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Chair's message

The Board holds two to three interstate meetings a year to provide an opportunity for the Board to meet local practitioners and other key stakeholders.

The Board held its June meeting at the AHPRA office in Darwin and held a forum with registrants on Thursday 23 June, which was very well attended by local podiatrists.

The Board welcomed the opportunity to engage informally with podiatrists practising in and around Darwin and other parts of the Northern Territory and provide an update on our revised registration standards.

It also enabled us to gain some understanding of the challenges practitioners face when working in a rural or remote setting. This has prompted us to include some suggestions in this newsletter for CPD activities for those of you who may not have access to the range of CPD options available to those practising in urban areas. These suggestions for CPD can be found in the next article.

Cathy Loughry

Chair, Podiatry Board of Australia

CPD reminder – are you up to date?

A revised continuing professional development (CPD) registration standard took effect in December 2015. Practitioners are reminded that they will need to meet the obligations of the new standard by the time they renew their registration, which is due by 30 November 2016.

The number of hours of CPD podiatrists and podiatric surgeons are required to complete each year has not changed from the previous standard and the categories of CPD are largely the same. The requirement for podiatrists to complete training that includes cardiopulmonary resuscitation (CPR), management of anaphylaxis and use of an automated external defibrillator, and for podiatric surgeons to complete training in advanced life support, has been maintained. However, the Board has expanded the approved training organisations that can deliver the training to include a hospital and/or health service.

The Board has maintained flexibility in the standard in that while CPD must be completed from at least two different categories, practitioners have flexibility with regard to what, when, where and how CPD activity may be done. This can include attending podiatry conferences; doing online CPD activities; discussing case(s) with health sector peers; and self-directed learning such as reviewing relevant research publications or journal articles.

Suggestions for interactive CPD activities

The Board has introduced a requirement that a minimum of five hours of CPD must be in an interactive setting with other practitioners, which can include Skype or videoconferencing. Recognising that some practitioners, particularly those working in rural or remote areas, may find it challenging to identify opportunities to interact with other practitioners, we are providing some suggestions for the types of activities that could meet this requirement:

- linking up with another podiatrist/ health professional to undergo an infection prevention and control audit of your practice using the self-audit tool published on the Board's website
- setting up a journal club with other practitioners – this could be with other podiatrists/ podiatric surgeons or interprofessional (such as nursing, medical or other allied health professionals). A different person could present a scientific journal article or clinical case at each session for discussion

- arranging peer learning sessions with other practitioners
 - observe clinical situations and provide feedback
- providing supervision or mentoring – this could be done via Skype or videoconferencing where appropriate, and/or
- seeking opportunities to attend inter-professional/multidisciplinary health related seminars, lectures and conferences.

Planning and recording your activities

Podiatrists and podiatric surgeons should develop a CPD plan each year. You can do this by reviewing your practice and identifying any gaps in your knowledge and skills. This will assist you to identify your learning needs for the coming year and the activities you need to do to address them.

You should consciously reflect on your learning as it relates to your podiatry practice as this will improve competency. This can be done by writing a brief summary of the CPD that you have completed and assessing progress against the goals you have set for yourself.

The Board has published guidelines for CPD as well as FAQ and templates to assist you to plan and record your CPD activities. These can be found on the [policies, codes and guidelines](#) section of the Board's website.

Revised PII standard for podiatry practitioners takes effect from 1 July

When you practise as a podiatrist or podiatric surgeon you must be covered by your own or third party PII arrangements that meet the Board's registration standard for professional indemnity insurance arrangements.

The Board's revised registration standard for professional indemnity insurance arrangements came into effect on 1 July 2016. You must comply with the new standard by the time you renew your registration, which is due by 30 November 2016.

The key change in the new PII arrangements registration standard is that a minimum amount of cover is no longer specified. The new standard aims to take a more contemporary and flexible approach, and requires practitioners who are taking out their own insurance to do an objective self-assessment, informed by policies provided by insurance providers, to ensure they have adequate and appropriate insurance arrangements or professional indemnity cover for their practice.

More information about the new standard can be found on the [Board's website](#).

Revised standard for recency of practice

A revised registration standard for recency of practice was published by the Board in February 2016. It comes into effect on 1 December 2016 and will replace the standard that is currently in place. You will need to meet the obligations of the revised standard by the time you renew your registration in 2017.

The key change to the Board's recency of practice requirements is that a requirement for minimum hours of practice has been introduced. To meet the new standard, practitioners must practise within their scope of practice for a minimum of minimum of 450 hours in the previous three years or 150 hours in the previous 12 months.

More information about the new standard can be found on the [Board's website](#)

Infection prevention and control

The Board published revised [Guidelines for infection prevention and control](#) in March together with a [self-audit tool](#) that practitioners can use to see how well they comply with the Board's [Guidelines for infection prevention and control](#).

The Board is pleased to see a high level of downloads of the self-audit tool from the Board's website. We hope you will use the tool as a checklist to ensure your workplace is clean and hygienic and you are taking the necessary practicable steps to prevent or minimise the spread of infection.

Please read the Board's Guidelines on infection prevention and control together with the National Health and Medical Research Council (NHMRC) guidelines before using the tool.

There's an email address at the bottom of the first page of the tool and we encourage you to provide feedback.

Your obligation to report certain events to the Board

The Board reminds practitioners of their obligation to notify the Board about certain events.

Under section 130 of the National Law 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 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.

Quarterly registration data for podiatry

The Board has analysed its registration data and produced a number of statistical breakdowns about registrants to share with the profession and community. The Board shares these breakdowns regularly.

The latest data update was released in May 2016. As of that update, there are 4,626 registered podiatry practitioners in Australia, an increase of 254 on the figures for the same date last year. Of these registered practitioners:

- 4,503 hold general registration as a podiatrist and 30 hold both specialist registration as a podiatric surgeon and general registration
- 93 are non-practising, and
- 72 have their registration endorsed for scheduled medicines.

Victoria has the highest number of practitioners (1,479 or 32%) and the lowest number is in the Northern Territory (22).

Table 1: Registration type and subtype by principal place of practice (PPP)

Registration type	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP	Total
General	59	239	20	756	411	103	1,441	423	51	4,503
General and Specialist	1	4		1	3		3	17	1	30
Non-practising	1	13	2	16	11	1	35	3	11	93
Total	61	1,256	22	773	425	104	1,479	443	63	4,626

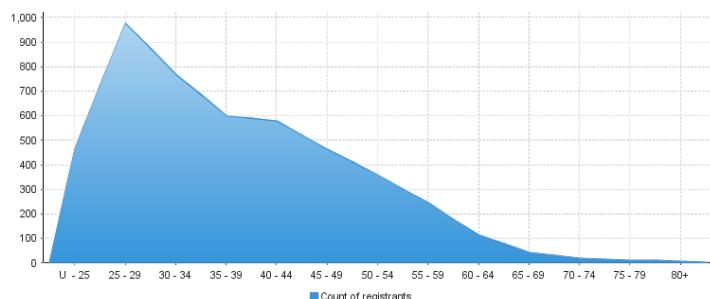
Table 2: Endorsements by state or territory

Endorsement	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP	Total
Scheduled Medicines	1	4		7	9		24	27		72

Table 3: Specialty by state or territory

Podiatric surgery	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP	Total	
Podiatric Surgeon		1	4		1	3		3	17	1	30

Table 4: Registration by age group



For further information and data, visit the [Statistics](#) page on the Board's website.

National Scheme news

Call for applications for appointment to a Scheduled Medicines Expert Committee

AHPRA seeks expressions of interest from suitably qualified and experienced people to be appointed to a Scheduled Medicines Expert Committee (the Expert Committee).

The role of the Expert Committee is to advise the National Boards on policy related to the use of scheduled medicines, including matters relevant to National Boards developing submissions for endorsements for scheduled medicines for consideration by the Australian Health Workforce Ministerial Council.

Appointments are for up to three years, from late September 2016.

For more information, please see the [call for applications](#) on AHPRA's website.

Applications close **Monday 22 August 2016**.

Consolidation of the nine National Boards with low regulatory workloads

In August 2015 the report of the independent three-year review of the National Registration and Accreditation Scheme (the National Scheme) was released.

There were 33 recommendations, and these were grouped around five major areas; one of which related to the consolidation of the nine low-regulatory-workload National Boards in the National Scheme. Our Board is one of these nine Boards.

Health ministers met in April 2016 and decided not to consolidate these nine National Boards at this stage.

Further details on the ministers' decision can be found on the [COAG Health Council website](#).

Performance reporting – a new era

We recently published our first quarterly performance reports, by state and territory, for AHPRA and the National Boards. The reports cover our main areas of activity; managing registration, managing notifications and offences against the National Law, and monitoring health practitioners and students with restrictions on their registration.

The reports are available on the [AHPRA website](#). We invite your feedback on the reports via email to: reportingfeedback@aahpra.gov.au.

Supporting graduates to register

Each year AHPRA receives more than 30,000 applications for registration from graduates of approved programs of study across the 14 regulated professions. Applying for registration can be an anxious time for applicants, with rigorous national requirements and deadlines. Making these processes easier to understand and comply with has been a big focus for us this year.

Improving the application process for graduates

We encourage graduates of approved programs of study to apply for 'pre-registration' online, four to six weeks before completing their studies. They must also post hard copies of documents supporting their application to AHPRA. We are trialling a new checklist and updated correspondence for graduates applying for general registration.

Our goal is to reduce the number of incomplete graduate applications received by our registration team and get graduates registered and practising sooner.

Mid-year applicants, who generally apply for registration around May/June, will be the first graduates to receive a revised and refreshed *Next steps checklist*. Improvements to the checklist include:

- better clarification about what hard copy supporting documents must be posted to AHPRA
- links to more helpful online information to help graduates gather and prepare their supporting documents in the required format, and
- a redesign of the checklist email so it can be printed off and the second half used as a coversheet to the required supporting documents.

The first half of the checklist email is kept by the graduate as a reference document that records their application number and outlines what happens next after AHPRA receives the supporting documents.

For more information, visit the [Graduate applications](#) page on the AHPRA website.

Community Reference Group advises the National Scheme

AHPRA and the National Boards have a commitment to work with the community, and this has continued to grow over the past three years with the increasing involvement and contribution of our Community Reference Group (CRG).

Established in June 2013, the CRG meets quarterly and has a number of roles, including providing feedback, information and advice on strategies for building better knowledge in the community about health practitioner regulation.

We recently welcomed [six new members](#) to the CRG and we're looking forward to their contribution to the work of the National Scheme.

The CRG also has a new Chair, Mark Bodycoat, who has an extensive background in regulation and consumer affairs. As Mark says, 'The main objective of professional regulation in schemes like the National Scheme is maintaining public safety. To do this properly, regulatory schemes must be relevant, responsive and effective.'

Mark believes that community groups help to focus on issues of importance as they affect the wider community, and their input helps to ensure that regulatory schemes are focused on the right concerns. A body like the CRG provides a consistent channel by which issues of significance to the community can be heard and addressed.

To read more about Mark and the CRG, see the Winter issue of the [AHPRA newsletter](#).

Further information is available on the [Community Reference Group](#) webpage.

Choosing Wisely Australia campaign: five questions to ask your healthcare provider

AHPRA and the National Boards are promoting a new public awareness campaign. In March, the Choosing Wisely Australia campaign released 61 recommendations centred on the theme 'five things clinicians and consumers should question'.

The recommendations aim to help consumers start a conversation with their healthcare professional about the kind of healthcare they are receiving, including whether imaging and screening is necessary, when to use antibiotics and how to start a conversation on how to improve end of life and palliative care.

The campaign is part of a global Choosing Wisely healthcare initiative and the recommendations are the collective advice of 14 Australian colleges, societies and associations.

The Choosing Wisely Australia [website](#) provides a number of useful tools that you might want to share with your colleagues, friends and family including a fact sheet titled '5 questions to ask your doctor or healthcare provider', which has been translated into 10 languages.

AHPRA has posted links to the Choosing Wisely campaign on Facebook and Twitter.

Family and domestic violence – Queensland and Victoria state reports released

The Board is committed to being part of the solution to major health and social problems as best we can within our mandate as a regulator of the podiatry profession.

Everyone should feel safe at home. Tragically, many people across Australia face great danger at home from the people closest to them. Family violence can affect anyone, regardless

of their gender, age, ethnicity or sexuality and it not only impacts on victims, but also their family, friends and the wider society. Health practitioners who often work closely with families could also be in the right place at the right time to help families who fall victim to such violence.

The Board wants to make podiatrists and podiatric surgeons aware of two significant reports recently released on this issue, including one in Queensland and one in Victoria.

The Queensland Government commissioned a special taskforce to conduct an inquiry into domestic and family violence in Queensland. The Taskforce's report [Not Now Not Ever - putting an end to domestic and family violence in Queensland](#) made 140 recommendations to Queensland and national bodies, including three to the National Scheme.

In Victoria, the Royal Commission into Family Violence released its [report and recommendations](#) on how Victoria's response to family violence can be improved. The Commission's 227 recommendations are directed at improving the foundations of the current system, seizing opportunities to transform the way that we respond to family violence, and building the structures that will guide and oversee a long-term reform program that deals with all aspects of family violence. Though there were no specific recommendations directed towards AHPRA or National Boards, several referenced the important role the health system and health professional bodies have to play in influencing child safeguarding and in improving the accreditation and training for health practitioners in this area.

Keep in touch with the Board

- Visit www.podiatryboard.gov.au for the mandatory registration standards, codes, guidelines and FAQ. Visiting the website regularly is the best way to stay in touch with news and updates from the Board.
- Lodge an enquiry form via the website by following the [Enquiries](#) link on every web page under *Contact us*.
- For registration enquiries, call 1300 419 495 (from within Australia) or +61 3 9275 9009 (for overseas callers).
- To update your contact details for important registration renewal emails and other Board updates, go to the AHPRA website: [Update contact details](#).
- Address mail correspondence to: Cathy Loughry, Chair, Podiatry Board of Australia, GPO Box 9958, Melbourne VIC 3001.

