Podiatrists Board of New Zealand
Te Poari Tiaki Waewae O Aotearoa

Podiatrists Board Recertification Framework (PBRCF)

Additional requirements for Podiatric Surgeon Advanced Scope of Practice

Reviewed 2018/2021

PSCCME Activity	Requirements	Credits
	All registered podiatrists are covered by the general requirements of the PBRCF. Practitioners holding the Podiatric Surgeon advanced scope of practice are required to participate in and complete additional activities which are considered necessary to ensure competence at the level of practice as determined by the scope of practice. Advanced practitioners must participate in and complete all of the requirements of the PBRCF as designated to the general scope of practice of Podiatrist. One variation to this rule is the completion of Compulsory Continuing Medical Education (CME) activities **Podiatric Surgeon Compulsory CME Activities (PSCCME)** Certain CME activities in podiatric surgical practice are considered by the Board to be fundamental to ensuring the health and safety of patients.	
Health Professional Standard **PSCCME Life Support Course**	The area of surgical practice which are considered by the Board to warrant a regular demonstration of competence are as follows: • Complete an Advanced Life Support (ALS) and Medical Emergency Management for Health Professionals course (NZRC core module level 4 or higher) and hold a current certificate of attainment for this course from an approved NZRC provider (see list). This is to be repeated every two years. The certification issued must contain the following: • The length of the course in hours. • A statement that acknowledges successful participation and/or assessment at the relevant level. • Date of issue.	8 credits every two years are required for ALS activity (16 credits over 4 years).

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	• List of skills taught.	
	List of Approved Providers All Health NZ/Te Whatu Ora/DHBs Australian and NZ College of Anaesthetics Pediatric Society of NZ Royal Australasian College of Surgeons Australasian College for Emergency Medicine The Cardiac Society of Australia and NZ The Royal NZ College of General Practitioners Australian and NZ Intensive Care Society The Royal Australasian College of Physicians NZ Defence Force The NZ Nurses Organization St Johns New Zealand Red Cross The Royal Life Saving Society of NZ Private Emergency Care Association of NZ Surf Life Saving NZ CINZ — CORE Instructors of NZ (Certificate of Resuscitation and Emergency) The Board recommends attending a BLS course biennially in the years an ALS course is not attended.	
Case History	**Annual Peer Reviewed Case History and Clinical Administration Audit – Advanced Scope** Practitioners holding an advanced scope of practice must participate in and complete an annual peer reviewed case history and clinical administration audit. (Annual peer review to cover both case history and clinical administration audit by peer involved). The essential components of this activity are designed to encourage practitioners to constantly evaluate themselves and their peers and so maintain safety and competence in the standards associated with record keeping and modern practice. The ultimate aim of completion of this	Should reflect 20 hours annually

	activity is to, wherever possible, improve clinical outcomes, educate practitioners and safeguard the public. This activity is to review patient management with regard to preoperative, perioperative and postoperative consultation data collection processes, as well as recording and managing adverse surgical consequences. Advances scope practitioners must form groups of two or more in order for the peer review process to be achieved. Before January of each year, each registered practitioner must present (to an agreed chosen peer) a case history (based upon the usual medical model), along with copies of the standard surgical case documentation, for peer review. This documentation along with peer review notes and reflections will be submitted to the Podiatrists Board as part of the usual PBRCF audit procedure upon request. Note: The annual peer review process outlined above is not intended to audit the clinical practice of the practitioner whilst working in the operating room.	
Podiatrists Board Reviewed Practice **CQI**	**Podiatrists Board Reviewed Surgical Practice Audit – Advanced Practitioner** Every 4 years, in line with the audit process already put in place for the general scope of Podiatrist by the Podiatrists Board, a surgical practice audit will be undertaken on 30% of registered advanced practitioners. The essential components of this activity are designed to assess the level of competency and safety of the Advanced Practitioner whilst practising within the prescribed limits of their individual scope of practice. Those practitioners selected for audit must satisfy the Podiatrists Board that they are competent through: • Provision of appropriate operating facilities (including infection control, instrumentation and surgical pack preparation/storage. • Presentation of surgical patient/case documentation through a randomised selection of clinical/operation records (pre/peri/postoperative). As well as a demonstration of safety and competence in surgical practice, the purpose of the audit is also to assess the individual standards associated with record keeping which is an integral	

	part of modern surgical practice. The ultimate aim of completion of this activity is to assure surgical outcomes, educate surgical practitioners through directing their focus upon their own operating skills and environment and to safeguard the public. As with the 'Annual Peer Reviewed Case History and Clinical Administration Audit' this activity is intended to further review and stress the importance of surgical patient management with regard to pre/peri and post operative consultation data collection processes, as well as the recording and management of adverse surgical consequences.	
CQI	**Audits to be collated by the Podiatrists Board** **Outcome Measures:** The same as required for Podiatrists, with a Podiatric Surgeon/surgery focus. Post-surgical healing rates, numbers of patient presenting with digital operations, as opposed to forefoot etc. **Explanation:** Outcome measures can be the assessment of the benefits of an intervention or the goals and objectives that are established after initial diagnostic workup. Measuring patient outcomes as a Quality Indicator (QI) obligates practitioners to address the efficacy and quality of interventions. Outcome measures can be used for any health care activity. Here is an example: **<u>Podiatric Surgery</u>** Objective - 80% of patients will have achieved stated goals and objectives, eg: to straighten toes. Method of Collection – 100% of discharged patient files are reviewed at time of discharge to determine if initial goals and objectives were achieved/not achieved/exceeded. Information is tracked by patient type, surgery type, surgeon and severity.	2 credits per hour, with a minimum of 10 credits.

	Possible reasons for non-attainment: • Patient related: motivation, attendance record, illness, severity, complications, psychi-social/economic/cultural/ethnic factors. • Financial related: limitation of comprehensive options of surgery, follow-up limitations. • Treatment related: method, surgical approach and appropriateness. After initial outcome data is collected the data is analysed and the practitioner ascertains the reason for non-attainment/attainment of outcome goals and objectives. Action to be taken/not taken as appropriate: • If goals met - identify the measures that contributed to the successful outcome. • If goals not met – identify the measures that contributed to this outcome and identify the actions that need to be taken. To complete the CQI cycle, use this system to determine if there is a greater/lesser incidence of patients meeting discharge goals/objectives. If greater, then quality has improved. If less, then quality of care has not improved.	
Advanced Wound Care **PSCCME**	**Advanced Wound Care** The course needs to address the wound care environment, cellular activity, vascular status, bacterial burden, and factors that affect the repair process. At the end of this course, the attendee should be able to: • Understand the effect of the wound milieu on the repair process. • Diagnose vascular conditions that may impede or prevent wound closure. • Differentiate chronic wounds of varying aetiology. • Identify bacterial conditions that will delay the repair process. • Recommend select surgical procedures that will assist with wound closure.	

	List of Approved Providers All Health NZ/Te Whatu Ora/DHBs NZ Wound Care Society Wound Care Conference - study days AUT Podiatry NZ - organised study days/seminars. The certification issued must contain the following: • The length of the course in hours. • A statement that acknowledges successful participation and/or assessment at the relevant level. • Date of issue. • List of skills taught	
Board Audit	**The Board will form a decision on the practising competence of a Podiatric Surgeon based upon the results of the audit through consensus and the Board may engage a professional advisor to assist with this process.**	
	Surgery Case Acceptance Procedures **Complete Documentation** The Board must review a candidate's case logbook for proper and complete documentation. A case logbook deemed unacceptable by the Board shall be discounted and the candidate so notified. The candidate shall have thirty (30) days from the date of notification to resubmit the case logbook with proper documentation to meet the logbook requirements, prior to the process continuing. A total of up to five (5) cases may be resubmitted. Candidates having more than ten incomplete case documentations shall be deemed to have not attained an acceptable level of case	

	documentation and shall have their entire logbook returned to them. Candidates shall then have thirty (30) days to submit new case documentation for review. Sany candidate who fails to meet the case logbook requirements will be required to satisfactorily complete a remedial education programme before they can be reconsidered for re-registration under the scope of Podiatric Surgeon by the Board. Logbooks shall cover a period of twelve months from January to December (inclusive) of each year. Note: In deciding whether any case documentation submitted falls below acceptable professional standards, the Board members will determine when cases are rejected and acceptance is denied based upon their clinical and surgical experience. Unless otherwise indicated, determining a candidate's status will be based upon knowledge and experience as shown by the case submissions. **Case Submissions Requirements** The minimum number of hours of operating theatre time must be reflected in the cases documented in the candidate's logbook. Case logbooks must be completed and retained by candidates as part of their PBRCF documentation applicable to their additional scope of practice. (i.e., Podiatric Surgeon) requirements. The case logbook requirements form part of the PBRCF and so the usual timeline criteria for submission as part of that document apply. The Podiatrists Board will receive and review all completed logbook documentation on a 4 yearly basis and make recommendations to the Board regarding recertification of each candidate under the scope of Podiatric Surgeon. **Surgical Logbook Submission Instructions** The following items must be submitted 4 yearly on request in a legible fashion for the Board. PSCCME: Podiatric Surgical Scope Grades.	

	Level/Stage 1: • Sharp partial nail bed and matric wedge resection at digits/Sharp total nail bed and matric tissue resection at digits. • Subungual exostectomy/Osteochondrectomy • Forefoot Superficial biopsy • Simple Lesser Digital arthroplasty on interphalangeal joints Level/Stage 2: *Inclusive of Level I procedures plus:* • Pen-neural fibroma • sequential reduction (staged extensor tendon/hood release) • Interphalangeal joint implant • tenotomies • Hallux abducto-valgus, Hallux Limitus and Taylors bunion procedures • Corrective joint implants • Lesser metatarsal joint resections • Mid-tarsus exostectomies • Sub-cutaneous lesions/masses • Sub-talar arthroiesis • Extensor/flexor tendon lengthening • First and fifth ray corrective procedures • Mid-foot and rear-foot joint arthroiesis • Fusion and triple arthrodesis. Each Advanced Practitioner registered as a Podiatric Surgeon must practice surgical procedures only for which they are qualified to perform. Their level of qualification/practice must be reflected in the cases submitted in their surgical Case Logbook.	

	Throughout the PBRCF programme it is recognised that surgical competence is determined not by the level/stage of qualification or by the number of cases performed, but by the demonstration of consistent safe surgical patient management and surgical practice in the operating room environment. **General Information about Case Submissions** • Case versatility within a candidate's level of Scope of Practice is mandatory. Submitted cases should reflect a **minimum of twenty (20) hours annually** of surgical practice time to meet the mandatory case review requirement. The Board retains the right to request additional information and/or cases if they determine this to be necessary. • All cases submitted must have been performed annually. • Where multiple procedures may have been performed at the same time, each case submitted is counted on the number of surgical practice hours.	