



**Chief Health Professions Office
Level 2B, 189 Royal St
East Perth 6004
Western Australia**

Attention: Chair, Podiatry Board of Australia
Health Practitioner Regulatory Agency
GPO Box 9958
Melbourne VIC 3001

Dear Sir,

Submission: Guidelines for Podiatrists with Blood-Borne Infections

The Chief Health Professions Office in WA Health represents the 23 professions comprising Allied Health and Health Science, including podiatry. Thank you for the opportunity to provide feedback on these guidelines. Comments are provided herewith.

Awareness of Infective Status

The Chief Health Professions Office expresses some concern with this section. All Podiatrists could be reasonably expected to undertake exposure-prone procedures, regardless of being a Podiatric Surgeon or General Podiatrist. For example, needle-stick injuries in podiatry are more likely to occur during the 'simple' act of debriding a foot ulcer or a pressure lesion in general podiatry practice. Hence the testing for changes in infective status every 12 months therefore could (as described in the current guidelines) be interpreted as applying to all Podiatrists, despite the NHMRC Australian Guidelines for Prevention and Control of Infection.

Currently in Western Australia, there are no requirements for routine blood testing for Podiatrists. There are no processes in place for this to occur and the Board should consider the implications of such a broad statement. The logistics of this testing are significant and consideration must be given to which blood borne viruses should be tested, costs and resources associated with testing, public versus private practice implications. There would also be a significant workload generated (expense, physical blood tests, reporting and recording results). While the proposal is an attempt to protect the public, once acquired, blood borne viruses are often demonstrated in blood tests after three months post-inoculation. For this proposal to be effective, the Board would need to require practitioners to subject themselves to on-going blood checks every three months.

The responsibility for a Podiatrist carrying a blood borne virus to follow recommended treatment and seek advice regarding the scope of his or her involvement in first care of patients or clients needs further clarification. If a Podiatrist is infected, can disciplinary action can be taken if they fail to follow treatment or seek advice? And is the advice regarding the scope of practice sought from the Board itself?

Exposure-prone procedures by podiatrists

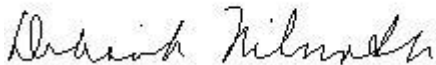
There is a phrasing error in the first sentence, the phrase 'podiatrists who are not trained in and do not perform surgical techniques' has presumably been omitted erroneously.

Reporting

Further clarity is required around what constitutes an impairment which places the public at risk of substantial harm. The Board must be mindful of the potential for discrimination against infected Podiatrists as well as the obvious need to protect the public from substantial harm.

I trust that these considerations are of use to you and the Board in further development of these guidelines.

Yours sincerely

A handwritten signature in black ink, appearing to read "Deborah Wilmoth". The signature is written in a cursive style and is positioned above the typed name.

Dr Deborah Wilmoth
Chief Health Professions Officer