



## Guidelines: Recency of practice

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**Effective from:** 1 December 2016

### Background

The role of the Podiatry Board of Australia (the Board) is to protect the public by registering and regulating podiatrists and podiatric surgeons, as defined in the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).

Podiatrists and podiatric surgeons must have recent experience in their scope of practice to maintain their competence to practise safely.

The Board's *Recency of practice registration standard* sets out the minimum hours that you must practise in your scope of practice to maintain your competence to practise safely. It also sets out what you must do if you change your scope of practice or wish to return to practice.

These guidelines have been developed to support the registration standard and to help you understand its requirements.

They also provide guidance on:

- the information you are required to submit with your application form if you don't meet the registration standard, and
- planning and preparing for a return to practice.

### Recency of practice standard

#### Minimum hours of practice

To meet the Board's *Recency of practice registration standard*, you must have practised in your scope of practice for a minimum of:

- 450 hours in the three year period prior to applying for registration or renewal of registration, or
- 150 hours in the 12 month period prior to applying for registration or renewal of registration.

#### Flexibility

The Board acknowledges that many practitioners have flexible work practices and that while many work full time; others practise on a part time or locum basis. Some may also take a period of absence from practising for a range of reasons. The requirement of a minimum of 150 hours of practice in the 12 month period prior to applying for registration or renewal of registration **or** 450 hours in the three year period prior to applying for registration or renewal of registration supports flexibility in the workforce.

The following table provides examples of how different practitioners might meet the minimum requirements of the registration standard.

Year	Practitioner A	Practitioner B	Practitioner C	Practitioner D	Practitioner E	Practitioner F
1	150 hours	100 hours	450 hours	0 hours	50 hours	400 hours
2	150 hours	100 hours	0 hours	0 hours	50 hours	0 hours
3	150 hours	250 hours	0 hours	450 hours	350 hours	50 hours

### What if I don't meet the Board's Recency of practice registration standard?

If you have not met the Board's *Recency of practice registration standard*, the Board will consider a number of factors when deciding whether or not to grant your application for registration or renewal of registration, including the following:

- your registration and practice history, including when and where you last practised as a podiatrist or podiatric surgeon
- the length of time since you last practised
- your level of prior practice experience in your scope of practice
- activities you have done related to the practice of podiatry or podiatric surgery during the period since you last practised, including any continuing professional development, education, or professional contact
- additional relevant qualifications obtained since you last practised
- your intended scope of practice, and
- the level of risk associated with your practise.

### What additional information must I provide with my application for registration or renewal of registration if I don't meet the *Recency of practice registration standard*?

This will depend on your particular circumstances. The following guide outlines the information you should provide to the Board to support your application for registration or renewal of registration. The Board may ask you for additional information before deciding on your application.

If you are **currently registered** in any category other than 'non-practising', you need to:

- explain why you have not met the *Recency of practice registration standard*
- provide evidence of the CPD you have completed in the previous 12 months
- provide evidence of any other specific education you have completed in the previous three years, and
- provide any other relevant information to demonstrate your competence to practise the profession safely.

If you have **non-practising registration, or you are not currently registered** and you wish to return to practice, you need to:

- provide evidence of the CPD you have completed in the previous 12 months
- if it has been more than three years since you last practised, provide a plan for professional development and re-entry to practice for the Board to consider and approve
- provide evidence of any other specific education you have completed in the previous three years, and
- provide any other relevant information to demonstrate your competence to practise podiatry or podiatric surgery safely.

### Plan for professional development and re-entry to practice

If you have previously had at least two years clinical experience, and are returning to practice after an **absence of more than three years**, you are required to submit a plan for professional development and for re-entry to practice to the Board.

The purpose of a re-entry plan is to ensure that you are returning to safe practice with appropriate supports in place.

The plan for professional development and re-entry to practice will be different for each practitioner. It should be tailored to your particular circumstances and your individual learning needs. It is therefore not appropriate for the Board to issue a standard re-entry to practice plan with set tasks or supervision levels.

This document provides a framework that you can use as a guide and provides information about the typical elements of a plan for professional development and for re-entry to practice.

You may wish to obtain assistance in developing a plan for professional development and for re-entry to practice from:

- a professional association
- prospective or past supervisors, or
- prospective employers/colleagues and mentors.

The content of a plan for professional development and for re-entry to practice should usually be negotiated with your prospective supervisor who is appropriately qualified in the scope in which you intend to practice. It should take into consideration:

- your specific learning needs, taking past education, experience and training into consideration, and
- the requirements of the specific position that you are proposing to work in.

A plan for professional development and for re-entry to practice should:

- nominate a proposed supervisor
- define the terms of an agreement between you and the proposed supervisor
- state your previous scope of practice and your intended scope of practice
- identify any gaps in your knowledge and skills
- identify any training or education requirements that will be done to meet your learning requirements
- articulate goals, expected outcomes and clear timeframes to achieve your goals
- propose the level of supervision, mentoring or peer review that may be required for a safe return to practice
- describe the orientation process that you will undertake at the proposed employer's workplace
- allocate time for regular formal feedback or performance reviews by the proposed supervisor, with this feedback or review recorded and signed by you and the supervisor
- provide the anticipated completion date for the re-entry to practice plan, and
- articulate the measures that will be put in place if the stated goals are not achieved in the stated timeframes.

To assist you, the Board has developed a re-entry plan template which outlines elements that should be included in a plan for professional development and re-entry to practice. The template is published on the Board's website with this document [www.podiatryboard.gov.au/Policies-Codes-Guidelines/FAQ.aspx](http://www.podiatryboard.gov.au/Policies-Codes-Guidelines/FAQ.aspx).

The plan, with the exception of the 'Practitioner and supervisor agreement' may be modified or adapted to suit your individual needs or replaced by a professional association re-entry plan.

Any supervision arrangements should be completed in line with the Board's supervision guidelines.

### **Consideration of the plan by the Board**

It is your professional responsibility to work within the limits of your competence. The Board expects you to have the necessary level of insight to realise those limits of competence.

A plan for professional development and for re-entry to practice should demonstrate to the Board that you (with assistance from prospective employers and/or supervisors, if relevant) have assessed your level of competence and assessed your learning needs and how to meet them. The plan should also demonstrate the structures that will be in place, such as supervision, mentoring and regular feedback, to ensure safe practice.

The Board may seek further information if it is not satisfied that the submitted plan for professional development and re-entry to practice provides enough information about the safeguards for return to practice and may require you to complete specific education and/or assessment.

The Board may also decide to formalise the re-entry to practice plan by imposing conditions on your registration or accepting an undertaking from you.

The Board will require your supervisor/s to confirm that you have complied with the plan for professional development and for re-entry to practice. Before releasing you from the obligations of the plan, the Board may ask your supervisor to confirm that your practice is of a sufficient standard to satisfy the Board that you do not require additional supports.

### **Auditing a practitioner's plan for professional development and for re-entry to practice**

The Board may audit your compliance with the plan for continuing professional development and for re- entry to practice at any time.

### **Authority**

The Podiatry Board of Australia (the Board) has developed these guidelines under section 39 of the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).

Guidelines approved by the Board may be used as evidence of what constitutes appropriate professional conduct or practice for podiatry in proceedings against a health practitioner under the National Law, or a law of a co-regulatory jurisdiction.