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## Chair's message

Welcome to the first newsletter for 2017. There are a number of important messages in this newsletter with relevance to all podiatrists and podiatric surgeons. A key message in this edition is the importance of effective communication.

The Podiatry Board of Australia is committed to broad stakeholder and community engagement. After each meeting a communiqué is published on the Board's website, which highlights key items considered at the Board meeting as well as other information from the Board.

The website also includes extensive information about requirements for registration and the ongoing professional obligations of registered podiatrists and podiatric surgeons. I encourage all podiatrists and podiatric surgeons to visit the Board's website to regularly check for updates.

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

## Call for applications: Podiatry Board of Australia Registration and Notifications Committee

Applications are invited from suitably qualified and experienced registered podiatrists and podiatric surgeons interested in being appointed to the Board's Registration and Notification Committee (RNC).

The role of the RNC is to make decisions about individual registration and notification matters, based on the national policies and standards set by the Board. The Board has delegated the necessary powers to the RNC to enable it to carry out these functions.

The RNC has practitioner and community members. To ensure an appropriate balance of skills, knowledge and experience on the committee, the Board has decided to appoint an additional practitioner member to the RNC, preferably with experience in private practice.

The appointment is for one year with eligibility for reappointment. The successful applicant is expected to start in May/June 2017.

For more information on the role and the application process, please see the news item on our website.

Expressions of interest close **Monday 17 April 2017**.

## Are you communicating effectively?

Communication is a key component of effective healthcare.

Poor communication is a contributing factor in a number of notifications (complaints or concerns) made to the Board about the professional conduct of podiatrists and podiatric surgeons. For example, in some cases the practitioner fails to provide adequate information to enable a patient to make an informed decision about proposed treatment. This includes failing to provide sufficient information about:

- the available options for the management or treatment of the patient's podiatric condition, including conservative options if they are available
- risks associated with the proposed treatment, and
- relevant costs associated with the management or treatment options.

Effective communication should underpin every aspect of podiatry practice, and the Board would like to stress that it is up to each practitioner to make sure this is the case.

As outlined in the Board's Code of conduct, good practice is centred on the patient. It involves practitioners understanding that each patient is unique and working in partnership with the patient to address the needs and reasonable expectations of that particular patient. Making decisions about healthcare is the shared responsibility of the treating practitioner and the patient, and effective communication is an essential component of this.

There is evidence that effective communication supports:

- individualised care that respects patient autonomy
- safer and more effective healthcare
- improved disease outcomes
- more satisfied and autonomous patients
- more efficient services
- more cost-effective care<sup>1</sup>

There is a specific section in the Board's code (3.3) about effective communication, which outlines a number of key points about what effective communication in the practitioner-patient relationship involves. The points include:

- discussing with patients their condition and the available healthcare options, including their nature, purpose, possible positive and adverse consequences, limitations and reasonable alternatives wherever they exist
- endeavouring to confirm that a patient understands what the practitioner has said
- ensuring that patients are informed of the material risks associated with any part of a proposed management plan
- responding to questions from patients and keeping them informed about their clinical progress
- making sure, whenever practical, that arrangements are made to meet the specific language, cultural and communication needs of patients, and being aware of how these needs affect understanding

There may be occasions when an interpreter is needed to help meet the communication needs of patients, including those who require assistance because of their English-language skills, or because they are speech or hearing impaired. Wherever possible, practitioners should use trained translators and interpreters rather than family members or other staff. It is important when using interpreters to obtain the patient's consent to use an interpreter and take reasonable steps to ensure that the interpreter:

- is competent to work as an interpreter in the relevant context
- is not in a relationship with the patient that may impair the interpreter's judgement
- will keep confidential the existence and content of the service provided to the patient
- is aware of any other relevant provisions of the Board's *Code of conduct*.

As noted in the *Code of conduct* (3.8) some patients (including those with impaired decision-making capacity) have additional needs. Good practice in managing the care of these patients includes paying particular attention to communication.

When your patient's capacity to make decisions about their healthcare is, or may be impaired or limited, it is important that you communicate with those who have legal authority to act and make decisions on behalf of the patient. The same principles about effective communication apply in these circumstances.

Podiatrists and podiatric surgeons are encouraged to review the Board's Code of conduct – in particular the section on effective communication – and reflect on whether they are communicating effectively with their patients.

Further information about communication in the context of shared decision-making can be found on the National Health and Medical Research Council's website.

## Upcoming forums

As part of the Board's communication and engagement strategy, the Board holds at least two of its meetings each year in a different state. This provides an opportunity for the Board to meet with its local stakeholders.

This year the Board is holding its April meeting in Canberra and its September meeting in Hobart. The Board will host forums to coincide with these meetings, with local podiatrists and podiatric surgeons invited to attend.

The Canberra forum is on the evening of Thursday 27 April 2017 and an invitation has been sent to podiatrists and podiatric surgeons whose principal place of practice is in NSW or the ACT. All podiatrists and podiatric surgeons are welcome to attend, even if your principal place of practice is in a different state or territory.

The forum is a great opportunity for local podiatrists and podiatric surgeons and members of the Board to meet informally and discuss current issues in podiatry practice.

Members of the Board will present on the following two key topics, which will be followed by an open discussion with members of the profession:

- the importance of communicating effectively with your patients or clients, and
- continuing professional development (CPD) – maximising the effectiveness of your CPD through planning and reflection.

The forum is being held at Crowne Plaza, 1 Binara Street Canberra from 6.00pm - 7.00pm on Thursday 27 April 2017. Light refreshments will be served.

If you haven't already registered your interest in attending the forum you can do so via email at [forum@podiatryboard.gov.au](mailto:forum@podiatryboard.gov.au).

The Hobart forum will be held on 27 September 2017. Invitations will be sent out in August, and further information will be provided closer to the date. Podiatrists and podiatric surgeons whose principal place of practice is in Tasmania will receive invitations to the forum in August.

<sup>1</sup> See International Association for Communication in Healthcare <http://www.each.eu/>

## Revised recency of practice registration standard now in effect

The Board's revised recency of practice registration standard took effect on 1 December 2016. This means when you renew your registration at the end of November 2017 you must declare whether or not you have met the requirements of the revised standard.

The revised standard applies to all registered podiatrists and podiatric surgeons except those who are registered as non-practising.

The key change to the Board's revised recency of practice standard is the requirement for a minimum number of hours of practice. To meet the revised standard's requirements you must practise in your scope of practice for a minimum of 450 hours in the previous three years or 150 hours in the previous 12 months.

Read more about the revised standard in the [Board's FAQ](#).

## Consultation update: scheduled medicines

The Board recently consulted on a proposed revised registration standard for endorsement for scheduled medicines and associated guidelines. The Board received a number of submissions which will be published on the Board's website soon.

The Board is carefully reviewing the submissions and will announce a decision in due course. We appreciate receiving feedback from stakeholders and acknowledge the time and thought taken to provide this information to the Board.

## Have you checked your infection prevention and control?

Effective infection prevention and control is central to providing quality healthcare for patients and a safe working environment for those who work in healthcare settings.

The Board expects you to continue to maintain and update your knowledge throughout your career across all areas of your practice, and recommends that you regularly include a course in infection prevention and control as part of your [CPD](#). This will help you attain and maintain contemporary knowledge of the required standards, policies and procedures in infection prevention and control.

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

Podiatrists and podiatric surgeons are encouraged to use the self-audit 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.

## Commuqué about the Board's 2016 forum

In October 2016 the Board hosted a forum for its key stakeholders in Adelaide. The theme for the day was *Changing the podiatry curriculum: a new pathway to safe prescribing*.

The aim of the forum was to provide an opportunity to start the discussion about changing the podiatry curriculum so that students will acquire the necessary competencies to safely prescribe scheduled medicines and be qualified for endorsement for scheduled medicines on graduation.

The Board has published a [commuqué](#) from the forum on the Board's website.

## Podiatry regulation at work: Protecting the public in 2015/16

The Board has published a profession-specific annual report summary that looks into its work in podiatry regulation and registration over the 12 months to 30 June 2016.

The report draws on data from [the 2015/16 annual report](#) by AHPRA and the National Boards. This information provides a snapshot of the podiatry profession as at 30 June 2016, and includes the number of applications for registration, outcomes of criminal history checks and segmentation of the registrant base by gender, age and principal place of practice.

Notifications information includes the number of complaints or concerns received about podiatrists and podiatric surgeons, matters opened and closed during the year, types of complaint, monitoring and compliance, and matters involving immediate action.

### Insights into the profession include:

- Of the 657,621 registered health practitioners in Australia in 2015/16, 4,655 were podiatrists (0.7% of the total registrant base).
- 445 new applications for registration as a podiatrist or podiatric surgeon were received.
- Registration for the podiatry profession grew by just over 6% during the year to 30 June 2016.
- Student registration decreased by 3.6%, to 1,718 registrants.
- 61% of podiatrists are women; 39% are men.
- Victoria was the principal place of practice for most podiatrists (1,481).
- The Northern Territory was home to the fewest (24).
- The age bracket with the most podiatrists was 25–29 (991 registrants).
- 411 podiatrists were under 25 years of age; four were aged 80 or over.
- As part of the registration process, 814 criminal history checks were carried out for podiatrists. Of 54 disclosable court outcomes, none required regulatory action.

- AHPRA managed 42 of the 57 notifications (complaints or concerns) received nationally about podiatrists in 2015/16.
- On a national basis, the percentage of registered health practitioners with notifications received during the year was 1.5%. The percentage of podiatrists with notifications was 1.2%.
- Immediate action to suspend or limit a podiatrist's registration was taken twice in 2015/16.
- There were 24 active monitoring cases, with most relating to suitability/eligibility for registration as a podiatrist.
- 26 new complaints were made about possible statutory offences relating to podiatry services. Almost all were advertising concerns.

Individual annual report summaries for each state and territory, offering insights into how the National Scheme is operating in each jurisdiction, have also been published.

To download this report, or to view the main 2015/16 annual report and summary reports by profession and state or territory, visit the [Annual report microsite](#).

## National Scheme news

### Health workforce dataset released: Allied health fact sheets 2015

AHPRA in conjunction with the National Boards is responsible for the national registration process for 14 health professions. A subset of data from this annual registration process, together with data from a workforce survey that is voluntarily completed at the time of registration, forms the National Health Workforce Dataset (NHWDS).

The NHWDS includes demographic and professional practice information for registered health professionals and is de-identified before it can be made publicly available.

The NHWDS Allied Health 2015 data has recently been released as a series of fact sheets on each allied health profession, including podiatry, and on Aboriginal and Torres Strait Islander practitioners across all allied health professions – see the [NHWDS allied health fact sheets 2015](#). They were published on a new-look website, the [Health Workforce Data website](#), by the Commonwealth Department of Health.

The fact sheets present information specific to each profession, such as information relating to scope of practice, specialties and endorsements where applicable. Aggregate data are also accessible via the [Health Workforce Online Data Tool](#).

The data included are generated through Workforce Surveys, which are provided by AHPRA on behalf of the Department of Health to all health professionals as part of their yearly re-registration. Each survey is slightly different and is tailored to obtain data specific to that profession.

You can find the fact sheet on podiatry on the [Publications page](#).

### AHPRA performance report October–December 2016

The October to December 2016 quarterly performance reports for AHPRA and the National Boards are now available.

The reports, which are part of an ongoing drive by AHPRA and the National Boards to increase their accountability and transparency, include data specific to each state and territory.

Each report covers AHPRA and the National Boards' main areas of activity:

- managing applications for registration as a health practitioner
- managing notifications about the health, performance and conduct of registered health practitioners and offences against the National Law, and
- monitoring health practitioners and students with restrictions on their registration.

The reports are available on the [Statistics page](#).

To provide feedback on the reports please email: [reportingfeedback@ahpra.gov.au](mailto:reportingfeedback@ahpra.gov.au).

### AHPRA online portal for complaints or concerns launches

AHPRA has launched a [new online portal](#) to the public offering a clearer and simpler process when making a complaint or raising a concern about registered health practitioners and students.

- The portal is an additional channel available through the [AHPRA website](#). Alternatively, individuals can still call 1300 419 495 to make a complaint or raise a concern, while a PDF form also remains available for complainants.
- The same standard applies to information and evidence regardless of whether the concern is raised online or by email, phone or form. The portal includes the requirement for a complainant to declare that the information provided in a complaint or concern is true and correct to the best of their knowledge.

The online portal guides users to provide information that more readily enables proper assessment of their concerns. Automated correspondence is issued to all users of the portal, including a copy of their complaint or concern and advice that they will be contacted by a member of the AHPRA team within four days.

The portal is supported by website content about the way AHPRA manages complaints or concerns about health practitioners and students. Consultations revealed the term 'notification' is not commonly understood by the broader community. In response the term 'complaint or concern' replaces the term 'notification' in the portal and the website content.

Further enhancements will be made to the portal based on user feedback.

## COAG Health Council meeting communiqué

The Federal and state and territory Health Ministers met in Melbourne on 24 March 2017 at the [COAG Health Council](#) to discuss a range of national health issues. The meeting was chaired by the Victorian Minister for Health, the Hon Jill Hennessy. AHPRA CEO attended the Australian Health Workforce Ministerial Council (the Council) meeting which brings together all Health Ministers throughout Australia to provide oversight for the work of the National Accreditation and Registration Scheme (the National Scheme). AHPRA and National Boards provide a regular update to the Council on our work.

This meeting had a particular focus on the progress of amendments to the National Law which, among other things, will pave the way for the registration of paramedics from 2018 and a call for expressions of interest and nominations for first appointments to the National Board prior to this. Ministers also discussed further amendments to the National Law to increase the penalties for people holding out as registered practitioners.

The Council produces a communiqué from its meeting which can be accessed on [AHPRA's website](#).

## New accreditation publications about costs and international accreditation systems

Two new papers have been published about key aspects of the accreditation functions under the National Registration and Accreditation Scheme (the National Scheme).

The papers provide a new analysis of accreditation costs and an international comparison of accreditation systems for registered health professions in comparable health systems.

To read more about the papers, visit the [news item](#) on the AHPRA website.

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## Keep in touch with the Board

- Visit [www.podiatryboard.gov.au](http://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.

