

FAQ – Recency of practice registration standard

27 October 2020

I work part-time - will I meet the standard?

To meet the [Recency of practice registration standard](#) you must have practised in your scope of practice for a minimum of 750 hours in the previous five years, 450 hours in the previous three years, or 150 hours in the previous 12 months. This means that you can work part-time or on a locum basis and still meet the requirements of the standard.

For example:

- working one day a week (e.g. 7.6 hours a day) for at least five months in a year should be sufficient to meet the standard as long as the total hours worked meets the minimum number of hours in the standard.
- working one day a month (e.g. 7.6 hours a day) will not be sufficient to meet the standard.

Can I have a year off and still meet the *Recency of practice registration standard*?

Yes, the *Recency of practice registration standard* allows you to be flexible in how you meet the standard over a five-year period. You don't need to practise every year provided that you practise in your scope of practice for at least 450 hours over the three-year period or 750 hours over a five-year period before applying for registration or renewal of registration.

The 450 hours can be at any time during the three years or the 750 hours during the previous five years, in one block or multiple blocks. For example, you could practise in year one, have year two off and practise again in year three.

The following table shows some of the ways that you can meet the minimum requirement to practise for at least 750 hours in five years.

Year	Practitioner A	Practitioner B	Practitioner C	Practitioner D	Practitioner E	Practitioner F
1	350 hours	150 hours	750 hours	450 hours	50 hours	0 hours
2	0 hours	100 hours	0 hours	0 hours	50 hours	650 hours
3	350 hours	200 hours	0 hours	0 hours	350 hours	0 hours
4	0 hours	200 hours	0 hours	150 hours	100 hours	100 hours
5	50 hours	100 hours	0 hours	150 hours	200 hours	0 hours

I do a mix of clinical practice and some administration work – will I meet the registration standard?

It will depend on the number of hours that you work in clinical practice. It's your responsibility to make sure that you are safe and competent in your scope of practice. The [definition of practice](#) is broad and includes both clinical and non-clinical practice. If you satisfy the requirements for recency of clinical practice you will satisfy the requirements for recency in non-clinical practice.

If your scope of practice is a mix of clinical and non-clinical, in assessing whether you meet the recency of practice standard, you need to consider the balance of clinical and non-clinical work, and whether you have practised the required number of hours to remain safe and competent in the clinical aspect of your scope of practice.

What happens if I don't meet the requirements?

If you haven't completed the minimum hours set out in the registration standard you will need to advise the Board this is the case when you renew your registration. This will not necessarily prevent you from renewing your registration and continuing to practise or from returning to practice.

The Board will consider your past experience, the length of your absence from practice, the amount of practice you have completed and other considerations, including any continuing professional development (CPD) activities or relevant study that you have done, to determine what is needed. This will often be a period of supervised practice. In other cases, it may involve other assessments or an examination.

What does scope of practice mean?

Scope of practice is the professional role and services that an individual health practitioner is trained, qualified and competent to perform. A practitioner's scope of practice may include clinical and/or non-clinical practice. If your scope of practice is in a non-clinical role, you do not need to practise in a clinical role to meet the *Recency of practice registration standard*. However, depending on the amount of time away from clinical practice, you may need to meet additional requirements to return to clinical practice.

The Board's *Code of conduct* requires you to recognise and work within the limits of your competence and scope of practice.

My role is non-clinical – can I still meet the requirements?

The definition of practice is broad and can include both clinical practice and non-clinical roles. You may not have any direct contact with patients, but if your work relates to your profession you can meet the recency of practice standard if you have practised at least the minimum number of hours in your chosen scope of practice.

For example, if your role involves a teaching, research or policy role relating to your profession you may be able to use these roles to meet the registration standard.

I'm changing my scope of practice – what do I need to do?

If you are changing your scope of practice, you may need to complete additional training to ensure you are competent in your new scope of practice.

The requirements vary depending on the change that you are making:

- if you are narrowing your scope of practice, there are no additional requirements
- if you are extending/changing your scope of practice, you must complete the training that your peers would expect before taking up your new area of practice, and
- if you are making a substantial change to your scope of practice (for example, moving from a non-clinical role such as an administrative role back to clinical practice), you must develop a professional development plan that details the activities you intend to do to ensure your competence in the new scope of practice. In this case you need to submit your professional development plan to the Board for approval and you must not practise in the new scope of practice until the Board has approved your plan. Your National Board has published a template [Substantial change in scope of practice – Plan for professional development](#) on its website that may help.

The Board will consider a number of factors when reviewing your professional development plan. You may need to complete some supervised practice, have a professional development plan and a return to practice plan.

Examples of extensions of/changes in scope of practice

- Since graduation, Sue has worked for 12 months in a general hospital in a rotational position and is now planning to move to an entry-level position in an occupational rehabilitation provider where she will receive supervision and mentoring.
- George is moving from a burns unit to a mental health unit as part of a new graduate rotational position.
- Philomena has worked in an adolescent health service for 7 years and has worked with a lot of young people with emotional challenges. She is now moving into a youth mental health service where she will work alongside three other occupational therapists, including a senior occupational therapist.
- Jordan has worked in a home modification service for 15 years and is now planning to set up a consultancy company providing advice on access issues for public buildings.

In these cases, it is expected that the practitioner will engage in training and continuing professional development to ensure they are competent and safe to practice within their extended scope of practice. Formal approval of the development plan by the Board may not generally be required.

Examples of substantial change of practice

- Jamie has worked for 20 years in mental health services but now wants to set up a private practice specialising in medico-legal assessments for people with physical injuries.
- Simon has worked in paediatrics for 7 years. He now wants to set up a business providing mental health services for adults.
- Alex has worked as the director of clinical governance for a health service for 10 years and is now planning to work in a specialist lymphoedema service without occupational therapy supervision.
- Denise has worked in an academic position for 6 years following 10 years of practice in general hospital settings. She is now considering setting up a paediatric private practice.

In these cases, it is expected that the practitioner would develop and submit a professional development plan and submit this to the Board for approval. The practitioner cannot practise in the new area of practice until this professional development plan has been approved by the Board.

What happens if I'm audited?

If you are audited, you will be asked to provide evidence that you have met the requirements of the registration standard. The evidence that you provide will depend on your practice, you may provide evidence of your employment for example pay advice, correspondence from your employer/s and/or other evidence of practice you have completed.

Who does the standard apply to?

The *Registration standard: Recency of practice* applies to all registered occupational therapists except students, recent graduates applying for registration for the first time or practitioners with non-practising registration. A recent graduate is a person who qualified from an approved program of study within two years of lodging a complete application for registration.