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The Board is currently reviewing its standards, codes and guidelines. Please continue to visit our website, [www.podiatryboard.gov.au](http://www.podiatryboard.gov.au), for regular updates on these consultations – we welcome your feedback.

### Cathy Loughry

Chair, Podiatry Board of Australia

## REMINDER: 2013 renewal due soon

Podiatrists and podiatric surgeons across Australia are reminded that their registration is due for renewal **by 30 November 2013**. Practitioners are urged to keep their email contact details given to AHPRA up to date so they don't miss the reminders to renew. Letters will be sent to practitioners who have not supplied an email address.

Make sure you renew your registration on time. The quickest and easiest way to do this is online. Look out for your reminders to renew from AHPRA as they are confirmation that online renewal is open.

Podiatrists and podiatric surgeons who do not want to renew their registration to keep practising can simply ignore the reminders from AHPRA or go online to 'opt out' of renewing. Using the 'opt out' service puts a stop to renewal reminders.

Renewal applications received by AHPRA **after 30 November** will incur an additional late fee. If you don't apply to renew during the one-month late period ending 31 December 2013, your registration will lapse. This means you must make a new application for registration and will **not be able to practise** until your application has been finalised.

FAQ about renewal is available on the Board's website under *Registration renewal*.

## Chair's message

Welcome to the Podiatry Board of Australia's November 2013 newsletter.

I'd like to remind practitioners that registration renewal is due by 30 November. Further information about renewals is set out in this issue.

In August this year members of the Podiatry Board of Australia, along with representatives from the Podiatry Board of New Zealand and the Australian and New Zealand Podiatry Accreditation Council (ANZPAC), participated in the annual National Registration and Accreditation Scheme combined meeting. The meeting is a great opportunity to gain an understanding of the wider regulatory workforce reform environment. The meeting enabled members of the National Board to participate in cross-professional learning through sharing ideas, innovations and networking.



## Graduate applications now open online

AHPRA is now calling for online applications for registration from students who are in their final year of an approved program of study.

Students who will be completing approved programs of study in podiatry at the end of 2013 are urged to apply for

registration four to six weeks before completing their course. An email to individuals on the Student Register urging them to apply early and online will be sent by AHPRA on behalf of the National Board.

Applications can also be made by completing a [paper application form](#). All applications, online or in hard copy, require students to post some supporting documents to AHPRA to complete the application. Students are encouraged to read the information on AHPRA's website under [Graduate applications](#).

Graduates must meet the Board's [registration standards](#) and need to be a registered podiatrist before they can start practising. New graduates are registered and eligible to start work as soon as their name is published on the [national register of podiatrists](#).

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## Code of conduct

The Board's *Code of conduct for registered health practitioners* can be found in the [Policies, codes and guidelines](#) section of the Board's website.

The *Code of conduct* seeks to assist and support podiatrists and podiatric surgeons to deliver effective podiatric care within an ethical framework. Practitioners have a duty to make the care of patients their first concern and to practise safely and effectively. Maintaining a high level of professional competence and conduct is essential for good care.

The *Code of conduct* contains important standards for practitioner behaviour in relation to:

- providing good care, including shared decision-making
- working with patients
- working with other practitioners
- working within the health care system
- minimising risk
- maintaining professional performance
- professional behaviour and ethical conduct
- ensuring practitioner health, and
- teaching, supervising and assessing.

Practitioners have a professional responsibility to be familiar with the Board's *Code of conduct* and to apply the guidance it contains.

If professional conduct varies significantly from the *Code of conduct*, practitioners should be prepared to explain and justify their decisions and actions. Serious or repeated failure to meet the requirements of the code may have consequences for registration.

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## Audit

AHPRA and the National Boards are developing a nationally consistent approach to auditing health practitioners' compliance with mandatory registration standards. Pilot audits have been conducted in some professions which were designed to determine the frequency, size and type of audits required and to establish an audit methodology.

Each time you apply to renew your registration, you must make a declaration that you have met the registration standards for the podiatry profession. Practitioner audits are an important part of the way that the Board can protect the public by checking compliance with the Board's mandatory registration standards through a random sample of practitioners. An audit will help to make sure that practitioners are meeting the required standards and provide important assurance to the Board and the community.

The Board will be starting an audit to check compliance with registration standards in the New Year. Further information on the upcoming audit will be published in the Board's communiqué and available on the Board's website.

If you are selected for audit you will be notified in writing and requested to provide evidence that you meet the requirements of the standard(s) being audited.

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## Infection control

Effective infection prevention and control is central to providing high quality healthcare for patients and a safe working environment for those that work in healthcare settings.<sup>1</sup>

It is critical for podiatrists and podiatric surgeons to ensure that effective infection prevention and control is an integral part of all aspects of their professional practice.

The Board adopts the National Health and Medical Research Council *Australian guidelines for the prevention and control of infection in healthcare* (NHMRC guidelines). The NHMRC guidelines were developed using the best available evidence at the time they were written and they aim to promote and facilitate the overall goal of infection prevention and control.

All practising podiatrists and podiatric surgeons must be familiar with and practise within the recommendations of the NHMRC guidelines as they apply to the practice setting(s) in which they work.

A link to the NHMRC guidelines is provided in the [Policies, codes and guidelines](#) section of the Board's website.

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<sup>1</sup> NHMRC (2010) *Australian guidelines for the prevention and control of infection in healthcare*. Commonwealth of Australia.

## Clinical record-keeping

Podiatrists and podiatric surgeons are reminded about the importance of creating and maintaining clear, accurate and up-to-date clinical records for every patient. This is essential for the continuing good care of your patients. These records should contain sufficient detail to enable another practitioner to take over the care of the patient if necessary.

The Board has published *Guidelines on clinical records*, which can be found on the Board’s website in the *Policies, codes and guidelines* section. The guidelines set out the minimum requirements for clinical records whether they are in paper or electronic form.

In summary, clinical records must:

- be contemporaneous – the record should be made at the time of the consultation or as soon after as practicable, or as soon as information (such as results) becomes available
- be accurate, up to date and legible
- record relevant details of clinical history, clinical findings, investigations, medication, management plan and information given to patients
- be respectful of the patient
- be sufficient to facilitate continuity of care, and
- be stored securely, regardless of whether they are held in electronic or hard copy format.

Practitioners must ensure that access, transfer and management of patient clinical records is in accordance with the legislation governing health records in the state or territory in which they practise.

## Scheduling of monochloroacetic acid

The Board has been made aware that monochloroacetic acid for human dermal use is a Schedule 4 poison, except when in preparations containing 12.5 per cent or less of monochloroacetic acid for the treatment of warts other than anogenital warts. The reason is that monochloroacetic acid is considered to be a derivative of both acetic acid and trichloroacetic acid. If a substance is a derivative of more than one scheduled poison, the more restrictive scheduling applies. As a result the Schedule 4 entry for trichloroacetic acid in the Standard for the Uniform Scheduling of Medicines and Poisons applies to monochloroacetic acid for human dermal use.

Podiatrists and podiatric surgeons have a professional responsibility to ensure that their knowledge and skills are current, and this includes keeping up to date with any changes to the authorisation to use particular medicines for the treatment of podiatric conditions. Podiatrists and

podiatric surgeons are responsible for being familiar with and complying with the relevant drugs and poisons legislation in each state or territory in which they work.

Podiatrists and podiatric surgeons whose registration has been endorsed under section 94 of the National Law are **qualified** to administer, possess, prescribe, sell, supply or use the scheduled medicines listed in the Board’s National Podiatry Scheduled Medicines List. However, the **authority** to do so is determined by the relevant drugs and poisons legislation in the state or territory in which they are working.

Monochloroacetic acid is not currently listed in the National Podiatry Scheduled Medicines List and the Board will consider whether or not it should be added when the list is next reviewed.

Information about the scheduling of medicines and the contact details for the state and territory drugs and poisons units can be found at [www.tga.gov.au/industry/scheduling.htm](http://www.tga.gov.au/industry/scheduling.htm).

If you want to receive email alerts about scheduling changes being considered by the Delegate of the Secretary of the Department for Health and Ageing you can register at [www.tga.gov.au/newsroom/subscribe-smp.htm](http://www.tga.gov.au/newsroom/subscribe-smp.htm).

## Latest snapshot of registered workforce

The Board recently published its fifth data summary profiling Australia’s podiatry workforce, including a number of statistical breakdowns about registrants. These include state/territory, age and gender by registration type.

The new data show there are 3,873 podiatrists registered in Australia, of which 79 are non-practising. This total is an increase of 21 practitioners on the figures released in March 2013.

**Table 1 – Podiatrists: state and territory by registration type (June 2013)**

State	General	General and Specialist	Non-practising	Total	% By State
ACT	47			47	1.21%
NSW	987	5	9	1,001	25.85%
NT	14			14	0.36%
QLD	639	1	15	655	16.91%
SA	369	5	7	381	9.84%
TAS	92		1	93	2.4%
VIC	1,208	3	36	1,247	32.2%
WA	394	11	8	413	10.66%
Not Stated	18	1	3	22	0.57%
<b>Total</b>	<b>3,768</b>	<b>26</b>	<b>79</b>	<b>3,873</b>	



**Table 2 – Podiatrists: age by registration type (June 2013)**

Age Group	General	General and Specialist	Non-practising	Total	% By Age Group
< 25	282			282	7.28%
25 - 29	814		12	826	21.33%
30 - 34	611		20	631	16.29%
35 - 39	539	6	9	554	14.3%
40 - 44	499	6	12	517	13.35%
45 - 49	385	4	11	400	10.33%
50 - 54	313	4	7	324	8.37%
55 - 59	176	4		180	4.65%
60 - 64	86		3	89	2.3%
65 - 69	37	1	4	42	1.08%
70 - 74	15		1	16	0.41%
75 - 79	4			4	0.1%
80 +	7	1		8	0.21%
<b>Total</b>	<b>3,768</b>	<b>26</b>	<b>79</b>	<b>3,873</b>	

Find the Podiatry Board of Australia's registration statistics in the [About](#) section of our website.

## National Scheme news

### Community Reference Group update

AHPRA and the National Boards have recently established a Community Reference Group, which had its first meeting in June 2013. This is the first time a national group of this kind, with a focus on health practitioner regulation, has been established in Australia.

The group has a number of roles, including providing feedback, information and advice on strategies for building better knowledge in the community about health practitioner regulation, but also advising National Boards and AHPRA on how to better understand, and most importantly, meet, community needs.

Members are listed on the [Community Reference Group Members page](#) and communiqués from the group's meetings are published on the [Communiqués page](#) after each of its meetings.

### Professions Reference Group update

The Professions Reference Group was set up in 2012. It is made up of representatives of the professional associations for the professions included in the National Scheme, including podiatry, with participation from AHPRA's CEO and senior staff. Quarterly meetings provide an opportunity for AHPRA to brief the professions about its work and for the professions to ask questions about emerging issues relevant to regulation. The group also provides expert advice to AHPRA in developing a range of information for practitioners, such as the recently published [notifications guide and fact sheets](#).

By working with the group, AHPRA has also been able to establish a practitioner consultative group, made up of individual practitioners nominated by their professional

association who are willing to provide feedback on proposals and systems improvements, to inform change and improve services ahead of large-scale implementation.

### Regulator logos on practitioner websites

Since implementation of the National Scheme, some practitioners have sought permission to reproduce AHPRA's logo or their profession's National Board logo on their business website.

AHPRA and the National Boards have a strict logo use policy and rarely grant permission for their logos to be used by third parties.

The roles of AHPRA and the National Boards in the National Scheme make it inappropriate for either party to endorse, or be perceived to be endorsing, individuals and organisations; their products or services.

Practitioners who have reproduced the AHPRA or a National Board logo on their business website should remove it and consider publishing a text link to [www.ahpra.gov.au](http://www.ahpra.gov.au), advising that their registration to practise can be confirmed by checking the national register of practitioners.

## In brief...

### 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 your current contact details. Accurate email details are particularly vital to the Board and AHPRA being able to contact you rapidly with important information. Remember to:

- update your contact details with AHPRA if your email address changes when, for example, you move jobs or internet service providers, and
- ensure that the email address you provide will not reject Board correspondence as spam.

## 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: Cathy Loughry, Chair, Podiatry Board of Australia, GPO Box 9958, Melbourne VIC 3001.