

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 to ensure they are competent and fit to practice in order to protect the health and safety of the public.

If an applicant has not held an annual practising certificate (APC) of a kind sought by the application within 3 years immediately preceding the date of the application, section 27 ss(1) and (2) require the Registrar to submit the application to the Board for its consideration.

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 |
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| 1. 2. 3. | CPR certificate (including AED and anaphylaxis) required prior to starting work. Complete Annual Plan in online CPD. Police check for every country lived in for past 5 years. | Requirements 1 to 6 plus 7. Complete Board's Cultural Competence Open Book Exam. 8. Supervision* - decided on a case by case basis. |
| 4. | Certificate of Good Standing from every registration authority practiced under since last practiced in NZ. Two character references if practiced in an unregulated country. | (See criteria). Not practiced 7 + years |
| 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. | 9. Sit and pass ANZPAC Examination, both stage 1 & 2. (To be conducted by AUT University) |
| 6. | Audit in 1 st year returning to practice. (See Podiatrists Board CPD Requirements.) | |

^{*}Supervision: see guidelines & agreement.

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
- School of Podiatry, Division of Rehabilitation & Occupation Studies, AUT University

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