

Podiatry regulation at work in Australia

2014/15

Regulating podiatry practitioners in the National
Registration and Accreditation Scheme

Managing risk to the public
Regulating podiatry
practitioners



Podiatry
Board of Australia | AHPRA

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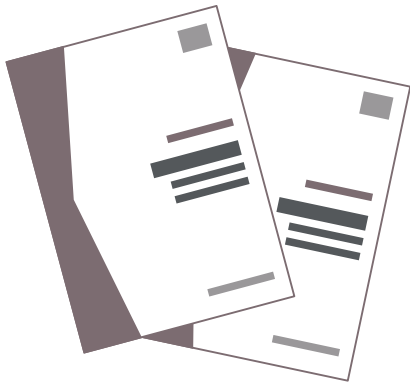
Highlights

Focus on building evidence base to inform regulatory decision-making in the future



Roundtable with key podiatry stakeholders

Animated video for students and new graduates produced



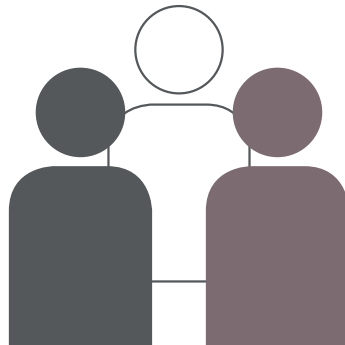
Finalised review of core registration standards and submitted to Ministerial Council for approval



4,386
registered podiatry practitioners in Australia on 30 June 2015

6.22%

increase in number of registered podiatry practitioners compared to 2013/14



32% of registered podiatry practitioners based in Victoria, **27%** based in New South Wales

37 notifications received about podiatry practitioners – **0.8%** of the registrant base

61% of notifications closed (excluding New South Wales) led to no further action

46.6% of podiatry practitioners are aged under 35

15 registered podiatry practitioners under active monitoring on 30 June 2015 – **six** due to suitability/eligibility, and three each due to performance, health and conduct

31% decrease in notifications about registered podiatry practitioners compared to 2013/14

31 notifications closed in 2014/15 (excluding New South Wales) – **55%** of these were closed following an assessment



Three immediate action cases

About this report

This report provides a profession-specific view of the Podiatry Board of Australia's work to manage risk to the public and regulate the profession in the public interest.

The Board has worked in close partnership with the Australian Health Practitioner Regulation Agency (AHPRA) to bring out the best of the National Registration and Accreditation Scheme (National Scheme) for all Australians.

The data in this report are drawn from data published in the 2014/15 [annual report](#) of AHPRA and the National Boards, reporting on the National Scheme.

This report looks at these data through a profession-specific lens. Wherever possible, historical data are provided to show trends over time, as well as comparisons between states and territories.

For completeness and wider context about the National Scheme, as well as analysis across professions, this report should be read in conjunction with 2014/15 [annual report](#) of AHPRA and the National Boards.

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Message from the Chair, Podiatry Board of Australia

Much of the Podiatry Board of Australia's (the Board) focus this year was on building an evidence base to inform our regulatory decision-making into the future. We used the following tools to gather information about this:

- ▶ The analysis of notifications received about podiatrists and podiatric surgeons since the start of the National Scheme to see if there are trends or themes that could inform future regulatory responses.
- ▶ A survey of registered podiatrists and podiatric surgeons to obtain information about podiatry practice in Australia, including emerging and future challenges for podiatry practice and regulation, and to identify areas where new regulatory standards, guidelines or policies may be required. The survey had the potential to identify issues not currently known by the Board.
- ▶ A roundtable with key podiatry stakeholders across Australia to discuss and explore issues relating to the podiatry profession from a range of perspectives, and to add to the evidence base to support the Board's regulatory decision-making. The three broad topics for discussion were: maintaining professional standards/competencies; endorsement for scheduled medicines; and challenges in podiatry education.

In 2015/16 we will analyse the information gathered and prioritise our regulatory work based on the identified areas of higher risk to the public, and will ensure that any regulatory response is evidence-based, appropriate and proportionate.

I would like to thank Mr Martin Fletcher, AHPRA CEO, and all of the AHPRA staff for their ongoing commitment in supporting and providing guidance to the Board. I would also like to thank our accreditation authority, the Australian and New Zealand Podiatry Accreditation Council (ANZPAC), which has made a significant contribution to the work of the Board through their independent and professional assessment and accreditation of podiatry courses.

I would also like to thank my fellow members of the Podiatry Board of Australia for their ongoing hard work and joint sense of purpose that has enabled the Board to deliver its regulatory functions effectively.



Ms Catherine Loughry
Chair, Podiatry Board
of Australia

Message from the Agency Management Committee Chair and the AHPRA CEO

The National Boards, with the support of AHPRA, maintain professional standards for practitioners and manage risk to patients. This past year we have seen huge steps taken to ensure we are fulfilling our core purpose of protecting the public in the most effective and efficient ways possible.

We have seen the introduction of new co-regulatory arrangements in Queensland this year, and the National Boards and AHPRA have built positive working relationships with the Office of the Health Ombudsman to ensure the protection of the health and safety of the Queensland public.

The National Boards have worked to help improve the experience of notifiers, and to ensure timely outcomes for notifiers and practitioners. This has resulted in a significant reduction in the time it takes AHPRA and the National Boards to assess notifications.

In July 2014 the National Boards and AHPRA launched refreshed regulatory principles that underpin our work in regulating Australia's health practitioners, in the public interest. The principles encourage a responsive, risk-based approach to regulation across all professions within the National Scheme.

A key strength of the National Scheme has been the regular interaction between all National Boards, particularly through their Chairs. This has facilitated cross-profession approaches to common regulatory issues, and cross-profession consultation and collaboration. The National Boards and AHPRA have continued to work closely together this year to test and implement new ways of doing things.

We have had some significant achievements during the past year, through the hard work and dedication of board and committee members, and AHPRA staff. More information is detailed in the 2014/15 [annual report](#) of AHPRA and the National Boards.



Mr Martin Fletcher
Chief Executive Officer,
AHPRA



Mr Michael Gorton AM
Chair, Agency
Management
Committee

Major outcomes/achievements 2014/15

Review of standards and guidelines

The Board finalised its review of the core registration standards that have been in place for the podiatry profession since the start of the National Scheme, and submitted revised registration standards (for professional indemnity insurance arrangements, continuing professional development and recency of practice) to the Ministerial Council for approval.

Registration standards

The following registration standards were approved in 2014/15:

- ▶ English language skills registration standard (*revised standard*)
- ▶ Criminal history registration standard (*revised standard*)
- ▶ Registration standard for specialist registration for the podiatry specialty of podiatric surgery.

Stakeholder engagement, professional standards

As part of the Board's ongoing engagement strategy, it held board meetings in Sydney (October 2014) and Perth (June 2015), and met with key stakeholders in these jurisdictions, including state associations and the Podiatry Council of New South Wales.

The Board hosted a forum for registrants in Perth (June 2015) and a roundtable discussion with key podiatry stakeholders (May 2015); presented to registrants at the Australasian Podiatry Council (APodC) National Conference (May 2015); and conducted a survey of registrants in early 2015.

The Board continued to meet at least quarterly with the APodC and ANZPAC, and annually with the Podiatrists Board of New Zealand, and published monthly communiqués and emailed newsletters to registrants in November 2014 and June 2015.

In May 2015 the Board published an animated video for students and new graduates which outlines what graduates need to do before they can register and practise as podiatrists; the ongoing obligations for podiatrists; and what they need to do to renew their registration each year.

Priorities for the coming year

One of the main priorities for the Board in the coming year will be to complete the review of the Board's endorsement for scheduled medicines registration standard and guidelines, which will involve wide-ranging public consultation on a proposed revised standard and guidelines.

Another focus for the Board will be infection prevention and control in podiatry practice. This was identified as an area of risk in the analysis that was undertaken in 2014/15 of notifications received about podiatrists and podiatric surgeons since the start of the National Scheme. To coincide with the publication of revised guidelines for infection prevention and control in early 2015, the Board will also publish messages about infection prevention and control in podiatry practice and an infection control self-audit tool that practitioners can use to audit their practice.

Board-specific registration, notifications, and monitoring and compliance data 2014/15

Registration

On 30 June 2015 there were 4,386 registered podiatry practitioners across Australia. This is an increase of 6.22% from the previous year. Victoria has the largest number of registered podiatry practitioners (1,391), followed by New South Wales (NSW) with 1,167 registrants. There were 2,043 registrants (46.6%) aged under 35.

Notifications

There were 37 notifications received in 2014/15 about 0.8% of the registrant base. Of the 37 notifications, 20 notifications were lodged outside of NSW.

It is important to note that for matters considered jointly by health complaints entities and AHPRA, only matters within the National Boards' jurisdiction have been included in this report. Note also that Queensland became a co-regulatory jurisdiction on 1 July in 2014, with the commencement of the Health Ombudsman Act. AHPRA only has access to data relating to matters referred by the Office of the Health Ombudsman. We are unable to report on all complaints about registered health practitioners in Queensland.

Of the 44 notifications closed in 2014/15, 31 notifications were managed outside of NSW. Of these notifications, 17 were closed after assessment, three were closed after a panel (two) or tribunal (one) hearing, and the remaining notifications were closed after an investigation (seven), or a health or performance assessment (four).

In 20 of the closed cases managed outside of NSW, the Board determined that no further action was required (19), or that the notification would be most appropriately handled by the health complaints entity that had received the notification (one). Five cases resulted in a caution; conditions were imposed on the practitioner's registration in five cases; and in one case the registration of the practitioner was cancelled.

A National Board has the power to take immediate action in relation to a health practitioner's registration at any time if it believes this is necessary to protect the public. This is an interim step that Boards can take while more information is gathered or while other processes are put in place.

Immediate action is a serious step. The threshold for the Board to take immediate action is high and is defined in section 156 of the National Law. To take immediate action, the Board must reasonably believe that:

- ▶ because of their conduct, performance or health, the practitioner poses a 'serious risk to persons' and that it is necessary to take immediate action to protect public health or safety, or
- ▶ the practitioner's registration was improperly obtained, or
- ▶ the practitioner or student's registration was cancelled or suspended in another jurisdiction.

In relation to students, the Board must reasonably believe that they:

- ▶ have been charged, convicted or found guilty of an offence punishable by 12 months' imprisonment or more, or
- ▶ have or may have an impairment, or
- ▶ have or may have contravened a condition on their registration or an undertaking given to the Board, and it is necessary to take action to protect the public.

Immediate action was initiated by the Board in three cases during the year; two cases in South Australia and one in Victoria. Integrated data for all professions including outcomes of immediate actions are published from page 36 in the 2014/15 [annual report](#) of AHPRA and the National Boards. More information about immediate action is published on our website under [Notifications](#).

Monitoring and compliance

AHPRA, on behalf of the National Boards, monitors health practitioners and students with restrictions placed on their registration, or with suspended or cancelled registration. By identifying any non-compliance with restrictions and acting swiftly and appropriately, AHPRA supports Boards to manage risk to public safety.

At 30 June 2015, there were 15 podiatry registrants under active monitoring.

Table POD1: Registrant numbers at 30 June 2015										
Podiatry practitioner	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP*	Total
2014/15	58	1,167	20	730	417	98	1,391	446	59	4,386
2013/14	52	1,076	17	698	394	98	1,318	427	49	4,129
% change from prior year	11.54%	8.46%	17.65%	4.58%	5.84%	0.00%	5.54%	4.45%	20.41%	6.22%

*Principal place of practice

Table POD2: Registered practitioners by age														
Podiatry practitioner	U - 25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80 +	Total
2014/15	398	912	733	583	576	431	346	221	112	36	22	9	7	4,386
2013/14	285	875	695	551	566	418	354	205	103	44	18	8	7	4,129

Table POD3: Notifications received by state or territory										
Podiatry practitioner	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2014/15			2	3		11	4	20	17	37
2013/14			12	7	3	12	7	41	13	54

Table POD4: Per cent of registrant base with notifications received, by state or territory										
Podiatry practitioner	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2014/15	0.0%	0.0%	0.3%	0.7%	0.0%	0.8%	0.9%	0.6%	1.5%	0.8%
2013/14			1.3%	1.8%	3.1%	0.9%	1.6%	1.2%	1.0%	1.2%

Table POD5: Immediate action cases by state or territory (excluding NSW)					
Podiatry practitioner	QLD	SA	TAS	VIC	Total
2014/15		2		1	3
2013/14	2			1	3

Table POD6: Notifications closed by state or territory										
Podiatry practitioner	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2014/15	0	0	9	5	3	11	3	31	13	44
2013/14	0	0	11	6	2	14	12	45	13	58

Table POD7: Stage at closure for notifications closed under the National Scheme (excluding NSW)		
Stage at closure	Total 2014/15	Total 2013/14
Assessment	17	25
Health or performance assessment	4	6
Investigation	7	12
Panel hearing	2	1
Tribunal hearing	1	1
Total	31	45

Table POD8: Outcome at closure for notifications closed under the National Scheme (excluding NSW)		
Outcome at closure	Total 2014/15	Total 2013/14
No further action	19	23
Health complaints entity to retain	1	8
Caution	5	7
Reprimand		1
Accept undertaking		3
Impose conditions	5	3
Cancel registration	1	
Total	31	45

Table POD9: Active monitoring cases at 30 June 2015, by state or territory (including NSW)					
Profession	Conduct	Health	Performance	Suitability / eligibility ¹	Total 2014/15
Podiatry practitioner	3	3	3	6	15

Note:

1. AHPRA performs monitoring of compliance cases for 'suitability/eligibility' stream matters for NSW registrations.

Keeping the public safe: monitoring

Health practitioners and students may have restrictions placed on their registration for a range of reasons including as a result of a notification, the assessment of an application for registration or a renewal of registration, or after an appeal lodged with a tribunal. Types of restrictions being monitored include:

Drug and alcohol screening – requirements to provide biological samples for analysis for the presence of specified drugs and/or alcohol.

Health – requirements to attend treating health practitioner(s) for the management of identified health issues (including physical and psychological/psychiatric issues).

Supervision – restrictions that allow the practice of a health profession to occur only under the supervision of another health practitioner (usually registered in the same profession).

Mentoring – requirements to engage a mentor to provide assistance, support and guidance in addressing issues, behaviours or deficiencies identified in skills, knowledge, performance or conduct.

Chaperoning – restrictions that allow patients generally, or specific groups of patients, to be treated or examined only when a suitable third party is present.

Audit – requirements for a health practitioner to submit to an audit of their practice, which may include auditing records and/or the premises from which they practise.

Assessment – requirements that a health practitioner or student submits to an assessment of their health, performance, knowledge, skill or competence to practise their profession.

Practice and employment – requirements that a practitioner or student does, or refrains from doing, something in connection with their practice of their profession (for example, restrictions on location, hours or scope of practice, or rights in respect of particular classes of medicines).

Education and upskilling – requirements to attend or complete a (defined) education, training or upskilling activity, including prescribed amounts of continuing professional development.

Character – requirements that a health practitioner or student remain of good character for a specified period of time (for example, that no further notifications are received regarding them).

A health practitioner or student may simultaneously have restrictions of more than one type and/or category in place on their registration at any time.

Statutory offences: advertising, practice and title protection

Concerns raised about advertising, title and practice protection during the year were managed by AHPRA's statutory compliance team.

Concerns raised about advertising during the year are reported on page 55 of the [2014/15 annual report](#) of AHPRA and the National Boards.

More detail about our approach to managing statutory offences is reported from page 54 of the [2014/15 annual report](#) of AHPRA and the National Boards.

Criminal history checks

Under the National Law, applicants for initial registration must undergo criminal record checks. National Boards may also require criminal record checks at other times. Applicants seeking registration must disclose any criminal history information when

they apply for registration, and practitioners renewing their registration are required to disclose if there has been a change to their criminal history status within the preceding 12 months.

While a failure to disclose a criminal history by a registered health practitioner does not constitute an offence under the National Law, such a failure may constitute behaviour for which the Board may take health, conduct or performance action. The criminal record check is undertaken by an independent agency, which provides a criminal history report. AHPRA may also seek a report from a police commissioner or an entity in a jurisdiction outside Australia that has access to records about the criminal history of people in that jurisdiction. The criminal history reports are used as one part of assessing an applicant's suitability to hold registration.

More detailed information about criminal record checks is published from page 32 of the [2014/15 annual report](#) of AHPRA and the National Boards.

Working across the professions

A key strength of the National Scheme is the regular interaction between National Boards. This has facilitated cross-profession approaches to common regulatory issues and supported joint consultation and collaboration.

While the National Scheme is a multi-profession scheme operating within a single statutory framework and with one supporting organisation (AHPRA), a range of regulatory approaches – which are tailored to professions with different risk profiles and professional characteristics – are being explored with National Boards.

Policy development to address the objectives and guiding principles of the National Law is an important part of AHPRA's support for National Boards, including development and review of registration standards, codes and guidelines, and the coordination of cross-profession policy projects such as a revised approach to international criminal history checks.

Standards, codes and guidelines

The core registration standards (English language skills, professional indemnity insurance, criminal history, recency of practice and continuing professional development) required under the National Law, together with each Board's code of conduct or equivalent, are the main way National Boards define the minimum *national* standards they expect of practitioners, regardless of where they practise in Australia.

Five core registration standards for all 14 health professions regulated under the National Scheme

- ▶ Continuing professional development
- ▶ Criminal history
- ▶ English language skills
- ▶ Professional indemnity insurance arrangements
- ▶ Recency of practice.

National Boards have developed common guidelines for advertising regulated health services and for mandatory notifications. Most National Boards have a similar code of conduct. This commonality facilitates the National Law's guiding principles of efficiency, effectiveness and fairness. It also helps consumers to understand what they can expect from their health practitioners.

The standards, together with the code of conduct and guidelines developed by National Boards to provide guidance to the professions, bring consistency across geographic borders; make the Boards' expectations clear to the professions and the community; and help inform Board decision-making when concerns are raised about practitioners' conduct, health or performance. An approved registration standard, code or guideline

may be used in disciplinary proceedings as evidence of what constitutes appropriate professional conduct for the profession.

Our work on professional standards in 2014/15

During 2014/15, there were 15 public consultations undertaken by National Boards on 17 registration standards and 13 guidelines.

All National Boards consulted on draft guidelines for the regulatory management of registered health practitioners and students infected with blood-borne viruses. The consultation was open from July to September 2014. A Twitter chat was held on this consultation.

A number of registration standards for the 14 currently regulated health professions were submitted for approval by the Australian Health Workforce Ministerial Council (AHWMC) during 2014/15, in accordance with the National Law.

The revised criminal history registration standard for all 14 Boards and the revised English language skills registration standard for 13 Boards were approved by the AHWMC in March 2015, as well as standards and guidelines for some of the individual Boards.

This work has focused on continuing to build the evidence base for National Board policy and reviewing the structure and format of registration standards, guidelines and codes consistent with good practice.

See Appendix 3 of the 2014/15 [annual report](#) of AHPRA and the National Boards for a full list of registration standards approved by Ministerial Council during 2014/15.

Stakeholder engagement and improving our communications

The National Boards and AHPRA continue to work closely with two external advisory groups, the Community Reference Group and the Professions Reference Group. Communiqués from both groups are published on the AHPRA website after each meeting. Both groups provide feedback on how we can continue improving the way we communicate so that we can engage more effectively with our stakeholders.

AHPRA refreshed the homepages across all 15 National Board and AHPRA websites to make

important information easier to find, and included new information for employers and practitioners as tabs on the login window. Following feedback from the Community Reference Group, AHPRA included the *Register of practitioners* search on the homepage, and introduced brightly coloured 'tiles' to highlight important topics.

The National Boards and AHPRA continue to strengthen work with governments on matters of shared interest relevant to the National Scheme. The work with governments covers a broad spectrum of activities, including contributing to public and regulatory policy development through making joint AHPRA and National Board submissions as much as possible to government consultations, including the independent review of the operation of the National Scheme. We also brief health ministers on local and national issues relevant to the regulation of health practitioners in Australia, and raise issues with, and receive the collective views of, the Australian Health Ministers' Advisory Council's (AHMAC) Health Workforce Principal Committee (HWPC) on draft regulatory policies, guidelines and standards, and other matters to inform advice to health ministers.

This year the National Boards and AHPRA have strengthened partnerships with regulatory counterparts, including health complaints entities, co-regulatory bodies and accreditation councils, to ensure more consistent and effective regulatory decision-making and outcomes that are responsive to the national and local environment, and we learn from and share our experience with international regulators.

Establishing a shared set of regulatory principles

In July 2014 the National Boards and AHPRA launched refreshed regulatory principles that underpin our work in regulating Australia's health practitioners, in the public interest. The principles encourage a responsive, risk-based approach to regulation across all professions within the National Scheme.

We invited feedback on the principles in a formal consultation, which included surveying members of the public and practitioners, as well as board and committee members, and AHPRA staff. The response to the surveys was overwhelming, with more than 800 members of the public providing feedback to the online survey, in addition to more than 140 board/committee members and AHPRA staff members. The vast majority of respondents supported the principles. In the coming year we will continue to work to embed the regulatory principles in all that we do.

The regulatory principles are set out in Appendix 1 of the 2014/15 [annual report](#) of AHPRA and the National Boards.

Collaboration to improve accreditation

The National Boards, AHPRA and the accreditation authorities have worked collaboratively to identify opportunities for improvement, aspects of accreditation that need greater consistency of approach (such as reporting of accreditation decisions), as well as areas within accreditation that lend themselves to cross-professional approaches. Steady progress continues and further cross-profession initiatives – such as work on inter-professional learning and embedding models for simulated learning environments in clinical training – are being implemented or are planned, with the aim of further demonstrating good practice in accreditation of health profession education. The Accreditation Liaison Group (ALG) is the primary vehicle for collaboration on accreditation.

Managing risk through improved international criminal history checks

In February 2015 a new procedure for checking international criminal history, which provides greater public protection, was introduced.

Under the National Law, National Boards must consider the criminal history of an applicant who applies for registration, including any overseas criminal history. The new approach requires certain applicants and practitioners to apply for an international criminal history check from an AHPRA-approved supplier.

More than 4,200 international criminal history checks across the 14 health professions were undertaken since the procedure changed. From these, 10 positive criminal history results were identified. When a positive criminal history is identified, the National Board or its delegate considers whether the health practitioner's criminal history is relevant to the practice of their profession.

Members of the Podiatry Board of Australia in 2014/15

Ms Catherine Loughry (Chair)
Mr Ebenezer Banful
Dr Paul Bennett
Mr Mark Bodycoat
Associate Professor Laurie Foley
Mr Mark Gilheany
Ms Ann Herriot
Mrs Anne-Marie Hunter
Dr Paul Tinley
Ms Annabelle Williams

During 2014/15, the Board was supported by
Executive Officer Jenny Collis.

More information about the work of the Board is
available at: www.podiatryboard.gov.au

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Via the online enquiry form at the AHPRA website:

www.ahpra.gov.au

Annual report and summaries online:

www.ahpra.gov.au/annualreport

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Thank you to all AHPRA contributors.

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