

Policy on Return to Practice Competence Requirements

Background

Under the Health Practitioners Competence Assurance Act 2003 (HPCAA), the Podiatrists Board (the Board) is charged with ensuring that podiatrists (practitioners) are competent and fit to practice when they apply for registration and re-certification.

Rationale

The HPCAA requires that all practitioners must hold a current Annual Practising Certificate (APC) to ensure they are competent and fit to practice in order to protect the health and safety of the public.

The Board is charged with ascertaining the competence of practitioners wishing to return to practice after a period away from work, to ensure their competence has been maintained.

Not practiced 3+ years	Not practiced 5+ years	
<ol style="list-style-type: none"> 1. Basic Life Support (BLS) certificate (including anaphylaxis) required prior to starting work. 2. Complete Annual Plan in online CPD portal. 3. Police check for every country lived in for past 5 years. 4. Certificate of Good Standing from every registration authority practiced under since last practiced in New Zealand. Two character references if practiced in an unregulated county. 5. Initial 40 hours of planned clinical supervision* prior to full APC being granted. A supervisor agreement must be completed and sent to the Registrar. 6. Audit in 1st year returning to practice. (See <i>Podiatrists Board CPD Recertification Policy</i>). 	Requirements 1 to 6 plus <ol style="list-style-type: none"> 7. Complete Board's Cultural Competence Open Book Exam (COBE). 8. Supervision* - decided on a case-by-case basis. (See <i>criteria</i>). 	
	Not practiced 7 + years	
		Requirements 1 to 8 plus <ol style="list-style-type: none"> 9. Pass Board's desktop examination (Stage 1) Pass AUT Practical Assessment (Stage 2).

*Supervision: see guidelines & agreement at www.podiatristsboard.org.nz

Criteria for establishing supervision hours:

- a. Length of previous experience before ceasing practice.
- b. Health related professional involvement during period of non-practice.
- c. Feedback from the initial supervision. Areas of weakness or risk identified.

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. It also includes working in a direct nonclinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession and/or use their professional skills.

The Board reserves the right to modify the Return to Practice Competency Requirements on a case-by-case basis for individual practitioners.

This policy will be subject to review and revised when needed.

Organisation representatives originally consulted:

- Podiatry New Zealand
- Department of Podiatry, School of Clinical Sciences, AUT University

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