



## Public consultation on draft revised registration standards and relevant guidelines

19 May 2014

### Responses to consultation questions

Please provide your feedback as a Word document (not PDF) by email to [podiatryconsultation@ahpra.gov.au](mailto:podiatryconsultation@ahpra.gov.au) by close of business on 14 July 2014.

#### Stakeholder Details

<b>Organisation name</b>
Australasian Podiatry Council
<b>Contact information</b> <i>(please include contact person's name and email address)</i>

#### Your responses to the consultation questions

<b>Registration standard: Professional indemnity insurance arrangements</b> <i>Please provide your responses to any or all questions in the blank boxes below</i>
1. From your perspective how is the current Professional indemnity insurance (PII) arrangements registration standard working?
Fine; though there is sometimes confusion about the level of coverage required when working for specialist organisations (such as DVA) and the difference between professional and personal indemnity insurance.
2. Is the content and structure of the draft revised registration standard helpful, clear, relevant and more workable than the current registration standard?
Yes.
3. Is there any content that needs to be changed or deleted in the draft revised registration standard?
No.
4. Is there anything missing that needs to be added to the draft revised registration standard?

**Registration standard: Professional indemnity insurance arrangements**

*Please provide your responses to any or all questions in the blank boxes below*

Clear acknowledgment that some external employers may require a higher degree of PII coverage for practitioners claiming under their schemes (again, such as DVA) and that practitioners must seek this information for themselves.

5. Do you have any other comments on the draft revised registration standard?

No.

6. Do you think that that the current review period of at least every three years should be maintained or would an alternative period be appropriate e.g. five years, with the option to review earlier if the need arises?

Three years is sufficient.

**Registration standard: Continuing professional development (CPD)**

*Please provide your responses to any or all questions in the blank boxes below*

7. From your perspective how is the current CPD registration standard working?

Practitioners have on occasion expressed confusion about the division of CPD hours into categories, and how to justify their hours to these categories. There has also been frustration at the need to review CPR certificates every year, as opposed to every two/three years, as other professionals may be able to. Furthermore, there is no allowance for public practitioners who already complete CPR through their hospital training.

There should be an option for CPD hours to be accumulative over three years (rolling) so as not to disadvantage people taking time off to travel, start families etc.

8. Is the content of the draft revised registration standard helpful, clear, relevant and more workable than the current registration standard?

Yes.

9. Is there any content that needs to be changed or deleted in the draft revised registration standard?

No.

10. Is there anything missing that needs to be added to the draft revised registration standard?

Further clarification on the categories of CPD and how practitioners must justify their hours as relating to these categories if it are not explicitly specified as to which category they belong.

11. Do you have any other comments on the draft revised registration standard?

No.

12. Do you think that that the current review period of at least every three years should be maintained or would an alternative period be appropriate e.g. five years, with the option to review earlier if the need arises?

Three years is sufficient.

**Guidelines on continuing professional development (CPD)**

*Please provide your responses to any or all questions in the blank boxes below*

13. From your perspective, how are the current guidelines on CPD working?

There has been confusion about the categories of CPD, which activities fit into each category and how practitioners may attribute hours to each category when it is not explicitly specified as to where they belong. There has also been frustration at the need to review CPR certificates every year, as opposed to every two/three years, as other professionals may be able to do.

14. Is the content of the draft revised guidelines helpful, clear, relevant and more workable than the current guidelines?

Yes.

15. Is there any content that needs to be changed or deleted in the draft revised guidelines?

No.

16. Is there anything missing that needs to be added to the draft revised guidelines?

Further clarification on the categories of CPD and how practitioners must justify their hours as relating to these categories if it are not explicitly specified as to which category they belong.

17. Do you have any other comments on the draft revised guidelines?

No.

**Registration standard: Recency of practice (ROP)**

*Please provide your responses to any or all questions in the blank boxes below*

18. From your perspective how is the current Recency of practice registration standard working?

We are not aware of any problems.

19. Is the content of the draft revised registration standard helpful, clear, relevant and more workable than the current registration standard?

Yes.

20. Is there any content that needs to be changed or deleted in the draft revised registration standard?

No.

21. Do you have any comments on the minimum practice requirements in the draft revised registration standard?

No.

**Registration standard: Recency of practice (ROP)**

*Please provide your responses to any or all questions in the blank boxes below*

22. Do you think that the following alternative for minimum hours of practice would be better? (i.e without the option of 150 hours in the 12 month period prior to applying for registration or renewal of registration). Please provide the reason for your answer:

- *450 hours of practice in the three year period prior to applying for registration or renewal of registration*

We prefer the three year options, as younger practitioners often take time off to travel, start families etc.; however, are practitioners expected to compile evidence of all 450 hours (or even 150 hours) and, if so, what degree of proof is required? Would this add a significant administrative burden?

23. Is there anything missing that needs to be added to the draft revised registration standard?

No.

24. Do you have any other comments on the draft revised registration standard?

No.

25. Do you think that that the current review period of at least every three years should be maintained or would an alternative period be appropriate e.g. five years, with the option to review earlier if the need arises?

Three years is sufficient.

26. Do you have any comments on the draft *Guidelines about recency of practice?*

No.

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