

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

<b>Name of practitioner</b>	
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<b>Details of proposed employer</b> <i>(if applicable)</i>	<b>Name of employer:</b>	
	<b>Name of organisation:</b>	
	<b>Address:</b>	
	<b>Phone No. (BH):</b>	

<b>Proposed Role</b>	<b>Previous scope of practice:</b>	
	<b>Details of proposed scope of practice:</b>	
	<b>Description of employment:</b> <b>Include:</b> <ul style="list-style-type: none"> <li>• <b>hours of work</b></li> <li>• <b>Employee/contractor etc</b></li> </ul>	
<b>Please attach:</b>	<p>1. A CV in the AHPRA standard format detailing any gaps in your practice history of more than three months from the date you obtained your qualification (The AHPRA standard CV format guideline may be found under registration on the AHPRA website at <a href="http://www.ahpra.gov.au">www.ahpra.gov.au</a>)</p> <p>2. Written confirmation of job offer (if applicable) on the proposed employer's letterhead, signed and dated by an authorised person. Include a position description.</p>	

### Learning needs analysis

You should consider the knowledge and skills that are required for the position within which you are planning to practice in order to determine any gaps in your knowledge and skills. You should then develop a program to address your learning needs.

List any gaps in knowledge and skills and provide the measures to address these. For example, list general professional development activities, training or programs to be completed. Include goals to be achieved and expected outcomes and timeframes for achievement of goals. (Attach a separate sheet if insufficient space)			
Learning needs	How you will address these learning needs	Outcomes	Timeframe

**Professional development activities**

1. Provide details of any professional development activities you have undertaken in the 12 months prior to the submission of your plan.

The Board's *Guidelines for continuing professional development* (Guidelines) include information on recording CPD activities as well as a sample template for keeping a record of CPD activities. Details of any professional activities completed in the 12 months prior to the submission of your plan should be submitted in the format outlined in the Guidelines.

2. List the specific professional development activities that you will undertake in the next 12 months and note how they will address the gaps of your knowledge and skills.

(attach additional pages if more space is required).

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### ***Supervision and feedback***

When you return to work after a period of absence, the Board expects that you will have support and supervision for safe practice.

Please detail the following (attach additional pages if more space is required).

<b><i>Name and position of principal supervisor</i></b>

<b><i>Describe the proposed orientation to the workplace</i></b>

<b><i>Describe how the supervision will take place and the level of supervision that will be provided (eg direct, on-site/telephone)</i></b>

***How will your performance be monitored and reviewed? (eg log books, record reviews, audit,)***

***What is the anticipated date for completion of the-entry to practice plan?***

***What measures will be put in place if the learning needs are not satisfactorily met within the anticipated time frame, or there are concerns about safety to practise?***

## Practitioner and Supervisor Agreement

### Practitioner Statement:

I agree to abide by the plan for professional development and for re-entry to practice that has been approved by the Podiatry Board of Australia.

I agree that I am responsible for my own professional development and learning needs. I will work within my level of competence and will seek assistance when necessary. I will undertake professional development activities to enable me to overcome any deficiencies in my professional knowledge or skills.

I give permission for my supervisor to contact the Board if he or she has concerns about my professional performance.

<b>Practitioner Name:</b>	
<b>Practitioner Signature:</b>	
<b>Date:</b>	

### Supervisor Statement:

I agree to undertake the supervisory and support role outlined in the plan for professional development and for re-entry to practice that has been approved by the Podiatry Board of Australia.

I will notify the Board if I am concerned that the professional performance of \*\*..... is placing the public at risk and if I cannot provide the necessary supports to ensure the safety of the public.

I will report to the Board when \*\*..... has completed the plan for professional development and re-entry to practice and I will confirm whether or not \*\*..... is safe to practise independently in his or her current position.

\*\*Practitioner's name

<b>Supervisor Name:</b>	
<b>Supervisor registration No:</b>	
<b>Supervisor Signature:</b>	
<b>Date:</b>	