

## Report from the Chair

The second anniversary of the commencement of the National Registration and Accreditation Scheme (the National Scheme) is fast approaching. This newsletter provides podiatrists with additional information about the National Scheme and complements other news items and communiqués that are regularly posted on the Board's website.

During the next six months the Board will be publishing consultation papers on a number of registration standards, codes and guidelines. I encourage members of the profession to get involved and provide their input to these consultations. The Board consults with a wide range of stakeholders, whose feedback influences the final content of papers agreed by the Board. The Board's primary responsibility is to protect the public and the final content of any registration standards, codes and guidelines must reflect this and the Board's other responsibilities under the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).

The Board recently approved the *Accreditation Standards for Podiatric Surgery Programs*. The Board congratulates Australian and New Zealand Podiatry Accreditation Council (ANZPAC) for the work involved in developing the standards and looks forward to the accreditation of the programs of study for podiatric surgery.

The three-year term of the inaugural Podiatry Board of Australia is due to end on 31 August 2012. I would like to take the opportunity to thank the current Board members for their hard work and the support they have provided me during this term. This has been a most exciting, challenging and rewarding experience. The Board has worked well together, engaging in many robust debates, agreeing and developing national standards and guidelines, building partnerships with the other National Boards and Chairs, walking the journey with ANZPAC, communicating with stakeholders and registrants, appreciating the support provided by AHPRA staff members in the national, state and territory offices, and collaborating with other related agencies and organisations. It has been a pleasure.

In the next few months, it is expected that the Australian Health

Workforce Ministerial Council will announce appointments for the next Board.

Many positive and practical changes have occurred with the move to the National Scheme. These changes affect each registered health practitioner in Australia. It is the responsibility of each podiatrist to ensure he or she is aware of the changes and complies with the requirements for registration. The Board's website [www.podiatryboard.gov.au](http://www.podiatryboard.gov.au) is the one-stop-shop for staying informed.

I urge podiatrists to regularly check the website and read the documents provided.

Jason Warnock, Chair

Podiatry Board of Australia

## Who does what in podiatry regulation in Australia?

In 2010, the National Scheme commenced in Australia to regulate practitioners of 10 health professions, including the podiatry profession. From 1 July 2012, four more professions will join the National Scheme: Aboriginal and Torres Strait Islander health practice; Chinese medicine; medical radiation practice; and occupational therapy.

The following information provides a brief overview of the role and functions of the Podiatry Board of Australia (the Board), the Australian Health Practitioner Regulation Agency (AHPRA), and the Board's independent accreditation authority, the Australian and New Zealand Podiatry Accreditation Council (ANZPAC). All three of these organisations exercise functions under the National Scheme's governing legislation, the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).

### Podiatry Board of Australia

- [www.podiatryboard.gov.au](http://www.podiatryboard.gov.au)
- Primary role is to protect the public
- Registers podiatrists and podiatric surgeons
- Sets the national registration requirements and standards for all podiatrists
- Functions are defined under the National Law and include overseeing the receipt, assessment and investigation of notifications (complaints) against registered podiatrists and podiatric surgeons\*. These matters are considered by the Board's Registration and Notification Committee



### Australian Health Practitioner Regulation Agency (AHPRA)

- [www.ahpra.gov.au](http://www.ahpra.gov.au)
- Supports the Podiatry Board of Australia and the other National Boards that are responsible for regulating the health professions under the National Law
- Manages all registration and notification matters\* on behalf of the Podiatry Board of Australia and the other National Boards
- Manages the registration renewal process
- Is the contact point for podiatrists who have a question about their registration
- Is the contact point for health practitioners and the public who require information about making a notification

\* except in NSW which has a co-regulatory arrangement

### Australian and New Zealand Podiatry Accreditation Council (ANZPAC)

- [www.anzpac.org.au](http://www.anzpac.org.au)
- Is the independent accreditation authority appointed by the Ministerial Council for the podiatry profession
- Develops accreditation standards for the podiatry profession
- Accredits programs of study for the podiatry profession
- Submits accredited programs of study to the Board for approval
- Monitors approved programs of study
- Assesses overseas trained podiatrists who wish to apply for registration in Australia

### Snapshot of registered workforce

There are 3,675 podiatrists registered in Australia, according to new National Board statistics released in May.

The Board published the first of its quarterly updates on registration data, including a number of statistical breakdowns about registrants such as state/territory, age and gender by registration type.

The figures show:

- of the practitioners who disclosed their gender to AHPRA, 1,649 are female and 1,150 are male
- the largest group (709 or 19.29%) of podiatrists are aged between 26 and 30 years of age
- about 32% of podiatrists are based in Victoria and

25% in NSW

- there are 23 podiatrists with specialist recognition as a podiatric surgeon.

The figures also show that 47 podiatrists are now endorsed for scheduled medicines. See the scheduled medicines endorsement article in this newsletter for more information.

### Podiatrists: State/territory by registration type

State	General	General and Specialist	Non-practising	Total	% By State
ACT	44		1	45	1.22%
NSW	936	4	9	949	25.82%
NT	17			17	0.46%
QLD	618	2	7	627	17.06%
SA	356	4	10	370	10.07%
TAS	90			90	2.45%
VIC	1,140	3	36	1,179	32.08%
WA	355	9	6	370	10.07%
Not Stated	22	1	5	28	0.76%
<b>Total</b>	<b>3,578</b>	<b>23</b>	<b>74</b>	<b>3,675</b>	

### Podiatrists: Endorsement type by state/territory

Endorsement	NSW	QLD	SA	VIC	WA	Total
Scheduled Medicines	2	2	4	14	25	47
<b>Total</b>	<b>2</b>	<b>2</b>	<b>4</b>	<b>14</b>	<b>25</b>	<b>47</b>

The National Scheme requires that information about every registered health practitioner in Australia is published on a single national register of practitioners. As a result, it is now possible to produce accurate reports on the number of practitioners in each profession in Australia. It is one of the significant added values of

national registration and is of enormous value for workforce planning and to help improve access to health services.

Find the Board's statistics in the [About](#) section of its website.

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## When is it necessary to be registered as a podiatrist?

The National Board has released guidance advising the profession about when practitioners require registration and when it would be acceptable to the Board for a practitioner to not be registered.

The National Board, in conjunction with AHPRA and other National Boards, undertook a consultation process on the definition of practice in 2011. The Board decided not to change the definition of practice, and has instead issued the guidance about when practitioners need to be registered.

The consultation process drew out significant discussion and wide variation about issues generated by the current definition. However, there was no consensus about the need for a change in the definition and no change proposed that did not also have unintended or unacceptable consequences.

This document is available on the [Registration and Endorsement](#) section of the Board's website.

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## Information for podiatrists returning to practice

An information sheet and re-entry plan template has been published to provide guidance to practitioners returning to practice after an absence.

Podiatrists and podiatric surgeons may require a period of absence from practising for a range of reasons. When returning to practice, practitioners are required to comply with the requirements of the Board's *Recency of practice registration standard*. The Board's role includes protecting the public through the registration and regulation of podiatrists and it must be satisfied that all podiatry practitioners, including those wanting to return to practice after a period of absence, have the competence to practise safely.

The Board's information sheet supports the registration standard. It should be read by practitioners who have *not practised for more than three years* and who wish to return to practice, whether or not they are already registered. The Board has also published a re-entry plan template which makes provision for the elements that should be included in a plan for professional development and re-entry to practice.

Both documents can be found on the Board's website in the 'FAQ and Fact Sheet' section of [Policies, Codes and Guidelines](#) on the Board's website.

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## CPD and registration

Continuing professional development (CPD) is a mandatory requirement for registration as a podiatrist or podiatric surgeon in Australia.

When podiatrists renew their registration, they are required to declare whether they have met the Board's CPD requirements on the renewal form. Failure to meet CPD requirements each year may result in a practitioner's registration renewal being refused.

The Board's *Continuing professional development registration standard*, *Guidelines for continuing professional development*, and *Policy for exemption from CPD requirements* are available on the website ([www.podiatryboard.gov.au](http://www.podiatryboard.gov.au)). They provide a ready reference to the number of hours and spread of activities expected by the Board and include a sample CPD log sheet to assist in keeping a record. Keeping an accurate record of CPD hours and activities is a critical part of the process and using the sample log form will make this easier.

If a podiatrist declares they have not satisfied the CPD requirement, an 'adverse' report will go to the National Board. The Board will expect a satisfactory reason for not having done so, as well as a plan to achieve compliance. It may subsequently renew registration with conditions. Each case will be considered on its own merits, including those cases where an application is made for an exemption from the CPD requirement. An application for exemption must be in accordance with the Board's policy and must be made in advance of the application for registration renewal.

### **New codes for CPR training courses**

Under the Board's *Continuing professional development registration standard*, podiatrists must hold a current cardiopulmonary resuscitation (CPR) certificate that includes management of anaphylaxis and use of an Automated External Defibrillator from a Registered Training Organisation (RTO). Podiatric surgeons must hold a current certificate in advanced life support from an RTO.

The Board's *Guidelines for continuing professional development* contain details, including the course codes, of the recommended Health Training Packages (training packages) which cover these requirements. The course codes for the recommended training packages have recently been changed by the organisation that oversees these training packages (for details of the code changes, see the Board's website under [Policies, Codes and Guidelines](#)). Although the codes have changed, the content of the courses are essentially the same. The Board will accept certificates from training packages with the new codes as well as training packages with the superseded codes.

More information on the training packages and RTOs can be found on the Training.gov.au (TGA) website at <http://training.gov.au>.

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## Endorsement for Scheduled Medicines

The National Board is pleased to report that several new applications for endorsement for scheduled medicines (ESM) have been approved in recent months, bringing the total number of Australian podiatrists with ESM to 47 at March 2012.

Endorsement of registration identifies practitioners with additional qualifications and specific expertise. The Board expects that as the number of podiatrists with ESM rises, so too will opportunities for practitioners to get the practical exposure required for an endorsement application.

The National Board reported in its last newsletter (Issue 1 – November 2011) that it had recently revised its *Information Package for Endorsement for Scheduled Medicines*. There were no changes to requirements for endorsement; however, the revised package provides additional guidance and clarity to assist podiatrists and supervisors with applications. Effective 1 October 2011, applications must be lodged in the format provided in the package.

Improving ESM application procedures and information for registrants continues to be a priority of the Board. It recently published a sample log sheet and sample prescription to provide guidance for podiatrists and podiatric surgeons who are undertaking clinical experience with a supervisor to prepare for an ESM application. This sample log sheet is part of a suite of documents to assist with the application for endorsement for scheduled medicines.

Registrants considering undertaking ESM need to be aware of the commitment in time and further education required to obtain this endorsement. Feedback to the National Board indicates that most applicants are completing the second of the two pathways to ESM (Pathway 2), with one applicant commenting that it took approximately 135 hours of work to complete. The role of supervisors also needs to be acknowledged as successful completion of the process depends largely on their understanding the processes and dedication to providing appropriate guidance and feedback. Such professional generosity is greatly appreciated by all.

For more information on ESM, visit the [Registration and Endorsement](#) section of the Board's website.

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## Change to Board composition in September 2012

The National Law sets out the requirements for appointments to the National Boards, which are made by the Australian Health Workforce Ministerial Council (the Ministerial Council). The inaugural terms of Chairs,

practitioner and community members of the 10 National Boards (including for the Podiatry Board of Australia) were appointed by the Ministerial Council in 2009 and expire in August this year. Inaugural board members and Chairs are eligible to seek reappointment. Under the National Law, AHPRA provides assistance to the Ministerial Council in the process of appointments, including the advertising of vacancies. In February 2012, an advertisement was placed in national and major metropolitan newspapers and the AHPRA website calling for expressions of interest and nominations for appointment/reappointment to the National Boards. It is anticipated that the Ministerial Council will announce board appointments in the near future.

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## Commitment to communication

Enabling people with an interest in the work of the National Board to stay up-to-date and have a say is the goal of the Board's Strategic Plan commitment to communication with its stakeholders. The intention is to keep stakeholders well-informed and to provide effective means by which members of the public, registered practitioners and others with an interest in the Board's activities can communicate with it.

The National Board's website is a central element of its overall communication efforts and stakeholders are encouraged to make regular visits to it for the latest news and information, including the Board Chair's communiqué and the newsletter. From the very early days of the new National Scheme, the Chair has issued a communiqué summarising the main matters from the agenda after each National Board meeting. 'Hot topics', policy updates and articles about registration and best practice matters are also published in the Board newsletter. This is the second issue of the newsletter and future issues will be published every six months.

Regular face-to-face meetings with stakeholders are also part of the National Board's commitment to quality communication. The annual National Registration and Accreditation Scheme conference in Sydney last September, as well as the Board's meetings in Adelaide in January, Hobart in March, and Perth in May this year, provided opportunities to meet with state and territory AHPRA staff, profession representatives and individual local practitioners. Similar meetings are planned for Brisbane in October 2012 and when the Board meets in Canberra early 2013. Members of the Board also make formal presentations to groups such as podiatry students at universities.

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## Notifications

One of the ways in which the Board protects the community is by assessing and investigating notifications and, when necessary, subsequently managing

practitioners when they have been found to have engaged in unprofessional conduct, unsatisfactory professional performance or when their health is impaired and may place the public at risk.

### Who can make a notification?

Anyone can make a notification to AHPRA, which receives it on behalf of the National Board. While registered health practitioners, employers and education providers have mandatory reporting obligations imposed by the National Law (for more information see the Board's *Guidelines for mandatory notifications*, published in the *Policies, Codes and Guidelines* section of its website), the majority of notifications received by the National Board are voluntary.

Typically, notifications are made by patients or their families, other health practitioners, employers and representatives of statutory bodies. The National Law provides protection from civil, criminal and administrative liability for persons who make a notification in good faith.

### Grounds for notifications

Grounds for notifications about practitioners include that:

- the practitioner's professional conduct is or may be of a lesser standard than that expected by the public or the practitioner's professional peers
- the knowledge, skill or judgment possessed, or care exercised by the practitioner is or may be below the standard reasonably expected
- the practitioner is not, or may not be, a suitable person to hold registration
- the practitioner has, or may have, an impairment
- the practitioner has, or may have, contravened the National Law
- the practitioner has, or may have, contravened a condition of his or her registration or an undertaking given to the Board, and/or
- the practitioner's registration was, or may have been, obtained improperly.

More information on notifications, including how notifications are managed by the Board and about Panel and Tribunal hearings, will be published in future editions of this newsletter.



## In brief

### Single registration number for life

A podiatrist's current registration number will now stay with each practitioner for life following a simplification to the registers of health practitioners. The implementation of the lifetime registration number was part of recent changes to streamline the registration system.

### Smaller certificates equals smaller environmental footprint

When renewing registration, practitioners will notice that their certificate of registration is now A5 size and is accompanied by a wallet-sized card with their registration details. The change has been made to halve the amount of paper used for this purpose. The content and style of the certificate remains unchanged.

### Website and email for important information

The best way to stay in touch with news and updates from the Board is to regularly visit our website [www.podiatryboard.gov.au](http://www.podiatryboard.gov.au) and to make sure AHPRA has podiatrists' up-to-date contact details. Accurate email details are particularly vital to the Board and AHPRA being able to contact practitioners rapidly with important information. Podiatrists are therefore reminded to update their contact details with AHPRA if email addresses change when, for example, they move job or internet service provider. Practitioners are also reminded to ensure that the email address they provide will not reject Board correspondence as spam.

### Social media and podiatry

Many podiatrists use electronic media on a daily basis in both their private and professional lives. However, engaging with social media such as Facebook and Twitter without careful thought can have potential negative legal and ethical consequences for practitioners. AHPRA and the National Boards are currently developing a social media policy to help guide practitioners on the acceptable engagement in social media, from a registration perspective. This will be published in coming months.

### Contacting the Board

The Podiatry Board of Australia and AHPRA can be contacted by telephone on 1300 419 495. More information on the Board is available at [www.podiatryboard.gov.au](http://www.podiatryboard.gov.au) and more information on AHPRA is available at [www.ahpra.gov.au](http://www.ahpra.gov.au). An online enquiry form is available on both websites under *Contact Us*. Mail correspondence can be addressed to: Jason Warnock, Chair, Podiatry Board of Australia, GPO Box 9958, Melbourne Vic 3001.