



## Public consultation paper

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19 May 2014

### **You are invited to provide feedback on this public consultation**

Review of registration standards:

- Professional indemnity insurance
- Continuing professional development
- Recency of practice

Review of related guidelines:

- Guidelines on continuing professional development
- Guidelines on recency of practice

#### **You are invited to provide feedback**

Please provide feedback in a word document (or equivalent)<sup>1</sup> by email to [podiatryconsultation@ahpra.gov.au](mailto:podiatryconsultation@ahpra.gov.au) by close of business on 14 July 2014.

#### **Public consultation**

The Podiatry Board of Australia (Board) is releasing the attached consultation paper on the review of the registration standards and guidelines as set out above. You are invited to provide your comments on the consultation paper, including the questions in the paper, by 14 July 2014.

A template document for your response has been provided for your convenience.

#### **How your submission will be treated**

Submissions will generally be published unless you request otherwise. The National Boards publish submissions on their websites to encourage discussion and inform the community and stakeholders. However, the Boards retain the right not to publish submissions at their discretion, and will not place on

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<sup>1</sup> You are welcome to supply a PDF file of your feedback in addition to the word (or equivalent) file, however we request that you do supply a text or word file. As part of an effort to meet international website accessibility guidelines, AHPRA and National Boards are striving to publish documents in accessible formats (such as word), in addition to PDFs. More information about this is available at [www.ahpra.gov.au/About-AHPRA/Accessibility.aspx](http://www.ahpra.gov.au/About-AHPRA/Accessibility.aspx).

their website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the consultation.

Before publication, the Board will remove personally-identifying information from submissions, including contact details. The views expressed in the submissions are those of the individuals or organisations who submit them and their publication does not imply any acceptance of, or agreement with, these views by the Boards.

The Board also accepts 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. Any request for access to a confidential submission will be determined in accordance with the *Freedom of Information Act 1982* (Cwlth), which has provisions designed to protect personal information and information given in confidence.

Please let the Board know if you do not want your submission published, or want all or part of it treated as confidential.

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## General overview of consultation

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19 May 2014

Review of registration standards:

- Professional indemnity insurance
- Continuing professional development
- Recency of practice

Review of related guidelines:

- Guidelines on continuing professional development
- Guidelines on recency of practice

### Summary

#### Purpose of the proposals

1. The Health Practitioner Regulation National Law as in force in each state and territory (the National Law) requires National Boards to develop registration standards about a number of matters, including the:
  - requirements for professional indemnity insurance arrangements for registered health practitioners in the profession
  - requirements for continuing professional development for registered health practitioners in the profession, and
  - requirements in relation to the nature, extent, period and recency of any previous practice of the profession by applicants for registration or renewal of registration.
2. The first 10 National Boards to regulate registered health professions under the National Registration and Accreditation Scheme (the National Scheme) developed registration standards that were approved by the Australian Health Workforce Ministerial Council (Ministerial Council) and took effect on 1 July 2010. These standards were scheduled for review at least every three years, in keeping with good regulatory practice.
3. The Podiatry Board of Australia (Board) is inviting general comments on its draft revised registration standards and related guidelines. There is an overview before each draft that explains the proposed changes. There are also specific questions about the registration standards and guidelines which you may wish to address in your response.
4. **Please provide feedback in a Word document (or equivalent) by email to [podiatryconsultation@ahpra.gov.au](mailto:podiatryconsultation@ahpra.gov.au) by close of business on 14 July 2014. A response sheet has been provided with this consultation paper.**

#### Next steps

5. The Board will consider the consultation feedback on the draft revised registration standards and related guidelines before finalising them for approval by the Ministerial Council.



## Overview

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May 2014

### Professional indemnity insurance arrangements

#### Summary of issue

6. The National Law requires the Board to develop a professional indemnity insurance registration standard about the requirements for professional indemnity insurance arrangements for registered health practitioners in the podiatry profession.
7. Section 129 of the National Law provides that a registered health practitioner must not practise unless they have appropriate professional indemnity insurance arrangements in place.
8. Section 109 of the National Law requires a practitioner applying to renew their registration to make a declaration that they have not practised during the previous registration period without having appropriate professional indemnity insurance arrangements in place. It also requires the practitioner to declare that, if their registration is renewed, they will not practise without appropriate professional indemnity insurance arrangements in place.
9. Section 130 of the National Law requires a registered health practitioner to notify the Board within 7 days if appropriate professional indemnity insurance arrangements are no longer in place.
10. The Board's current *Professional indemnity insurance arrangements standard* outlines that a podiatrist or podiatric surgeon must be covered by professional indemnity insurance arrangements that are adequate for their level of podiatric practice with a minimum of \$5 million cover. The Board is reviewing this standard to ensure it meets the objectives of the National Law and is worded as simply and clearly as possible.

#### Options statement – *Registration standard: professional indemnity insurance arrangements*

11. The Board has considered a number of options in developing this proposal.

##### **Option 1 – Status quo**

12. Option 1 would continue with the existing registration standard. The registration standard establishes the Board's requirements for professional indemnity insurance arrangements. The Board has identified a range of minor issues with the current standard, including the need to clarify the language and structure to make it easier to understand.

##### **Option 2 – Proposed revised standard**

13. Option 2 would involve the Board submitting a revised registration standard to the Ministerial Council for approval. The registration standard would continue to establish the Board's requirements for professional indemnity insurance arrangements, with some changes such as the inclusion of more detail to facilitate practitioners' understanding of the minimum requirements for professional indemnity insurance arrangements. The revised standard has clearer wording and structure to make it easier to understand.

##### **Preferred option**

14. The Board prefers Option 2.

## Issues for discussion

### Potential benefits and costs of the proposal

15. The benefits of the preferred option are that the draft revised standard:
  - is flexible and user-friendly
  - strikes a balance between protecting the public and impact on practitioners
  - has been reworded to be simpler and clearer.
16. The costs of the preferred option are:
  - practitioners, other stakeholders and AHPRA will need to become familiar with the new standard
  - there will likely need to be a period of transition to the proposed revised standard, if approved.

### Estimated impacts of the draft revised registration standard

17. The changes proposed in the draft revised registration standard are relatively minor, although more significant changes may be proposed through consultation. There is little impact anticipated on practitioners, business and other stakeholders arising from the changes proposed.

## Relevant sections of the National Law

Section 38

Section 109

Section 129

Section 130

### Questions for consideration

18. The Board is inviting feedback on the following questions.
  - From your perspective, how is the current professional indemnity insurance (PII) arrangements registration standard working?
  - Is the content and structure of the draft revised registration standard helpful, clear, relevant and more workable than the current registration standard?
  - Is there any content that needs to be changed or deleted in the draft revised registration standard?
  - Is there anything missing that needs to be added to the draft revised standard?
  - Do you have any other comments on the draft revised registration standard?
  - Do you think that the current review period of at least every three years should be maintained or would an alternative period be appropriate e.g. five years, with the option to review earlier if the need arises?

## Attachments

19. The proposed revised Registration standard: Professional indemnity insurance arrangements follows at page 7 of this consultation paper.
20. The current Professional indemnity insurance arrangements registration standard is published on the Board's website, accessible from [www.podiatryboard.gov.au/Registration-Standards.aspx](http://www.podiatryboard.gov.au/Registration-Standards.aspx).
21. The Statement of assessment against AHPRA's Procedures for development of registration standards and COAG principles for best practice regulation is at Attachment 1.

## Registration Standard

### Professional Indemnity Insurance **(DRAFT)**

**Effective from:** <<date>>

**Review date:** <<date>>

This registration standard sets out the Podiatry Board of Australia's (Board) requirements for professional indemnity insurance (PII) arrangements for podiatrists and podiatric surgeons. Registrants can be covered by their own PII arrangements or third party PII arrangements.

#### Does this standard apply to me?

This standard applies to all registered podiatrists and podiatric surgeons except those with non-practising registration.

It does not apply to students.

#### What must I do?

1. When you practice as a podiatrist or podiatric surgeon you must be covered by your own or third party PII arrangements that meet this standard:
  - a. for all aspects of your practice
  - b. that cover all locations where you practice
  - c. that provide cover for you whether you are working in the private, non-government and/or public sector, and
  - d. that provide cover for you whether you are practising full time, part time, self-employed, employed, or in an unpaid or volunteer capacity.
2. Your PII cover must include:
  - a. civil liability cover
  - b. unlimited retroactive cover
  - c. automatic reinstatement, and
  - d. run-off cover

**or**

  - e. the equivalent of 2a to 2d above under employer-based PII arrangements, such as self-insurance by public sector employers or occurrence based cover.
3. If you are covered by a third party PII arrangement, you must ensure that the policy meets this standard. However:

- if the third party cover does not meet this standard you must take out additional cover to ensure this standard is met, and
  - if any area of your practice is specifically precluded from your PII cover, you **must not** practise in that area.
4. If your PII arrangements are provided by your employer, and you intend to practise outside your stated employment, you must have individual PII arrangements in place to cover that practice. This may include cover for undertaking:
- practical components of continuing professional development
  - study involving patient treatment
  - volunteer work (unless already separately covered in that capacity, for example, by the volunteering organisation)
5. If you take out your own PII policy, you must do so with a reputable insurer regulated by the Australian Prudential Regulation Agency.

#### Amount of cover

1. You are required to have PII that is adequate for your level of podiatric practice with an approved level of cover of at least \$5 million for any single claim (that is, for each claim) that may be made against you.
2. You are expected to conduct a self-assessment and seek expert insurance advice (such as from your insurer) to ensure that you have appropriate cover for your individual practice and the risks involved.

Factors that you should consider include:

- a. your practice setting and the type of services and care you deliver
- b. the patient or client groups involved
- c. the volume of patients or clients to whom treatment, advice, guidance or care is provided
- d. current employment status
- e. previous history of insurance claims and the type of claim made against you in the past, if any
- f. your experience practising the profession
- g. any advice from professional indemnity insurers, professional associations and industrial organisations, including advice about the history and volume of professional liability claims experience by other members of the profession, and
- h. any advice from an insurance broker or insurer.

#### Are there exemptions to this standard?

There are no exemptions to this standard. The National Law requires you to have appropriate professional indemnity insurance arrangements in place when you practise as a podiatrist or podiatric surgeon.

#### What does this mean for me?



The National Law provides that a registered health practitioner must not practise his/her profession unless appropriate professional indemnity insurance arrangements are in force in relation to the practitioner's practice of the profession (section 129 of the National Law).

#### *When you apply for registration*

When you apply for registration you must declare that you will not practise the profession unless you have professional indemnity insurance arrangements in place that meet this standard. This is a requirement under the National Law.

#### *At renewal of registration*

1. You will be required to declare annually at renewal that:
2. during the preceding period of registration, you practised the profession in accordance with the requirements of this registration standard, and
3. you will not practise the profession unless you have professional indemnity insurance arrangements in place that meet this standard.

#### *During the registration period*

1. You must notify the Board within 7 days if you no longer have appropriate professional indemnity insurance arrangements in place in relation to your practice that meet the requirements of this standard (section 130 of the National Law).
2. Your compliance with this standard may be audited from time to time.

#### *Evidence*

The Board may, at any time, require you to provide evidence that you have appropriate professional indemnity insurance in place.

If you hold private insurance in your own name, you must retain documentary evidence of your insurance for at least five years.

If you are covered by a third party insurance arrangement, you are not required to obtain documentary evidence of the insurance policy unless the Board requests it. However, there may be circumstances when you are required to seek the documentation from that third party. If requested by the Board, you must provide a certified copy of the certificate of currency or a letter from the third party declaring that you are covered.

#### **What happens if I don't meet this standard?**

The National Law establishes possible consequences if you don't meet this standard, including that:

- the Board can impose a condition or conditions on your registration or can refuse your application for registration or renewal of registration when you don't meet a requirement in an approved registration standard for the podiatry profession (sections 82, 83 and 112 of the National Law)
- practising without appropriate PII arrangements, or failing to notify the Board within seven days that appropriate PII arrangements are no longer in place, is not an offence but may be behaviour for which health, conduct or performance action may be taken (sections 129 and 130 of the National Law), and
- registration standards, codes or guidelines may be used in disciplinary proceedings against you as evidence of what constitutes appropriate practice for the podiatry profession (section 41 of the National Law).

## Authority

This registration standard was approved by the Australian Health Workforce Ministerial Council on <<date>>.

Registration standards are developed under section 38 of the National Law and are subject to wide ranging consultation.

## Definitions

**Automatic reinstatement** is a provision in policies which allows for the limit of indemnity (amount insured) to be reinstated for new, unrelated claims, after one or more claims has been paid to the limit of the indemnity.

**Civil liability insurance** means insurance that covers the costs of liability incurred by the insured arising from civil claims seeking compensation for personal injury, harm or loss incurred, where the claim arises directly from an alleged act, error or omission committed in the conduct of the practitioner's practice or professional business during the policy period. Civil liability cover includes cover for legal expenses incurred in defence or settlement of a civil claim and for damages payable.

**Occurrence-based policy** means a policy that is in place when the event which is the subject of the claim occurred, even if the policy has not been renewed.

**Practice** means any role, whether remunerated or not, in which an individual uses their skills and knowledge as a health practitioner in their profession. For the purpose of this registration standard, practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession.

**Professional indemnity insurance arrangements** means arrangements that secure for the practitioner's professional practice insurance against civil liability incurred by, or loss arising from, a claim that is made as a result of a negligent act, error or omission in the conduct of the practitioner. This type of insurance is available to practitioners and organisations across a range of industries and covers the cost and expenses of defending a legal claim, as well as any damages payable. Some government organisations under policies of the owning government are self-insured for the same range of matters.

**Retroactive cover** means PII arrangements which cover the insured against claims arising out of or in consequence of activities that were undertaken in the course of the practitioner's professional practice, prior to the date of the commencement of the insurance.

**Run-off cover** means insurance that protects a practitioner who has ceased a particular practice against claims that arise out of or are a consequence of activities that were undertaken when he/she was conducting that practice. This type of cover may be included in a PII policy or may need to be purchased separately.

**Third party cover** means the cover that an individual holds through a third party's insurance arrangement, such as through an employer, education provider or union.

## Review

This registration standard will be reviewed from time to time as required. This will generally be at least every three years

Last reviewed: XXXX.

This standard replaces the previously published registration standard from 1 July 2010.

## Overview

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19 May 2014

### Registration standard: Continuing Professional Development

#### Summary of issue

22. The National Law requires the Board to develop a registration standard about the requirements for continuing professional development (CPD) for health practitioners registered in the podiatry profession. The registration standard is part of the regulatory framework for the podiatry profession.
23. Section 128 of the National Law provides that a registered health practitioner (other than a practitioner who holds non-practising registration) must undertake the continuing professional development (CPD) required by the Board's CPD registration standard.
24. Section 109 of the National Law requires a practitioner applying to renew their registration to make a declaration that they have completed the CPD required by the relevant National Board in the previous registration period.
25. The Board's current *Continuing professional development registration standard* states that registered podiatrists and podiatric surgeons are required to complete a minimum of 20 hours of CPD per year. Podiatric surgeons are required to complete an additional 20 hours of CPD related to podiatric surgery. Podiatrists and podiatric surgeons whose registration is endorsed for scheduled medicines are required to complete an additional 10 hours of CPD related to that scope of practice. Podiatrists must also hold a current CPR certificate that includes management of anaphylaxis and use of an automated external defibrillator and podiatric surgeons must hold a current certificate in advanced life support.
26. The Board is reviewing its standard to ensure it is based on the best available evidence, meets the objectives of the National Law and is worded as simply and clearly as possible.
27. The Board, in conjunction with the other National Boards who are reviewing their CPD registration standards, commissioned a review of the literature on the effectiveness of CPD. The Board has taken this information into account in its review of the registration standard.
28. As the available evidence does not provide definitive answers to issues such as the most effective amount and types of continuing professional development, the Board has also considered its experience with the standard over the past three years in its review. The National Boards and AHPRA will continue to monitor developments in this area to inform the Board's standard.
29. The Board has Guidelines for continuing professional development which have also been revised as part of this review and are considered in the next section of this consultation paper.

#### Options statement - Registration standard: Continuing professional development

30. The Board has considered a number of options in developing this proposal.

##### Option 1 – Status quo

31. Option 1 would continue with the existing registration standard. The registration standard established the Board's initial requirements for CPD under the National Law.
32. However, the Board has now identified a range of opportunities to improve the current standard, including the ability to clarify the language and structure to make it easier to understand.

## Option 2 – Proposed revised standard

33. Option 2 would involve the Board submitting a revised registration standard to the Ministerial Council for approval. The registration standard would continue to establish the Board's requirements for CPD with minor changes. The current annual requirement of CPD hours is unchanged. The revised standard has clearer wording and structure to make it easier to understand and more flexibility has been introduced in relation to the CPR requirement of the standard in that there is now an option for hospital based training.

### Preferred option

34. The Board prefers Option 2.

### Issues for discussion

#### Potential benefits and costs of the proposal

35. The benefits of the preferred option are that the draft revised standard:
- is more flexible and user-friendly
  - strikes a balance between protecting the public and impact on practitioners
  - has been reworded to be simpler and clearer.
36. The costs of the preferred option are:
- practitioners, other stakeholders and AHPRA will need to become familiar with the new standard, and
  - there will probably need to be a period of transition to the proposed revised standard, if approved.

#### Estimated impacts of the draft revised registration standards

37. The changes proposed in the draft revised registration standard are relatively minor, although more significant changes may be proposed through consultation. There is little impact anticipated on practitioners, business and other stakeholders arising from the changes proposed.

### Relevant sections of the National Law

Section 38  
Section 109  
Section 128

### Questions for consideration

38. The Board is inviting feedback on the following questions.
- From your perspective, how is the current CPD registration standard working?
  - Is the content and structure of the draft revised registration standard helpful, clear, relevant and more workable than the current standard?
  - Is there any content that needs to be changed or deleted in the draft revised registration standard?
  - Is there anything missing that needs to be added to the draft revised registration standard?
  - Do you have any other comments on the draft revised registration standard?
  - Do you think that the current review period of at least every three years should be maintained or would an alternative period be appropriate e.g. five years, with the option to review earlier if the need arises?

### Attachments

39. The proposed revised *Registration standard: Continuing professional development* follows at page 14 of this consultation paper.
40. The current *Continuing professional development registration standard* is published on the Board's website, accessible from [www.podiatryboard.gov.au/Registration-Standards.aspx](http://www.podiatryboard.gov.au/Registration-Standards.aspx).

41. The Board's Statement of assessment against AHPRA's Procedures for development of registration standards and COAG principles for best practice regulation is at [Attachment 1](#).



## Registration Standard

### Continuing professional development (DRAFT)

Effective from: <<date>>

Review date: <<date>>

This registration standard sets out the Podiatry Board of Australia's (Board) minimum requirements for continuing professional development (CPD) for podiatrists and podiatric surgeons.

#### Does this standard apply to me?

This registration standard applies to all registered podiatrists and podiatric surgeons except those with non-practising registration. It does not apply to students.

#### What must I do?

The requirements vary depending on whether you are a podiatrist or podiatric surgeon, and whether you have an endorsement for scheduled medicines.

To meet this standard you must:

1. complete a minimum of 20 hours of CPD per year, which must:
  - a. include a range of activities from the categories set out in the Board's *Guidelines for continuing professional development*, and
  - b. include a minimum of five hours in an interactive setting with other practitioners, such as face to face education, and
  - c. have a focus on aspects of podiatry practice that are relevant to your area of professional practice and have clear learning aims and objectives that meet your requirements
2. if you are a podiatrist you must also complete training that includes cardiopulmonary resuscitation (CPR), management of anaphylaxis and use of an automated external defibrillator.

The CPR, management of anaphylaxis and use of an automated external defibrillator training must be conducted by an approved training organisation (see Definitions section). To show that you have successfully completed this training you must have a current certificate or other evidence that is issued by the approved training organisation.

Information about recommended health training packages that meet the Board's requirements is published on the Board's website from time to time.

The Board's *Guidelines for continuing professional development* provide further information about the evidence that you must have to demonstrate successful completion of the training.

#### 3. Additional CPD requirements if you have an endorsement

If your registration is endorsed for scheduled medicines you must complete an **additional 10 hours of CPD** per year related to the endorsement. The additional CPD must include a range of activities from the categories set out in the Board's *Guidelines for continuing professional development*.

#### 4. Additional CPD requirements for podiatric surgeons

If you are a podiatric surgeon you must also:

- a. complete an **additional 20 hours of CPD per year** related to this scope of practice. The additional CPD must include a range of activities from the categories set out in the Board's *Guidelines for continuing professional development*, and
- b. have completed training in advanced life support provided by an approved training organisation (see Definitions section).

You must have a current certificate or other evidence of successful completion of the training issued by the approved training organisation.

Information about recommended health training packages that meet the Board's requirements is published on the Board's website from time to time.

#### Pro rata requirements

If you register part way through a registration period you are only required to complete a specified proportion of the required CPD. The proportion you are required to complete will depend on how many months are remaining in the registration period. Information about the Board's pro rata requirements is in the Board's *Guidelines for continuing professional development*

#### Are there exemptions to this standard?

The Board may grant an exemption or variation to this standard in exceptional circumstances.

Criteria for exemption are set out in a policy published on the Board's website from time to time.

#### Guidelines for continuing professional development

The Board's *Guidelines for continuing professional development* provide more information about how to meet this standard. You are expected to understand and apply the guidelines together with this registration standard

#### What does this mean for me?

##### When you apply for registration

###### *Podiatrists*

When you apply for registration as a podiatrist you are not required to have completed the CPD as set out in this standard but you must have completed training that includes CPR, management of anaphylaxis and use of an automated external defibrillator - (see section *What must I do*, point 2).

###### *Podiatric surgeons*

When you apply for specialist registration as a podiatric surgeon you are not required to have completed the additional CPD requirements for podiatric surgeons that are set out in this standard, but you must have completed training in advanced life support - (see section *What must I do*, point 4.a.).

##### When you apply for renewal of registration

When you apply to renew your registration, you must declare whether you have met the requirements of this standard.

##### During the registration period



You must meet the requirements of this standard. Your compliance with this standard may be audited from time to time.

### Evidence

You must maintain records of your CPD activity for at least five years in case you get audited.

You may also be required to provide your CPD records as part of an audit or an investigation arising from a notification (complaint).

Information about the CPD records that you must keep is provided in the Board's *Guidelines for continuing professional development*.

### What happens if I don't meet this standard?

The National Law establishes possible consequences if you don't meet this standard, including that:

- the Board can impose a condition or conditions on your registration or can refuse your application for registration or renewal of registration, if you do not meet a requirement in an approved registration standard for the profession (sections 82, 83 and 112 of the National Law)
- a failure to undertake the CPD required by this standard is not an offence but may be behaviour for which health, conduct or performance action may be taken by the Board (section 128 of the National Law), and
- registration standards, codes or guidelines may be used in disciplinary proceedings against you as evidence of what constitutes appropriate practice or conduct for the podiatry profession (section 41 of the National Law).

### .Authority

This registration standard was approved by the Australian Health Workforce Ministerial Council on <<date>>.

Registration standards are developed under section 38 of the National Law and are subject to wide ranging consultation.

### Definitions

**Advanced life support** is basic life support with the addition of invasive techniques (e.g. manual defibrillation, advanced airway management, intravenous access and drug therapy) (Australian Resuscitation Council).

**Approved training organisation** means a training organisation approved by the Board as set out in the Board's *Guidelines for continuing professional development*.

**Basic life support** is the preservation or restoration of life by the establishment of and/or the maintenance of airway, breathing and circulation, and related emergency care. (Australian Resuscitation Council).

**Cardiopulmonary resuscitation** is the technique of chest compressions combined with rescue breathing. The purpose of cardiopulmonary resuscitation is to temporarily maintain a circulation sufficient to preserve brain function until specialised treatment is available. (Australian Resuscitation Council).

**Continuing professional development** is the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives

**Practice** means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. Practice in this context is not restricted to the provision of direct clinical care. It also includes using professional knowledge (working) in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on the safe, effective delivery of services in the profession and/or apply their professional skills.



**Scope of practice** means the professional role and services that an individual health practitioner is educated and competent to perform.

### Review

This standard will be reviewed from time to time as required. This will generally be at least every three years.

Last reviewed: XXXX

This standard replaces the previously published registration standard from 1 July 2010

Consultation draft



## Overview

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19 May 2014

### Guidelines on continuing professional development

#### Summary of issue

42. Section 35 of the National Law allows the National Boards to develop or approve standards, codes and guidelines for the health profession, including the development and approval of codes and guidelines that provide guidance to health practitioners registered in the profession. Section 39 states that a National Board may develop and approve codes and guidelines to provide guidance to the health practitioners it registers; and about other matters relevant to the exercise of its functions.
43. The Board's *Guidelines on continuing professional development* were developed under Section 39 of the National Law to provide guidance on CPD to registered podiatrists and podiatric surgeons. These guidelines supplement the registration standard by setting out:
  - the categories and range of CPD activities that may be undertaken in order to meet the Board's annual CPD requirements
  - information about approved training organizations for CPR and advanced life support training
  - the information that podiatrists and podiatric surgeons must record when undertaking CPD

#### Options statement

44. The Board has considered a number of options in developing this proposal.

##### Option 1 – Status quo

45. Option 1 would continue with the existing guidelines. These guidelines supplement the current standard (which is part of this review), which established the Board's initial requirements for continuing professional development under the National Law. However, the Board has now identified a range of opportunities to improve the current guidelines, including the ability to clarify the language and structure to make it easier to understand.

##### Option 2 – Proposed revised guidelines

46. Option 2 would involve the Board publishing revised guidelines. The revised guidelines would continue to supplement the standard, with no substantive changes. The revised guidelines have clearer wording and structure to make them easier to understand, and provide additional information about:
  - approved training organisations for the purpose of CPR and advanced life support
  - planning and reflection
  - temporary absence from practice

##### Preferred option

47. The Board prefers Option 2.

## Issues for discussion

### Potential benefits and costs of the proposal

48. The benefits of the preferred option are that the draft revised guidelines:
- are flexible and user-friendly
  - strike a balance between protecting the public and impact on practitioners
  - have been reworded to be simpler and clearer
  - provide additional guidance on the importance of planning and reflection in relation to CPD
  - provide information temporary absence from practice.
49. The costs of the preferred option are:
- practitioners, other stakeholders and AHPRA will need to become familiar with the new guidelines
  - there will probably need to be a period of transition to the proposed revised guidelines.

### Estimated impacts of the draft revised guidelines

50. The changes proposed in the draft revised guidelines are relatively minor, although more significant changes may be proposed through consultation. There is little impact anticipated on practitioners, business and other stakeholders arising from the proposed changes.

## Relevant sections of the National Law

Section 35

Section 39

### Questions for consideration

51. The Board is inviting feedback on the following questions:
- From your perspective, how are the current guidelines on CPD working?
  - Is the content of the draft revised guidelines helpful, clear, relevant and more workable than the current guidelines?
  - Is there any content that needs to be changed or deleted in the draft revised guidelines?
  - Is there anything missing that needs to be added to the draft revised guidelines?
  - Do you have any other comments on the draft revised guidelines?
52. The proposed revised *Guidelines on continuing professional development* follow at page 20 of this consultation paper.
53. The current *Guidelines on continuing professional development* are published on the Board's website, accessible from [www.podiatryboard.gov.au/Policies-Codes-Guidelines.aspx](http://www.podiatryboard.gov.au/Policies-Codes-Guidelines.aspx)



## Guidelines

### Guidelines on continuing professional development (DRAFT)

Effective from: <<date>>

Review date: <<date>>

#### Table of contents – to be completed when guidelines are finalised

These guidelines have been developed by the Podiatry Board of Australia (Board) to assist podiatrists and podiatric surgeons to meet the requirements of the Board's *Continuing professional development registration standard*.

Continuing professional development (CPD) is an important part of providing safe and effective podiatry services. CPD is an interactive process that enables podiatrists and podiatric surgeons to maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives.

#### Who needs to use these guidelines?

These guidelines apply to all registered podiatrists and podiatric surgeons, except those with non-practising registration. They do not apply to students.

#### Summary

These guidelines outline the specific requirements you must meet when undertaking CPD to meet the Board's minimum annual CPD requirements.

The guidelines explain:

- the benefits of planning and reflecting on your CPD
- the categories of CPD that you must do (including examples of the types of activities in each category)
- the additional CPD you must do if your registration is endorsed for scheduled medicines
- the additional CPD you must do if you are a podiatric surgeon
- the CPR and advanced life support training that you must do (there are different requirements for podiatrists and podiatric surgeons)
- the requirements for keeping records of your CPD, including what you should record in your CPD portfolio (templates are provided in the appendices)
- what to consider if you have a temporary absence from practice, and
- pro rata CPD.

#### Planning and reflection

It is important that you put some time into planning your CPD. This process is an opportunity for you to:

- a. review best practice standards or evidence-based practice to enable you to evaluate and improve your level of competency, treatment plan or service delivery
- b. work on your limitations or deficits to improve your practice to meet current standards using evidence-based practice or best practice standards

- c. work further to develop competency or strengths in areas of particular interest or aptitude.

Your planning will be enhanced by discussion with peers, mentors and/or supervisors as it may be difficult to identify your own areas of limitation. Patient feedback may also be helpful in identifying areas where you need further continuing professional or personal development.

You should consciously reflect on learning as it relates to your practice as this will improve your competency. This can be done by writing a brief summary of the CPD you have done and assessing your progress against the goals you set for yourself. Reflection on learning can contribute to the learning goals for the coming year as part of the ongoing CPD cycle.

A template that you could use to record your plan of learning objectives and reflection on learning is included at Appendix X.

## CPD Requirements

### 1. Minimum requirements for all podiatry practitioners

The Board's minimum requirements for CPD are set out in the *Continuing professional development registration standard*. Regardless of whether you work full-time or part-time, you must meet the CPD requirements of the registration standard which are summarised as follows:

- 1.1 Podiatrists and podiatric surgeons must complete a minimum of 20 hours of CPD per year, which must:
  - a. include a range of activities from the categories set out in the Board's *Guidelines for continuing professional development*, and
  - b. include a minimum of five hours in an interactive setting with other practitioners, such as face to face education, and
  - c. have a focus on aspects of podiatry practice that are relevant to your area of professional practice and have clear learning aims and objectives that meet your requirements
- 1.2 If you are a podiatrist you must have completed training that includes cardiopulmonary resuscitation (CPR), management of anaphylaxis and use of an Automated External Defibrillator. The training must be conducted by an approved training organisation (see below for further information: *Cardiopulmonary resuscitation (CPR) and advanced life support*)
- 1.3 If your registration is endorsed for scheduled medicines you must complete an additional 10 hours of CPD per year related to the endorsement. The additional CPD must include a range of activities from the categories set out in these guidelines (see below).
- 1.4 If you are a podiatric surgeon you must also:
  - a. complete an **additional 20 hours of CPD** per year related to this scope of practice and which consists of a range of activities from the categories set out in these guidelines (see below) and
  - b. have successfully completed training in advanced life support from an approved training organisation (see below for further information: *Cardiopulmonary resuscitation (CPR) and advanced life support*).

### 2. Categories of CPD

To meet the Board's requirements for CPD you must complete a mixture of the categories set out below to make up the required 20 hours of CPD each year. Please note:

- a minimum of five hours of your CPD must be in an interactive setting with other practitioners, such as face-to-face education
- the maximum number of hours from each category that you can count towards the required 20 hours of CPD has been set to ensure a mix of learning experiences
- you are not required to undertake CPD from all categories
- a particular activity can be applied to one category only and not be counted more than once
- the examples for each category are provided as a guide and are not exhaustive, and

- activities involved in maintaining currency in CPR, management of anaphylaxis and use of AED cannot to be included as part of the 20 hours CPD requirement.

## Categories

### *I. Professional development (maximum 10 hours)*

Examples include:

- publishing an article in peer reviewed journal
- in-service lecture to health sector peers
- discussing case(s) with health sector peers
- attending a conference related to podiatry
- attending special interest group and regional meetings and seminars related to podiatry
- attending a health-related lecture by health professional, and
- completing a journal-based education questionnaire and retaining evidence of successful completion.

### *II. Further education (maximum 10 hours)*

Examples include:

- enrolment in postgraduate study
- attending higher education related to podiatric practice
- attending a course relating to podiatric practice; for example, sterilisation
- completing Australasian Academy of Podiatric Sport Medicine (AAPSM) Fellowship modules
- completing Australasian College of Podiatric Surgeons (ACPS) Fellowship modules, and
- completing relevant online education with evidence of achievement of learning objectives, such as a certificate.

### *III. Practice management – quality improvement activities and reflective practice (maximum 10 hours)*

Examples include:

- undertaking an activity to improve quality or reduce risk in practice, that includes an evaluation and report
- reviewing and implementing evidence-based, specific practice activity with documentation
- clinical audit processes, reflection on outcome and implementation of learning and quality improvement, and
- undertaking an infection control audit, including reflection and results.

### *IV. Self-directed learning (maximum 10 hours)*

Examples include:

- reviewing research publication/journal article/editorial/text and making notes, and
- reviewing a health-related case study with documentation

### *V. Community Service (maximum 10 hours)*

Examples include:

- undertaking supervision or mentoring of undergraduate/postgraduate podiatry or other health profession student
- receiving supervision or mentoring, and
- making a contribution to the podiatry profession; for example, health promotion or volunteer service.

### 3. Additional CPD requirement for practitioners with endorsement for scheduled medicines

If your registration is endorsed for scheduled medicines you must complete **an additional 10 hours of CPD per year that relates to the endorsement**. The additional CPD must include a range of activities. See below for information about the categories of activities.

The categories of learning activities for practitioners with endorsement for scheduled medicines are the same as those outlined above for non-endorsed practitioners.

The maximum number of hours from each category that you can count towards the additional 10 hours of CPD related to the endorsement has been set to ensure a mix of learning experiences:

1. professional development (maximum additional five hours)
2. further education (maximum additional five hours)
3. practice management - quality improvement activities and reflective practice (maximum additional five hours)
4. self-directed learning (maximum additional five hours), and
5. community service (maximum additional two and a half hours).

### 4. Additional CPD requirements for podiatric surgeons

If you are a podiatric surgeon, you must:

- a. complete an **additional 20 hours of CPD** per year related to podiatric surgery. The additional CPD must include a range of activities (see below for information about the categories of activities), and
- b. have completed training in advanced life support from an approved training organisation (see below for further information: *Cardiopulmonary resuscitation (CPR) and advanced life support*).

The categories of learning activities for podiatric surgeons are the same as those outlined above.

The maximum number of hours from each category that you can count towards the additional 20 hours of CPD related to the scope of practice of podiatric surgery has been set to ensure a mix of learning experiences:

1. professional development (maximum additional 10 hours).
2. further education (maximum additional 10 hours).
3. practice management - quality improvement activities and reflective practice (maximum additional 10 hours).
4. self-directed learning (maximum additional 10 hours).
5. community service (maximum additional five hours).

You are not required to undertake CPD from all categories.

Activities involved in maintaining currency in advanced life support **cannot** to be included as part of the 10 additional hours of CPD.

### 5. Cardiopulmonary resuscitation (CPR) and advanced life support

See 1.2 and 1.4 above.

The Board does not require you to have an Automated External Defibrillator or auto-injectors, (e.g. epipen®) in your practice environment, however you are encouraged to do so to support public health and safety.

#### Approved training organisation

The Board has defined an approved training organisation (as it relates to the *Continuing professional development registration standard*) as:

1. a registered training organisation (RTO) as listed at <http://training.gov.au>, or



2. a hospital that provides training that has the same course content and meets the same competencies of a training package delivered by an RTO.

### **Recommended training packages**

The recommended health training packages that cover the CPR requirements for podiatrists and advanced life support for podiatric surgeons are published on the *Policies, codes and guidelines* section of [www.podiatryboard.gov.au](http://www.podiatryboard.gov.au).

### **Evidence of training**

You must have a current certificate or other evidence of having successfully completed the training, issued by the approved training organisation. A certificate of attainment is the official acknowledgement from the RTO or hospital that you have completed the course. This certificate must be current and kept by you in your CPD portfolio and provided to the Board if requested for audit or other purposes.

The Board acknowledges that some hospitals may not issue a certificate of attainment and will accept a signed and dated document on official hospital letterhead that provides evidence of having completed the training and attained the required competences.

The certificate or hospital document must include:

- the name of the practitioner who completed the training
- the name of the RTO or hospital
- the name of the course and training package code if applicable, and
- the expiry date or date attained.

### **Currency of training**

The CPR component must be renewed annually and the other requirements (management of anaphylaxis; and the use of an AED) must be renewed at least every three years.

## **6. Planning and self reflection**

The Board recommends that you plan your CPD on an annual basis to meet your professional learning needs.

You will get most benefit from your CPD activities by developing a plan of learning objectives and the activities that you anticipate doing to meet your goals for the period ahead, and then recording your reflection on your learning.

## **7. Recordkeeping**

You must keep records of your CPD activities for at least five years from the date you completed the CPD. These records must be available for audit or if required by the Board as part of an investigation arising from a notification (complaint).

Your CPD records must include the following information as a minimum.

- A log of CPD activities that records the following details about your CPD activities:
  - date it was completed
  - description of the activity
  - category
  - number of CPD hours claimed, and
  - goal achieved.
- Evidence of CPD activities completed, such as:
  - certificates of attainment / attendance, and



- notes from self directed CPD activity such as a literature review, case study or journal articles. It is expected that the notes provide a comprehensive summary of the key points of the review and reflect the learning from the activity.

The Board recommends that you keep this documentation in a portfolio that also includes evidence of your training in CPR or advanced life support.

## Templates

To assist you with your CPD recordkeeping, the Board has developed the following templates that you can use:

- Log of CPD activities, and
- Plan of learning objectives and reflection on learning.

The templates are at Appendix A - E of these guidelines.

## Pro rata

Podiatrists who are registered part-way through a registration period must complete a minimum of five hours of CPD for every three months of registration remaining in the registration period and meet the CPR requirements explained above in section 2(b).

Podiatric surgeons who are registered part-way through a registration period must also complete a minimum of five additional hours of CPD related to this scope of practice for every three months of registration remaining in the registration period and meet the advanced life support requirements explained above in section 3(b).

Practitioners whose registration is endorsed for scheduled medicines part-way through a registration period must also complete a minimum of two and a half additional hours of CPD related to the endorsement for every three months of registration remaining in the registration period.

## Exemption

Under the *Continuing professional development registration standard*, the Board reserves the right to consider and/or grant an exemption from the CPD requirements in exceptional circumstances as a matter of policy. Criteria for an exemption are set out in a policy published on the Board's website from time to time.

## Temporary absence from practice

Before returning to practice after an absence, you have an obligation to assess what changes there have been to practice and what CPD you need to do to ensure that you are suitably prepared to return to practice. CPD activities must be designed to maintain and update your knowledge, clinical judgement and technical skills.

If you take a period of leave during a registration period but still practice podiatry for a period during that registration period you have an obligation to ensure that you remain up-to-date and competent to practise. You therefore must meet the Board's CPD requirements and will be required to declare this at renewal of registration.

If you are absent from practice for a period between one and three years you must complete a minimum of one year's quota of CPD activities relevant to your intended scope of practice. This must be completed during the 12 months before you apply for registration as set out in the Board's *Recency of practice registration standard*.

## Compliance

When you apply to renew your registration, you must declare whether you have met the requirements of the Board's *Continuing Professional Development registration standard*.

Your compliance with this standard may be audited from time to time.

A failure to comply with the Board's CPD requirements is not an offence but may be behaviour for which health, conduct or performance action may be taken by the Board.

### Authority

The Podiatry Board of Australia (the Board) has developed these guidelines under section 39 of the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).

Guidelines approved by the Board may be used as evidence of what constitutes appropriate professional conduct or practice for podiatry in proceedings against a health practitioner under the National Law, or a law of a co-regulatory jurisdiction.

### Definitions

**Approved training organisation** – for the purposes of the Board's *Continuing professional development registration standard*, the Board has determined that an approved training organisation is:

- a. a Registered Training Organisation (RTO) as listed on the Training.gov.au website at <http://training.gov.au>, or
- b. a hospital that provides training that has the same course content and meets the same competencies of a training package delivered by an RTO.

**Continuing professional development (CPD)** is the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence and develop the personal qualities required throughout their professional lives.

**Competence** means having the qualifications and ability to perform a specific role. It involves a complex interaction and integration of knowledge, skills, professional behaviours and judgement.

A **training package** is a set of nationally endorsed standards and qualifications for recognising and assessing people's skills in a specific industry, industry sector or enterprise



## Overview

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19 May 2014

### Recency of Practice

#### Summary of issue

54. The National Law requires the Board to develop a registration standard about the requirements for the nature, extent, period and recency of any previous practice by practitioners applying for registration in the podiatry profession. The registration standard is part of the regulatory framework for the podiatry profession.
55. Section 109 of the National Law requires a practitioner applying to renew their registration to declare that they have met the recency of practice requirements in the Board's registration standard.
56. The Board's current *Recency of practice registration* standard sets out requirements for practitioners returning to practice after an absence.
57. The Board is reviewing its standard to ensure it is based on the best available evidence, meets the objectives of the National Law and is worded as simply and clearly as possible.
58. The Board, together with the other National Boards reviewing their recency of practice registration standards, commissioned a review of the literature on recency of practice requirements. The Board has taken this information into account in its review of the registration standard.
59. The available evidence does not provide definitive answers to issues such as the amount of practice that a practitioner must undertake to remain competent so the Board has also considered its experience with the standard over the past three years and how best to protect the public given current knowledge limitations. The National Boards and AHPRA will continue to monitor developments in this area to inform the Boards' standards.
60. The Board has published *Information about recency of practice*, which has also been revised as part of this review. Proposed *Guidelines on recency of practice* will replace the current information sheet. The proposed guidelines are included after the registration standard.

#### Options statement – Registration standard: Recency of practice

61. The Board has considered a number of options in developing this proposal.

##### Option 1 – Status quo

62. Option 1 would continue with the existing registration standard. The registration standard established the Board's initial requirements for recency of practice under the National Law.
63. However, the Board has now identified a range of opportunities to improve the current standard including the ability to clarify the language and structure to make it easier to understand.
64. The Board has also identified that the current standard does not specify minimum hours of practice for practitioners who have not had an absence from practice. There is thus no assurance under the requirements of the current registration standard that registered practitioners are undertaking regular practice to maintain their skills and competence.

##### Option 2 – Proposed revised standard

65. Option 2 would involve the Board submitting a revised registration standard to the Ministerial Council for approval. The registration standard would continue to establish the Board's requirements for recency of practice, with the following changes:

- the revised standard requires practitioners **to** have practised in their scope of practice for a minimum of 150 hours per year or 450 hours over three years.

Since the commencement of the National Scheme some National Boards have had a requirement for practitioners to practise a minimum number of hours over a specified period in order to meet the Board's recency of practice registration standard. Other National Boards are also proposing to introduce this requirement as part of this review.

- clearer wording and structure of the standard to make it easier to understand.

### **Preferred option**

66. The Board prefers Option 2.

### **Issues for discussion**

#### **Potential benefits and costs of the proposal**

67. The benefits of the preferred option are that the draft revised standard:

- specifies a minimum number of hours of practise which provides an appropriate balance between ensuring that practitioners have undertaken sufficient regular practise to maintain the knowledge and skills to safely practise the profession and supporting flexible work practices such as part time or locum work. The option of undertaking the practise hours over a number of years accommodates practitioners who may take period of absence from practising for a range of reasons (including for example maternity/paternity leave or illness).
- strikes a balance between protecting the public and the impact on registered practitioners and practitioners applying for registration
- has been reworded to be simpler and clearer.

68. The costs of the preferred option are:

- applicants, other stakeholders and AHPRA will need to become familiar with the new standard
- there will likely need to be a period of transition to the proposed revised standard, if approved.

#### **Estimated impacts of the draft revised registration standards**

69. The majority of the changes proposed in the draft revised registration standard are relatively minor and are anticipated to have little impact on practitioners, business and other stakeholders arising from the changes proposed. More significant changes may be proposed through consultation.

70. The introduction of minimum practice requirements (completion of a minimum of 150 hours per year or 450 hours over three years) is not expected to have a significant impact on the majority of practitioners.

### **Relevant sections of the National Law**

Section 38

Section 109

### **Questions for consideration**

71. The Board is inviting feedback on the following questions:

- From your perspective, how is the current Recency of practice registration standard working?
- Is the content and structure of the draft revised registration standard helpful, clear, relevant and more workable than the current registration standard?
- Is there any content that needs to be changed or deleted in the draft revised registration standard?

- Do you have any comments on the minimum practice requirements in the draft revised registration standard?
- Do you think that the following alternative for minimum hours of practice would be better? (i.e. without the option of 150 hours in the 12 month period prior to applying for registration or renewal of registration)
  - 450 hours of practice in the three year period prior to applying for registration or renewal of registration
- Is there anything missing that needs to be added to the draft revised standard?
- Do you have any other comments on the draft revised registration standard?
- Do you think that the current review period of at least every three years should be maintained or would an alternative period be appropriate e.g. five years, with the option to review earlier if the need arises?
- Do you have any comments on the draft revised *Information about recency of practice* document?

### Attachments

72. The proposed revised *Registration standard: Recency of practice* follows at page 30 of this consultation paper. The draft proposed *Guidelines on recency of practice* are at page 34.
73. The current *Recency of practice registration standard* is published on the Board's website, accessible from [www.podiatryboard.gov.au/Registration-Standards.aspx](http://www.podiatryboard.gov.au/Registration-Standards.aspx).
74. The Board's *Statement of assessment against AHPRA's Procedures for development of registration standards and COAG principles for best practice regulation* is at Attachment 1.



## Registration Standard

### Recency of practice (DRAFT)

**Effective from:** <<date>>

**Review date:** <<date>>

This registration standard sets out the Podiatry Board of Australia's (Board) minimum requirements for recency of practice for podiatrists and podiatric surgeons.

Podiatrists and podiatric surgeons must have recent practice experience in the scope of practice in which they intend to work to maintain their competence to practise safely.

#### Does this standard apply to me?

This registration standard applies if you are:

- currently registered or applying for registration as a podiatrist or podiatric surgeon (apart from non-practising registration)
- applying for an endorsement
- applying to change your type of registration from non-practising to another category of registration, or
- changing your scope of practice.

It does not apply if you are:

- a student
- a recent graduate (as defined in this registration standard), or
- applying for or renewing non-practising registration.

#### What must I do?

To meet this registration standard you must have practised in your scope of practice for a minimum of:

- 450 hours in the three year period prior to applying for registration or renewal of registration, or
- 150 hours in the 12 month period prior to applying for registration or renewal of registration.

Meeting the Board's minimum requirements for recency of practice doesn't automatically satisfy your professional and ethical responsibilities to ensure that you recognise and work within the limits of your competence and maintain adequate knowledge and skills to provide safe and effective care.

#### Are there exemptions to this standard?

There are no exemptions to this standard. The section below "What happens if I don't meet this standard" explains what you need to do if you don't meet this standard and wish to continue or return to practice.

#### What does this mean for me?

##### When you apply for registration

When you apply for registration or an endorsement, you must meet this registration standard, unless you are a recent graduate or you are applying for non-practising registration.

## When you apply for renewal of registration

When you apply to renew your registration, you must declare whether you meet this registration standard. You must be able to substantiate your declaration with evidence if requested by the Board.

## During the registration period

Your compliance with this registration standard may be audited from time to time. It may also be checked if the Board receives a notification about you.

## Evidence

You must retain records of your practice for at least five years as evidence that you meet the requirements of this standard for five years in case you are audited.

If you cannot provide evidence of practice, you may be required to undertake a competency assessment, further study or a supervised clinical placement to demonstrate your competence to practice. The Board may also place conditions on your registration where necessary to ensure safe professional practice.

## What happens if I don't meet this standard?

### If you are a registered podiatrist or podiatric surgeon

1. The National Law establishes possible consequences if you don't meet this standard, including that:
  - the Board can impose conditions on your registration or refuse your application for registration or renewal of registration (sections 82, 83 and 112 of the National Law), and
  - registration standards, codes or guidelines may be used in disciplinary proceedings against you as evidence of what constitutes appropriate professional practice or conduct for the podiatry profession (sections 41 of the National Law).
2. The Board will consider your application and any accompanying documentation and take a number of factors into consideration when deciding whether or not to grant your application for registration or renewal of registration.

Further information about the factors the Board will take into account and the information you should submit to support your application is published on the Board's website.
3. The Board may require you to provide additional information and may also require you to undertake:
  - an assessment or examination to assess your competence to practice, and/or
  - further specific education, and/or
  - a period of supervised practice.

### If you have non-practising registration or are not registered and you wish to return to practice

1. If you have at least two years prior clinical practice experience as a registered podiatrist or podiatric surgeon and you wish to return to practice one of the following will apply to you.
  - a. If you have had non-practising registration or have not been registered for between one and three years:
    - i. at a minimum you must complete at least one years' quota of continuing professional development (CPD) activities relevant to your intended scope of practice (during the 12 months prior to applying for a category of practising registration). The Board's *Continuing professional development registration standard* sets out the Board's CPD requirements, and



- ii. the Board may require you to provide additional information and may also impose additional requirements which may include requiring you to undertake:
      - an assessment or examination to assess your competence to practice, and/or
      - further specific education, and/or
      - a period of supervised practice.
  - b. If you have had non-practising registration or have not been registered for more than three years:
    - i. at a minimum you must:
      - complete at least one years' quota of CPD activities relevant to your intended scope of practice (during the 12 months prior to applying for a category of practising registration), and
      - provide a plan for professional development and re-entry to practice to the Board for consideration and approval. Information to assist you in developing a plan for professional development and re-entry to practice is published on the Board's website, and
    - ii. the Board may require you to provide additional information and may also impose additional requirements which may include requiring you to undertake:
      - an assessment or examination to assess your competence to practice, and/or
      - further specific education.
2. If you have less than two years prior clinical experience as a registered podiatrist or podiatric surgeon, and you have had non-practising registration or not been registered for more than 12 months:
  - a. You must complete at least one years' quota of CPD activities relevant to your intended scope of practice (during the 12 months before applying for registration); and
  - b. You will have conditions placed on your registration to facilitate your return to safe professional practice, which may include a requirement for you to undertake:
    - an assessment or examination to assess your competence to practice, and/or
    - further specific education, and/or
    - a period of supervised practice.

### Requirements if you are changing your scope of practice

If you are proposing to change the scope of your practice you may be required to undergo additional training to ensure that you are competent in your new scope of practice.

The Board's requirements are:

- a. if the change is an extension of practice that your peers might reasonably expect in practice of that nature, you are required to undertake training that peers would expect before changing or expanding the scope of practice, and
- b. if the change is a significant change to a different scope of practice, (for example, changing from an administrative role into a clinical practice role) you are required to develop a plan for professional development that will ensure your competence to practice in the new scope of practice and submit to the Board for consideration and approval. Information to assist you in developing a plan for professional development and re-entry to practice is published on the Board's website.



## Further information

The Board has developed Guidelines on recency of practice to assist you to understand this registration standard and requirements. The Guidelines also provide guidance on:

- the information you should submit with your application form if you don't meet this registration standard, and
- planning and preparing for a return to practice.

The Guidelines are published on the Board's website

## Authority

This registration standard was approved by the Australian Health Workforce Ministerial Council on <<date>>.

Registration standards are developed under section 38 of the National Law and are subject to wide ranging consultation.

## Definitions

**Practice** means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. Practice in this context is not restricted to the provision of direct clinical care. It also includes using professional knowledge (working) in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on the safe, effective delivery of services in the profession.

**Recency of practice** means that a health practitioner has maintained an adequate connection with, and recent practice in the profession since qualifying for, or obtaining registration.

**Recent graduate** means a person applying for registration on the basis of a qualification for registration that was awarded not more than 12 months prior to the date of their application.

**Scope of practice** means the professional role and services that an individual health practitioner is educated and competent to perform.

## Review

This registration standard will be reviewed from time to time as required. This will generally be at least every three years.

Last reviewed: XXXX

This standard replaces the previously published registration standard from 1 July 2010.



## Guidelines

### Guidelines on recency of practice (DRAFT)

Effective from: <<date>>

Review date: <<date>>

#### Background

The role of the Podiatry Board of Australia (the Board) is to protect the public by registering and regulating podiatrists and podiatric surgeons, as defined in the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).

Podiatrists and podiatric surgeons must have recent experience in their scope of practice to maintain their competence to practise safely.

The Board's *Recency of practice registration standard* sets out the minimum hours that you must practise in your scope of practice to maintain your competence to practise safely. It also sets out what you must do if you change your scope of practice or wish to return to practice.

These guidelines have been developed to support the registration standard and to help you understand its requirements.

They also provide guidance on:

- the information you are required to submit with your application form if you don't meet the registration standard, and
- planning and preparing for a return to practice.

#### Recency of practice standard

##### Minimum hours of practice

To meet the Board's *Recency of practice registration standard* you must have practised in your scope of practice for a minimum of:

- 450 hours in the three year period prior to applying for registration or renewal of registration, or
- 150 hours in the 12 month period prior to applying for registration or renewal of registration.

##### Flexibility

The Board acknowledges that many practitioners have flexible work practices and that while many work full time; others practise on a part time or locum basis. Some may also take a period of absence from practising for a range of reasons. The requirement of a minimum of 150 hours of practice in the 12 month period prior to applying for registration or renewal of registration **or** 450 hours in the three year period prior to applying for registration or renewal of registration supports flexibility in the workforce.

The following table provides examples of how different practitioners might meet the minimum requirements of the registration standard.

Year	Practitioner A	Practitioner B	Practitioner C	Practitioner D	Practitioner E	Practitioner F
1	150 hours	100 hours	450 hours	0 hours	50 hours	400 hours
2	150 hours	100 hours	0 hours	0 hours	50 hours	0 hours
3	150 hours	250 hours	0 hours	450 hours	350 hours	50 hours

### What if I don't meet the Board's *Recency of practice registration standard*?

If you have not met the Board's *Recency of practice registration standard* the Board will consider a number of factors when deciding whether or not to grant your application for registration or renewal of registration, including the following:

- your registration and practice history, including when and where you last practised as a podiatrist or podiatric surgeon
- the length of time since you last practised
- your level of prior practice experience in your scope of practice
- activities you have done related to the practice of podiatry or podiatric surgery during the period since you last practised, including any continuing professional development, education, or professional contact
- additional relevant qualifications obtained since you last practised
- your intended scope of practice, and
- the level of risk associated with your practise.

### What additional information must I provide with my application for registration or renewal of registration if I don't meet the *Recency of practice registration standard*?

This will depend on your particular circumstances. The following guide outlines the information you should provide to the Board to support your application for registration or renewal of registration. The Board may ask you for additional information before deciding on your application.

If you are **currently registered** in any category other than 'non-practising', you need to:

- explain why you have not met the *Recency of practice registration standard*
- provide evidence of the CPD you have completed in the previous 12 months
- provide evidence of any other specific education you have completed in the previous three years, and
- provide any other relevant information to demonstrate your competence to practise the profession safely.

If you have **non-practising registration, or you are not currently registered** and you wish to return to practice, you need to:

- provide evidence of the CPD you have completed in the previous 12 months
- if it has been more than three years since you last practised, provide a plan for professional development and re-entry to practice for the Board to consider and approve
- provide evidence of any other specific education you have completed in the previous three years, and
- provide any other relevant information to demonstrate your competence to practise podiatry or podiatric surgery safely.

### Plan for professional development and re-entry to practice

If you have previously had at least two years clinical experience and are returning to practice after an **absence of more than three years** you are required to submit a plan for professional development and for re-entry to practice to the Board.

The purpose of a re-entry plan is to ensure that you are returning to safe practice with appropriate supports in place.

The plan for professional development and re-entry to practice will be different for each practitioner. It should be tailored to your particular circumstances and your individual learning needs. It is therefore not appropriate for the Board to issue a standard re-entry to practice plan with set tasks or supervision levels.

This document provides a framework that you can use as a guide and provides information about the typical elements of a plan for professional development and for re-entry to practice.

You may wish to obtain assistance in developing a plan for professional development and for re-entry to practice from:

- a professional association
- prospective or past supervisors, or
- prospective employers/colleagues and mentors.

The content of a plan for professional development and for re-entry to practice should usually be negotiated with your prospective supervisor who is appropriately qualified in the scope in which you intend to practice. It should take into consideration:

1. your specific learning needs, taking past education, experience and training into consideration, and
2. the requirements of the specific position that you are proposing to work in.

A plan for professional development and for re-entry to practice should:

- a. nominate a proposed supervisor
- b. define the terms of an agreement between you and the proposed supervisor
- c. state your previous scope of practice and your intended scope of practice
- d. identify any gaps in your knowledge and skills
- e. identify any training or education requirements that will be done to meet your learning requirements
- f. articulate goals, expected outcomes and clear timeframes to achieve your goals
- g. propose the level of supervision, mentoring or peer review that may be required for a safe return to practice
- h. describe the orientation process that you will undertake at the proposed employer's workplace
- i. allocate time for regular formal feedback or performance reviews by the proposed supervisor, with this feedback or review recorded and signed by you and the supervisor
- j. provide the anticipated completion date for the re-entry to practice plan, and
- k. articulate the measures that will be put in place if the stated goals are not achieved in the stated timeframes.

To assist you, the Board has developed a re-entry plan template which outlines elements that should be included in a plan for professional development and re-entry to practice. The template is published on the Board's website with this document [www.podiatryboard.gov.au/Policies-Codes-Guidelines/FAQ.aspx](http://www.podiatryboard.gov.au/Policies-Codes-Guidelines/FAQ.aspx).

The plan, with the exception of the 'Practitioner and supervisor agreement' may be modified or adapted to suit your individual needs or replaced by a professional association re-entry plan.

Any supervision arrangements should be completed in line with the Board's supervision guidelines.

### **Consideration of the plan by the Board**

It is your professional responsibility to work within the limits of your competence. The Board expects you to have the necessary level of insight to realise those limits of competence.

A plan for professional development and for re-entry to practice should demonstrate to the Board that you (with assistance from prospective employers and/or supervisors, if relevant) have

assessed your level of competence and assessed your learning needs and how to meet them. The plan should also demonstrate the structures that will be in place, such as supervision, mentoring and regular feedback to ensure safe practice.

The Board may seek further information if it is not satisfied that the submitted plan for professional development and for re-entry to practice provides enough information about the safeguards for the return to practice and may require you to complete specific education and/or assessment.

The Board may also decide to formalise the re-entry to practice plan by imposing conditions on your registration or accepting an undertaking from you.

The Board will require your supervisor/s to confirm that you have complied with the plan for professional development and for re-entry to practice. Before releasing you from the obligations of the plan, the Board may ask your supervisor to confirm that your practice is of a sufficient standard to satisfy the Board that you do not require additional supports.

### **Auditing a practitioner's plan for professional development and for re-entry to practice**

The Board may audit your compliance with the plan for continuing professional development and for re-entry to practice at any time.

### **Authority**

The Podiatry Board of Australia (the Board) has developed these guidelines under section 39 of the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).

Guidelines approved by the Board may be used as evidence of what constitutes appropriate professional conduct or practice for podiatry in proceedings against a health practitioner under the National Law, or a law of a co-regulatory jurisdiction.

Board's statement of assessment against AHPRA's *Procedures for development of registration standards* and COAG principles for best practice regulation

*Registration standard: Professional indemnity insurance arrangements*

*Registration standard: Continuing professional development*

*Registration standard: Recency of practice*

The Australian Health Practitioner Regulation Agency (AHPRA) has *Procedures for the Development of Registration Standards* which are available at: [www.ahpra.gov.au](http://www.ahpra.gov.au)

These procedures have been developed by AHPRA in accordance with section 25 of the *Health Practitioner Regulation National Law* as in force in each state and territory (the National Law) which requires AHPRA to establish procedures for the purpose of ensuring that the National Registration and Accreditation Scheme operates in accordance with good regulatory practice.

Below is the Board's assessment of its proposal for the revised draft registration standards included in this consultation paper against the three elements outlined in the AHPRA procedures.

### 1. The proposal takes into account the National Scheme's objectives and guiding principles set out in section 3 of the National Law

#### Board assessment

The Board considers that the revised draft registration standards meet the objectives and guiding principles of the National Law.

The revised draft *Registration standard: Professional indemnity insurance arrangements*, if approved, will provide for the protection of the public by ensuring that practitioners have appropriate professional indemnity insurance arrangements in place when they practice.

The revised draft *Registration standard: Continuing professional development*, if approved, will provide for the protection of the public by ensuring that practitioners undertake appropriate continuing professional development as an important aspect of maintaining their competence.

The revised draft *Registration standard: Recency of practice*, if approved, will provide for the protection of the public by ensuring that practitioners have appropriate recent practice.

The revised draft registration standards also support the National Scheme to operate in a transparent, accountable, efficient, effective and fair way.

### 2. The consultation requirements of the National Law are met

#### Board assessment

The National Law requires wide-ranging consultation on proposed registration standards. The National Law also requires the Board to consult other boards on matters of shared interest.

The Board will ensure that there is public exposure of its proposals and there is the opportunity for public comment by undertaking an eight week public consultation process. This process includes the publication of the consultation paper (and attachments) on its website.

The Board has drawn this paper to the attention of key stakeholders.

The Board will take into account the feedback it receives when finalising its proposals for submission to the Ministerial Council for approval.

### 3. The proposal takes into account the COAG Principles for Best Practice Regulation

#### Board assessment

In developing the revised draft registration standards for consultation, the Board has taken into account the Council of Australian Governments (COAG) *Principles for Best Practice Regulation*.

As an overall statement, the Board has taken care not to propose unnecessary regulatory burdens that would create unjustified costs for the profession or the community.

The Board makes the following assessment specific to each of the COAG principles expressed in the AHPRA procedures.

#### COAG Principles

##### A. Whether the proposal is the best option for achieving the proposal's stated purpose and protection of the public

#### Board assessment

The Board considers that its proposals are the best options for achieving the stated purposes. As only minor changes to the existing standards are proposed, the impact of the proposals is similar to the existing registration standards.

The Board considers that the revised draft standards would have a low impact on the profession. These low impacts are significantly outweighed by the benefits of protecting the public and providing clearer, simpler requirements, in the public interest.

National Boards in reviewing their registration standards commissioned a review of the literature on the effectiveness of CPD and on recency of practice requirements. The Board has taken this information and its regulatory experience into account in its review of the *Registration standard: Continuing professional development* and *Registration standard: Recency of practice*.

##### B. Whether the proposal results in an unnecessary restriction of competition among health practitioners

#### Board assessment

The Board considered whether its proposals could result in an unnecessary restriction of competition among health practitioners. The proposals are not expected to impact on the current levels of competition among health practitioners.

##### C. Whether the proposal results in an unnecessary restriction of consumer choice

#### Board assessment

The Board considers that the revised draft *Registration standard: Professional indemnity arrangements* will support consumer choice, by establishing clear requirements for professional indemnity insurance arrangements that practitioners must meet when they practise, in accordance with the National Law.

The Board considers that the revised draft *Registration standard: Continuing professional development* will support consumer choice, by establishing clear requirements for continuing professional development that practitioners must meet as a key part of maintaining their competence, in accordance with the National Law.

The Board considers that the revised draft *Registration standard: Recency of practice* will support consumer choice, by establishing clear requirements for recency of practice that practitioners must meet, in accordance with the National Law.



**D. Whether the overall costs of the proposal to members of the public and/or registrants and/or governments are reasonable in relation to the benefits to be achieved**

**Board assessment**

The Boards considered the overall costs of the revised registration standards to members of the public, registrants and governments and concluded that the likely costs are appropriate when offset against the benefits that the revised draft standards contribute to the National Scheme.

Subject to stakeholder feedback on the proposed revisions and if approved by the Ministerial Council, the revised draft standards should have only minimal impact on the costs to applicants by presenting the Board's requirements in a clearer and simpler way.

**E. Whether the requirements are clearly stated using 'plain language' to reduce uncertainty, enable the public to understand the requirements, and enable understanding and compliance by registrants**

**Board assessment**

The Board considers that the revised draft registration standards and related guidelines have been written in plain English that will help practitioners to understand the requirements of the standard. The Board has changed the structure of the standards and reviewed the wording to make the standards easier to understand.

**F. Whether the Board has procedures in place to ensure that the proposed registration standard, code or guideline remains relevant and effective over time**

**Board assessment**

If approved, the Boards will review the revised registration standards at least every three years, including an assessment against the objectives and guiding principles in the proposed National Law and the COAG principles for best practice regulation.

However, the Board may choose to review the standards earlier, if it is necessary to ensure the standards' continued relevance and workability.