



**Podiatrists Board  
of New Zealand**

# **RE-CERTIFICATION Framework**

**January 2008**

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**Guidelines & Requirements  
for  
Practitioners &  
Educational Providers**

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General information about the Board, its policies and registration information can be found at the Board's website [www.podiatristsboard.org.nz](http://www.podiatristsboard.org.nz)

## 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 promote 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 Chiropractors (UK), NZ Society of Podiatrists (now Podiatry New Zealand), Medical Council of New Zealand and Occupational Therapy Board of New Zealand, all of which influenced the content and format of this framework.

# 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 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.

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

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)**.

## COMPLIANCE WITH STATUTORY LEGISLATION RESPONSIBILITY AND OBLIGATION

Along with every other registered profession, in the health sector, the Podiatrists Board has a very clearly defined role with regard to ensuring the competence of all practitioners under its jurisdiction in ordering their **compliance** to the requirements of the Health Practitioner Competence Assurance Act (HPCAA).

The principle underpinning the new legislation remains that which has historically provided the foundation of all previous governing regulations of the various health professions, that of **protecting the health and safety of the public**.

The title of the HPCCA clearly describes the intent of its introduction, that of protecting the health and safety of the public through "**competence assurance**".

It is therefore extremely important for practicing podiatrists (as **primary healthcare providers**) to fully appreciate, recognize and understand:

- their own **statutory responsibilities and obligations** to continuously demonstrate, maintain and assure their **competence** to practice under the direction of, and in **compliance** with, the HPCAA, and
- the **statutory responsibilities and obligations** of Boards (Authorities), under the HPCAA, to **assure practitioner competence and public safety** through prescribing qualifications, setting and monitoring practice standards, the setting of minimum competencies for registration and the **setting and monitoring of on-going competence** programmes.

## **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 – Australia and NZ Podiatry Competency Standards** 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 (health) Regulatory Authorities, 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 Self Directed Professional Development Needs Analysis which is a record of your proposed annual PBRCF activities. This 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 quadrennial PBRCF programme**
- required completion of educational courses, programmes, seminars or competence based activities, recognised by the Board
- an ongoing Record of Participation (logbook) of competence activity. This is to be submitted to the Board when requested for audit

- an **annual** practitioner statutory self-declaration of competence
- a semi randomised audit of each practitioner's Record of Participation (logbook)
- 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, 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/ February 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 Self Directed Professional Development Needs Analysis which must be completed at the time of APC application.

***N.B. This is the only documentation required to be sighted by the Board each year until practitioners are requested to submit their PBRCF Record of Participation (logbook).***

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. Retain all documents for at least 8 years.

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 four year time-span, or quadrennium, and is ongoing. The timeframe and credit system will be reviewed as considered appropriate by the Podiatrists Board of New Zealand.

The only stipulation is that the required activity category subtotals and quadrennium grand total **(152 credits) are met or exceeded.**

Participants must:

- Whilst there is no minimum number of credits required per annum, 152 credits **must** be gained over the quadrennium. The Board strongly recommends that credit achievement is carefully managed, and podiatrists are reminded that the Board encourages practitioners to exceed the required credits in any quadrennium.
- achieve a required total of 152 combined credits per quadrennium from the CCME, CME, CPD, and CQI activity sections as indicated in **Appendix A.**
- ***Each category has a required minimum number of credits per quadrennium.***
- decide on the combination and timing of activities that make up the final totals
- complete the compulsory continuing medical education (CCME) 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.

#### Credits 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 quadrennium all practitioners are required to attain the required number of credits for each section as indicated in **Appendix A.**

<b>NB: Each hour of logged activity in any category will be awarded two (2) credits.</b>
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## Re-certification activities

### Compulsory Continuing Medical Education (CCME)

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:

- basic life support – (repeated every two years)
- infection control – policy and procedure
- wound management update
- podiatric clinical management
- cultural awareness/competence

It is recommended that all practitioners attend, and successfully complete, at least **one** Board approved course from the non basic life support above topics **each year**.

**ALL FIVE CATEGORIES of CCME must have been successfully completed within a four-year period ('basic life support' must be undertaken every two years.)**

Please see the attached Mock Logbook (Record of Participation) **Appendix B** for an example of a CCME plan/ timetable. 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.

**A minimum of 32 credits must be gained in the CCME category.**

**See Appendix A for required CCME credits.**

### 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
- topic specific seminars/courses
- online courses and distance education programmes.

Therefore practitioners undergoing more formal training may include those educational activities in 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.

## Continuing Professional Development (CPD)

These are activities which should form part of the normal professional life of any podiatrist. 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.

## 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 include:

- Planning, identifying and implementing data collection, and monitoring processes
- Reviewing, refining and implementing CQI processes
- Interpreting and completing the audit of the activity, and the introduction of improvement strategies as appropriate in each case
- Assessing the effect and benefit of the activity and the modification of practice strategies and policies for future use

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).

It may well be that some CQI activities require less than four years to complete. It is, therefore, also possible to acquire CQI activity credits for "practice/business improvement activities", for example, in years where a cycle of audit programme participation does not occur.

**For CME, CPD and CQI activities, credits must be gained in each of these areas with a minimum of 10 credits in each. The balance of credits can be made up in any one of these 3 areas, notwithstanding the 32 credits required for CCME.**

The Board however, encourages practitioners to spread their activities in each of these 3 PBRCF categories and in a variety of activities.

### **3 ENDORSED EDUCATIONAL PROVIDERS AND COURSE/ACTIVITY SUBMISSION CRITERIA**

#### **Background**

The PBRCF is designed to include individual educational provider courses/modules. Both providers and their programmes will be closely monitored and recognised/ endorsed (or not) for suitability of standards and content when submitted to the Board for recognition 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.

#### ***Professional Organisations & Academic Institution Responsibilities***

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 endorsement, and where necessary may be reviewed by the Board.

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

- tertiary education providers (e.g. universities)
- professional groups such as Podiatry New Zealand 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.

**Appendix C** itemises current Board Prior Endorsed PBRCF Providers for practitioners.

#### **Endorsed educational provider course criteria guidelines**

##### **The Accreditation and Monitoring Role of the Board**

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.

## Timing of Submission of Course Details

Most professional organisations require education providers and their continuing competence programme courses to be endorsed by the organisation **prior to** being considered appropriate for inclusion in their continuing competence programmes.

All the required course/activity information should be in the hands of the Board at least 4 weeks prior to its delivery date as described elsewhere in this document.

## Late Submission of Course Details

The Podiatrists Board expects this format to be followed wherever possible.

Any course/activity details submitted to the Board after the course/activity has been completed may however still be considered for approval by the Board.

Each course/activity will be judged on its own merit however a guarantee that the activity will be given Board approval cannot be given in such cases.

## Endorsed education provider responsibility

Endorsed education providers must:

- understand that, any courses offered for consideration for endorsement and inclusion as part of the PBRCF will, if endorsed, 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, on completion of endorsed courses, provide each successful course participant with a signed declaration of satisfactory course completion for inclusion as evidence towards awarding course credits to be entered in their PBRCF Log Book
- 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 Ethical Principles and Standards of Conduct
- ensure that course levels, at least, meet the minimum competence criteria specified in the **Australia and New Zealand Podiatry Competency Standards** (Sept 2009).

## Submission criteria for education providers

All education providers, and proposed courses, must be submitted to the Board for endorsement before course credit awards (towards satisfactory completion of the PBRCF) can be guaranteed. 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 education providers should, submit details of their qualification to teach the course and a detailed structure of their proposed course to the Board for endorsement purposes prior to course/activity delivery.

Only:

- endorsed courses, having been run by an endorsed 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 endorsed and considered to be of a suitable standard by the Board will be allowed to administer and teach endorsed CCME, CME, CPD and CQI 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 endorsement 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 endorsed and considered appropriate for participation in the PBRCF programme.
- education providers of CME, CPD and CQI courses are not now required to be prior endorsed by the Board.

## **4 COMPETENCE REVIEW COMMITTEES**

### **Podiatrists Board Competence Audit Review Committee (CARC)**

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 General Competence Audit Review Committee (GCARC) 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 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 CARC 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 CARC for re-evaluation.

### **Specialised (Scope of Practice) Competence Audit Review Committees (SCARC)**

Where competence assurance of particular areas of practitioner groups associated with practice within a specialised scope of practice (ie: other than in the general scope of Podiatrist), such as Podiatric Surgeon and Podiatric Radiographic Imager, is considered necessary CARCs of a special type may be introduced.

Membership of SCARCs may be larger than the GCARC where specialist practitioner involvement is considered essential with regard to each individual scope of practice.

The Podiatrists Board will establish SCARCs from time to time as the need arises.

# 5 YOUR 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 four year programme 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 **Registration Requirements: Australia and New Zealand Podiatry Competence Standards**.

Practitioners are referred to the various **PBRCF forms (Evidential Documents)** which should be familiarised in conjunction with the requirements below

## Annual quadrennium activity recording, reporting and logbook PBRCF audit submission

Progress through the four year programme will be recorded by you, over each year of the quadrennium, in your **Record of Participation ( 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.

## THE FORMS (EVIDENTIAL DOCUMENTS) – Appendix B

Practitioners are required to develop, maintain and record the details of their PBRCF programme. The five evidential forms are as follows:

- **PBRCF FORM 1, PLANNING SELF DIRECTED PROFESSIONAL DEVELOPMENT NEEDS ANALYSIS (PLANNING)** (as part of your APC application form)

A record of your Self Directed Professional Development needs must be recorded and submitted to the Board annually on the **PBRCF Form 1 – Planning** 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 quadrennial 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.*

***Retain a copy in your PBRCF Log Book and submit for audit when requested***

- **PBRCF FORM 2, ACTIVITY RECORD (ACTIVITY & EVALUATION) for CCME only**

Record details of individual activities/courses as they are completed and file in your PBRCF Programme Activity Logbook as detailed evidence of your participation.

Completed PBRCF activities must be signed off by yourself for informal activities, or by a course tutor/presenter for more formally assessed activities.

***Retain in your PBRCF Log Book in activity groups and submit for audit when requested***

- **PBRCF FORM 3, ACTIVITY RECORD (ACTIVITY & EVALUATION) for CME, CPD and CQI**

Record details of individual activities/courses as they are completed and file in your PBRCF Programme Activity Logbook as detailed evidence of your participation.

Completed PBRCF activities must be signed off by yourself for informal activities, or by a course tutor/presenter for more formally assessed activities.

***Retain in your PBRCF Log Book in activity groups and submit for audit when requested***

- **PBRCF FORM 4, CREDIT RECORD SHEET**

This sheet contains four boxes, each one dedicated to one of the four different activity categories (i.e. CCME, CME, CPD & CQI).

Each category box is laid out with the **horizontal column** dedicated to the **year** of your PBRCF Programme and the **vertical column** dedicated to each **month** of each year.

Record the number of credits obtained from your various activities in each specific activity box for each month in each year of your four year PBRCF Programme

***Retain in your PBRCF Log Book and submit for audit when requested***

- **PBRCF FORM 5, FINAL EVALUATION OF DEVELOPMENT PROGRAMME (EVALUATION)**

This sheet comprises four boxes for self declaration and reflection of your progress within your chosen activities completed over your four year PBRCF Programme.

***Retain in your Record of Participation (Log Book) and submit for audit when requested***

In undertaking your Self Directed Professional Needs Analysis (PBRCF FORM 1), some or all of the following resources/activities may be helpful:

- Health Practitioners Competence Assurance Act 2003
- Podiatrists Board of New Zealand Registration Requirements – Australia and New Zealand Podiatry Competence Standards \*
- Podiatrists Board of New Zealand Code of Practice\*
- Podiatrists Board of New Zealand Ethical Principles and Standards of Conduct\*
- 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 at [www.podiatristsboard.org.nz](http://www.podiatristsboard.org.nz)

## 6 THE AUDITING PROCESSES

### Non-completion or Non-participation/Non-compliance Audit

Practitioners failing to complete **PBRCF FORM 1** as part of their **Annual Practising Certificate (APC) Renewal Application** 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.

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

### Semi-randomised Audit

A random selection of ten percent of practitioners will be audited annually. Practitioners who have registered with the Board in the previous 3 years or undergone the PBRCF audit process in the previous 3 years may be removed from the annual selection. The Board may include any practitioner who has been the subject to a competence review, complaint, competence concern or for any other reason in the annual audit.

Being semi-randomised in nature means that practitioners will not necessarily be aware of when their competence programme will be audited.

Prior to audit, selected practitioners will be given twenty one (21) working days to submit their completed Record of Participation (logbook).

Anyone failing to submit their Record of Participation (logbook) on request may be deemed ineligible to apply for their APC.

If an audited Record of Participation (logbook) 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.

## 7 EXTENSION

### Extension for participation in PBRCF Audit

If a practitioner feels they have mitigating circumstances and they are unable to compile and submit their logbook when they have been called for audit, they should contact the Registrar to discuss this matter.

Please note any extension of an audit will be for **no more than one year**, as it is the Board's policy that if a practitioner is fit and able to practice then they are also capable of engaging in the Board's recertification programme and completing the evidential documentation.

**Any extension applies to the audit process only, not participation in the PBRCF programme.**

Practitioners who are not fit enough to practice are not audited or expected to engage in the PBRCF while they do not hold an annual practising certificate.

### **Cessation of practice catch-up**

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

When a practitioner has practiced throughout the quadrennium, but is unable to complete the quadrennial 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), on completion of the quadrennium, 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 quadrennium and submitted during this eight-month catch-up period will be allocated to completing the outstanding quadrennium PBRCF programme.

On satisfactory completion of the outstanding quadrennium 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) be issued with an extension of not more than four months.

The additional 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 makes clear provision regarding the Board's responsibility to notify the practitioner and mechanisms for review of such decisions.

[APPENDIX A](#)

[APPENDIX B](#)

[APPENDIX C](#)

# APPENDIX A

## PODIATRISTS BOARD

### PBRCF (Podiatrists Board Recertification Framework) CREDITS REQUIRED IN A QUADRENNIUM

CCME		CME	CPD	CQI	Total
<b>Compulsory</b> Continuing Medical Education		Continuing Medical Education	Continuing Professional Development	Continuing Quality Improvement	PBRCF credits required
Prior Board endorsement required		Prior Board endorsement not required			
<b>32 credits</b> (use Form 2)	+	10 minimum	<b>120 credits</b> <small>NE: Credits no longer allowed for logbook preparation</small>	10 minimum	= <b>152</b>
Basic Life Support (BLS) 4 credits bi-annually x 2 =	8	Endorsed courses, conferences and quizzes	Attendance at podiatry & other allied health / health practitioner meetings	Practice/clinical audit programme activities	
Infection Control	6	Endorsed University certificates, diplomas and degrees	Presenting paper/s at a seminar/conference	eg: Practice review audit standard writing /data collection/ change management/ re-audit & evaluation	
Wound Management	6	Non-endorsed CME e.g. : journal readings, web searches	Organising seminars/conferences	Quality management activities	
Podiatric Clinical Management	6	Undertaking research/ literature reviews	Formal teaching & lecturing	Practice/ business improvement activities	
Cultural Awareness/Competence	6	Researching & preparing material for seminar or conference preparation	Principal or co-author of a published paper		
	32		Other collegial professional activities e.g. : professional committee /body /representation/ advisor/ facilitator etc		

**Podiatric Clinical Management includes:**

Assessment, diagnosis, treatment, advice/education, referral/criteria processes/systems/liaison

**Quadrennium explanation:**

For podiatrists practising in 2008 or before, your quadrennium is 2008-2012. Your logbook however covers activities from 2008 onwards. (You may also claim for PBRCF credits gained in 2005 if you wish.)

**Non-endorsed CME, CPD and CQI activity:**

It is the practitioner's responsibility to provide adequate evidence of participation in activities. Certificates of attendance/participation are required for courses undertaken. An advantage of receiving PBRCF activity/education from an Endorsed Provider is that Board acceptance of the level of the course/activity is guaranteed.

[Return to Appendix list](#)

**APPENDIX B, see below.**

**SELF DIRECTED PROFESSIONAL DEVELOPMENT NEEDS ANALYSIS - to be completed/updated annually**

IMPORTANT: File this with any previous Professional Development Needs Analyses (from the current 4 year PBRCF cycle) in your Record of Participation (Log Book/Portfolio)

**CURRENT STRENGTHS**

Wound management  
 Diabetic foot care assessment  
 The ageing foot  
 Palliative foot care  
 I am reasonably confident that I am competent in my clinical diagnosis and overall general practising skills

**AREAS REQUIRING DEVELOPMENT, UPDATING AND UPSKILLING DURING YOUR 4 YEAR RECERTIFICATION PERIOD**

Wound management - advanced  
 Biomechanical assessment - children  
 Basic principles of clinical audit  
 Podiatric medicine update  
 Critical appraisal of research evidence  
 Marketing and communication skills  
 Quality management skills  
 CCME requirements  
 Time management

I also require revision of cultural competence and more understanding of the legislation and my compliance obligations

**AREAS OF INTEREST**

Advanced wound management  
 Biomechanical assessment  
 Podopaediatrics  
 Small business development  
 Evidence based practice

## **ACTIVITY RECORD—for CCME only**

File all completed Activity Records in your Record of Participation (Log Book/Portfolio). Please group all of your FORM 3 records together, along with any associated Certificates of Attendance or Participation. More than one CCME activity may be recorded on this form. Please use FORM 3 for recording CME, CPD and CQI activity  
Transfer the credits from this form onto the appropriate section of your Credit Record Sheet (FORM 4).

Date	Activity description	Hours spent	Credits claimed	Enter evidence of participation— EITHER Certificate of Attendance (attach to this form) OR the name of the Board Endorsed Provider*	Your reflections on the value of the activity

**\*For the purposes of the PBRCF, ALL CCME activity must be prior endorsed by the Podiatrists' Board or be delivered by a Podiatrists' Board endorsed provider. For Podiatrists' Board endorsed courses and providers, go to [www.podiatristsboard.org.nz](http://www.podiatristsboard.org.nz).**

**DECLARATION:** I confirm that this is an accurate record of my PBRCF activity. I understand that a *minimum* of **32 credits over 4 years** must be obtained in the **CCME** category of activity, as prescribed in PBRCF **Appendix A**. I also understand that CCME credits are in addition to the 120 required for CME, CPD and CQI activities - A combined total of **152 credits over 4 years**

Signature:

Reg. No:

Date:

## ACTIVITY RECORD—for CCME only

File all completed Activity Records in your Record of Participation (Log Book/Portfolio). Please group all of your FORM 3 records together, along with any associated Certificates of Attendance or Participation. More than one CCME activity may be recorded on this form. Please use FORM 3 for recording CME, CPD and CQI activity  
Transfer the credits from this form onto the appropriate section of your Credit Record Sheet (FORM 4).

Date	Activity description	Hours spent	Credits claimed	Enter evidence of participation— EITHER Certificate of Attendance (attach to this form) OR the name of the Board Endorsed Provider*	Your reflections on the value of the activity
10 <sup>th</sup> Aug 2009	Neuropathic ulcer management	3	6	Certificate of Attendance attached	The current approaches to the offloading of pressure and the extent to which debridement of macerated tissue should be performed was both scientifically based and well applied to clinical practice. It will modify my approach to both of these areas in the future management of my patients
10 <sup>th</sup> July 2010	Basic life support course	2	4	Certificate of Attendance attached	Useful update on the current techniques for CPR, in particular the changes to the number of cardiac compressions to lung ventilation. Also, the identification of the early signs of anaphalactic shock was a helpful revision in the context of the administration of LAs.

Example only  
of a completed Form 2

\*For the purposes of the PBRCF, **ALL CCME activity must be prior endorsed** by the Podiatrists' Board **or** be delivered by a Podiatrists' Board **endorsed provider**. For Podiatrists' Board endorsed courses and providers, go to [www.podiatristsboard.org.nz](http://www.podiatristsboard.org.nz).

**DECLARATION:** I confirm that this is an accurate record of my PBRCF activity. I understand that a *minimum* of **32 credits over 4 years** must be obtained in the **CCME** category of activity, as prescribed in PBRCF **Appendix A**. I also understand that CCME credits are in addition to the 120 required for CME, CPD and CQI activities - A combined total of **152 credits over 4 years**

Signature: *A Podiatrist*      Reg. No: 00000      Date: 10<sup>th</sup> July 2010



**ACTIVITY RECORD—for CME, CPD and CQI only**

File all completed Activity Records in your Record of Participation (Log Book/Portfolio). Please group all of your FORM 2 records together, along with any associated Certificates of Attendance or Participation. Two credits may be claimed for every hour spent on all categories of activity. You cannot claim credits for log book recording and maintenance activity. For Podiatrists' Board endorsed courses and endorsed providers, go to [www.podiatristsboard.org.nz](http://www.podiatristsboard.org.nz). **Transfer the credits from this form to your Credit Record Sheet (FORM 4).**

**CATEGORY OF ACTIVITY**

(enter one of the following per entry)

**CME CPD CQI** ↩

Date	Activity description	Venue	Hours spent	Credits claimed	Certificate of Attendance or Participation attached?	Category of Activity
2 <sup>nd</sup> May 2008	Writing instrument sterilisation policy and reviewing and updating current procedures	Practice and at home	2	4	No	CQI
10 <sup>th</sup> Aug 2009	Attending update lecture on fungal & bacterial infections of the foot and their management	Local hospital Learning Centre	1	2	Yes	CME
18 <sup>th</sup> May 2010	Assisting in the organisation of a local area PNZ study day	Committee member's home	4	8	No	CPD

**Example only  
of a completed Form 3**

**DECLARATION:** I confirm that this is an accurate record of my PBRCF activity. I understand that a *minimum* of **120** credits over **4 years** must be obtained across the **CME, CPD and CQI** categories. Therefore, including 32 CCME credits, the total credits required are **152 per quadrennium.**

Signature: \_\_\_\_\_ Reg. No: \_\_\_\_\_ Date: \_\_\_\_\_

COMBINED TOTAL CREDITS FOR PBRCF —YEARS APRIL 20.... to MARCH (4 year period)



CREDITS FOR COMPULSORY CONTINUING MEDICAL EDUCATION													CCME
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Totals
Year 1													
Year 2													
Year 3													
Year 4													

Minimum total of CCME credits over your 4 year PBRCF cycle = 32  
 Credits must be for the CCME activities prescribed in PBRCF Appendix A

CREDITS FOR CONTINUING MEDICAL EDUCATION													CME
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Totals
Year 1													
Year 2													
Year 3													
Year 4													

Minimum total of CME credits over your 4 year PBRCF cycle = 10  
 NB: The minimum total required across the CME, CPD and CQI categories = 120

CREDITS FOR CONTINUING PROFESSIONAL DEVELOPMENT													CPD
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Totals
Year 1													
Year 2													
Year 3													
Year 4													

NB: The minimum total required across the CME, CPD and CQI categories = 120

CREDITS FOR CONTINUING QUALITY IMPROVEMENT													CQI
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Totals
Year 1													
Year 2													
Year 3													
Year 4													

NB: The minimum total required across the CME, CPD and CQI categories = 120

COMBINED TOTAL CREDITS FOR FOUR YEAR PBRCF PROGRAMME =

Minimum 152 credits

For Podiatrists' Board use

**COMBINED TOTAL CREDITS FOR PBRCF —YEARS APRIL 20.... to MARCH (4 year period)**

CREDITS FOR COMPULSORY CONTINUING MEDICAL EDUCATION													CCME
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Totals
Year 1			4							6			10
Year 2					6								6
Year 3				4							6		10
Year 4		6	← Personal leave →										6
<i>Minimum total of CCME credits over your 4 year PBRCF cycle = 32</i> Credits <b>must</b> be for the CCME activities prescribed in <b>PBRCF Appendix A</b>													⇒ <b>32</b>

CREDITS FOR CONTINUING MEDICAL EDUCATION													CME
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Totals
Year 1	2			12			12			2			28
Year 2					2			6			2		10
Year 3			2			6			2				10
Year 4	2		4	← Personal leave →								2	8
<i>Minimum total of CME credits over your 4 year PBRCF cycle = 10</i> NB: The <i>minimum total required</i> across the CME, CPD and CQI categories = 120													⇒ <b>56</b>

CREDITS FOR CONTINUING PROFESSIONAL DEVELOPMENT													CPD
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Totals
Year 1			2		8		2		4	4 + 2		4	30
Year 2			2 + 2		2		4		2		2		16
Year 3		8		2			6		2		2		20
Year 4			4	← Personal leave →								4	12
<i>Minimum total of CPD credits over your 4 year PBRCF cycle = 10</i> NB: The <i>minimum total required</i> across the CME, CPD and CQI categories = 120													⇒ <b>32</b>

CREDITS FOR CONTINUING QUALITY IMPROVEMENT													CQI
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Totals
Year 1		4	2			2		2		4 + 2			16
Year 2	4	2	2		2	12						2	24
Year 3						6 + 2			4				12
Year 4	6			← Personal leave →								4	10
<i>Minimum total of CQI credits over your 4 year PBRCF cycle = 10</i> NB: The <i>minimum total required</i> across the CME, CPD and CQI categories = 120													⇒ <b>62</b>

**COMBINED TOTAL CREDITS FOR FOUR YEAR PBRCF PROGRAMME = 228** Minimum 15 credits For Podiatrists' Board use C NC

# FINAL EVALUATION OF DEVELOPMENT PROGRAMME - 4 year period from April 20...to March 20...

This section provides an opportunity to reflect on the overall value of your four year professional development programme to you and your patients/clients.

You may wish to refer to your reflections on the events reported in your Activity Record forms. File completed form in the 4 year Record of Participation (Log Book/Portfolio) to which this evaluation applies.

## Example only of a completed Form 4

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OUTLINE THE MAIN AREAS WHERE YOU NOW PRACTISE OR WORK DIFFERENTLY AS A RESULT OF YOUR CCME, CME, CPD & CQI ACTIVITIES

OUTLINE YOUR REFLECTIONS ON THE OVERALL VALUE OF YOUR DEVELOPMENT PROGRAMME TO YOU **and** YOUR PATIENTS/CLIENTS

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**DECLARATION:** I confirm that this document accurately reflects my evaluation of my completed professional development programme for the 4 year recertification period above.

Signature:

Reg. No:

Date:

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## FINAL EVALUATION OF DEVELOPMENT PROGRAMME - 4 year period from April 20...to March 20...

This section provides an opportunity to reflect on the overall value of your four year professional development programme to you and your patients/clients. You may wish to refer to your reflections on the events reported in your Activity Record forms. File completed form in the 4 year Record of Participation (Log Book/Portfolio) to which this evaluation applies

<p><b>MOST VALUABLE ACTIVITIES</b>—consider these in the context of your Self Directed Professional Development Needs Analysis (PBRCF Form 1)</p>	<p><b>LEAST VALUABLE ACTIVITIES</b>—consider these in the context of your Self Directed Professional Development Needs Analysis (PBRCF Form 1)</p>
<p>The seminar on podopaediatrics was particularly useful in that it not only gave me a greater understanding of developmental issues and when to treat, and also when not to intervene and simply monitor. The sessions on clinical audit and quality were also very helpful in that they enabled me to set up and perform a simple clinical audit with standards based on the needs of my patients and the practice – previously I would not have been able to do this. In the CCME section, the Basic Life Support update session was much more valuable than I anticipated in that I was not aware of fairly recent changes in approaches to CPR and the availability of disposable face masks.</p>	<p>Whilst I felt that all activities were of some value, I found that the multi-profession session on critical appraisal of research literature was not at the level I needed. Next time I will try to access a course specifically for podiatrists. The time I spent on reviewing the Practice Information Leaflet, whilst useful, did not really reward the time investment, as it is not frequently used and little was changed. I will review how the leaflet is distributed next year, as it is probably under utilised. I also intend to review the practice stretching leaflet handout, as it is a frequently used document and should therefore be worth the effort.</p>
<p><b>OUTLINE THE MAIN AREAS WHERE YOU NOW PRACTISE OR WORK DIFFERENTLY AS A RESULT OF YOUR CCME, CME, CPD &amp; CQI ACTIVITIES</b></p>	<p><b>OUTLINE YOUR REFLECTIONS ON THE OVERALL VALUE OF YOUR DEVELOPMENT PROGRAMME TO YOU and YOUR PATIENTS/CLIENTS</b></p>
<p>As a result of the clinical audit of nail surgery, I have changed the number of times I recall the patient for post-op dressings and have given more written information to patients about how they should redress the wound. This will be reaudited in two years. I now assume less about what patients understand, and ask for more feedback from them. Following the podopaediatric session, I have altered my initial assessment procedure by improving my history taking, deleting two tests and adding a new one. Subsequent to the basic life support session, I now have adrenaline available on clinic and have purchased disposable face masks for mouth to mouth resuscitation. Following the wound management update, I no longer routinely use antiseptics on superficial, non-infected wounds in patients who are not immunocompromised.</p>	<p>Through participation in the podopaediatrics and clinical audit seminars, I gained valuable knowledge and experience which has enabled me to expand my treatment regimes and has made the service I offer more responsive to my patients. Overall, I found the four year programme stimulating and at times challenging, but also more enjoyable than I thought possible. I also believe that I am now a more confident, as well as a more competent practitioner. My level of understanding and diagnostic skills have increased and I have been able to give better and safer treatment to my patients. Generally, I feel that I have begun to develop a more evaluative approach and tend to be more questioning of the way I practise, but without feeling threatened by the changes it could bring. I have had more contact than usual with podiatrists and other health care professionals, which has often challenged my thinking and sometimes changed the way I practise.</p>

**DECLARATION:** I confirm that this document accurately reflects my evaluation of my completed professional development programme for the 4 year recertification period above.

Signature: \_\_\_\_\_ Reg. No: \_\_\_\_\_ Date: \_\_\_\_\_

**Example only of a completed Form 5**

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## APPENDIX C



# Podiatrists Board of New Zealand

## PODIATRISTS BOARD RECERTIFICATION FRAMEWORK (PBRCF): ENDORSED COURSE PROVIDERS

The following Providers are endorsed by the Board. This list is reviewed regularly. The Board automatically recognises the PBRCF credits awarded for any course or educational event offered by an Endorsed Course Provider.

The Board however, may request further information about any of the courses offered by Endorsed Providers at any time, particularly for audit purposes. The Board also reserves the right to withdraw Endorsed Provider status, but will not do this unreasonably.

- Podiatry New Zealand (PNZ) (all areas and branches) <https://www.podiatry.org.nz/>
- All New Zealand Universities
- St John <http://www.stjohn.org.nz/>
- Red Cross <https://www.redcross.org.nz/first-aid/courses/>
- NZ Wound Care Society (NZWCS) <http://www.nzwcs.org.nz/>
- NZ Society for the Study of Diabetes (NZSSD) <http://www.nzssd.org.nz/>
- Unitec <http://www.unitec.ac.nz/>
- All DHBs
- All PHOs
- ACC <http://www.acc.co.nz/preventing-injuries/playing-sport/PI00125>
- Mauri Ora <http://www.mauriora.co.nz/>
- Ministry of Health <http://learnonline.health.nz/>
- Office of Ethnic Affairs (Dept Internal Affairs) <http://ethnicaffairs.govt.nz/view/training>
- Australasian Podiatry Council <http://www.apodc.com.au/>
- American Podiatric Medical Association (APMA) <http://www.apma.org/>
- North American Centre for Continuing Medical Education (NACCME)
- <http://www.naccme.com/>
- British Medical Journal Learning <http://learning.bmj.com/learning/home.html>
- Royal New Zealand College of General Practitioners <http://www.rnzcgp.org.nz/>
- Podiatric Conferences
- E-medicine courses <http://www.medscape.org/>
- Hand Hygiene Australia: on-line learning <http://www.hha.org.au/LearningPackage/olp-home.aspx>
- Research Review Publications <http://www.researchreview.co.nz/>
- Lin Lohead (Infection Control and Sterilisation courses) <http://www.linlohead.com/>
- Triple One Care: First Aid courses <http://www.tripleonecare.co.nz/>
- Total Care Health Services Ltd <http://www.totalcarehealth.co.nz/education.html>
- Musmed: (Advanced Musculoskeletal training) <http://www.musmed.com.au/>
- Muscle Balance Analysis Seminars (A Skrobisch) <http://www.mbaseminars.net/au/coach.html>
- Simon Bartold (Gait Analysis) Seminars <http://www.bartoldbiomechanics.com/home>

- Sportsmed Seminars <http://www.sportsmed.co.nz/>
- Physioscholar.co.nz <http://www.physioscholar.co.nz/>
- Goodfellows <http://www.goodfellowclub.org/>

***Anyone who would like their organisation to be included on this list should contact the Registrar at 04 474 0706 or [registrar@podiatristsboard.org.nz](mailto:registrar@podiatristsboard.org.nz)***

Updated June 2013

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