



Public consultation on draft revised registration standards and relevant guidelines

19 May 2014

Responses to consultation questions

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

Stakeholder Details

Organisation name
Podiatry WA
Contact information <i>(please include contact person's name and email address)</i>
Cara Westphal

Your responses to the consultation questions

Registration standard: Professional indemnity insurance arrangements <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?
The current PII arrangements seem appropriate for the profession.
2. Is the content and structure of the draft revised registration standard helpful, clear, relevant and more workable than the current registration standard?
Yes, it is easy to follow and understand.
3. Is there any content that needs to be changed or deleted in the draft revised registration standard?
No obvious changes required.

Registration standard: Professional indemnity insurance arrangements

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

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

No obvious omissions.

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?

In light of the constantly changing nature of health care and changing scope of practice, 3 years is appropriate.

Registration standard: Continuing professional development (CPD)

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

7. From your perspective how is the current CPD registration standard working?

The current CPD registration standard for Podiatry is not consistent with other AHPRA registered health care professions. It is interesting to note that Podiatrists are the only AHPRA registered profession who are required to: "hold a current cardiopulmonary resuscitation (CPR) certificate that includes management of anaphylaxis and use of an Automated External Defibrillator from an Approved Training Organisation".

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

The draft revised registration standard is clear and easy to understand.

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

Currently requirement 1b (or requirement 2 in the new draft document) states that practicing podiatrists must "hold a current cardiopulmonary resuscitation (CPR) certificate that includes management of anaphylaxis and use of an Automated External Defibrillator from an Approved Training Organisation". This is not a requirement for other health professionals. Whilst we understand that First Aid and CPR are important for health practitioners to undertake, this requirement may be too prescriptive and there needs to be consistency with other health care professions (why are podiatrists the only AHPRA registered profession that are mandated to undertake this training via their registration standards?).

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?

We request that AHPRA consider removing the CPR, Anaphylaxis, Defib training requirements from the CPD Registration standard as this is inconsistent with other registered health care professions and could be seen to place overly onerous demands on the time of Podiatrists. Furthermore, this is

Registration standard: Continuing professional development (CPD)

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

an added financial burden that other registered health care professions are not subjected to.

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, the 3 year review period is appropriate in light of the constantly changing nature of health care and changing scope of practice.

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 comment.

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

The content of the draft revised guidelines are clear and more workable.

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

The Currency of Training related to the CPR component of the CPD guidelines is not consistent with other professions. Why does the CPR component need to be undertaken annually? A senior first aid certificate is generally valid for 3 years – training providers often recommend that the CPR component be renewed annually however, it is only a recommendation (not a requirement).

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

Is it worthwhile adding 'research activities' into the Professional Development category (eg. developing research protocol, application for research funding, data collection/analysis).

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

Other AHPRA registered health care professions are not limited to a maximum number of hours of CPD in each category and there is variation in the categories between professions. Some consistency should be considered.

It is good to see that "a minimum of 5 hours CPD must be in an interactive setting with other practitioners" however, does this include video conferencing, live streaming of CPD events? Rural practitioners may find this requirement restrictive if it does not include participation via electronic/technology means.

It is good to see that the recognition for Community Service involvement has increased from a maximum of 5 hours to a maximum of 10 hours.

It is good to see that Hospital based CPR/Life training is being recognised. Although please

Guidelines on continuing professional development (CPD)

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

previous comments regarding inconsistency regarding this registration requirement amongst health care professions.

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?

The current standard is adequate but could be clearer in some areas.

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

The content of the draft standard is helpful. The Changing Scope of Practice section is a little vague and could benefit from clarification. Is this changing scope of practice section only relevant to people who have not met the recency of practice standard?

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

See above.

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

There is a clearer idea regarding what is considered to be an appropriate minimum hours of work per year in order to maintain recency of practice (ie. 150hrs per year).

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*

This option is valid and may be more appropriate in a workforce that is female dominated.

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

No obvious omissions.

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

There should be consistency in the requirements for health care practitioners registered under AHPRA in regards to the recency of practice standard. Some professions have a 5 year recency of practice requirement (eg. Occupational Therapy, Physiotherapy) whilst Podiatry and Medical have 3years. We recommend that AHPRA review this and provide justification. Is this due to the surgical procedures podiatrists and podiatric surgeons undertake?

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?

Yes, the 3 year review period is appropriate in light of the constantly changing nature of health care and changing scope of practice.

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

No comments.

Registration standard: Recency of practice (ROP)

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

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