



RE-CERTIFICATION

Framework

O c t o b e r 2 0 0 5

**Guidelines for Practitioners
and
Educational Providers**

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Acknowledgements

Re-certification programmes are as varied as the professions to which they apply. Many follow similar formats with subtle variations relative to the diverse scopes of practise for which they were designed to influence.

The overarching intention of them all, is to monitor health care professionals and, so far as is possible, to ensure that practitioners are competent to practice safely and so guarantee public safety in the medical treatment provided.

The re-certification programme set out in this guide, once completed, will ensure that practitioners have met all the Board's requirements for annual re-certification.

The Podiatrists Board of New Zealand® acknowledges the previous work of organisations such as American Nurses Association, College of Alberta Psychologists (Canada), Health Professions Regulatory Advisory Council (Canada), Australasian Podiatry Council, Society of Podiatrists and Chiropodists (UK), NZ Society of Podiatrists, Medical Council of New Zealand and Occupational Therapy Board of New Zealand, all of which influenced the content and format of this framework.

General information about the Board, its policies and registration information can be found at the Board's website <http://www.regboards.co.nz/podiatrists/>

1 INTRODUCTION

These guidelines are promulgated by the Podiatrists Board of New Zealand (the Board) as authorised by the Health Practitioners Competence Assurance Act 2003 (HPCAA). That Act places new and unique responsibilities upon all health profession registration authorities and registered health practitioners.

Part 1. S 3(1) and 3(2) of the Act states:

- (1) *The principal purpose of this Act is to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practise their professions.*
- (2) *This Act seeks to attain its principal purpose by providing, among other things –*
 - (a) *for a consistent accountability regime for all health professions*
 - (b) *for the determination for each health practitioner of the scope of practice within which he or she is competent to practise*
 - (c) *for systems to ensure that no health practitioner practises in that capacity outside his or her scope of practice.*

All practitioners must be registered in at least one *Scope of Practice*, but many will also need to be registered with the Board so that they can operate within two or more scopes. The various *Scopes of Practice* are identified and determined by the Board from time to time.

To satisfy the criteria of the HPCAA all practitioners are required to demonstrate competence within the scope/s for which they have become, or are to be registered.

The clear intent of the HPCAA 2003 is that Boards must be sure that health practitioners are competent, and provides various mechanisms by which Boards may, if they consider it appropriate, implement to assess competence.

The responsibility for introducing the various mechanisms, or not, rests solidly with each individual registration Board.

Many Boards, because of their type/s of scope/s of practice, have recognised a need to introduce compulsory competence based Re-certification Programmes and the Podiatrists Board is one such Board.

Where competence and re-certification programmes are introduced the intention of the HPCAA is also for the Boards to develop appropriate audit and monitoring procedures so the public are assured that practitioners are practising safely within their registered *Scopes of Practice*. This intent is underpinned by the HPCAA identifying two well defined mechanisms which enable monitoring of practitioner competence.

- Competence Programmes (HPCAA s 40)
- Re-certification Programmes (HPCAA s 41).

Two types of assessment of competence have been identified.

- **Ongoing competence:** The assessment and monitoring of the ongoing competence of practitioners generally and of those practising within specified scopes of practice. This assessment and monitoring is carried out through the development and administration of a continuing competence or **re-certification programme**. This programme is intended to be *educational* in nature.
- **Competence review:** The review of a practitioner or group of practitioners which results in the development of a specifically targeted educational **competence programme** with the intention of being *remedial* in nature.

The Guidelines set out in this document describe the **re-certification programme** of the Board, to be known as the **Podiatrists Board of New Zealand Re-Certification Framework (PBRCF)**.

The Podiatrists Board Re-Certification Framework (PBRCF)

The PBRCF is an educational tool used by the Board to monitor and assess the competence of all registered podiatrists in New Zealand. It is the main means for practitioners to ensure that they are self-critical regarding their fitness and competence to practice safely within the confines of the Board's **registration requirements – minimum competencies** document.

The PBRCF allows practitioners to identify, for themselves, when their level of practice is falling below the minimum standards expected of a registered practitioner, and to take remedial action to re-establish best practice.

Of prime importance and consideration is the health and well being of those members of the public seeking the services of podiatrists. The PBRCF is, therefore, intended to offer some assurance to the public that they are being treated with their health and safety paramount in the mind of the treatment provider.

Because of the many complexities surrounding an auditing tool such as the PBRCF it has been recognised (across the New Zealand health sector) that, as well as being robust, the PBRCF requires a simplicity of structure in order to be fully effective.

Along with other Registration Boards, the Podiatrists Board has therefore developed the PBRCF utilising the model of individual practitioner professional integrity and self-declaration, as well as non-targeted annual audit; to confirm a practitioner's level of competence to practise within well defined registered scopes of practice. It is individual practitioners who annually set their own choice of (PBRCF criteria based) re-certification programme content based upon their own assessment of their needs (self needs analysis) relative to their current level (strengths and areas requiring revision/upskilling) of competence.

The framework is largely (practitioner) self-directed and comprises the following:

- critical/self competency appraisal
- development of an individual and objective achievement plan and educational programme to be submitted to the Board upon request for auditing purposes
- an Annual PBRCF Programme Planning Summary which is a record of your proposed annual PBRCF activities. This report must be submitted to the Board annually as it forms part of your application for re-certification and consideration of your new Annual Practising Certificate (APC) **at the beginning of each year of your biennial PBRCF programme**
- required completion of educational courses, programmes, seminars or competence based activities, recognised by the Board
- a biennial recording/logging (i.e. completed logbook) of a competence activity programme to be **completed at the end of the biennial PBRCF programme period** ready to be submitted to the Board when/if requested for audit
- an **annual** practitioner statutory self-declaration of competence
- a non-targeted practitioner audit at least once every five (5) years
- special audits which may be directed by the Board for any reason. (Such special audits would focus on practitioner competence.)

Annual practising re-certification

All registered podiatrists are required, under the HPCAA 2003, to hold a current Annual Practising Certificate (APC) to legally practice podiatry in New Zealand.

The practice of podiatry without a current APC is punishable by law.

A form for Application for Renewal of an Annual Practising Certificate will be sent to all registered practitioners in January of each year. The form requires various declarations to be made with regard to a practitioners practising status as well as including a copy of the Annual PBRCF Programme Planning Summary Sheet which must be completed at the time of APC application (this is the only documentation required to be sighted by the Board each year until practitioners are requested to submit their PBRCF logbooks for audit).

Your completed PBRCF records, activity data and logbook should be maintained up to date and retained by you ready for submission to the Board for audit upon request as outlined elsewhere in this document.

The annual declarations made by you at the time of applying for a new APC are such that they are considered by the Board to be confirmation of your compliance with and participation in the PBRCF programme.

2 RE-CERTIFICATION ACTIVITIES

Background

PBRCF programme timeframe

The PBRCF programme involves a two year time-span, or biennium (a period spanning two years), and is ongoing.

The only stipulation is that the minimum annual section subtotals and biennium grand total are met or exceeded.

Participants must:

- achieve a minimum of 200 credits from the CQI, CPD and CME activity sections over the full biennium (a biennium is a period spanning two years) as indicated in *Appendix A: Example Activities Summary and Associated Credits*
- achieve a minimum of 60 credits per annum from the CQI, CPD and CME activity sections as indicated in *Appendix A: Example Activities Summary and Associated Credits*
- decide on the combination and timing of activities that make up the final totals
- complete the compulsory requirements in full.

The PBRCF accordingly places a significant responsibility on each practitioner to honestly, rigorously and, as objectively as possible, assess their practice strengths and areas requiring upskilling.

Whilst not a requirement, practitioners are encouraged to seek advice from peers or others when carrying out personal assessments, so they can be assured they are building the most accurate picture possible of their current and desired abilities and competencies.

Points awarded for hourly weighting of competence activities

The nature of modern podiatric practice determines a need for **both** *formal* and *informal* competence activities. The Board places equal importance upon both types of activity. Mastery of many informal professional activities, identified as Continuing Quality Improvement (CQI) and Continuing Professional Development (CPD), is considered equally as important in ensuring the competence of a practitioner, as more academic activities, identified as Continuing Medical Education (CME). For each biennium all practitioners are required to attain the minimum number of points for each section as indicated in *Appendix A: Example Activities Summary and Associated Credits*.

Re-certification activities

Continuing Quality Improvement (CQI)

CQI activities are intended to improve patient care with respect to improving practice to make a positive difference to patient health status, well being or satisfaction.

CQI activities should be over at least two cycles (stages), well designed and recorded outlining details of Cycle 1: Topic, Plan, Data Collection, Identify and Interpret Data, Action Plan, Monitoring Processes, and Outcomes/Follow-up Plan (i.e. Cycle 2); Cycle 2: Repeat Cycle 1 checking appropriateness of data collection, interpretation of results and required adjustments/modification strategies, Outcomes and any further follow-up processes (see the *CQI Activity Form in Appendix C: Programme Plan Sheets*).

Topic areas may include (but not restricted to) activities related to:

- **professional** – relating to the technical aspects of care (e.g. improving/upgrading instrumentation/equipment)
- **patient** – relating to measuring patient perception of services you provide in your practice (e.g. develop and quantify a patient satisfaction survey)
- **practice management** – relating to structures and processes which support best practice (e.g. sharps/contaminated material disposal; review and upgrade patient record keeping/ database systems (e.g. paper to electronic); practice premises review and upgrade).

See *Appendix A* for minimum/maximum credit allowance.

Continuing Professional Development (CPD)

These are activities which should form part of the normal professional life of any podiatrist, and also form part of the PBRCF Criteria. Such activities may benefit your practice, profession, patients and wider community to promote personal growth and well-being and may include (but are not limited to):

- 'ad hoc' professional reading (with logged notes demonstrating an understanding of the readings)
- literature/book reviews
- a programme of professional reading and reviews of relevant literature (with brief logged notes demonstrating an understanding of the readings)
- involvement in research
- publishing professional papers on podiatric matters
- attendance at podiatry and other relevant allied health/health practitioner meetings and conferences
- presenting a paper or papers at a meeting/seminar/conference
- organising meetings/seminars/conferences
- formal teaching/lecturing
- serving on a professional body affiliated with podiatry
- involvement in matters to do with cultural awareness.

See *Appendix A* for minimum/maximum credit allowance.

Continuing Medical Education (CME)

CME activities are designed to enhance your knowledge, skills, attitudes and judgement to improve the podiatric health care you provide for your patients. Such activities may include (but are not limited to):

- degrees
- diplomas and certificates
- online courses and distance education programmes.

Therefore practitioners undergoing more formal training may include those educational activities as part of the CME part of their PBRCF programme. Postgraduate educational courses may, from time to time, be made available by a variety of educational providers to cover the various registered scopes of practice so that all practitioners will be able to maintain, or advance their practice skill competencies – particularly wherever they may, themselves, identify the need for review of competence in a particular scope of practice (see *Identified Individual Practice Areas Requiring Competence Review* later in this guide).

Activities in this category are educational and may be of a more formal and academic nature and may require more formal course assessment.

Some subject areas may be revisional in content, whilst others may be targeted at a more advanced postgraduate level.

Some courses may be practically oriented, requiring formal practical assessment and others may be more academic in content requiring formal summative assessment.

See *Appendix A* for minimum/maximum credit allowance.

Compulsory CME activities

Certain CME activities in podiatric practice are considered by the Board to be fundamental to ensuring the health and safety of patients. Influenced by the often invasive nature of podiatric practice, the areas of practice which are considered by the Board to warrant a regular demonstration of competence are:

- podiatric clinical diagnosis
- infection control – policy and procedure
- wound management
- basic life support – the maintenance of current certification (repeated every two years)
- cultural awareness/competence (CPD activity).

As part of the annual re-certification process, all practitioners must attend, and successfully complete, at least **one** Board approved course from the above topics each year. All five courses **must** therefore have been successfully completed within a five-year period (excepting 'basic life support' which should be undertaken every two years to maintain current certification). The successful completion (or otherwise) of the above courses will be taken into account by the Board at the time of re-certification. It will also be a factor in any audit carried out.

See *Appendix A* for minimum/maximum credit allowance.

'Scope of practice' and re-certification activities

HPCAA registered scopes of practice

1. Podiatrist

A registered primary health care practitioner (including those previously registered as a chiroprapist) who utilises medical, physical, palliative and surgical means other than those prescribed in the Podiatric Surgeon Scope of Practice, to provide diagnostic, preventative and rehabilitative treatment of conditions affecting the feet and lower limbs.

Qualification

A Bachelor of Health Science in Podiatry from an accredited New Zealand University or equivalent overseas qualification as determined by the Podiatrists Board.

2. Podiatric surgeon

A registered primary health care practitioner who holds the scope of practice of podiatrist and is further qualified to perform foot surgery by way of sharp toe nail wedge resection; surgical correction of lesser digital deformities affecting the phalanges, metatarsals and associated structures; surgical corrections of deformities affecting the first toe, first metatarsal and associated structures; surgical correction of osseous deformities of the metatarsus, mid-tarsus, rearfoot and associated structures; surgical correction and removal of pathological subcutaneous structures such as tendinous and nervous tissues and other connective soft tissue masses of the foot.

Qualification

A postgraduate qualification in Podiatric Surgery as determined by the Podiatrists Board or equivalent overseas qualification.

3. Podiatric radiographic imager

A registered primary health care practitioner who holds the scope of practice of podiatrist, who is qualified to use radiological equipment, and is licensed by the National Radiation Laboratory, to obtain plain radiographic images of the foot, ankle and lower leg.

Qualification

As part of the New Zealand undergraduate Bachelor of Health Science in Podiatry or satisfactory completion of an accredited post graduate training course in podiatric radiography.

4. Podiatric prescriber

A registered primary health care practitioner who holds the scope of practice of podiatrist and is further qualified to prescribe a list of medications approved by the Podiatrists Board. (Whilst the Podiatrists Board Prescribing Submission has been ratified by the New Prescribers Advisory Committee (NPAC) introduction of this scope remains subject to final confirmation of prescribing rights being granted to appropriately trained podiatrists by the NPAC.)

Qualification

A postgraduate qualification in Podiatric Prescribing as determined by the Podiatrists Board or equivalent overseas qualification.

5. Visiting podiatrist educator

A visiting registered podiatrist who qualifies for the scope of practice of podiatrist, and when appropriate for their speciality area of education, also qualifies for an additional scope of practice of podiatric surgeon and/or podiatric radiographic imager and/or podiatric prescriber as determined by the Podiatrists Board, who is presenting short-term educational/ instructional programmes requiring demonstrations or practices, of a clinical or practical nature. (Still to be gazetted as at date of print.)

Qualification

Qualifications as to the individual educator speciality areas as recognised by the Podiatrists Board.

Each of the five scopes of practice for podiatrists require varied and specialised skills and competencies. The Board's **Registration Requirements – Minimum Competencies Document** identifies the *minimum* level of competence expected of a graduate podiatrist under the scope of practice of podiatrist. Further competencies are determined for the remaining scopes of practice through the qualifications which are prescribed for each of them.

It is the responsibility of the respective professional organisations and educational institutions to research the educational needs of the profession, so that the ongoing competence of its practising members can be maintained to current minimum standards. Inevitably standards and paradigms change and improve along with the practice environment and as research dictates.

The professional organisations and academic institutions are inextricably linked with the HPCAA, and so have the responsibility to suggest, develop and ensure the provision of educational courses of the correct type and appropriate level. The aim is to encourage practising registered podiatrists to attend such courses as part of their annual PBRCF. The content and delivery of such programmes and courses will be closely monitored, for suitability and recognition, and where necessary may be reviewed by the Board.

3 RECOGNISED EDUCATIONAL PROVIDERS

Background

The PBRCF is designed to include individual educational provider courses/modules. Both providers and their programmes will be closely monitored and recognised (or not) for suitability of standards and content, by the Board during the audit process to ensure they fit the PBRCF criteria.

Practitioners thus have a choice of educational courses and modules, from various recognised educational providers, allowing them the freedom to tailor their own Competence Programme Pathway based upon their professional needs and the criteria set by the Board.

Recognised educational providers may include (but are not limited to):

- tertiary education providers (e.g. universities)
- professional groups such as the New Zealand Society of Podiatrists and the New Zealand College of Podiatric Surgery (and relevant overseas professional groups)
- individual academics and appropriately qualified podiatrists or medical professionals
- medical specialists within hospital environments
- commercial organisations with field specialist representation.

Recognised educational provider course criteria guidelines

Recognised education providers

Sections 40(1), 41(1) and 118(e) of the HPCAA provide guidelines for the Board regarding their obligations to “set or recognise” competence programmes. This includes re-certification programmes for practitioners who are registered with the Board. In accordance with section 12 of the HPCAA, which provides that education providers must be accredited and monitored by the Board, the Board reserves the responsibility of ensuring that courses which are provided as part of the PBRCF are of a suitable quality and standard.

In fulfilment of this obligation the Board will monitor PBRCF courses for suitability as part of its ongoing auditing process.

As the framework develops with time, the programme and its auditing procedures will inevitably be periodically reviewed and modified to suit changing needs and regulatory requirements.

Once developed, the courses must be reviewed on a regular basis for up to date content, teaching best practise and relevance of the subject areas.

Some professional organisations (general medical practitioners, midwives, dentists) require education providers and their continuing competence programme courses to be approved by the organisation **prior to** being considered appropriate for inclusion in their continuing competence programmes.

Whilst, initially, there will be no such requirement for education providers to submit details of their proposed educational courses/programmes to the Podiatrists Board for pre-approval/ recognition, before inclusion in the PBRCF, should the Board believe it necessary it may, from time to time, request such details as part of its monitoring/auditing function.

Should the Board consider it appropriate, at some future date, to introduce formal pre-course and education provider approval/recognition as a requirement of the PBRCF, then it will modify the provider course criteria guidelines to reflect this.

Recognised education provider responsibility

Recognised education providers must:

- understand that, any courses offered as part of the PBRCF will be monitored by the Board and must be provided at a quality and standard which will withstand scrutiny regarding the level at which it is offered within the PBRCF
- if requested by the Board, provide the Board with all of the educational course information (including course date/s) as outlined in submission criteria for education providers later in this document
- if requested by the Board, on completion of approved courses, provide the Board with a detailed signed list of all course participants (including their Board registration number, name and address) and advise the Board of course administrative/completion details such as attendance record and pass/fail where indicated; and ensure that all of the completed course administrative documents are signed by the responsible education provider prior to their submission to the Board
- certify, as part of the course descriptor, the standard and level of education delivery and content (as it relates to the PBRCF) as being best practice, at the time of presentation to course participants
- ensure that courses comply with the Board's Code of Ethics
- ensure that course levels meet the minimum competence criteria specified in the New Zealand Podiatrists Board Registration Requirements – Minimum Competencies Document 1998 (updated in 2005).

Submission criteria for education providers

Whilst, as mentioned prior, it is planned, initially, that there will not be a requirement for formal education provider, and course, pre-approval by the Board, it is important for providers and educators to be aware of, and understand, the monitoring, approval and recognition role of the Board in this regard.

With this in mind they should, in case of a submission request being made by the Board, structure their course details and delivery just as if they were being submitted to the Board for approval/recognition purposes.

Only:

- courses, having been run by a provider, and then monitored by the Board and considered appropriate for Board approval (as satisfying the requirements of the PBRCF), will be allowed to be offered continuously as a recognised part of the PBRCF programme
- education providers who are recognised and considered to be of a suitable standard by the Board will be allowed to provide (CQI, CME and CPD) courses for inclusion as part of the PBRCF
- education providers who are recognised and considered to be of a suitable standard by the Board will be allowed to administer and teach approved (CQI, CME and CPD) courses as part of the PBRCF
- CME courses with accompanying detailed course descriptors including a detailed course outline/curriculum, referenced readings/required texts, course timetable (date, venue, duration) and list of tutors/presenters (detailing their qualifications) are considered suitable for approval/recognition by the Board for inclusion in the PBRCF
- presenters and educators considered by the Board to be skilled and qualified in the scope of practice and area of education to be studied, will be recognised and considered appropriate for participation in the PBRCF programme.

Podiatrists Board Competence Review Committee

Part 3 of the HPCAA 2003, "Competence, fitness to practise, and quality assurance", Sections 34–43 sets out the responsibility of the Board (Authority) with regard to competence review (ss 36–39), competence programmes (s 40) and re-certification programmes (s 41).

It is the Authority as a whole which is charged with the responsibility of competence review and how or what type of programme will be introduced to achieve this.

Because of financial constraints, and for the sake of expediency, the Board's Competence Review Committee (CRC) may consist of only a small number of Board members.

Its primary role will be that of monitor of the PBRCF programme.

Its primary responsibility will be to administer its statutory obligations relative to the requirements of the relevant sections of the HPCAA 2003 and in doing so, without prejudice or conflict of interest, deal with all relevant documentation from educators and registered podiatrists, relating to the PBRCF programme.

Course details which may, for one reason or another and from time to time, be submitted to the Board's CRC will be reviewed, and a decision on suitability for continued inclusion in the PBRCF will normally be made and notified, within four (4) weeks of receipt.

Courses which do not meet the requirements of the PBRCF, under these circumstances, will be returned to the education provider with comments and suggestions regarding any changes needed so that the course details may be resubmitted to the CRC for re-evaluation.

4 PBRCF PROGRAMME PATHWAY STRUCTURE

Background

This section sets out the steps to be followed by practitioners aiming to meet the Board's requirements for re-certification. Individual practitioner PBRCF programme pathways should have the following format.

The programme plan will be constituted from professional activities, compulsory topics as well as from more formal courses, offered by various educational providers, which meet the requirements of the PBRCF relative to the areas of competence identified in the Board's *Registration Requirements – Minimum Competencies* document.

Practitioners are referred to the various forms (*Appendix C: Programme Plan Sheets*) which should be familiarised in conjunction with the following requirements.

Annual biennium activity recording, reporting and logbook submission

Two-year PBRCF programme completion logbook submission:

- Progress through the two-year programme will be recorded by you, over each year of the biennium, in your *Programme Activity Logbook*. That logbook must be safely retained by you and submitted to the Board upon request for scrutiny at the end of any PBRCF programme period for which you may have been selected for audit.
- Your *Programme Activity Logbook* will be assessed as to meeting the required standard, in order for re-certification to be granted, and renewal of a new APC following the audit process.

Annual PBRCF programme pathway summary sheet:

- An accurate record of your proposed annual PBRCF activities must be recorded on the PBRCF programme pathway planning summary sheet (which you will find printed on the reverse of your application to the Board for re-certification and consideration of renewal of your APC) **at the start of each year** of your biennial PBRCF programme.

Note: Even if you anticipate a light year for activities, please complete your PBRCF pathway summary sheet in order to confirm your ongoing participation in the programme and to ensure your re-certification.

PBRCF programme record and submission

Individual practitioners are required to develop, maintain and accurately record the details of their programme which they will retain themselves until requested by the Board to submit Parts A, B and C of the PBRCF programme for audit **or during the programme as indicated in the following section**.

Whilst a competence audit will not be included in any individual plan as such, it should be remembered that at any time during a five year period, an audit will occur. The two year plan will comprise three parts including the following items.

- **Part A** – Submit sheet 2 (duplicated annually) at the start of each PBRCF programme period and submit sheets 1 and 2 for audit when requested:
 - identified individual strengths/practice areas requiring upskilling
 - identified individual programme objectives
 - individual two-year PBRCF programme pathway plan (sheets 1 and 2).(NB: Submit duplicate of Part A (Sheet 2) – PBRCF programme pathway planning summary sheet to the Board as part of your application for re-certification at start of each year of your PBRCF programme period).

- **Part B** – Submit for audit when requested:
 - annual PBRCF programme activity report
 - self-declaration of programme participation and/or completion.
- **Part C** – Submit for audit when requested:
 - individual programme final outcome/critical analysis
 - CQI activity reports – cycles/years 1 and 2
 - CME course/activity log
 - CPD activity log
 - Podiatrists Board annual (non-targeted) competence audit.
 (NB. Completed and up to date logbooks should be maintained in readiness for when requested for audit.)

A detailed explanation of each element of the plan follows:

Part A: Programme pathway planning and planning summary sheets (1 and 2)

Self-critical competence assessment

At the start of any PBRCF programme period, when completing the Annual Practising Certificate (APC) application renewal form, all practitioners must perform a self-critical competence assessment of themselves which is based upon:

- the scope/s of practice, for which they are seeking re-certification
- the Board's registration requirements – minimum competencies document.

As this assessment forms part of the application to the Board for re-certification, it must be done in such a way as to reflect the practitioner's current level of competence within each registered scope of practice. The aim is to recognise areas of practice which can be identified as needing or requiring revision in order to be considered competent to practice in that particular area of practice.

The self-critical competence assessment therefore forms the foundation of the practitioner's two year-long competence programme and will influence what courses should be selected to be attended throughout the two-year period. Your programme plan should be recorded on sheets 1 and 2 of the PBRCF programme pathway planning sheets (NB: a duplicate of sheet 2 should be recorded on and submitted on the Board's annual APC application for re-certification form).

The same assessment criteria will be used to assess podiatrists in both the private and public sectors and whether they are working full or part-time.

This procedure is probably one which most practitioners will find the most challenging to complete objectively. Some practitioners may feel comfortable with this process being undertaken in consultation and collaboration with their peers and utilising, where possible, their work place manager or supervisor. Many will prefer to process their own self critique.

In undertaking the self-critical competence assessment, some or all of the following resources/activities may be helpful:

- Health Practitioners Competence Assurance Act 2003
- Podiatrists Board of New Zealand Registration Requirements – Minimum Competencies document*
- Podiatrists Board of New Zealand Code of Practice*
- Podiatrists Board of New Zealand Code of Ethics*
- peer review
- employment job description
- practice premises – critical analysis (self and peers)

- practice technique/procedural analysis
- review treatment outcomes
- review patient satisfaction data
- review current level of competence regarding basic life support, universal antiseptic precautions and sterilisation procedure
- review current level of postgraduate educational activity
- review current level of professional peer interaction and professional body activity
- review current level of professional journal access and literacy.

* Available on the Board's website at www.podiatristsboard.org.nz

1. Identified individual strengths/areas of practice requiring upskilling

Make a list of your strengths in order of perceived importance. [Be honest and objective!]

Make a list of areas of practice which you have identified as requiring upskilling, then prioritise each in order of importance to reflect your needs related to your scope(s) of practice. [Be honest and objective!] Prioritise these identified competencies from the core structure of the Individual Competence Programme Plan.

Where appropriate check the lists with your peers and/or your manager for their comments.

2. Identified individual programme objectives

In tailoring the Individual Competence Programme Plan (CPP), the objectives of the subject study areas must first be determined.

When developing the Competence Programme Plan, keep in mind what is to be achieved, through completion of the competence programme, relative to the most important identified competence areas requiring revision.

Things to consider about objectives are that they should be:

- precise
- assessable
- achievable
- resourced
- realistically timetabled.

3. Individual Biennial Competence Programme Plan (CPP)

The CPP is developed having considered the intended outcome taking account of available resources and any particular circumstances which may limit your ability to complete any required experience/training. It may be appropriate to seek advice if there are limitations, so that suitable alternatives can be identified.

The CPP must satisfy the Board's **Competence Framework Criteria**.

When requested for audit reasons, individual CPPs **must** be submitted to the Board on the PBRCF programme pathway planning sheets (1 and 2).

(NB. A duplicate of sheet 2 (PBRCF programme pathway planning summary) should accompany the request for re-certification and renewal of your Annual Practising Certificate (APC) at the start of each year of the two-year PBRCF programme period.)

Part B

4. Annual PBRCF programme activity report

An accurate record of your annual PBRCF activities must be maintained during and upon **completion of each year** of your biennial PBRCF programme.

Note: Even if you have had a light year for activities, please complete your activity report form in order to confirm your ongoing participation in the programme and to ensure your re-certification.

5. Self-declaration of programme participation and/or completion

Each year on completion of the PBRCF programme period a signed declaration must be recorded which states that you have completed the programme and that you believe completion will satisfy the Board's requirements. This declaration must be retained by you and provided for audit reasons to the Board on the Annual PBRCF programme activity report sheet.

Part C

6. Individual programme final outcome/critical analysis

On completion of the two-year PBRCF programme period, the self-critical analysis requires objective consideration as to whether the desired objectives of your programme have been met, and a positive increase in competence in the identified areas of practice revision has been achieved. You may need, if you are comfortable with the idea, to seek the advice or guidance of peers or your manager in assessing your progress.

Self critical analysis can be done in isolation, but is better achieved through consultation with peers and/or anyone, working with you in a managerial role. The analysis must be recorded in the programme activity logbook on the PBRCF programme final outcome/critical analysis sheet and be made available to the Board when requested for audit.

7. CQI activity final report – cycles/years 1 and 2

Record the results and outcomes of the first and second (final) cycle of your CQI activity and send it in to the Board when requested for audit.

8. CME course/activity log

Keep an accurate and verifiable log of all of your CME activities over the two-year period of your PBRCF programme and submit your logbook to the Board when requested for audit.

9. CPD activity log

Keep an accurate and verifiable log of all of your CPD activities over the two-year period of your PBRCF programme and submit your logbook to the when requested for audit.

10. Audit procedures

Non-completion or non-participation/non-compliance audit

Practitioners failing to complete the annual requirements of their CPP (Part A (Sheet 2) Annual PBRCF Programme Pathway Planning Summary Sheet) will automatically be audited.

The audit will determine whether the practitioner is competent or legally outside the criteria required of the HPCAA regarding renewal of the APC.

Non-targeted audit

Because of the size of the podiatry register it has been decided that a five-year cyclic audit programme – i.e. 20% of practitioners holding current APCs will be audited each year. That will involve around 50 practitioners being audited annually. Practitioners will be audited at least once in each five-year programme. (NB: Other larger professional groups have decided to do a smaller percentage (e.g. 5%) of practitioner annual audit based upon the criteria of sheer numbers.)

Being non-targeted in nature means that practitioners will not be aware of when their competence programme will be audited.

Prior to audit, selected practitioners will be given fifteen (15) working days to submit their completed CCP and activity logbook.

Anyone failing to submit their portfolio on request may be deemed ineligible to apply for their APC. There may well be extenuating circumstances which prevent compliance with this process. In all such cases an application for recognition of these extenuating circumstances must be forwarded to the Board for consideration at the time of application for the next APC (see section 10 below).

If an audited portfolio raises concern or doubt about a practitioner's level of competence, the Board will determine a course of action by way of a competence review as determined in the relevant sections of Part 3 of the HPCAA.

The result of any review may include placing restrictions on the current scope/s of practice, determining the need for any practise supervision requirements and what remedial action may be required to re-establish competence in the practice area/scope of practice of concern.

Individual competence programme activity logbook

Programme objective progress and achievement are recorded in the *Programme Activity Logbook*.

Completed objectives recorded in the logbook must be signed off by yourself for informal activities, or by a course tutor/presenter for more formally assessed objectives and/or activities.

The logbook is the documented evidence of completion of your set objectives for your two year programme and all podiatrists are strongly encouraged to maintain them up to date in case of auditing requests for submission to the Board.

11. Extenuating circumstances

Postponement of participation in PBRCF programme

If, for whatever reason, you find that you are unable to satisfy the requirements of the PBRCF programme in the allocated time, the Podiatrists Board must be contacted as soon as is practicable to discuss your circumstances.

You will be asked to submit a request for postponement outlining your current extenuating circumstances. The Board's CRC will consider your request and work with you by developing an acceptable catch-up programme.

Absences or cessation from practice, for whatever reason, for up to eight months or longer, should be notified to the Board.

Cessation of practice catch-up

In account of extenuating circumstances when a practitioner has practiced throughout the biennium, but is unable to complete the biennial requirements by the due date, the Board allows an eight-month catch-up period.

In such circumstances the Board may (in accordance with Part 2, ss 26–32 of the HPCAA 2003), on completion of the biennium, issue the practitioner with an Interim Practising Certificate of eight months' duration, with conditions attached for completion of the outstanding PBRCF programme requirements within the eight-month catch-up period.

PBRCF credits accrued during the outstanding biennium and submitted during this eight-month catch-up period will be allocated to completing the outstanding biennium PBRCF programme.

On satisfactory completion of the outstanding biennium practitioners will be awarded their APC.

Practitioners unable to complete the outstanding requirements, within the eight-month catch-up period may (in accordance with Part 2, ss 1(2) of the HPCAA 2003) be issued with an extension of not more than four months.

The extension period will be added on to the issue date of the original eight-month Interim Practising Certificate, with strict conditions attached (e.g. specific individual competence programme).

These conditions must be met in full before an APC can be awarded.

Review of Board decisions regarding uncompleted PBRCF programmes

Where notice of such a decision has been made to a practitioner the HPCAA 2003 makes clear provision regarding the Board's responsibility to notify the practitioner and mechanisms for review of such decisions.

Credits awarded for completion of PBRCF programme documentation

Complying with the Board's requirements regarding the recording and submission of your PBRCF documentation attracts a maximum of 10 credits per annum – see *Appendix A: CPD Activities*.

APPENDIX A: EXAMPLE ACTIVITIES SUMMARY AND ASSOCIATED CREDITS

Activity type	Activity example	Credits
Compulsory continuing medical education activities (CCME) Course 1 repeated every two years Courses 2, 3, 4, 5 repeated every four years Minimum of 10 credits per annum	1 Basic life support (maintain current certification every two years) 2 <i>Infection control policy and procedure update</i> 3 Wound management update 4 Podiatric clinical diagnosis 5 Cultural awareness/competence	Two credits per hour (maximum four credits per biennium) Two credits per hour (maximum 10 credits per attendance) Two credits per hour (maximum 10 credits per attendance) Two credits per hour (maximum 10 credits per attendance) Two credits per hour (maximum 10 credits per attendance)
Other continuing medical education activities (CME) Minimum 10 credits per annum	<i>Endorsed courses, conferences and quizzes</i> Endorsed university certificates, diplomas and degrees <i>Non-endorsed CME (e.g. journal readings, web searches)</i> Undertaking research/literature reviews	Two credits per hour (maximum 40 credits per activity/event per annum) Two credits per hour (maximum 40 credits per annum) One credit per hour (maximum 10 credits per annum) One credit per hour (maximum 10 credits per annum)
Continuing professional development activities (CPD) Minimum of 20 credits per annum N.B. All CPD activities incur one credit per hour with a combined allowed maximum of 40 CPD credits per annum	Principal author published paper Co-author published paper <i>Attendance at podiatry and other allied health/health practitioner meetings</i> Presenting paper/s at a seminar or conference Organising seminars/conferences Formal teaching/lecturing Personal professional activities (e.g. <i>PBRCF programme development/ annual report</i>) Other collegial professional activities (e.g. professional committee/body representation/advisor/facilitator)	20 credits per paper 15 credits per paper Two credits per meeting (maximum 20 credits per annum) Five credits per presentation (maximum two per annum) Maximum 10 credits per event per biennium Maximum 10 credits per annum Maximum 10 credits per annum Maximum 10 credits per activity per annum
Continuing quality improvement activities (CQI) Minimum of 20 credits per annum	Practice/clinical audit programme participation <i>Practice/business improvement activities</i>	20 credits per cycle per annum (two cycles per biennium) 20 credits per activity (maximum 20 credits per annum)

NB. Activities highlighted in *ITALICS* in the above list are given as an example of how the points accrue to provide totals for each year of the biennial programme. The combined total for the above highlighted activities is 110 points over the first year of the biennium (minimum biennial points required = 200) therefore for the second part of the biennium a minimum of 90 points will be required.

APPENDIX B: FREQUENTLY ASKED QUESTIONS

In this section you will find answers to some of the most frequently asked questions concerning Re-certification. Any issues not dealt with in this document may be dealt with on the Board's website <http://www.regboards.co.nz/podiatrists>.

The questions in this section mainly cover the re-certification process. Those covering basic podiatry education or the process required for initial registration can be found on the Board's website.

1 How much will it cost?

The actual cost of conforming to the requirements of the PBRCF programme are unknown and will vary from course to course and activity to activity. However, there will be a cost and that will have to be met by individual practitioners.

2 When will this new regime come into effect?

The Board intends that the PBRCF will come into effect to start at the beginning of the 2006/2007 APC year.

A PBRCF programme pathway summary will be required to be submitted to the Board as part of your next APC application form for the 2005/2006 APC year.

3 Will there be an 'easing in' period?

Yes, credit points will be granted to those practitioners who have attended any CME activities in the 2005/2006.

An application (on the report form – *Part B – Annual PBRCF Programme Activity Report*) **must** be made to the Board, at the time of applying for your 2006/2007 APC, in respect of any consideration of awarding such retrospective points.

4 Will the PBRCF be in line with all the other health professions' frameworks?

The PBRCF has been designed along similar lines and in the style of frameworks adopted by some other Boards (named authorities in the HPCAA) each, however, will retain an individual theme based upon the type and level of practice undertaken.

The competence requirements vary from authority to authority and are dependent on the demands dictated by the various scopes of practice.

Podiatric medicine has scopes of practice which closely mirror those of general medical practice, dental practice, and surgical practice.

Many of the routine practices of podiatrists are potentially invasive and risk cross infection and so the PBRCF has been developed to reflect this.

The level of competence assessment for re-certification also needs to be related to the Podiatrists Board minimum competencies document and high level of undergraduate training.

5 Can we use other health professions' education providers?

Yes. However, other health professions' education providers will still be required to obtain Podiatrists Board approval to become a recognised education provider and may be required to submit courses to the Podiatrists Board for approval to be used as part of the PBRCF. In most instances this will be a

formality and only necessary if the Board is concerned about the course content or educational provider qualifications of the activity.

6 Will the Board recognise that there are a number of education providers currently accessed by podiatrists for continuing education who already meet internal and external quality measures? These include polytechnics and university schools of medicine, teaching hospitals (DHBs), Red Cross and St Johns. Will the Board automatically approve these providers as education providers for the re-certification programme? If not why not?

Generally speaking, yes. However the quality of education providers and the courses they provide will still be monitored by the Podiatrists Board. To become recognised and approved education courses and providers within the PBRCF and their courses will require the approval of the Board prior to their being accredited for the PBRCF.

All courses (and their providers) which are offered as part of the PBRCF programme will be monitored as they run and will be recognised and approved by the Board only if they meet the Board's requirements for suitability to be part of the PBRCF programme.

7 For those providers who seek approval as education providers from the Board, will the process for approval as education providers be efficient and streamlined so as not to create any unnecessary barriers to the delivery of a variety of appropriate ongoing educational opportunities for podiatrists?

Yes. There may be some providers who take up the option of submitting courses to the Board for recognition and approval before they are run. The process of provider and course recognition and approval will be available as an electronic service where the relevant application forms will be available for download from, and submission to, the Board's website.

All recognised and approved education providers and the courses they offer as part of the PBRCF programme will be posted on the Board's website.

8 Is the re-certification programme a points allocated programme, and if so, how has the Board determined the allocation of points?

Yes. The allocation of points/credits has been adopted. Credits are awarded to the various activities as described in *Appendix A: Example Activities Summary and Associated Credits* in this document.

9 Are there compulsory components in the re-certification programme? If so, what are they?

Yes. See *Section 3: Re-certification Activities – Compulsory CME Activities* in this document.

10 Has the Board considered the costs involved for podiatrists to comply with any compulsory components of the framework and if so what is the Board doing to minimise the costs for the profession?

The Board has no control over the cost placed upon the delivery of a course to the profession. Each education provider determines its own cost of delivery of courses.

The Board's responsibility is the safety of the public being treated by New Zealand podiatrists.

As such, the Board has based the framework content on what, it assesses, is the minimum level of postgraduate involvement required to ensure the maintenance of an appropriate level of competence.

11 Will there be a variety of providers which the profession can access in order to fulfil any compulsory requirements of the re-certification programme, or is the 'world series' the only option?

Yes, it is envisaged that there will eventually be many recognised and approved education providers offering courses and activities which will become recognised and approved as part of the PBRCF.

No, the world series (AUT) is only one set of courses which have been designed to be offered to the profession by AUT as a recognised and approved education provider to the PBRCF.

Any other education provider (see *Section 4: Recognised Education Providers* of this Guide) can apply to the Board to become approved and submit courses/activities to the Board to become recognised courses.

12 If the 'World Series' is the only option for any compulsory components of the re-certification programme, does the Board understand the perceived conflict of interest members of the profession have with this unacceptable situation?

The monitoring and approval process of education providers is there partly to administer the standard, level and quality of education providers and courses as well as to prevent any such conflict of interest from arising through monopolisation of the framework.

The Board has actively encouraged professional organisations and individuals to act as education providers and develop postgraduate courses for introduction under the PBRCF.

13 How will the re-certification programme be audited?

A 20% annual, non-targeted, audit of practitioner programme logbooks which are submitted to the Board at the end of one re-certification period for re-certification (APC renewal), which covers the previous re-certification period.

14 Is this re-certification framework a living document?

Yes. The PBRCF will be reviewed regularly and as scopes of practice demand. The Board will encourage the representative professional bodies and undergraduate education providers to be involved in the review process if and when necessary.

15 Will the Board recognise professional activity as a measure of competence?

Yes, see *Section 3: Re-certification Activities* of this Guide.

16 Does ongoing professional development have to be related to clinical applications only or can business studies be included as a component of the re-certification framework?

Business studies forms part of the Board's minimum competencies document and as such courses and activities falling within this category of practice can be included within the PBRCF programme.

17 Can podiatrists use education providers who have not been pre-approved by the Board?

Yes, however any course (and its provider/presenter) which is run under the indication that it will attract PBRCF programme points will be monitored by the Board and approved by the Board as meeting the requirements for inclusion of the course in the PBRCF.

Only education providers who are approved by the Board will be allowed to continue to teach on, or provide courses as part of, the PBRCF.

18 Will national and international conferences, courses and seminars be given credits towards ongoing professional development?

Yes, see *Section 3: Re-certification Activities* of this Guide.

19 How will the Board determine whether podiatrists coming in from overseas have achieved an acceptable level of ongoing professional development within the year in which they arrive in the country or will they be granted an exemption until the following registration year?

Anyone applying for an APC will automatically be expected to develop a PBRCF programme (based upon the timeframe remaining in the current APC period) on commencement of practice in New Zealand.

They will also be required to submit their PBRCF logbook on completion of their first biennial APC period for re-certification and re-issue of their next APC just as any other registered practitioner.

20 How is a course/programme/provider recognised? What are the criteria?

See Board Document *PBRCF Approved Educational Provider Course Criteria Guidelines* and *Section 4: Recognised Education Providers* of this Guide.

21 When do I submit my logbook to the Podiatrists Board and when will I be audited?

Your logbook, and activity data, are your professional responsibility to maintain fully up to date as a record of your development and participation in the PBRCF programme.

It should be retained by you until it is requested for audit, which will occur on average, for every podiatrist, every five years.

As the audit process is non-targeted the Board will not know when you will be selected for audit.

You are not required to submit your PBRCF logbook to the Board unless you are requested to do so as part of the Board's audit procedure.

22 Am I required to notify the Board of the structure of my PBRCF programme?

Yes, annually. Whenever you make an application to the Board to renew your Annual Practising Certificate (APC) you are required to make a declaration of participation in the PBRCF programme and to duplicate the details of your Part A: PBRCF Programme Pathway Planning Summary (Sheet 2) which will be printed on the reverse of the Podiatrists Board application for renewal of APC.

23 Can the New Zealand Society of Podiatrists run its own courses?

Absolutely, and the Board encourages the New Zealand Society of Podiatrists to become as proactive as possible in this regard.

The New Zealand Society of Podiatrists is already recognised as an approved PBRCF education provider.

However, any courses developed by the Society, as well as any individual educator, will still be required to be monitored by the Board before the courses can be given approval for ongoing use as part of the PBRCF programme.

APPENDIX C: PROGRAMME PLAN SHEETS

The plan sheets (which follow) are to record information about competency levels of the various PBRCF activities undertaken, to attest that sufficient competence based activities have been completed to warrant re-certification.

The order of the plan sheets is as follows:

- Part A:
 - PBRCF Programme Pathway Planning Sheet (2 x sheets)
- Part B:
 - Annual PBRC Programme Activity Report (2 x sheets)
- Part C:
 - PBRCF Programme Final Outcome/Critical Analysis Sheet (3 x sheets)
 - PBRCF Programme CQI Activity Report Sheets – cycle/year 1 and 2
 - PBRCF Programme CPD Activity Log
 - PBRCF Programme CME Course/Activity Log.

The planning sheets, annual activity reports, and programme analysis sheets are designed to be copied, completed and sent to the Board, at the indicated audit times.

The planning summary sheet (a copy of which will be printed overleaf on your application for renewal of APC/re-certification) must be completed and sent with your application for re-certification for the issuing of your APC (complete your copy of the planning summary sheet as well and retain for your own records).

The outlines set out are the minimum required, but feel free to add any other comments which may be helpful to yourself in planning and carrying out your annual and biennial programme requirements.

If you wish to change any parts of the programme record sheets, please indicate clearly where you have done so and what are the changes.

Remember – the information you provide is essential for re-certification.

Attached *verified copies* of any certificates and the like which have been issued to you on completion of a course (or similar)¹ to your logbook, as these will be required for the audit process. Make sure you keep the originals.

The framework is to guide you in maintaining and improving your overall competence as a health services provider.

¹ In this regard a verified copy of any document is one which has been attested to by a recognised and approved education provider of the completed course or activity. For its purposes, the Board will also accept the certification of the Board's Registrar.

Part A – Sheet 1

Name: Reg #:	Date of programme development:
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PBRCF programme pathway planning sheet

The details of my continuing competence plan for the re-certification years 20 /20 are herewith presented to the Podiatrists Board as proof of PBRCF programme development.

Signed:..... Date: / /200
 Audit date: / /200

<p>1 Identified competence strengths/upskilling needs</p> <p>Self assess your area/scopes of practice to determine those areas in which you consider you are competent and those requiring upskilling/competence review</p>	
<p>2 Programme objectives</p> <p>Outline how you propose to address your perceived competence areas requiring upskilling and what your proposed programme is intended to achieve</p>	

NB: Retain as part of your logbook and submit for audit upon request.

Part A – Sheet 2

PBRCF programme pathway planning summary sheet

The details of my continuing competence plan for the re-certification years 20 /20 are herewith presented to the Podiatrists Board as proof of PBRCF programme development.

Signed:..... Reg #: Date: / /200
 Audit date: / /200

<p>3 Proposed PBRCF biennial activities programme plan</p> <p>Complete these details which also appear overleaf on the APC renewal application form the Board will send you and retain this copy as part of your logbook and submit on request for audit).</p> <p>List each of the CCME, CME, CPD and CQI competence programme activities you are proposing for your proposed or current full two-year PBRCF programme.</p> <p>Minimum required combined total of 60 credits in any one year (i.e. you may choose to do a light activity first year programme followed by a second heavier activity year or vice versa).</p> <p>Minimum required combined total of 200 credits per completed biennial (two-year) PBRCF programme.</p>	<p>Compulsory Continuing Medical Education (CCME)</p>	<p>Credits claimed</p>
	<p>Continuing Medical Education (CME)</p>	
	<p>Continuing Professional Development (CPD)</p>	
	<p>Continuing Quality Improvement (CQI)</p>	
		<p>Total</p>

Part B – Annual PBRCF programme activity report

Name: Reg #:

Re-certification period: 200 – 200

I declare this to be a true and accurate 12-month activity record as stated.

Signature: Date: / /200

Podiatrists Board use

Date received: / /200 Audit date: / /200 Signature:

Activity description	Date/s of activity	Activity venue	Activity outcome/s	Credits claimed for activity	Self declaration/signature of activity completion
			Total credits		

NB: Retain as part of your logbook and submit for audit upon request.

NB: Please securely staple continuation sheets to first sheet and carry forward any points for grand total.

Part C – PBRCF programme CME course/activity log (compulsory and other CME)

Name: Reg #:

Re-certification period: 200 – 200

I declare this to be a true and accurate activity record as stated.

Signature: Date: / /200

Podiatrists Board use

Date received: / /200

Audit date: / /200

Signature:

Compulsory/other CME activity/course title	Date of activity/course	Activity/course venue	Activity/course comments	Credits claimed	Educator/presenter comments	Educator/presenter signature of completion
					e.g. met expected outcomes/did not meet expected outcomes	

NB: Retain as part of your logbook and submit for audit upon request.

NB: Attach to CME declaration sheet.

Part C – Sheet 1 (of 3)

PBRCF programme final outcome/critical analysis

Name:	Date of programme final analysis completion:
Reg #:	Audit date:

The final details of my continuing competence plan activities for the re-certification years 20 /20 are herewith presented to the Podiatrists Board as proof of my PBRCF two-year programme completion.

Signed:..... Date:.....

<p>2 Overall reflective critical analysis</p> <p>Please critically analyse your performance through participating in this part of your PBRCF programme.</p> <p>How did you perform?</p> <p>What did you understand and learn from your PBRCF programme?</p>	
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NB: Retain as part of your logbook and submit for audit upon request.

Part C – Sheet 3 (of 3)

PBRCF programme final outcome/critical analysis

Name: Reg #:	Date of programme final analysis completion: Audit date:
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The final details of my continuing competence plan activities for the re-certification years 20 /20 are herewith presented to the Podiatrists Board as proof of my PBRCF two-year programme completion.

Signed:..... Date:.....

3 Overall reflective critical analysis

Please review your base knowledge now and compare to before you completed your PBRCF programme.

How do you think your programme has increased your level of understanding and competence?

How has your programme altered the way you practice?

NB: Retain as part of your logbook and submit for audit upon request.

Part C – PBRCF CQI activity report sheet – cycle/year 1

Name: Reg #: Activity topic/title: Credits claimed:	Date of cycle 1 CQI: Activity analysis completion: Audit date:
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The details of my continuing competence plan CQI activities for the re-certification years 20 /20 are herewith presented to the Podiatrists Board as proof of PBRCF programme completion of Cycle 1.

Signed:..... Date:.....

<p>1 Topic analysis (e.g. needs analysis, relevance) Please outline why and how you decided on this topic.</p>	
<p>2 Plan (based upon evidence based guidelines) Indicators: What elements of practice performance are you measuring in this activity? Criteria: How will you measure if you are meeting the indicators?</p>	
<p>3 Overall reflective critical review Please review your base knowledge now and compare to before you completed this part of your PBRCF programme. How do you think this part of your programme has increased your level of understanding and competence in this area? How has your CQI activity altered the way you practice?</p>	

NB: Retain as part of your logbook and submit for audit upon request.

Part C – PBRCF CQI activity final report sheet – cycle/year 2

Name: Reg #: Activity topic/title: Credits claimed:	Date of cycle 2 CQI: Activity analysis completion: Audit date:
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The details of my continuing competence plan CQI activities for the re-certification year 20 /20 are herewith presented to the Podiatrists Board as proof of PBRCF programme completion of Cycle 2.

Signed:..... Date:.....

<p>1 Topic analysis (e.g. needs analysis, relevance)</p> <p>Following on from cycle/year 1, please discuss the perceived relevance, and value to your practice, of undertaking this CQI topic activity.</p>	
<p>2 Plan (based upon evidence based guidelines)</p> <p>Indicators: What elements of practice performance are you going to measure relative to the processes introduced, and results obtained, in the first cycle?</p> <p>Criteria: How will you measure if you are meeting the indicators in order to finalise and quantify the results of this activity?</p>	
<p>3 Overall reflective critical review</p> <p>Please review your base knowledge now and compare to before you completed your PBCF programme.</p> <p>How do you think this part of your PBRCF programme has increased your level of understanding and competence in this area?</p> <p>How has completing your CQI activity altered the way you practice?</p>	

NB: Retain as part of your logbook and submit for audit upon request.