



28 February 2010

The Hon John Hill MP
Chair, Australian Health Workforce Ministerial Council
Minister for Health
GPO Box 2555
ADELAIDE SA 5001

Dear Minister

Proposals for Ministerial Council approval

I am pleased to submit the attached revised proposals from the Podiatry Board of Australia on mandatory registration standards, specialist registration and an endorsement for scheduled medicines for the Ministerial Council's approval.

The proposals for registration standards, specialist registration and a scheduled medicines endorsement are submitted in line with schedule 7, clause 30 of the *Health Practitioner Regulation National Law Act 2009* (Qld) (the National Law) for approval by the Ministerial Council under sections 12, 13 and 14 respectively of the National Law.

The proposals submitted relate to:

- criminal history registration standard
- English language requirements registration standard
- professional indemnity insurance arrangements registration standard
- continuing professional development registration standard
- recency of practice registration standard
- specialist registration, and
- endorsement for scheduled medicines.

Common minimum registration standards across all boards are proposed for criminal history matters and English language requirements.

The proposals have been subject to wide-ranging consultation as required in relation to registration standards, section 40 of the National Law. Comments have been received from the health sector, governments and other stakeholders. The Board received supportive advice from the Heads of all health departments across Australia on the matters under consideration.

I advise that the development of the proposals has been consistent with the Australian Health Practitioner Regulation Agency's *Procedures for Development of Registration Standards* which the Agency issued under section 20(1)(a) of the *Health Practitioner Regulation (Administrative Arrangements) National Law Act 2008* (Qld).

Scheduled medicines endorsement

With respect to the Board's proposed arrangements for scheduled medicines endorsement, the proposals contain the Board's proposed Registration standard for scheduled medicines endorsement, for approval by the Ministerial Council. There is also background information which provides some additional details of how the Board proposes to administer the endorsement arrangements, in order to ensure safe and effective prescribing practice by scheduled medicines endorsed podiatrists.

The Board requests that the Ministerial Council decide, in accordance with section 14 of the National Law, that the Podiatry Board of Australia may endorse the registration of suitably qualified podiatrists as qualified to administer, obtain, possess, prescribe, sell, supply or use Schedule 2, 3, 4 and 8 medicines for the treatment of podiatric conditions. The Ministerial Council is requested to approve an endorsement in relation to scheduled medicines, under section 14(2) of the National Law, along the following lines:

Class of health practitioners (section 14(2)(a)):

Any person registered as a podiatrist under the National Law whose registration has been endorsed by the Podiatry Board of Australia under section 94 as qualified to administer, obtain, possess, prescribe, sell, supply or use Schedule 2, 3, 4 and 8 medicines for the treatment of podiatric conditions.

Class of scheduled medicines (section 14(2)(b)):

Any Schedule 2, 3, 4 or 8 medicine used in the treatment of podiatric conditions included in a list of scheduled medicines approved by the Podiatry Board of Australia and published on the Board's website at the following address: www.podiatryboard.gov.au

Type of use (section 14(2)(c)):

Administer, obtain, possess, prescribe, sell, supply or use.

These elements are incorporated into the Board's proposed registration standard for scheduled medicines endorsement that is also submitted to the Ministerial Council for approval, under section 12 of the National Law.

The Board has not yet established an approved list of scheduled medicines, but intends that the list would reflect the scheduled medicines currently available for podiatric use in at least one jurisdiction. The Board intends to consult widely on its proposed list of scheduled medicines, including with jurisdictions and other stakeholders. In addition, the Board has taken into account the establishment of the AHMAC Working Group on non-medical prescribing, and recognises the potential implications that the work of this group is likely to have on the scope of the scheduled medicines endorsement. The Board is also considering

establishing a Scheduled Medicines Advisory Committee to provide the necessary advice in managing the endorsement arrangements.

The Board looks forward to receiving the approval of the Ministerial Council for the attached registration standards under section 12 of the National Law, approval as a health profession for which specialist recognition operates under section 13(1)(c) of the National Law, approval for the list of specialties and specialist titles under section 13(2) of the National Law and approval of a scheduled medicines endorsement under Section 14 of the National Law.

Yours sincerely

A handwritten signature in black ink, appearing to read 'J Warnock', with a large, stylized initial 'J'.

Jason Warnock
Chair
Podiatry Board of Australia



Revised Proposals to the Australian Health Workforce Ministerial Council on registration standards and related matters

1 Mandatory registration standards

1.1 Criminal history

Podiatry Board of Australia Criminal history standard

Summary

In deciding whether a health practitioner's criminal history is relevant to the practice of their profession, the Board will consider the 10 factors set out in this standard. While every case will need to be decided on an individual basis, these 10 factors provide the basis for the Board's consideration.

Scope of application

This standard applies to all applicants and all registered health practitioners. It does not apply to students.

Requirements

In deciding whether a health practitioner's criminal history is relevant to the practice of their profession, the Board will consider the following factors.

1. The nature and gravity of the offence or alleged offence and its relevance to health practice.

The more serious the offence or alleged offence and the greater its relevance to health practice, the more weight that the Board will assign to it.

2. The period of time since the health practitioner committed, or allegedly committed, the offence.

The Board will generally place greater weight on more recent offences.

3. Whether a finding of guilt or a conviction was recorded for the offence or a charge for the offence is still pending.

In considering the relevance of the criminal history information, the Board is to have regard to the type of criminal history information provided. The following types of criminal history information are to be considered, in descending order of relevance:

- (a) convictions
- (b) findings of guilt
- (c) pending charges
- (d) nonconviction charges; that is, charges that have been resolved otherwise than by a conviction or finding of guilt, taking into account the availability and source of contextual information which may explain why a nonconviction charge did not result in a conviction or finding of guilt.

4. The sentence imposed for the offence.

The weight the Board will place on the sentence will generally increase as the significance of the sentence increases, including any custodial period imposed. The Board will also consider any mitigating factors raised in sentencing, where available, including rehabilitation.

5. The ages of the health practitioner and of any victim at the time the health practitioner committed, or allegedly committed, the offence.

The Board may place less weight on offences committed when the applicant is younger, and particularly under 18 years of age. The Board may place more weight on offences involving victims under 18 years of age or other vulnerable persons.

6. Whether or not the conduct that constituted the offence or to which the charge relates has been decriminalised since the health practitioner committed, or allegedly committed, the offence.

The Board will generally place less or no weight on offences that have been decriminalised since the health

practitioner committed, or allegedly committed, the offence.

7. The health practitioner's behaviour since he or she committed, or allegedly committed, the offence.

Indications that the offence was an aberration and evidence of good conduct or rehabilitation since the commission, or alleged commission of the offence, will tend to be a mitigating factor. However, indications that the offence is part of a pattern of behaviour will tend to have the opposite effect.

8. The likelihood of future threat to a patient of the health practitioner.

The Board is likely to place significant weight on the likelihood of future threat to a patient or client of the health practitioner.

9. Any information given by the health practitioner.

Any information provided by the health practitioner such as an explanation or mitigating factors will be reviewed by the Board and taken into account in considering the health practitioner's criminal history.

10. Any other matter that the Board considers relevant.

The Board may take into account any other matter that it considers relevant to the application or notification. A Board will not require an applicant or registered health practitioner to provide further information that may prejudice their personal situation pending charges and the Board must not draw any adverse inference as a result of the fact that information has not been provided.

Note: the above factors have been numbered for ease of reference only. The numbering does not indicate a priority order of application.

Definitions

Criminal history is defined in the National Law as:

- every conviction of the person for an offence, in a participating jurisdiction or elsewhere, and whether before or after the commencement of this Law,
- every plea of guilty or finding of guilt by a court of the person for an offence, in a participating jurisdiction or elsewhere, and whether before or after the commencement of this Law and whether or not a conviction is recorded for the offence
- every charge made against the person for an offence, in a participating jurisdiction or elsewhere, and whether before or after the commencement of this Law.

Under the National Law, spent convictions legislation does not apply to criminal history disclosure requirements.

Review

This standard will commence on 1 July 2010. The Board will review this standard at least every three years.

1.2 English language skills

Podiatry Board of Australia English language skills standard

Summary

All applicants must be able to demonstrate English language skills at IELTS academic level 7 or the equivalent, and the Board may require this in a number of ways.

An internationally qualified applicant or an applicant who did not complete their secondary education in English must demonstrate that they have the necessary English language skills for registration purposes by achieving the required minimum score in each component of the IELTS academic module, OET or specified alternatives (see 'Definitions', below).

Test results will generally need to be obtained within two years prior to applying for registration. The Board may grant an exemption in specified circumstances.

Scope of application

This standard applies to all applicants for initial registration. It does not apply to students.

Requirements

1. An applicant who is
 - an internationally qualified applicant or
 - an applicant who did not undertake and complete their secondary education in English and in one of the countries specified in Exemption 1 belowmust submit evidence of secondary education, or arrange for evidence to be provided (in the case of test results), to the relevant Board of competency in English language skills as demonstrated by having completed the following tests of English language proficiency:
 - (a) the IELTS examination (academic module) with a minimum score of 7 in each of the four components (listening, reading, writing and speaking)
 - (b) completion and an overall pass in the OET with grades A or B only in each of the four components.
2. Results must have been obtained within two years prior to applying for registration.
3. An IELTS or OET Test Report Form more than two years old will be accepted as current if accompanied by proof that a candidate has actively maintained employment as a registered health practitioner using English as the primary language of practice in a country where English is the native or first language. Test results must comply with the current requirements of this policy.
4. Results from any of the abovementioned English language examinations must be obtained in one sitting.
5. The applicant is responsible for the cost of English tests.
6. The applicant must make arrangements for test results to be provided directly to the Board by the testing authority; for example, by secure internet login.

Exemptions

1. The Board may grant an exemption from the requirements where the applicant provides evidence that:
 - (a) they undertook and completed secondary education that was taught and assessed in English in one of the countries listed below where English is the native or first language, and
 - (b) the applicant's tertiary qualifications in the relevant professional discipline were taught and assessed in English in one of the countries listed below, where English is the native or first language:
 - Australia
 - Canada
 - New Zealand
 - Republic of Ireland
 - South Africa
 - United Kingdom
 - United States of America.

2. The Board may grant an exemption where an applicant applies for limited registration in special circumstances, such as:
 - (a) to perform a demonstration in clinical techniques
 - (b) to undertake research that involves limited or no patient contact
 - (c) to undertake a period of postgraduate study or supervised training while working in an appropriately supported environment that will ensure patient safety is not compromised.

These special circumstances exemptions will generally be subject to conditions requiring supervision by a registered health practitioner and may also require the use of an interpreter.

3. The Board reserves the right at any time to revoke an exemption and/or require an applicant to undertake a specified English language test.

Definitions

IELTS means the International English Language Testing System developed by the University of Cambridge Local Examinations Syndicate, The British Council and IDP Education Australia (see <http://www.ielts.org/>).

OET means Occupational English Test (OET) administered by the Centre for Adult Education (see <http://www.occupationalenglishtest.org/>).

An **internationally qualified applicant** means a person who qualified as a health practitioner outside Australia.

One sitting means the period of time set by the testing authority for completion of the test. For example, IELTS states that the listening, reading and writing components of the test are always completed on the same day. Depending on the test centre, the Speaking test may be taken up to seven days either before or after the test date.

Review

This standard will commence on 1 July 2010. The Board will review this standard at least every three years.

1.3 Professional indemnity insurance

Podiatry Board of Australia

Professional indemnity insurance arrangements standard

Summary

A registered podiatrist is required to have adequate insurance for his or her area of practice, unless exempted by the Board from the requirement to be insured or indemnified in a manner and to an extent approved by the Board against civil liabilities that might be incurred by the podiatrist in connection with the provision of podiatric services. A podiatrist seeking annual renewal will be required to declare that he or she will not practise unless covered by insurance for all aspects of his or her practice. The declaration may be subject to an audit.

Scope of application

This standard applies to all applicants for registration or renewal and registered practitioners. It does not apply to students and practitioners who have nonpractising registration.

Requirements

1. Practising podiatrists are required to have professional indemnity insurance (PII) that is adequate for their level of podiatric practice (a minimum of \$5 million). Podiatrists practise in different settings and employment or contractual arrangements. Each podiatrist must be insured or indemnified for each context in which they practise. A policy should include one automatic reinstatement.
2. If a podiatrist is specifically precluded from cover for any aspect of practice under their indemnity or insurance arrangements, they must not practise in that area. Practising without appropriate and adequate cover is a breach of the legal requirements for registration and will be viewed as professional misconduct.
3. At annual renewal, a podiatrist must complete a declaration that confirms their compliance with this standard.
4. The requirement for all practising podiatrists to hold appropriate PII applies both to podiatrists in private practice and to employed podiatrists, whether in the private or public sector.
5. For private practice, the podiatrist must retain relevant records and, if required by the Board, provide written advice from an approved insurer or insurance broker that PII has been issued or that a premium has been paid and accepted for the issue of professional indemnity insurance. Generally this will be in the form of a certificate of currency.
6. For practice in employment, podiatrists whose insurance cover is provided by their employer are required to retain documentary evidence of their insurance where such documentation is provided by their employer but are not required to seek such documentation where it is not automatically provided to them. Podiatrists who do not have such documentation may be required by the Board to seek documentation from their employer in a limited number of circumstances (such as in the handling of a notification).
7. Podiatrists subject to this standard are also required to have run-off cover.
8. When practitioners assess whether they have the appropriate PII arrangements in place, the Board encourages them to consider:
 - (a) the practice setting and the type of services or care delivered
 - (b) the patient or client group
 - (c) advice from professional indemnity insurers, professional associations and unions
 - (d) current employment status.
9. Practice contexts and the usual nature of insurance cover include:
 - (a) private practice — PII
 - (b) employment in the public sector or in contractual arrangements — coverage under a master policy, self-insurance scheme or legislation
 - (c) other indemnified employer — employee or in contractual arrangement with a nongovernment employer (e.g. a university) who holds the appropriate insurance to cover the practitioner.

Definitions

Professional indemnity insurance arrangements means arrangements that secure for the practitioner insurance against civil liability incurred by, or loss arising from, a claim that is made as a result of a negligent act, error or omission in the conduct of the practitioner. This type of insurance is available to practitioners and organisations across a range of industries and covers the costs and expenses of defending a legal claim, as well as any damages payable. Some government organisations, under policies of the owning government, are self-insured for the same range of matters

Run-off cover means insurance that protects a practitioner who has ceased a particular practice or business against claims that arise out of activities which occurred when he or she was conducting that practice or business. This type of cover may be included in a PII policy or may need to be purchased separately.

Notification means a notification to the Australian Health Practitioner Regulation Agency under the National Law; for example, a notification complaining about the conduct of a health practitioner.

Review

This standard will commence on 1 July 2010. The Board will review this standard at least every three years.

1.4 Continuing professional development

Podiatry Board of Australia

Continuing professional development standard

Summary

All practising podiatrists must undertake continuing professional development (CPD). This standard sets out the minimum requirements for CPD for podiatrists.

Consumers of podiatric services have the right to expect that podiatrists will provide services in a competent and contemporary manner that meets best practice standards. Continuing professional development (CPD) is an interactive process to maintain, enhance and extend the practitioner's knowledge, expertise and competence throughout his or her career. CPD is an important component in the continued provision of safe and effective services.

Scope of application

This standard applies to all registered practitioners. It does not apply to students and practitioners who have nonpractising registration.

Requirements

1. All practising podiatrists must :
 - (a) complete 20 hours of CPD per year; and
 - (b) hold a current cardiopulmonary resuscitation (CPR) certificate that includes management of anaphylaxis and use of an Automated External Defibrillator from an Approved Training Organisation.
2. In addition, registered podiatrists with scheduled medicine endorsements must complete an additional 10 hours of CPD per year related to this scope of practice which complies with the requirements of the Board.
3. Podiatric surgeons must also:
 - (a) complete an additional 20 hours of CPD per year related to this scope of practice as described in CPD guidelines issued by the Board, and
 - (b) hold a current certificate in advanced life support from an approved training organisation.
4. Applicants who are registered part-way through a registration period must complete 5 hours of CPD for every three months of registration remaining in the registration period plus the CPR requirements in 1(b) above.
5. CPD activities should be relevant to the practitioner's area of professional practice and have clear learning aims and objectives that meet the individual's requirements. CPD activities should also have a focus on aspects of podiatry practice.
6. Practitioners must keep written documentation of their CPD activities (a CPD portfolio) for a five-year period. The documentation must be available for audit by the Board.
7. Practitioners will be required to make a declaration of compliance with this standard when renewing their registration each year.
8. The Board will conduct an annual audit of compliance with this standard by requiring a percentage of practitioners to submit evidence of their CPD activities.

Exemptions

1. The Board may grant an exemption from the CPD requirements in exceptional circumstances.
2. The Board recognises that not all podiatrists transitioning to the national registration have been subject to CPD requirements. Accordingly, the initial period for complying with the requirements in points 1–4 above will be from 1 July 2010 until 30 November 2011 (i.e. the Board will apply the standard to applications for renewal from November 2011).

Definitions

Advanced life support is basic life support with the addition of invasive techniques (e.g. defibrillation, advanced airway management, intravenous access and drug therapy) (Australian Resuscitation Council).

Approved training organisation means a training organisation approved by the Board.

Basic life support is the preservation or restoration of life by the establishment of and/or the maintenance of airway, breathing and circulation and related emergency care (Australian Resuscitation Council).\

Cardiopulmonary resuscitation is the technique of rescue breathing combined with chest compressions, to temporarily maintain circulation to preserve brain function until specialised treatment is available (Australian Resuscitation Council).

Continuing professional development is the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives.

References

Podiatry Board of Australia guidelines on CPD will be available on the Board's website.

Review

This standard will commence on 1 July 2010. The Board will review this standard at least every three years.

1.5 Recency of practice

Podiatry Board of Australia Recency of practice standard

Summary

To be able to practise competently and safely, podiatrists must have recent practice in the fields in which they intend to work during the period of registration for which they are applying.

The specific requirements for recency depend on the field of practice, the level of experience of the practitioner and the length of absence from the field.

Practitioners who cannot meet this recency standard will be required to submit a plan for re-entry to practice for the Board's consideration and may be required to complete specific education and/or assessment and may be required to work under supervision or oversight before being granted unrestricted registration.

Scope of application

This standard applies to all applicants for registration or renewal who have not practised for more than 12 months.

Requirements

1. For podiatrists returning to practice within their previous field, provided they have at least two years' experience prior to the absence:
 - (a) Absence less than one year — no specific requirements to be met before recommencing practice.
 - (b) Absence between one and three years — complete a minimum of one year's quota of continuing professional development activities in the 12 month period prior to returning to practice relevant to the intended scope of practice prior to recommencement designed to maintain and update knowledge, clinical judgement and technical skills.
 - (c) Absence greater than three years – provide a plan for professional development and for re-entry to practice to the Board for consideration.
2. Podiatrists returning to practice after an absence of 12 months or longer, and who have had less than two years' experience prior to the absence will have conditions placed on their registration to facilitate their return to safe professional practice.
3. For the purposes of this standard, practice is recognised if the podiatrist held a valid registration with a podiatry regulatory authority in the jurisdiction where the hours were worked (in Australia or overseas); and
 - (a) the role involved the use of podiatry knowledge and skills in some capacity; or
 - (b) the time was spent undertaking postgraduate education leading to an award or qualification that is relevant to the practice of podiatry.
4. The Board will monitor recency of practice by including a recency of practice question on the annual renewal form.
 - (a) Registered podiatrists must be able to substantiate their responses with evidence if requested by the Board. Evidence of practice must be kept for five years.
 - (b) An audit process that detects noncompliance with the standard will initiate followup from the Board requesting evidence or demonstration of maintenance of skills and knowledge to practise competently during the relevant period.
 - (c) Where such evidence cannot be produced, the podiatrist may be required to undertake a competency assessment, further study or a supervised clinical placement to demonstrate competence. The Board may also place conditions on the podiatrist's registration. This may include limitation of registration, clinical area of practice, and supervision.

Definitions

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. For the purposes of this registration standard, practice is not restricted to the provision of direct clinical care. 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.

Recency of practice means that a practitioner has maintained recent practice in the profession since qualifying or obtaining registration.

Review

This standard will commence on 1 July 2010. The Board will review this standard at least every three years.

2 Specialist registration

The National Law provides for boards to establish specialist registration with Ministerial Council approval. This involves two steps that the Board is progressing simultaneously:

- Ministerial Council approval of a profession as a profession for which specialist recognition operates under the law (except for medicine and dentistry, which will be specified in the legislation)
- Ministerial Council approval of a list of specialties for the profession (podiatric surgery).

2.1 Approval as a health profession for which specialist recognition operates

Podiatry should be approved as a health profession for which specialist recognition operates for the following reasons.

Existing specialist recognition

Podiatric surgeons are an existing specialty of podiatry. To perform surgery, podiatrists complete extensive specialised postgraduate training and education in podiatric medicine and surgery; they are qualified to manage bone, joint, ligament, muscle and tendon pathology of the foot and ankle. There are 22 podiatric surgeons in Australia and 18 registrars participating in the Australasian College of Podiatric Surgery (ACPS) training program. In addition, there is a postgraduate course at the University of Western Australia – the Doctor of Clinical Podiatry.

Specialist registration of podiatric surgeons currently occurs in two states (South Australia and Western Australia). In the Australian Capital Territory, the *Health Professionals Act 2004* (ACT) also provides for specialist registration of health practitioners. There is no specialist register in other jurisdictions. The podiatry regulation authority in each of the jurisdictions without specialist registers [Tasmania, Victoria, New South Wales and Queensland] formally recognises the extended scope of practice of podiatric surgery through board policy. Registered podiatrists who comply with the requirements of the board's policy on podiatric surgery are able to practice this extended scope of practice in the jurisdiction.

Podiatric surgeons are recognised as accredited podiatrists, under the *Health Insurance Act 1973* (Cwlth). A register of Commonwealth accredited podiatrists exists for podiatrists who are accredited for the purposes of the *Health Insurance Act 1973*.

Protection of the public

Podiatric surgery is recognised by the podiatry profession as an extended scope of podiatric practice. Podiatric surgeons undertake complex and high-risk surgical procedures that can only be safely performed by practitioners with specialist training and skills. The specific risks and complexity of podiatric surgery require particular safeguards for the public.

Specialist registration for podiatric surgeons would protect public safety by ensuring that the title of podiatric surgeon is only used by practitioners with the necessary experience and skills to safely undertake these surgical procedures on the foot and ankle. This will enable patients to easily identify podiatrists with specialist skills in foot and ankle surgery and to seek and receive care from appropriately skilled practitioners who specialise in podiatric conditions. It would also assist the Board's regulation of the practice of podiatric surgeons.

If podiatric surgeons are not recognised as a specialty of podiatry, then the protection of public safety could be reduced, because the title will no longer be protected or recognised in jurisdictions where the specialty is currently recognised.

Impact on the workforce

Recognising podiatric surgeons as a specialty under the proposed National Law has benefits for the podiatric workforce by providing interprofessional recognition for extended scope of practice. This supports career structures which will encourage podiatrists to develop specialist skills and improve the retention of highly skilled podiatrists in the health workforce.

Current program of study

Three State and Territory podiatrist registration boards recognise the Australasian College of Podiatric Surgeons (ACPS) program as a requirement for specialist registration as a podiatric surgeon.

- The Podiatry Registration Board of South Australia recognises a Fellowship of the Australasian College of Podiatric Surgeons as the qualification for specialist registration.
- The *Podiatrists Regulations 2006* (WA) provide that the following qualifications are prescribed qualifications for the specialty of podiatric surgeon:
 - Master of Science (Podiatry) from Curtin University of Technology and member of, or eligible for membership of, ACPS
 - Master of Podiatry from Curtin University of Technology and member of, or eligible for membership of, ACPS
 - Doctor of Clinical Podiatry from the University of Western Australia.
- The *Health Professionals Regulation 2004* (ACT) provides that to practise as a podiatric surgeon, a person must be unconditionally registered as a podiatrist and either be a fellow of the ACPS or eligible for fellowship.

If the Ministerial Council agrees to specialist recognition for podiatric surgery under the National Law, these programs of study will transition to the national scheme under the transition provisions in the new law.

To attain a fellowship of the ACPS, a podiatrist must complete an extensive training program. The ACPS training program has been regularly reviewed by the Australasian Podiatry Council.

Prerequisites for admission into the ACPS training program include:

- an accredited degree in podiatry (four years equivalent)
- a minimum of two years of postgraduate podiatric clinical practice
- enrolment in an accredited master's degree (Accredited master's degrees may be offered in Australia or elsewhere.)
- submission of curriculum vitae and reference checks
- written examination
- an interview.

The ACPS training program is a three-stage process, which is summarised in the flowchart below. Further details are available in the ACPS training document (available at www.acps.edu.au). Training is both practical and theoretical, and includes the following activities and practices:

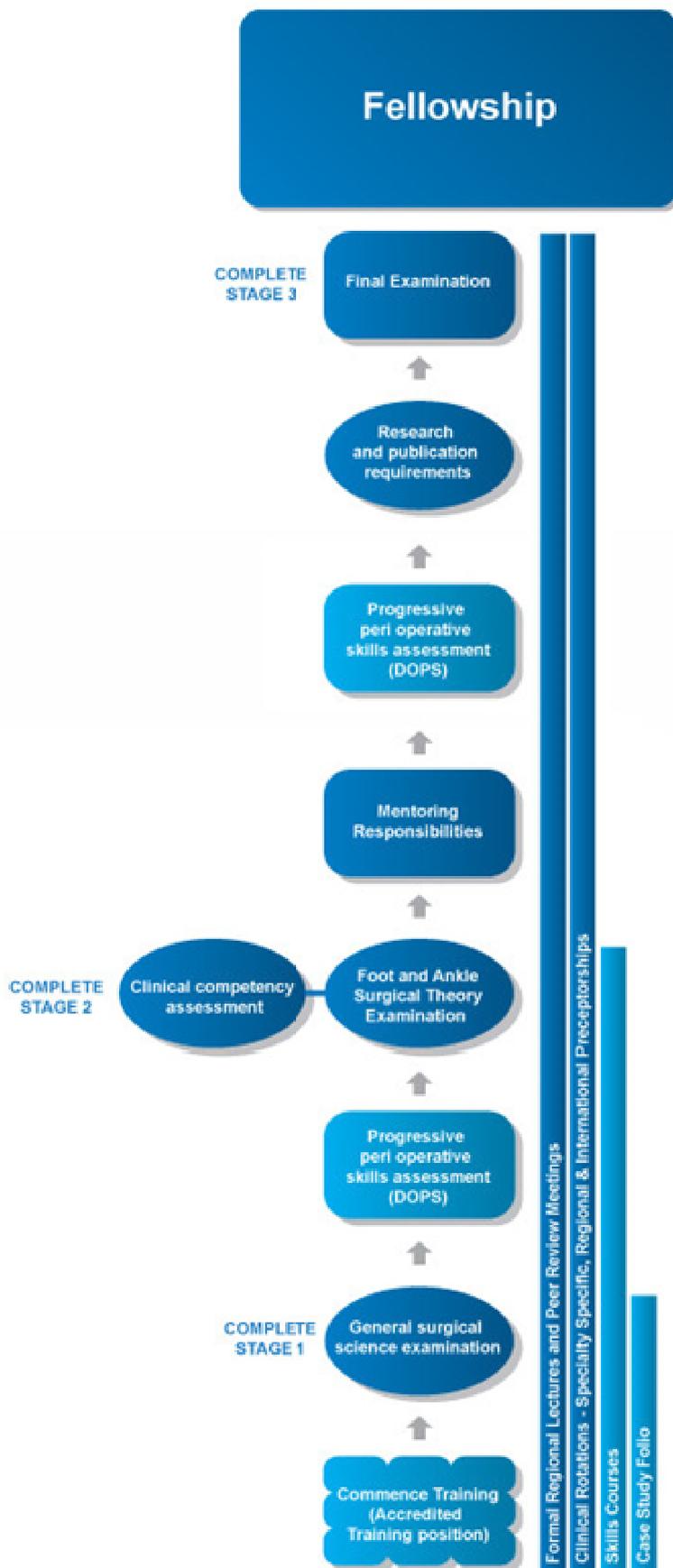
- lectures
- case studies
- skills development courses
- clinical rotations
- international preceptorship training
- peer review activities
- progressive development of preoperative, perioperative and postoperative skills
- mentoring
- research and preparation of publications.

Before attaining fellowship of the ACPS, the candidate must demonstrate a mastery of knowledge in foot and ankle surgery by passing practical, oral and written examinations. Candidates must maintain a log book of all surgical procedures that they observe, assist and perform. At time of initial fellowship, candidates have an average of 2500 logbook procedures.

Flowcharts of training and fellowship processes



Flow chart 1.
Eligibility and Selection Process for a podiatric surgical training position.



Flow chart 2.
Surgical Fellowship Education and Training

Accreditation of fellows is maintained with a three-year, multifaceted program conducted by the ACPS, which includes peer review, clinical audit and continuous professional development.

Postgraduate qualifications

There is a postgraduate course: the Doctor of Clinical Podiatry from the University of Western Australia, which provides theoretical and clinical knowledge in podiatric surgery.

Work on a new specialist framework

The Australian and New Zealand Podiatry Accreditation Council (ANZPAC) has commenced a project to examine models of specialist accreditation that will fit the new environment of national registration and provide a report that outlines standards in specialisation within podiatry. This project will enable podiatric surgery and other specialties to be considered within a best practice framework. In the Board's view, the project promises a strengthening and adoption of a standardised best practice approach to processes for specialist accreditation in podiatry. The Board accepts the suggestion from the NRAS Governance Committee that the profession consult the Australian Orthopaedic Association on future training pathways and scope of practice. The Board has advised ANZPAC accordingly.

Registration standards

The Board has included some specific provisions in its proposed registration standards for podiatric surgeons (e.g. CPD). It will also consider further registration standards specific to podiatric surgeons.

2.2 Proposed list of specialties

At this stage, the Board is proposing specialist registration for podiatric surgeons as outlined in Section 2.1. The Board will return to the Ministerial Council if, at a later stage, the Boards wishes to make a proposal about further specialties in podiatry.

References

The proposal should be read in conjunction with further information available on the ACPS website (<http://www.acps.edu.au/>), including the *Australasian College of Podiatric Surgeons' Continuing Professional Development Program Version 1.0. January 2007* and the University of Western Australia website: (<http://www.meddent.uwa.edu.au/podiatry/courses/postgraduate/dpodm>).

3 Endorsement for scheduled medicines

Podiatry Board of Australia

Registration standard - Endorsement for scheduled medicines

Summary

The Podiatry Board of Australia has established this standard in accordance with sections 38(2) and 94 of the Health Practitioner Regulation National Law Act 2009 (Qld).

This standard sets out the qualifications and other requirements that must be met in order for a registered podiatrist or applicant for registration as a podiatrist to be granted an endorsement under section 94 of the National Law as qualified to administer, obtain, possess, prescribe, sell, supply or use scheduled medicines.

Scope of endorsement

An endorsement under section 94 indicates that the registered podiatrist is qualified to administer, obtain, possess, prescribe, sell, supply or use Schedule 2, 3, 4 or 8 medicines to patients for the treatment of podiatric conditions, from a list approved by the Board.

The endorsement relates to any Schedule 2, 3, 4 or 8 medicine within the meaning of the current poisons standard under section 52D of the *Therapeutic Goods Act 1989* (Cwlth) that is used in the treatment of podiatric conditions and is listed in guidelines issued from time to time by the Podiatry Board of Australia and published on the Board's website.

Wording to appear on the Register of Podiatrists

Endorsed as qualified to administer, obtain, possess, prescribe, sell, supply or use Schedule 2, 3, 4 or 8 medicines for the treatment of podiatric conditions.

Qualifications

1. To be eligible to be granted an endorsement for scheduled medicines under section 94, an applicant for registration or a registered podiatrist must have successfully completed:
 - an approved program of study in podiatric therapeutics, or
 - a program of study determined by the Board to be substantially equivalent to an approved program of study, and
 - (a) a period of postqualification experience (seven years clinical experience in an appropriate setting where active prescribing is occurring and two confirmatory references of applicant exposure to patient care involving restricted drugs), or
 - (b) completion of web-based case studies approved by the Board (20 hours) and a specified period of supervised practice (40 sessions of supervision by an endorsed prescriber approved by the Board in an appropriate setting where active prescribing is occurring in a 12 month period).

An approved program of study is one that has been accredited by the Australia and New Zealand Podiatry Accreditation Council (ANZPAC) and approved by the Podiatry Board of Australia for the purpose of qualifying a podiatrist for a scheduled medicines endorsement under section 94 of the National Law.

A list of approved programs of study will be available on the Board's website at www.podiatryboard.gov.au

Other requirements

Endorsed podiatrists must comply with practice guidelines on prescribing of scheduled medicines issued from time to time by the Podiatry Board of Australia and published in accordance with section 39 of the National Law on the Board's website at the following address: www.podiatryboard.gov.au

Review

This standard for endorsement of registration applies from 1 July 2010. The Board will review this standard within three years of operation.

Background on the Podiatry Board of Australia's Proposed Scheduled Medicines Endorsement

There are strong arguments to support extending the ability to administer, obtain, possess, prescribe, sell, supply or use certain scheduled drugs to appropriately qualified podiatrists.

- Podiatrists are now specifically trained to prescribe and access certain scheduled drugs. Current podiatry degrees (e.g. from La Trobe University) specifically include curriculum to support safe prescribing and use of scheduled drugs relevant to podiatric practice. Training to develop equivalent expertise is available to podiatrists whose degree did not include this content.
- Access to relevant scheduled drugs would enable podiatrists to provide better, more comprehensive and timely care to their patients.

Scope of proposed endorsement

The scope of the proposed endorsement has been set to enable podiatrists practising in the State or Territory with the widest scope of practice in relation to scheduled medicines, to practise as authorised in that State. The scope of practice in relation to scheduled medicines for endorsed podiatrists in Victoria is significantly greater than in any other jurisdiction. So, while the scope of practice for the endorsement is set to enable podiatrists in Victoria to be qualified to practise according to the scope of their current endorsement, it does not mean that other jurisdictions must necessarily follow in terms of their own authorisations. The endorsement is about qualifications to practise not authorisation.

Accreditation standard for programs leading to endorsement

There is no current accreditation standard that could be used for approved programs of study leading to the endorsement. However, the Podiatrists Registration Board of Victoria specifies detailed educational requirements relating to the Victorian endorsement that could form the basis of an accreditation standard. There may also be material available from other professions with scheduled medicines endorsements, such as optometrists.

The Board has asked ANZPAC to develop an accreditation standard based on the Podiatrists Registration Board of Victoria educational requirements in time for courses to be accredited and an endorsement to be available from 1 July 2010.

Currently accredited programs

The following programs are not currently accredited for this purpose, but are recognised by the Podiatrists Registration Board of Victoria as satisfying the pharmacological knowledge component of the prerequisites for an endorsement:

- graduates of La Trobe University since 2003
- those who have an overseas qualification that includes the prescribed pharmacology education
- those who have undertaken the podiatry honours year at La Trobe University

- those who have undertaken a graduate diploma or other postgraduate degree containing two pharmacology units (72 hours), with some discipline specific areas included.

Additional information

The Podiatry Board of Australia would develop endorsement procedures based on the approach set out in the Endorsement Framework published by the Podiatrists Registration Board of Victoria, and the additional information referenced below.

Background on endorsement under the Podiatry Registration Act 1997 (Victoria)

The Podiatry Board of Australia would develop endorsement procedures based on the approach set out in the Endorsement Framework published by the Podiatrists Registration Board of Victoria. The framework is available at

<http://www.podboardvic.vic.gov.au/cmsfiles/Endorsement%20Framework.pdf>

[Endorsement Framework](#)

Other documents that the Podiatry Board of Australia would draw on are available at:

<http://www.podboardvic.vic.gov.au/s4endorse.php> and include:

[Application for Endorsement as Prescribing Podiatrist](#)

[Board Guidelines for Shared Care](#)

[Education Requirements](#)

[Guide for Referees](#)

[Professional Performance](#)

[Rationale of Restricted Drug Formulary for Endorsement of Registration](#)

[Restriction of Use](#)

[Submission for access to Schedule 2,3 & 4 drugs for endorsed podiatrists](#)

(in particular, please see Appendix 12 Guidelines for Sale and Supply of S4 drugs by Podiatrists p. 73)

List of approved scheduled medicines for endorsements in Victoria

The following schedule 2, 3 and 4 poisons listed below, were approved by the Minister for Health pursuant to section 14A(1) of the *Drugs, Poisons and Controlled Substances Act 1981* (the Act) for the purposes of authorisation under section 13(1)(ca) of the Act, subject to any limitation shown, in relation to registered podiatrists whose registration is endorsed by the Podiatrists Registration Board of Victoria under section 24(1) of the *Health Professions Registration Act 2005* (Vic).

Schedule 2 Poisons

Amorolfine
Aspirin
Bifonazole
Clotrimazole
Codeine
Desloratidine
Diclofenac
Econazole
Hydrocortisone and hydrocortisone acetate
Ibuprofen
Ketoconazole
Lignocaine
Miconazole
Nystatin
Paracetamol
Prilocaine
Terbinaifne

Codeine
Colchicine
Desloratidine
Desonide
Dexamethasone
Diclofenac
Dicloxacillin
Felypressin
Flucloxacillin
Griseofulvin
Hydrocortisone
Ibuprofen
Indomethacin
Ketorolac
Levobupivacaine
Lignocaine
Lorazepam*
Meloxicam
Mepivacaine
Methoxyflurane
Methylprednisolone
Metronidazole
Mometasone furoate
Mupirocin
Naproxen
Prilocaine
Procaine
Promethazine
Ropivacaine
Roxithromycin
Silver Sulfadiazine
Sulindac
Temazepam*
Terbinaifne
Triamcinolone

Schedule 3 Poisons

Amorolfine
Codeine
Diclofenac
Hydrocortisone and hydrocortisone Acetate
Ibuprofen
Promethazine

Schedule 4 Poisons

Adrenaline
Amoxycillin
Aspirin
Betamethasone
Bupivacaine
Celecoxib
Cephalexin
Clavulanic Acid
Clindamycin

* One dose per treatment episode