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## Chairs message

This year the Podiatry Board of Australia (the Board) has focused on building an evidence base to help inform its regulatory decision-making into the future. As part of this the Board sought input from the profession via a survey and has engaged regularly with our key stakeholders. This provides the Board with a better understanding of some of the current issues and challenges for our profession.

In June we held our board meeting in Perth. We met WA stakeholders and held a forum, which was well attended by local podiatrists. The forum was a great opportunity for board members to meet informally with practitioners, listen to their concerns and answer questions. The presentation that the Board gave at the Australasian Podiatry Conference in May this year was presented at the forum.

The Board values the opportunity to hear from members of the profession and other stakeholders about current issues facing the profession.

**Cathy Loughry**  
Chair, Podiatry Board of Australia

## Continuing professional development (CPD) reminder

CPD is an important part of providing safe and effective podiatry services, and practitioners should regularly participate in CPD that is relevant to their scope of practice.

When you renew your registration, which is due on 30 November, you must declare whether you have met the Board's CPD requirements. The Board may refuse to renew your registration if these requirements have not been met.

The Board's requirements are set out in the [Continuing professional development registration standard](#), which is available on the Board's website along with [Guidelines for CPD](#) and [FAQs for CPD](#).

It is important that you read these documents to make sure that you understand the requirements.

**Podiatrists with general registration** must complete:

- a minimum of 20 hours of CPD per year relevant to their scope of practice and which includes a mixture of the categories set out in the Board's CPD guidelines, and
- training in CPR which includes management of anaphylaxis and use of an automatic external defibrillator (AED) through a registered training organisation (RTO). Details of the recommended training packages are available on the [Board's website](#).

The CPR component must be renewed annually and the other requirements (management of anaphylaxis and the use of an AED) must be renewed at least every three years.

**Podiatric surgeons** must complete:

- an additional 20 hours of CPD per year related to this scope of practice and which includes a mixture of the categories set out in the Board's CPD guidelines, and
- hold a current certificate in advanced life support from an RTO.



**Podiatrists and podiatric surgeons with an endorsement for scheduled medicines** must complete an additional 10 hours of CPD per year related to the use of scheduled medicines in podiatry practice.

## Infection prevention and 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. 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's [Guidelines for infection control](#) adopt 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. They take a risk-management approach to infection prevention and control, to assist practitioners to identify infection risks related to their practice and implement precautions that are proportionate to these risks. The actual risk of infection will vary with the type of care being delivered and the healthcare setting in which this occurs.

The NHMRC guidelines are structured to address the core principles of infection prevention and control and the underpinning key practice principles across a range of healthcare settings. The core principle of infection prevention and control is to prevent the transmission of infectious organisms and manage infections if they occur.

The guidelines are divided into the following three main parts.

**Part A** sets out background information that should be read by everyone working in healthcare and includes important basics of infection prevention and control, such as the main modes of transmission of infectious agents and the application of risk-management principles.

**Part B** is specific to the practice of healthcare workers and support staff, and outlines effective work practices that minimise the risk of transmission of infectious agents.

**Part C** describes the responsibilities of management of healthcare facilities, including governance structures that support the implementation, monitoring and reporting of effective work practices.

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

## Your obligation to report certain events to the Board

The Board would like to remind practitioners of their obligation to notify the Board about certain events.

Under section 130 of the National Law<sup>1</sup> you must advise the Board in writing within seven days after becoming aware that:

- you have been charged, in Australia or any other country, with an offence punishable by 12 months' imprisonment or more
- you have been convicted or found guilty of an offence, in Australia or any other country, punishable by imprisonment
- you are no longer covered by professional indemnity insurance that complies with the Board's [Professional indemnity insurance \(PII\) registration standard](#)
- your right to practise at a hospital or other health facility has been withdrawn or restricted because of your conduct, professional performance or health
- your Medicare billing privileges are withdrawn or restricted because of your conduct, professional performance or health
- your authority under the law of a state or territory to prescribe or otherwise use scheduled medicines is cancelled or restricted
- your registration under the law of another country is cancelled or suspended, or made subject to a condition or restriction, and/or
- a complaint has been made about you to:
  - a. the chief executive officer under the Human Services (Medicare) Act 1973 (Cth)
  - b. an entity performing functions under the Health Insurance Act 1973 (Cth)
  - c. the Secretary within the meaning of the National Health Act 1953 (Cth)
  - d. the Secretary to the Department in which the Migration Act 1958 (Cth) is administered, or
  - e. another Commonwealth, state or territory entity having functions relating to professional services provided by health practitioners or the regulation of health practitioners.

You can use the form [Notice of certain events](#) on the Australian Health Practitioner Regulation Agency (AHPRA) website to advise the Board about any of these events.

Failure to provide this information in the required timeframe will not constitute an offence but may constitute behaviour for which the Board may take health, conduct or performance action.

<sup>1</sup> Health Practitioner Regulation National Law, as in force in each state and territory

## Endorsement for scheduled medicines: update

Endorsement of registration identifies practitioners with additional qualifications and specific expertise.

The endorsement of a practitioner's registration for scheduled medicines indicates the practitioner is qualified to use the medicines as specified in the endorsement but **does not authorise** the practitioner to do so.

The authorisation is provided by the relevant drugs and poisons legislation in each state or territory, so if you have an endorsement for scheduled medicines you must comply with the legislation relating to scheduled medicines in each jurisdiction in which you practise the profession.

### Amendments to the ACT Medicines, Poisons and Therapeutic Goods Regulation 2008

Recent amendments to the Australian Capital Territory (*ACT Medicines, Poisons and Therapeutic Goods Regulation 2008*) means that a podiatrist or podiatric surgeon whose registration has been endorsed by the Board for scheduled medicines is now authorised to deal with scheduled medicines in the ACT in accordance with the endorsement.

Any dealings with scheduled medicines in the ACT must also comply with the *Medicines, Poisons and Therapeutic Goods Act 2008 and Regulation 2008* (the Act and Regulation).

To assist practitioners to understand the requirements of the Act and Regulation, ACT Health has published an information sheet *Key prescribing requirements for podiatrists and podiatric surgeons* on its [website](#). If you practise in the ACT, we encourage you to read this information sheet.

You should read the summary in the information sheet in conjunction with the Act and Regulation to ensure full compliance. The Act and Regulation can be found at [www.legislation.act.gov.au](http://www.legislation.act.gov.au).

If you are unsure about your medicines authorisation in the ACT, you can [contact the Pharmaceutical Services section](#) of the Health Protection Service.

## National Board appointments announced

Australian health ministers have recently announced new appointments and reappointments for the National Boards. The appointments are for a period of three years.

Cathy Loughry has been reappointed to the Podiatry Board of Australia as Chair and practitioner member from South Australia for a third term.

Current members of the Podiatry Board of Australia, Mr Ebenezer Banful and Dr Paul Tinley, have been reappointed for a third term and Dr Paul Bennett has been reappointed for a second term.

We welcome the following new members who have been appointed to the Podiatry Board of Australia for their first term:

- Ms Ann Herriot – appointed as a community member from 4 May 2015
- Dr Janice Davies – appointed as a community member from 31 August 2015
- Mrs Kathryn 'Kate' Storer – appointed as a practitioner member from the Australian Capital Territory from 31 August 2015, and
- Dr Cylie Williams – appointed as a practitioner member from Victoria from 31 August 2015.

We thank Mrs Anne-Marie Hunter who resigned from the Board in April and the following members who finished their terms in August:

- Mr Mark Bodycoat (community member)
- Associate Professor Laurie Foley (practitioner member from Western Australia)
- Mr Mark Gilheany (practitioner member from Victoria), and
- Ms Annabelle Williams (practitioner member from Tasmania).

We acknowledge the valuable contribution of the retiring board members to the work of the Board and thank them for their dedication and commitment to the regulation of the podiatry profession.

A full list of appointments for the National Boards is available in the [Australian Health Workforce Ministerial Council communiqué from 6 July 2015](#).

## The Board's role and functions

The Board's functions are set out in the National Law. The Board's primary role is to protect the public and below is a brief overview.

### What the Board does:

- registers podiatrists and podiatric surgeons
- sets the requirements for registration and endorsement for scheduled medicines for podiatrists and podiatric surgeons
- develops and approves codes and guidelines to provide guidance to the podiatry profession
- handles notifications (complaints) against registered podiatrists and podiatric surgeons and where necessary, conducts panel hearings and refers serious matters to tribunal hearings. The Board has delegated these functions to its Registration and Notifications Committee. Different arrangements are in place in NSW and Queensland, which means we can't receive complaints about health practitioners in these states. However, some Queensland cases may be referred to the Board.
- approves accreditation standards that have been developed by the accreditation council for the podiatry profession, ANZPAC

- approves accredited courses of study as providing qualifications for registration or endorsement, and
- oversees the assessment of overseas-trained practitioners who wish to practise in Australia.

### What the Board doesn't do:

- represent the profession – this is the role of the association
- accredit and monitor podiatry programs of study – this is ANZPAC's role, or
- assess the qualifications and skills of overseas trained practitioners who wish to apply for registration in Australia – ANZPAC does this for the Board.

## Communications

As well as publishing this newsletter, the Board publishes a communiqué on its [website](#) each month. The communiqué includes issues from the Board's last meeting as well as other relevant information and updates. We encourage you to read the communiqué each month to find out all the latest news and developments.

## National Scheme news

### AHPRA joins Facebook

Earlier this year AHPRA joined Facebook as another means by which we can engage with the public and practitioners. We'll be sharing similar content on Facebook that we do on Twitter: news from AHPRA and the National Boards, along with photos from events and forums.

Visit our [Facebook](#) page.

### Changes to Medicines Australia code of conduct affecting health practitioners

Health practitioners should be aware of changes to the Medicines Australia code of conduct. Medicines Australia is a membership organisation for pharmaceutical companies in Australia. Its code of conduct sets standards for the advertising and promotion of prescription medicines and applies to all member organisations. The revised code requires member companies to publicly disclose payments made to health professionals for their expert service or when financial support is provided for education purposes, including airfares, accommodation and conference registration fees.

The new requirements in the code come into effect on 1 October 2015 and reporting of all payments will be mandatory from 1 October 2016. More information is available on [Medicines Australia's website](#).

### Queensland complaints data have been published

AHPRA and the National Boards have published detailed performance data about notifications management in Queensland.

A co-regulatory system has been in place in Queensland since July 2014 and all complaints about Queensland registered health practitioners are received by the Office of the Health Ombudsman (OHO). The Health Ombudsman is responsible for managing serious complaints relating to the health, conduct and performance of health practitioners in Queensland, and determines which complaints go to AHPRA and the National Boards after assessing their severity.

AHPRA provides quarterly data to the OHO about its performance in managing the complaints which come to AHPRA and the National Boards from the OHO. These data provide quantitative information about the number of complaints received and timelines for managing them.

The first report, which was published in May, includes detailed performance data about notifications management for the first three quarters from 1 July 2014 and 31 March 2015.

Analysis of these data, detailing matters managed by AHPRA and the National Boards, indicates:

- complaint referral patterns from the OHO to AHPRA are variable month to month
- on early trends, AHPRA is receiving 50 per cent fewer complaints than for the comparable period in 2013/14. This suggests the OHO is not accepting, is retaining and/or is closing most matters that the Ombudsman considers do not warrant further action. Of those we manage, more than 70 per cent require further regulatory action, and
- investigation timelines continue to be a major focus for AHPRA and the Boards. Sixty-seven of the matters open with AHPRA for longer than 18 months are about 25 practitioners. Multiple complaints about the same practitioner require more complex investigations.

AHPRA continues to focus on decreasing the time it takes to investigate matters, finalising more old investigations and improving the notifier and practitioner experience.

AHPRA will publish more national performance data throughout the next financial year.

The Queensland report is published on the AHPRA website [Statistics](#) page.

### AHPRA welcomes ministers' response to National Scheme review report

The Australian Health Workforce Ministerial Council met on 7 August 2015 at the COAG Health Council meeting to consider the final report of the independent review of the National Registration and Accreditation Scheme (the National Scheme).

The purpose of the independent review was to identify what is working well in the National Scheme and the opportunities to improve and strengthen the operation of the scheme to regulate health professions to protect the public.

Ministers expressed strong support for the work of the National Scheme, noted that it was now embedded in the health system and was among the most significant and effective reforms of health profession regulation in Australia and internationally.

More information about the review can be found on the [COAG Health Council](#) website and on [AHPRA's](#) website.

### Royal Commission on child sexual abuse

The Board and AHPRA have been following the Royal Commission into institutional responses to child sexual abuse and its implications for the regulation of health practitioners. The issues raised in the Royal Commission are serious and disturbing.

The Board and AHPRA are committed to learning from the evidence before the Royal Commission and its findings and are taking action to make sure our regulatory system is responsive to anyone who has been sexually abused by a registered health practitioner, who comes forward.

If you have a concern about a health practitioner call:

- AHPRA on 1300 419 495 (all states and territories except NSW and Qld)
- NSW – 1800 043 159
- Qld – 133 646 (133 OHO).

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### Keep in touch with the Board

- The Podiatry Board of Australia and AHPRA can be contacted by telephone on 1300 419 495.
- More information is available on the [Podiatry Board of Australia](#) website and on the [AHPRA website](#). Ensure you keep your email contact details up to date with AHPRA in order to receive Board communiqués, newsletters and registration renewal reminders.
- Lodge an [online enquiry form](#).
- Mail correspondence can be addressed to: Cathy Loughry, Chair, Podiatry Board of Australia, GPO Box 9958, Melbourne VIC 3001.