Submission template

Public consultation:

- **Recency of practice registration standard**
- **Continuing professional development registration standard**

The Australian Health Practitioner Regulation Agency (Ahpra) and fourteen National Boards[1] are consulting on the review of their Recency of practice (ROP) and Continuing professional development (CPD) registration standards. We regularly review registration standards to make sure they remain relevant, contemporary and effective.

We're seeking feedback from practitioners, members of the public and other stakeholders to help make sure the ROP and CPD standards help registered health practitioners maintain, develop, update and enhance their knowledge, skills and performance to continue providing appropriate and safe care, and support a sustainable health workforce.

There are some initial demographic questions and then the same questions for consideration that are listed in the consultation paper. All questions are optional, and you are welcome to respond to any you find relevant, or that you have a view on.

Please email your submission to AhpraConsultation@ahpra.gov.au

The submission deadline is close of business Friday 17 July 2026.

How do we use the information you provide?

We publish submissions at our discretion. We generally publish submissions to our website to encourage discussion and inform the community and stakeholders about consultation responses. Please let us know if you do not want your submission published.

We will not publish on our website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the subject of the consultation. Before publication, we may remove personally identifying information from submissions, including contact details.

We can accept submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. A request for access to a confidential submission will be determined in accordance with the Freedom of Information Act 1982 (Cth), which has provisions designed to protect personal information and information given in confidence. Please let us know if you do not want us to publish your submission or if you want us to treat all or part of it as confidential.

Published submissions will include the names of the individuals and/or organisations that made the submission unless confidentiality is expressly requested

If you have any questions, you can contact AhpraConsultation@ahpra.gov.au or telephone us on 1300 419 495.

[1] Aboriginal and Torres Strait Islander Health Practice, Chinese Medicine, Chiropractic, Dental, Medical Radiation Practice, Nursing and Midwifery, Occupational Therapy, Osteopathy, Optometry Paramedicine, Pharmacy, Physiotherapy, Podiatry and Psychology Boards of Australia.

Initial questions:

To help us better understand your situation and the context of your feedback, please provide us with some details about you.

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

☒ Organisation

Name of organisation: **The Australian Psychological Society**

Contact email: **z.burgess@psychology.org.au**

☐ Individual

Name: Click or tap here to enter text.

Contact email: Click or tap here to enter text.

If you are completing this submission as an individual, are you:

☐ A registered health practitioner?

Profession: Click or tap here to enter text.

☐ A consumer / patient

☐ Other – please describe: Click or tap here to enter text.

☐ Prefer not to say

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:
The APS considers that the proposed revised recency of practice (ROP) registration standard is generally clear in its structure and language. However, the APS does not consider it workable for psychology as drafted.

As outlined in response to Question 2, the APS does not support the proposed shift from 250 hours of practice within the previous five years to 150 hours in the previous 12 months or 450 hours in the previous three years, unless a longer time period over which to demonstrate engagement in practice and a clear, proportionate pathway are retained. The proposed requirement may create unintended barriers for psychologists with interrupted, part-time or portfolio careers, including those with caring responsibilities, health-related interruptions, disability, burnout, or staged transitions to retirement.

Psychology practice is different in nature from other regulated health professions. Ahpra and the Psychology Board of Australia recognise that psychologists require different ways to demonstrate their knowledge and competencies than practitioners from other health professions, as evidenced in the Continuing Professional Development (CPD) registration standard wherein practitioners complete additional and/or different types of CPD activities, depending on their skills and professional context. We question the rationale in acknowledging the need for different CPD requirements across the professions, while proposing standardisation in ROP requirements.

For these reasons and those outlined further in response to Question 2, the proposed revised ROP standard is only workable for psychology if it includes greater flexibility such as retaining a longer period over which to demonstrate engagement in practice, transitional arrangements and a clear risk-based pathway for practitioners who do not meet the proposed hours threshold.

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 APS supports the intent of ensuring that psychologists maintain an adequate connection with the profession and can practise safely, competently and ethically. However, the APS does not support the proposed ROP requirement for psychology as drafted. In particular, the APS does not support increasing the current requirement from 250 hours of practice within the previous five years to 450 hours in the previous three years or 150 hours in the previous 12 months, unless a longer time period over which to demonstrate engagement in practice is provided and a clearly defined, proportionate pathway is retained for psychologists who do not meet the proposed hours threshold.

While the APS acknowledges the proposed definition of “practice” is appropriately broad and is not limited to direct client-facing or clinical care[1], the shorter time period in which to demonstrate engagement in practice and higher minimum hours requirement may still create unintended barriers for psychologists with interrupted, part-time or portfolio careers. This is particularly important because psychology practice is broader than direct client work and may include supervision, research, education, management, policy, advisory and regulatory roles.

The APS is concerned that the proposed requirement is not sufficiently evidence-based or proportionate for psychology. The available evidence does not appear to support a single minimum number of practice hours as a reliable threshold for maintained competence[2]. A systematic review conducted by the Ahpra Research Unit found limited evidence on ROP requirements for health professions other than medicine, nursing and midwifery, and did not identify good evidence for a specific minimum number of hours over a defined period to maintain competence.

The review identified a range of relevant factors, including the length of time away from practice, the practitioner's prior experience, and the activities undertaken to maintain knowledge and skills. For this reason, practice hours should be treated as one indicator of maintained professional connection and competence, not as the sole determinant.

This is particularly important in psychology, where competence is maintained through multiple mechanisms, including CPD, peer consultation, supervision, reflective practice, ethical obligations, and practising within the limits of one's competence and scope of practice. A rigid hours-based threshold may not adequately recognise these mechanisms, particularly where a psychologist has remained professionally connected during a period of reduced practice or leave.

The APS is also concerned about the potential equity and workforce impacts of the proposed approach. Psychology is a predominantly female profession and includes high levels of part-time work, caring responsibilities and career interruptions[3]. A shorter and more rigid ROP period may disproportionately affect psychologists who take parental leave, carer's leave, disability or health-related leave, or other forms of protected leave.

The Australian government has recently increased the number of Paid Parental Leave days in the Paid Parental Leave scheme[4], recognising the importance of parents taking leave to care for infants. Ahpra's recent fee relief policy[5] for parental and other protected-attribute leave also recognises the need for fairer and more flexible registration arrangements for practitioners who take substantial periods of leave. The proposed ROP changes appear to be inconsistent with the intent of these broader measures as they may deter psychologists from taking leave and/or penalise psychologists who undertake care. We therefore recommend that proportionate approaches should be applied to ROP requirements.

There are also broader workforce implications. Australia is already facing significant and worsening psychology workforce shortages, particularly in health settings[3]. Requirements that make it more difficult for psychologists to maintain registration or return to practice following leave may inadvertently reduce workforce participation and worsen access to psychology services, particularly in areas already experiencing workforce pressures.

The proposed ROP changes should also be assessed in the broader context of the current psychology workforce reform. The Psychology Board of Australia is separately consulting on substantial redesign of psychology education and training, with the stated aim of creating a shorter, more practical pathway and supporting a sustainable psychology workforce that can better meet community need[6]. While training pathway reform and ROP standards address different regulatory issues, both have direct implications for workforce participation, public access to psychology services and the capacity of the profession to respond to current and projected demand. ROP arrangements should therefore support public protection without unnecessarily constraining workforce retention, re-entry or flexible participation in the profession.

The APS recommends that the National Boards retain greater flexibility in the ROP registration standard for psychology. This should include retaining a longer time period over which to demonstrate engagement in practice, and providing a clear, proportionate and risk-based pathway for psychologists who do not meet the proposed hours threshold. Where a psychologist does not meet the hours requirement, this should not result in automatic exclusion from registration or practice. Instead, the Psychology Board of Australia should assess the practitioner's individual circumstances, including practice history, length and nature of any break from practice, CPD, peer consultation, supervision, professional contact, intended scope of practice and level of risk. Where needed, a tailored return to practice plan could include targeted CPD, supervision, peer consultation, limited or staged return to practice, or other supports relevant to the practitioner's intended role.

Please refer to References list at the end of the document.

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:
Yes. The APS considers that the requirement for practitioners moving to a new area of practice to ensure they have sufficient training and/or qualifications to achieve competency in that area adequately protects the public and aligns with public expectations of registered health practitioners.

For psychology, this requirement is consistent with existing professional obligations. Psychologists are already expected to recognise and practise within the limits of their competence, maintain and update their knowledge and skills, complete CPD and peer consultation, seek input from peers where appropriate, and change, limit or adapt their practice to manage risk.

The APS agrees with the protective factors outlined in Table 1 of the consultation paper, which recognise that public protection is supported by individual, environmental and regulatory safeguards. These include individual professional judgement and competence, workplace governance, supervision and training, codes of conduct, registration standards and regulatory action where risks are not appropriately managed. These mechanisms are sufficient to manage risks associated with practitioners moving to a new area of practice. The APS therefore supports the proposed approach of not introducing an additional regulatory requirement within the ROP standard.

For psychology, it will be important that any supporting guidance distinguishes between a psychologist moving into a new scope of practice, setting, client group or practice context, and formal Area of Practice Endorsement under the Psychology Board of Australia. Area of Practice Endorsement relates to recognised advanced practice and use of protected endorsed titles. It should not be conflated with every change in a psychologist's role or practice context.

In summary, the APS agrees that public protection is best supported through existing competence, CPD, supervision, peer consultation, professional judgement and regulatory safeguards, rather than by adding a separate ROP requirement for practitioners moving to a new area of practice.

Question 4:

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

Your answer:
As outlined in response to Question 2, the APS does not consider the proposed requirement to be sufficiently evidence-based or proportionate for psychology as drafted. It would therefore assist practitioners, employers and other stakeholders if Ahpra and the Psychology Board of Australia provided a clear explanation of the evidence and rationale supporting the proposed change from 250 hours over five years to 150 hours in 12 months or 450 hours over three years.

If, despite opposition, the proposed requirement is adopted, the APS recommends that explanatory support material include clear transitional arrangements. This is particularly important for psychologists who have planned work, leave, caring responsibilities, career breaks or retirement transitions around the current requirement. Practitioners should be given sufficient notice and a fair opportunity to adjust before any new requirement affects their registration.

The APS also recommends detailed guidance on the individual review process for practitioners who do not meet the proposed hours threshold. The draft standard indicates that the Board will consider applications on an individual basis. Practitioners would benefit from clear guidance on the information they should provide, how that information will be assessed, and what outcomes may follow. This should include guidance on practice history, length and nature of any break from practice, CPD, peer consultation, supervision, professional contact, intended scope of practice, level of risk, and access to supports for safe return to practice. Example scenarios specific to psychology may be helpful to illustrate ROP requirements.

Finally, the APS recommends that guidance clearly explain the range of possible proportionate responses where a practitioner does not meet the hours requirement, such as targeted CPD, peer consultation, supervision, mentoring, a limited or staged return to practice, or other tailored return-to-practice arrangements. This would support public protection while reducing uncertainty and unnecessary barriers to workforce participation.

Question 5:

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

Your answer:
The APS does not consider that the proposed ROP requirements will support access to health services while maintaining public protection as drafted.

As outlined in response to Question 2, the APS is concerned that requirements which make it more difficult for psychologists to maintain registration or return to practice may reduce workforce participation and worsen access to psychology services, particularly in areas already experiencing workforce shortages.

Overly rigid ROP requirements may have unintended impacts beyond temporary workforce attrition. Some practitioners who are unable to meet the proposed threshold after parental leave, carer's leave, health-related leave, burnout or other career interruptions may choose not to return to practice as registered psychologists and may instead work in adjacent unregulated or less-regulated roles where legally permitted. This would reduce the availability of registered psychologists and may shift some services outside the National Law and National Board mechanisms that enhance protection of the public, including title protection, registration standards, CPD requirements, complaint pathways and regulatory oversight.

Public protection would be better supported by retaining a longer ROP period and a clear, proportionate and risk-based pathway for practitioners who do not meet the proposed hours threshold.

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:

Yes. As outlined in response to Question 2, the APS considers that the proposed ROP requirements may result in negative or unintended impacts if implemented without sufficient flexibility.

The proposed shift to a shorter ROP period and higher minimum hours requirement may disproportionately affect psychologists with interrupted, part-time or portfolio careers. This includes psychologists who take parental leave, carer's leave, disability or health-related leave, or other forms of protected leave, as well as practitioners experiencing illness, disability or reduced capacity to work.

The APS is particularly concerned about potential gendered impacts. Psychology is a predominantly female profession, and many psychologists work part-time or experience career interruptions due to caring responsibilities. A shorter and more rigid recency period may therefore have a disproportionate impact on women and on practitioners affected by pregnancy, breastfeeding, disability or caring-related work interruptions. The APS considers that the National Boards should assess whether the proposed

requirement is reasonable, necessary and proportionate, particularly given the limited evidence base for a specific minimum-hours threshold and the availability of more flexible alternatives.

The proposed requirements may also have unintended impacts for patients, clients and consumers if they reduce the number of psychologists able or willing to maintain registration or return to practice. This could worsen access to psychological services, increase wait times, reduce choice of practitioner and place upward pressure on costs.

These impacts may be felt most strongly by vulnerable communities already experiencing barriers to care, including children and young people, older people, people with disability, people experiencing family and domestic violence, people experiencing mental ill-health, people in rural and remote communities, and people experiencing socioeconomic disadvantage.

The APS also considers that the proposed requirements may have unintended impacts for culturally and linguistically diverse (CaLD) communities. People from CaLD backgrounds can face barriers to accessing health and welfare services, including language barriers, lower health literacy and difficulties navigating unfamiliar systems[7]. Any reduction in the availability of psychologists may therefore have a greater impact on communities already experiencing barriers to care, particularly where access to culturally responsive practice or translated information is limited.

Aboriginal and Torres Strait Islander Peoples may experience unintended impacts (as outlined above) in access to, and affordability of psychology services where the proposed changes to the ROP registration standard affect workforce participation and/or service costs.

The APS recommends that the National Boards undertake and publish an assessment of potential equity, discrimination and workforce impacts before finalising the revised ROP standard.

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:

The APS considers that the proposed revised CPD standard is clear and workable in practice for psychology. The proposed requirements appear largely consistent with existing CPD requirements for psychologists, including at least 20 hours of CPD activities each registration year and at least 10 hours of peer consultation in addition to those CPD activities. The APS supports retaining these requirements, as CPD and peer consultation are important mechanisms for maintaining competence, supporting reflective practice and promoting safe and ethical psychological services.

The APS does not consider that the proposed revised CPD standard creates significant new issues for psychologists. However, supporting guidance should continue to provide clear examples of CPD activities, peer consultation, portfolio requirements, record keeping and any pro-rata requirements for psychologists who are registered for only part of a registration period. We also recommend that the CPD portfolio (learning plan) is explicitly referenced, as this forms part of the CPD requirements in addition to CPD hours and peer consultation.

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:

N/A. The APS notes that the proposed minimum requirement of five hours of interactive CPD does not apply to psychologists. The draft standard retains the existing psychology requirement that psychologists complete at least 10 hours of peer consultation in addition to 20 hours of CPD activities each year.

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 APS seeks clarification about whether the proposed additional 10 hours of CPD for practitioners with technical and/or profession-specific skills is intended to apply to psychologists with an area of practice endorsement.

Under current psychology CPD arrangements, endorsed psychologists are required to maintain competence by ensuring a specified proportion of their CPD is relevant to their scope and endorsed area.

If the proposal is not intended to introduce a new additional-hours requirement for endorsed psychologists, the APS recommends this be made explicit in the revised standard and supporting guidance.

If the proposal is intended to require endorsed psychologists to complete an additional 10 hours of CPD each year, the APS would not support this without a clear evidence-based and profession-specific rationale, further consultation, and consideration of regulatory burden and workforce impacts. Area of practice endorsement in psychology is not equivalent to scheduled medicines endorsement or other technical prescribing or procedural endorsements. Any additional requirement should be proportionate to identified risk and should not duplicate existing obligations to maintain competence, practise within scope, complete CPD and engage in peer consultation.

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: N/A

Question 5:

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

Your answer:
Additional profession-specific guidance would assist psychologists to understand and comply with the standard. This should include clear examples of CPD activities and peer consultation, including virtual and in-person formats; guidance on CPD portfolio and record-keeping requirements; and clarification of pro-rata requirements for psychologists who are registered for only part of a registration period.

As outlined in response to Question 3, we recommend that clarity is provided regarding the CPD requirements for psychologists with an area of practice endorsement.

The APS understands that the revised draft CPD standard currently encourages health practitioners to undertake cultural safety-related CPD activities. As the National Boards will consider CPD cultural safety requirements separately following the development of the Cultural Safety Accreditation and CPD Upskilling Framework, it would be useful to provide practitioners with an anticipated timeframe for implementation of the Framework.

Question 6:

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

Your answer:
Yes. The proposed CPD requirements will help maintain public protection by supporting psychologists to maintain, develop and update their professional knowledge and competence.

For psychology, the proposed requirements appear broadly consistent with existing CPD requirements and do not appear to materially change the current obligations for psychologists. The APS therefore does not anticipate significant impacts on access to psychology services, provided the requirements continue to be implemented flexibly.

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 APS does not anticipate significant negative or unintended impacts for psychology, as the proposed CPD requirements appear broadly consistent with existing requirements for psychologists.

References

1. *Psychology Board of Australia—Registration standards*. (n.d.). Retrieved June 18, 2026, from https://www.psychologyboard.gov.au/Standards-and-Guidelines/Registration-Standards.aspx
2. Main, P. A. E., & Anderson, S. (2023). Evidence for recency of practice standards for regulated health practitioners in Australia: A systematic review. *Human Resources for Health*, *21*(1), 14. https://doi.org/10.1186/s12960-023-00794-9
3. Department of Health, Disability and Ageing. (2026). *Psychology Supply and Demand Compendium Report*. https://hwd.health.gov.au/resources/primary/psychology-compendium-report-april-2026.pdf
4. *Paid Parental Leave scheme changes—Parental Leave Pay—Services Australia*. (n.d.). Retrieved July 2, 2026, from https://www.servicesaustralia.gov.au/paid-parental-leave-scheme-changes?context=64479
5. Australian Health Practitioner Regulation Agency & National Boards. (2025). *Fee relief for parental and other types of leave* [Policy]. Australian Health Practitioner Regulation Agency. https://www.ahpra.gov.au/Registration/Applying-for-registration/Fee-relief.aspx
6. Psychology Board of Australia. (2026). *Redesigning the higher education pathway*. Australian Health Practitioner Regulation Agency. https://www.psychologyboard.gov.au/About/Education/Redesigning-the-higher-education-pathway.aspx
7. Australian Institute of Health and Welfare. (2025, February 11). *Culturally and linguistically diverse Australians*. Australian Institute of Health and Welfare. https://www.aihw.gov.au/reports-data/population-groups/cald-australians/overview