



## Public consultation on draft revised registration standards and relevant guidelines

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02 July 2014

### Responses to consultation questions

Please provide your feedback as a Word document (not PDF) by email to [podiatryconsultation@ahpra.gov.au](mailto:podiatryconsultation@ahpra.gov.au) by close of business on 14 July 2014.

#### Stakeholder Details

<b>Organisation name</b>
Department of Podiatry, La Trobe University
<b>Contact information</b> <i>(please include contact person's name and email address)</i>

#### Your responses to the consultation questions

<b>Registration standard: Professional indemnity insurance arrangements</b> <i>Please provide your responses to any or all questions in the blank boxes below</i>
1. From your perspective how is the current Professional indemnity insurance (PII) arrangements registration standard working?
No issues.
2. Is the content and structure of the draft revised registration standard helpful, clear, relevant and more workable than the current registration standard?
Yes.
3. Is there any content that needs to be changed or deleted in the draft revised registration standard?
No.
4. Is there anything missing that needs to be added to the draft revised registration standard?

<b>Registration standard: Professional indemnity insurance arrangements</b>
<i>Please provide your responses to any or all questions in the blank boxes below</i>
No.
5. Do you have any other comments on the draft revised registration standard?
No.
6. Do you think that 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?
Maintain.

<b>Registration standard: Continuing professional development (CPD)</b>
<i>Please provide your responses to any or all questions in the blank boxes below</i>
7. From your perspective how is the current CPD registration standard working?
No problem.
8. Is the content of the draft revised registration standard helpful, clear, relevant and more workable than the current registration standard?
Yes.
9. Is there any content that needs to be changed or deleted in the draft revised registration standard?
No.
10. Is there anything missing that needs to be added to the draft revised registration standard?
No.
11. Do you have any other comments on the draft revised registration standard?
No.
12. Do you think that 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?
Yes.

### Guidelines on continuing professional development (CPD)

Please provide your responses to any or all questions in the blank boxes below

13. From your perspective, how are the current guidelines on CPD working?

No issues.

14. Is the content of the draft revised guidelines helpful, clear, relevant and more workable than the current guidelines?

Fine.

15. Is there any content that needs to be changed or deleted in the draft revised guidelines?

No.

16. Is there anything missing that needs to be added to the draft revised guidelines?

No.

17. Do you have any other comments on the draft revised guidelines?

No.

### Registration standard: Recency of practice (ROP)

Please provide your responses to any or all questions in the blank boxes below

18. From your perspective how is the current Recency of practice registration standard working?

There are some concerns regarding the wording used for this standard. The core issue is the marked inconsistency in the definition of 'practice' used across the standard.

The Podiatry Board currently has a very broad definition of podiatry 'practice':

"Any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. For the purposes 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" (emphasis added).

However, a much narrower definition of 'practice' is inferred in relation to the registration standard pertaining to recency of practice. Although this document specifies that:

"podiatrists must have recent practice *in the fields in which they intend to work*" (emphasis added)

**Registration standard: Recency of practice (ROP)**

Please provide your responses to any or all questions in the blank boxes below

...the requirements specify that the return to practice plan should be:

“designed to maintain and update knowledge, *clinical judgement* and *technical skills*”  
(emphasis added).

Furthermore, the document specifies that:

“the podiatrist may be required to undertake a competency assessment, further study or a supervised *clinical placement* to demonstrate competence” (emphasis added).

The clear problem here is that the definition of podiatry practice is not restricted to the provision of direct clinical care, however both the recency of practice and return to practice aspects of the standard clearly specify clinical care. This inconsistency discriminates against podiatrists working in non-clinical fields (such as research, policy development or regulatory roles). This is because their work fits under the broad definition of ‘practice’ (and therefore requires them to be registered), but does not meet the inferred criteria for recency of practice or the requirements of return to practice. It does not seem appropriate for a non-clinical podiatrist to be required to demonstrate ‘clinical judgement and technical skills’ when the ‘field in which they intend to work’ does not require these skills. A direct analogy would be to expect a clinical podiatrist to demonstrate management, administration, education, research, advisory, regulatory or policy development skills when returning to *clinical* practice.

The simple solution to this problem would be to consistently use the same broad definition of ‘practice’ across the registration standard, which would enable podiatrists working in non-clinical fields to be able to demonstrate recency of practice in the fields in which they intend to work.

19. Is the content of the draft revised registration standard helpful, clear, relevant and more workable than the current registration standard?

Please see point 18 above.

20. Is there any content that needs to be changed or deleted in the draft revised registration standard?

Please see point 18 above.

21. Do you have any comments on the minimum practice requirements in the draft revised registration standard?

Please see point 18 above.

22. 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). Please provide the reason for your answer:

- *450 hours of practice in the three year period prior to applying for registration or renewal of registration*

Would like to continue with existing minimum hours of practice.

23. Is there anything missing that needs to be added to the draft revised registration standard?

Please see point 18 above.

**Registration standard: Recency of practice (ROP)**

*Please provide your responses to any or all questions in the blank boxes below*

24. Do you have any other comments on the draft revised registration standard?

Please see point 18 above.

25. Do you think that 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?

Maintain.

26. Do you have any comments on the draft *Guidelines about recency of practice*?

Please see point 18 above.

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