
- a CPD Participant has self-identified deficits in knowledge, skills, judgement or professional conduct requiring targeted development
- a CPD Participant has been identified as underperforming due to being non-compliant with CPD requirements, either within a CPD year or following an annual CPD Audit.

Remediation support is proportionate to the nature and level of concern identified and may involve the development and monitoring of a structured Professional Development Plan.

Where the deficits relate to unsatisfactory clinical knowledge, skills or performance, RACP provides guidance to develop a plan for performance development. In such cases, the cause of concern/s and any imposed conditions must be disclosed to RACP.

The RACP's role is advisory and supportive. The RACP does not replace regulatory authority functions.

## 7. Request for Support/Advice

Further training and remediation may be initiated directly by the CPD Participant, a regulatory authority, employer or the RACP. Requests for advice or support must include:

- Reason for request (e.g., change of scope of practice, re-entry to practice, imposed registration condition, performance concerns)
- Nature of support / advice required (e.g., guidance on the process to follow when contemplating a planned absence and re-entry, advice on suitable educational activities to support extended scope of practice or specific training need, support to develop professional development plan, assistance to find a suitable mentor/ supervisor)
- other relevant information such as, period of absence from practice and reason for absence (if relevant), employment details, description of current scope of practice, and any regulatory conditions.

Requests may be submitted via the CPD Team directly by email to MyCPD@racp.edu.au, or; MyCPD@racp.org.nz or Member Support Team on 1300 697 227 (AU) /0508 697 227 (ANZ);

# 8. Process

Indicative processing timeframe is up to eight weeks, subject to completeness and complexity

## 8.1. Initial Triage

Requests are categorised as

- **Level 1** – General advice (such a general CPD requirements)
- **Level 2** – Complex support requiring CPD team assessment (such as considerations to be taken before taking extended leave or for returning to practice)
- **Level 3** – Matters requiring specialist review, re-entry plan assessment, or remediation panel review

## 8.2. Initial Assessment by the CPD Team

The RACP will review the details of the request for support/advice. Where required, the RACP may seek clarification and/or additional information from the CPD participant. This may include

- current CV
- evidence of participation in CPD if not with RACP/recorder in MyCPD
- regulatory or employer documented requirements for training
- details of proposed supervisor/mentor
- evidence of employment details/job offer.

## 8.3. Referral to the CPD Committee

Complex matters, including applications involving a new or substantially changed scope of practice, or concerns relating to clinical performance or remediation, will be referred to the CPD Committee.

For such matters:

- relevant documentation will be prepared by the CPD Team for review by the CPD Committee Chair.
- the Chair will determine whether the matter requires consideration by the full Committee or referral to a CPD Review Panel.

Where specialist input is required, a CPD Review Panel may be convened.

1. **Panel Composition**
    - The CPD Manager will identify appropriate specialist representation, including nominees from the relevant Specialist Training Committee or equivalent body.
    - Panel members must declare any actual or perceived conflicts of interest prior to participation.

2. **Panel Process**
    - The CPD Manager will circulate all relevant documentation to Panel members in advance of review.
    - The Panel will assess the documentation, identify any gaps, and determine appropriate training, supervision, or remediation requirements.
    - Where necessary, a meeting may be convened to discuss and agree on recommendations.
    - The Panel's recommendations will be formally documented by the CPD Manager or delegate.
3. **Decision and Endorsement**
    - Recommendations of the Panel are provided to the CPD Committee Chair (or Committee, where required) for endorsement in accordance with RACP governance delegations.
    - All decisions and supporting documentation will be recorded and retained in accordance with RACP record-keeping requirements.

Following endorsement, the CPD Manager will

- communicate the outcome to the CPD Participant and, where relevant, the employer and/or regulatory authority.
- assist the CPD Participant to finalise a Professional Development Plan aligned with the approved recommendations.

The Professional Development Plan may include:

- specific training and education requirements
- supervision and/or peer review arrangements
- defined timeframes and milestones
- a structured review schedule
- methods of assessment and evidence of completion.

The CPD Participant must sign the approved Plan. Where supervision or mentorship is required, the nominated supervisor or mentor must also sign to acknowledge their responsibilities.

The finalised Plan will be provided to the CPD Participant and, where required, to the relevant regulatory authority and/or employer.

Substantial changes to scope of practice or re-entry to practice may require submission to, and approval by, the Medical Board of Australia or the Medical Council of New Zealand prior to

Plans provided on MBA and MCNZ templates will be accepted

## 8.4. Monitoring of Re-entry and Remediation Activities

The CPD participant is responsible for complying with the requirements of the MBA and MCNZ and for providing satisfactory evidence of completion of required activities. Acceptable evidence may include, but is not limited to:

- certificates of attendance or completion
- written confirmation from mentors or supervisors
- assessment reports or performance evaluations
- reflective statements or documented learning outcomes where specified in a Plan.

The RACP will:

- coordinate submission and reviews of progress reports from the CPD participant and/or supervisor
- refer progress documents to the CPD Review Panel or CPD Committee, where required
- monitor progress against agreed milestones, timelines and Plan
- provide guidance or recommend adjustments to the Plan where appropriate
- communicate outcomes and recommendations to the CPD participant, and where relevant, to the employer and/or regulatory body.

## 8.5. Completion and Reporting

Upon satisfactory completion of all requirements:

- RACP will issue a formal letter to the CPD Participant
- The CPD Participant is responsible for providing this confirmation to their regulatory authority and/or employer where required
- RACP may provide confirmation of progress or completion directly to a regulatory authority or employer where formally requested or required
- Activities completed under an approved Plan within the CPD program cycle may be recognised as contributing to CPD requirements for that period, where consistent with CPD standards.

Completion of a Professional Development Plan does not alter or remove any conditions imposed by a regulatory authority unless formally varied or lifted by that authority.

## 9. Definitions

| Term | Means |
|---|---|
| **Board** | the Board of Directors of the College. |
| **College** | The Royal Australasian College of Physicians, ACN 000 039 047, an incorporated body limited by guarantee. |
| **CPD** | Continuing professional development |
| **CPD Review Panel** | A panel of subject matter experts that can provide advice relevant to the performance development needs of the CPD participant. This may include physicians within a speciality or with a specific skillset, or |
| **CPD Committee** | A governance group overseeing the strategic direction and quality of the CPD Program, ensuring it meets strategic goals and regulatory standards |
| **CPD Home** | As defined by the MBA: *"An organisation that is accredited by the Australian Medical Council to provide a CPD program(s) for medical practitioners. This organisation may be an education provider, another organisation with primary educational purpose, or an organisation with a primary purpose other than education."* |
| **CPD Participant** | All CPD Participants of the RACP CPD Program including Fellows, trainees, CPD users, CPD interrupted trainees, eligible OTPs |
| **Further training** | Additional education, supervised practice, or assessment required to meet program or regulatory requirements |
| **Practice** | Any role, whether renumerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. For the purposes of registration standards, practice is not restricted to the provision of direct clinical care. It also includes management, administration, education, research, advisory, regulatory or policy development roles. |
| **Recency of Practice** | As defined the MBA "Recency of Practice" means that a health practitioner has maintained adequate connection with, and recent practice in the profession since qualifying for, obtaining registration 'Currency of Practice' is the term used by MCNZ. |
| **Recertification Programme** | MCNZ: *'A recertification programme is a set of activities and processes that MCNZ requires doctors to undertake or satisfy, on an on-going basis, to demonstrate continuing competence to practice. This includes participating in continuing professional development.'* |
| **Remediation** | A structured plan addressing deficiency in CPD compliance. |
| **Scope of Practice** | As defined by the MBA 'the professional role and services that an individual health practitioner is trained, qualified and competent to perform |

| Term | Means |
|---|---|
| | In Aotearoa New Zealand the professional services a doctor can perform in are defined by the scope of practice for which they are registered. MCNZ has prescribed three broad scopes of practice – general, vocational and special purpose. |

## 10. Further Information

- RACP Privacy Policy
- racp-cpd-participation-policy.pdf
- Medical Board of Australia - Registration Standard Recency of Practice
- Medical Board of Australia - Registration Standard Continuing Professional Development
- Medical-Board---Fact-sheet---Information-on-returning-to-practice---1-September-2023 (5).PDF
- MCNZ Policy on recertification
- MCNZ Recertification and professional development
- MCNZ Recertification for doctors practising in a vocational scope of practice
- Health Practitioners Competence Assurance Act | Ministry of Health NZ
- Policy on practising certificate applications who have not held a New Zealand practising certificate or lawfully practised medicine within the previous 3 years.