

# **AUSTRALASIAN COLLEGE OF COSMETIC SURGERY AND MEDICINE**

## **RECENCY OF PRACTICE POLICY**

## 1. INTRODUCTION

ACCSM members may be absent from medical practice for different durations and for a variety of reasons – examples include: personal issues, illness, travel, study, career change or injury.

Returning to practice may pose challenges, such as:

- Skills and knowledge retention
- New technology or techniques
- Adjusting for any personal impairments or injuries
- Regulatory changes

Returning to practice has regulatory requirements for a practitioner to demonstrate recency of practice, and there are also Continuing Professional Development (CPD) ramifications. Failure to follow these rules may impact on a member's ability to renew their medical registration or, endorsement as a cosmetic surgeon.

This guideline outlines the basic Medical Board of Australia requirements during and after extended absences, provides links to more detailed resources, and provides advice about the role and responsibility of the ACCSM in helping members.

## 2. PRACTICE REQUIREMENTS: RECENCY OF PRACTICE

To meet the Medical Board of Australia (MBA) registration standard for recency of practice, practitioners must work within their scope of practice for a minimum total of:

- Four weeks full time equivalent (i.e. 38 hours) in one registration period (152 hours in one year)
- Twelve weeks full time equivalent over three consecutive years (456 hours)

This means, for example, you could practice in year one, have year two off, and practice again in year three, as long as the total hours is at least 456 hours in three years.

These requirements apply for all medical practitioners seeking registration, and those seeking new or additional types of registration, such as endorsement as a cosmetic surgeon.

### **3. ENDORSEMENT REQUIREMENTS: REGENCY OF PRACTICE**

ACCSM Cosmetic Surgery fellows seeking endorsement, need to demonstrate that they have met the recency of practice standard, by providing the following evidence:

- A current curriculum vitae
- statement of service or letter from your practice/employer confirming your employment
- diary/log/appointment schedule for procedures performed
- Billing records for the past 12-month period.

The evidence should be sent to the college via email. The BOC will review the evidence and provide an assessment and outcome to the council for final approval within 3 weeks of the submission. If the evidence provided is incomplete or insufficient additional information may be requested. Following a successful assessment, endorsed practitioners should submit a copy of their Fellowship certificate and letter of endorsement to AHPRA and their medical indemnity insurer, for recognition by AHPRA and the MBA as an endorsed cosmetic surgeon.

More information is available on the [Medical Board of Australia website](#).

### **4. EXTENDED ABSENCE FROM PRACTICE**

The MBA standards state that medical practitioners with two or more years clinical experience as a registered medical practitioner and who are returning to practice, are required to complete the following:

**Medical Practitioners with non-practising registration, or who have not been registered, for up to and including 12 months, do not have any additional requirements that have to be met before re-commencing practice.**

ACCSM Members who intend to be absent from practice for up to 12 months must contact the ACCSM and apply for an exemption or variation from CPD requirements. This will be managed in accordance with the *ACCSM CPD Exemptions and Variations Policy*.

**Medical Practitioners with non-practising registration, or who have not been registered, for between 12 months and up to and including 36 months:**

At a minimum, before re-commencing practice, practitioners must complete the equivalent of one year's CPD activities, relevant to their intended scope of practice. The CPD activities must be designed to maintain and update knowledge and clinical judgment.

For Faculty of Surgery members, it is critical that the CPD focuses on cosmetic surgical practice, so that the member can be re-entered on the register of endorsed cosmetic surgeons once their medical registration is changed back to an active category.

ACCSM members are required to notify the ACCSM of their intention to return to practice, to be included in CPD monitoring and reporting processes during the year prior to returning to practice. Reporting includes an obligation to provide information to the MBA about CPD compliance.

**Medical Practitioners with non-practising registration, or who have not been registered, for more than 36 months:**

Practitioners are required to provide a plan for professional development and re-entry to practice to the Medical Board of Australia for consideration and approval.

ACCSM Members are required to notify the ACCSM of their intention to return to practice, to be included in CPD monitoring and reporting processes during the year prior to returning to practice. Reporting includes an obligation to provide information to the MBA about CPD compliance.

The ACCSM may be able to assist members seeking to return to practice after an extended break (see Section 6).

## 5. PROFESSIONAL DEVELOPMENT PLAN FOR RE-ENTRY TO PRACTICE

The terms of a plan for professional development and re-entry to practice should be negotiated with a supervisor who is appropriately qualified in the area of intended practice. The plan should take into consideration:

1. The practitioner's specific learning needs, taking past education, experience and training into consideration, and
2. The requirements of the specific position that the practitioner is proposing to work in.

If a practitioner does not have a proposed supervisor, they are still required to submit a re-entry plan based on their own self-assessment and the plan should include the relevant elements as outlined above.

The ACCSM highly recommends that practitioners use the MBA template for professional development and re-entry to practice which is available on the [MBA website](#), under re-entry to practice. The Fact Sheet on the same web page provides advice about how to complete the plan.

## 6. CHANGING SCOPE OF PRACTICE

### 6.1 GENERAL REQUIREMENTS

Practitioners changing their field or scope of practice, may be required to undertake additional training to ensure competence in the new field or scope of practice.

The requirements vary depending on what the change entails:

- Narrowing scope of practice – there are no additional requirements
- Extending scope of practice to an area that your peers might reasonably expect from a practitioner in your field – the additional requirements are to undertake any training that peers would expect before taking up the new area of practice
- Changing to a different field of practice – The additional requirements are 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 Medical Board of Australia. A template plan is available on the [Medical Board's website](#).

## **6.2 CHANGING FROM A NON-SURGICAL ROLE BACK TO SURGICAL PRACTICE**

The definition of practice is broad and includes both clinical and non-clinical roles in medicine. If a practitioner is using the knowledge and skills attained in specialist training and/or practice, they can keep their specialist registration if they are practicing in a (non-surgical) role for at least the minimum number of hours required by the standard. CPD must also be maintained in accordance with ACCSM requirements.

If a practitioner wishes to return to a surgical role, this would be considered a change in scope of practice. Depending on how long the break from surgical practice has been, practitioners may be required to undertake some training, have a professional development plan or a return to practice plan. Refer to the MBA's [FAQs on scope of practice and changing jobs](#).

## **7. ACCSM ROLES AND RESPONSIBILITY**

Individual medical practitioners and their employers are responsible for understanding the recency of practice and CPD requirements relevant to the period of their absence.

ACCSM members and their employers are responsible for determining the clinical competency required, and that this competency is evident, to safely return to work within the scope of practice relevant to the role.

The ACCSM may be able to provide some general support and advice to members, such as:

- Assistance to find the relevant MBA guidelines for recency of practice
- Advising members about the annual ACCSM CPD program requirements
- Assistance finding educational resources
- On request, reviewing a member's professional development and re-entry to practice plan and provide general advice. Any review or advice does not constitute approval of the plan, which is a decision for the MBA

- Facilitating referral to an appropriate clinical advisor (via the Board of Censors, the Council or through the ACCSM's network of Preceptors), depending on the intended scope of practice
- Identifying potential supervisors or mentors to help members return to practice

Where the member is also a member of a specialist medical college, it may be appropriate at times to refer the member to that college for further advice.

## 8. FURTHER READING

The MBA provides all the required standards and guidance for recency of practice. The ACCSM highly recommends that members read the following resources before taking a break from practice of any significant length:

[Medical Board of Australia Fact Sheet: Information on Returning to Practice](#)

[Medical Board of Australia FAQ: Recency of Practice](#)

[Medical Board of Australia: Continuing Professional Development Registration Standard](#)

[RACGP: A Guide to Re-entry to General Practice](#)

## 9. CONTACT

For further information and advice about this policy please contact the ACCSM office.

[admin@accsm.org.au](mailto:admin@accsm.org.au)

1800 804 781

+61 2 9687 1500 (International)