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## Chair's message

Welcome to the November 2017 newsletter from the Podiatry Board of Australia. We hope you find the information in this publication useful.

Podiatrists provide healthcare services in a range of different health facilities and clinical environments. 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. As required by the Board's Guidelines: *Infection prevention and control*, podiatrists and podiatric surgeons must be familiar with and practise within the recommendations of the National Health and Medical Research Council Australian guidelines for the prevention and control of infection in healthcare (NHMRC guidelines) as they apply to the practice setting(s) in which they work.

In this newsletter there is a link to a video that the Board has developed to assist the public to understand what they can expect when visiting a podiatrist. We encourage you to share the video so that members of the community can access it and the useful information it contains.

**Cathy Loughry**

Chair, Podiatry Board of Australia



## Sharing the message about infection prevention and control

The Board has published a [video on infection prevention and control](#) for patients to help them understand what infection prevention and control measures to expect when visiting their podiatrist or podiatric surgeon.

The video was launched to coincide with International Infection Prevention Week (15–21 October 2017) and shows the key aspects of infection prevention and control practices that a podiatrist follows during a routine podiatry service, including practising hand hygiene; wearing protective clothing; the use of sterile instruments; as well as how they should handle sharps like scalpels. It also encourages patients to ask their podiatrist questions about infection prevention and control and helps them know what to do if they have a concern about their podiatrist's infection control practices.

Along with the video, we developed a quick [infection control checklist](#) that provides patients with easy-to-remember tips to ensure they receive safe care when visiting their podiatrist.

The sharing of information with the community is a vital component of the Board's role as a national regulator of podiatrists and podiatric surgeons. It is important that members of the community understand the Board's role in protecting the public, and that they are empowered to know what to expect from their podiatrist or podiatric surgeon.

### Watch and share

We encourage you to watch and share the video and checklist which are available on the [Board's website](#). You can also view and share the video via AHPRA's [YouTube channel](#), [Facebook](#) or [Twitter](#).

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## Update to self-audit tool – infection prevention and control

In March 2016, the Board published a tool that podiatrists and podiatric surgeons can use as a checklist to see how well they comply with the Board's *Guidelines: Infection prevention and control*. Our aim in developing the tool was to help practitioners ensure that they are taking the necessary feasible steps to prevent or minimise the spread of infection.

We have been pleased to see a high level of downloads of the self-audit tool from the Board's website since it was published in March 2016.

We have recently updated the self-audit tool to include an additional point to address a potential risk for podiatrists who use multi-use scalpel blade removal systems. The self-audit tool now asks practitioners whether there are policies in place to ensure scalpel handles are not re-used after removal of the blade using a multi-use scalpel blade removal system. It also highlights that a re-usable scalpel handle must be sterilised before re-use if the blade has been removed using a multi-use blade removal system.

The updated self-audit tool is published on the [policies, codes and guidelines](#) page of the Board's website, together with the *Guidelines: Infection prevention and control*.

We hope that you will continue to use the self-audit tool to help ensure you are meeting your infection prevention and control obligations and delivering safe and effective podiatry services.

We also recommend that you regularly include infection control courses or seminars as part of your continuing professional development (CPD) activities.

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## Graduates invited to apply online for general registration

The Board is calling for final-year podiatry students to apply for registration online.

Those on the Student Register who will complete their [approved program of study](#) at the end of 2017 have been sent an email inviting them to [apply online](#) for registration four to six weeks before finishing their course.

Students are encouraged to read the information on AHPRA's website under [Graduate applications](#). Certain applicants will also need to apply for an [international criminal history check](#).

Graduates can start practising as soon as their name is published on the [national register](#).

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## Reminder to renew registration by 30 November

Registration renewal for podiatrists and podiatric surgeons is due on 30 November 2017.

Podiatrists and podiatric surgeons who are due to renew their general, specialist or non-practising registration can apply online. [Online renewal is quick and easy](#).

Applications for renewal received in December will incur a late fee in addition to the annual renewal fee.

If you apply to renew on time or during the late renewal period, you can still practise while your application is being processed, even if the registration expiry date displayed on the register has passed.

Practitioners who do not apply to renew their registration by 31 December 2017 will have lapsed registration. They will be removed from the [Register of Podiatrists](#), and/or the Board's specialist register in the case of podiatric surgeons, and will not be able to practise in Australia. A 'fast-track' application can be made, but the practitioner cannot practise until the application is processed and the national register is updated, which can take some time.

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## Renewing includes an extra step this year

Renewing your registration as a podiatrist or podiatric surgeon includes an extra step this year.

When completing your renewal you will be asked to check that your qualification(s) are recorded correctly on the register. We are including this as part of online renewal to make it easy for you to confirm and update these details if required. You will be helping us to maintain the integrity of the national register, which helps to protect the public.

Further information is on the [Registration renewal](#) page of the Board's website.

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## Recency of practice

The Board's *Code of conduct* requires podiatrists and podiatric surgeons to recognise and work within the limits of their competence and scope of practice. Podiatrists and podiatric surgeons must have recent experience in their scope of practice to maintain their competence to practise safely.

The Board's *Recency of practice registration standard* sets out the minimum hours that you must practise in your scope of practice to maintain your competence to practise safely.

Scope of practice is the professional role and services that you are trained, qualified and competent to perform. The definition of practice is broad, which means that the scope of practice of a podiatrist or podiatric surgeon may include clinical and non-clinical practice. You do not need to practise in a clinical role to meet the Board's recency of practice standard. However, if you do perform any clinical practice you have a responsibility to ensure you have adequate knowledge and skills to provide safe clinical care, and this includes recent practice in the area of clinical care that you are providing.

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## Board recognises the important role of podiatrists in the community

Foot Health Month was a campaign led by the [Australian Podiatry Association](#) in October. To coincide with Foot Health Month, the Board released a [news item](#) in October recognising the important contribution of podiatrists to the health and wellbeing of the Australian community.

We highlighted the role of the podiatry profession in supporting healthy feet and contributing to the provision of accessible, high quality healthcare services and advice to patients across all stages of their lives to help achieve the best foot health outcomes for individuals.

## Board sets fees for 2017/18

In September, the Board announced the national registration fee for podiatrists and podiatric surgeons for 2017/18.

We have frozen the registration fee at \$378 for the second consecutive year. The fee took effect on 15 September 2017 and covers the registration period for most podiatrists and podiatric surgeons of 1 December 2017 to 30 November 2018.

The fee for practitioners whose principal place of practice is New South Wales is \$430.<sup>1</sup>

A [full fee schedule](#), including the fee arrangements for practitioners whose principal place of practice is NSW, is published on the Board's website.

The National Registration and Accreditation Scheme (the National Scheme) is funded by practitioners' registration fees. The decision to keep the fee frozen ensures practitioners are not unduly burdened, but still provides sufficient income to allow the Board to carry out its duties and protect the public.

## Latest registration data released

The Board has published its latest quarterly registration data on its [website](#).

The report includes a number of statistical breakdowns, including information on types of registration held, principal place of practice, registrant age and gender.

At 30 September 2017, there were a total of 4,939 registered podiatrists and podiatric surgeons. Of these 4,804 held general registration; 31 held both general and specialist registration; 82 had their registration endorsed for scheduled medicines; and 104 held non-practising registration.

## National Scheme news

### Legislative changes passed to establish a new National Board for paramedicine and provide stronger protection for the public

The *Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2017* has been passed by the Queensland Parliament and has received royal assent. This Bill contains amendments to the National Law that will apply in all states and territories except Western Australia (South Australia also needs to make a regulation to give effect to the amendments). The Legislative Assembly of

the Parliament of Western Australia has also passed a corresponding amendment Bill (the *Health Practitioner Regulation National Law (WA) Amendment Bill 2017*) which will now be considered by the Legislative Council.

The passing of the Bill in Queensland marks a significant day for health practitioner regulation as these are the first legislative amendments to the National Law since the start of the National Scheme in 2010. The changes to the National Law will enable the Paramedicine Board of Australia to be established with the appointment of inaugural board members by health ministers. Also, new measures that strengthen public protection will be introduced and there will be formal recognition of nursing and midwifery as two separate professions regulated by the Nursing and Midwifery Board of Australia (NMBA).

The amendments include:

- **Introduction of national regulation of paramedics:** This will mean the establishment of the Paramedicine Board of Australia, with national registration of paramedics expected to begin in the second half of 2018.
- **Recognising nursing and midwifery as separate professions:** The National Law will be updated to recognise the two professions as separate. The structure of the NMBA will remain the same as will how nurses and midwives interact with the Board.
- **Changes to strengthen the management of complaints (notifications) and disciplinary enforcement powers of AHPRA and National Boards, including:**
  - a. **Provision of practice information:** A National Board may require a health practitioner to provide details of their practice arrangements, regardless of how they are engaged to practise. This will mean health practitioners that practise in multiple locations or under different employment; contractual or voluntary arrangements will be required under law to provide this information to their National Board when asked to do so.
  - b. **Public interest grounds for immediate action:** Broadening the grounds by which a National Board may take immediate action against a health practitioner or student if it reasonably believes it is in the public interest.
  - c. **Extension of prohibition order powers:** A responsible tribunal may issue a prohibition order to prohibit a person from providing any type of health service or using any protected or specified title. A breach of a prohibition order in any state or territory will also become an offence with a maximum penalty of \$30,000.
  - d. **Communication with notifiers:** This change will improve communication for people who make a complaint or report a concern to AHPRA and National Boards (notifiers) about a registered health practitioner's health, performance or conduct. National Boards will now have the discretion to inform notifiers of a greater range of actions taken by the National Board in response to their complaint or concern and the reasons for their actions.

<sup>1</sup> NSW is a co-regulatory jurisdiction, which is a jurisdiction that is not participating in the health, performance and conduct process provided by the National Law, but is involved in other parts of the National Scheme. In NSW the health professionals councils work with the Health Care Complaints Commission to assess and manage concerns about practitioners' conduct, health and performance.

- **Additional powers for the COAG Health Council (formerly operating as the Australian Health Workforce Ministerial Council) to change the structure of National Boards:**

This means that health ministers may make changes to the structure and composition of the National Boards by regulation following consultation. There are no current proposals to change the structure of National Boards.

Decisions about proposed amendments to the National Law are made by health ministers and the governments of all states and territories, with the changes progressed through the Queensland Parliament (as the host jurisdiction of the National Law), and the Western Australian Parliament. AHPRA will work with National Boards, governments, health departments, professions and consumer representatives to support the implementation of the changes to the National Law into daily operations.

While the Queensland Bill has received royal assent, starting dates of many of the changes to the National Law are likely to occur in a staggered process over the coming months.

The *Health Practitioner Regulation and National Law and Other Legislation Amendment Act 2017* can be accessed on the [Queensland Parliament website](#).

For more information on the regulation of paramedics under the National Scheme, see the [AHPRA website](#).

### Co-Chairs announced to help lead the way for the first ever National Scheme Aboriginal and Torres Strait Islander health strategy

The National Scheme is pleased to announce the appointment of co-Chairs for the Aboriginal and Torres Strait Islander Health Strategy Group.

Associate Professor Gregory Phillips, CEO of ABSTARR Consulting, and Dr Joanna Flynn AM, Chair of the Medical Board of Australia, have been appointed as co-Chairs of the group.

The strategy group has been brought together to develop the National Scheme's first ever Aboriginal and Torres Strait Islander health strategy.

AHPRA, the 14 National Boards responsible for regulating the health professions, accreditation authorities and Aboriginal and Torres Strait Islander health sector leaders and organisations have committed to an Aboriginal and Torres Strait Islander health strategy with this vision: 'Patient safety for Aboriginal and Torres Strait Islander peoples in Australia's health system is the norm, as defined by Aboriginal and Torres Strait Islander peoples.'

Associate Professor Gregory Phillips was nominated by Aboriginal and Torres Strait Islander health sector leaders and organisations to be co-Chair. Gregory Phillips is from the Waanyi and Jaru peoples, and comes from Cloncurry and Mount Isa in North-West Queensland. Dr Joanna Flynn was nominated by leaders of the National Scheme to be co-Chair.

Associate Professor Gregory Phillips and Dr Flynn agree that partnerships are fundamental in this work.

'With more than 700,000 Australians registered by the National Boards and a commitment from Aboriginal and Torres Strait Islander leaders and the National Scheme to work collaboratively there is a unique opportunity for real change to the health outcomes of all Australians,' Associate Professor Phillips said.

'We are grateful for the strong relationships we have with our partners in this work, particularly the expert guidance we have received from Aboriginal and Torres Strait Islander health sector leaders. This work cannot be done with National Boards acting in isolation and I am looking forward to making this new strategy a reality through my role as co-Chair,' Dr Flynn said.

### National Boards approve policy for removing reprimands from the national register

A policy to ensure consistent removal of reprimands from the national register of practitioners has been approved by all National Boards.

Reprimands on a practitioner's registration can be imposed under the National Law by a performance or professional standards panel, professional standards committee (New South Wales), and a relevant tribunal or court.

The policy will ensure that reprimands are removed from the [national register](#) in a consistent and effective way. It also allows for the removal of reprimands imposed under previous legislation to be considered on an individual basis, consistent with removal powers under that legislation.

A reprimand imposed under the National Law will be removed from the national register on the publication end date set by the relevant panel, committee, court or tribunal. Where a panel or tribunal has not set a publication end date, or where the reprimand was imposed under previous legislation, the reprimand will be removed no earlier than five years from the date of initial publication.

This is subject to:

- the practitioner making an application for removal of the reprimand
- no relevant event having occurred in the five-year period of publication of the reprimand, and
- legal advice confirming the power to remove a reprimand imposed under previous legislation.

A relevant event is any health, performance or conduct notification, action taken against the practitioner in relation to an adverse disclosure on renewal of registration, new information returned on a criminal history check or a confirmed breach of restrictions. It also includes when action has been taken against a practitioner regarding their conduct, health or performance. New notifications, irrespective of whether action was taken, will also be taken into account if an application for removal of a reprimand is received after the five-year period of publication.

The policy will take effect from 2 October 2017 and will be reviewed annually. An application form for removal of a reprimand from the national register will be published under [Common forms](#) on the AHPRA website.

### COAG Health Council meeting communiqué: proceeding with amendments to the National Law

The federal and state and territory health ministers met in Brisbane on 4 August 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 Martin Fletcher attended the Australian Health Workforce Ministerial Council (the Ministerial Council) meeting which brings together all health ministers throughout Australia to provide oversight for the work of the National Scheme. AHPRA and the National Boards provide a regular update to the Ministerial Council on our work.

The meeting included an agreement by health ministers to proceed with amendments to the National Law to strengthen penalties for offences committed by people who hold themselves out to be a registered health practitioner, including those who use reserved professional titles or carry out restricted practices when not registered. Ministers also agreed to proceed with an amendment to introduce a custodial sentence with a maximum term of up to three years for these offences. These important reforms will be fast tracked to strengthen public protection under the National Law. Preparation will now begin on a draft amendment bill, with a view to being introduced to the Queensland Parliament in 2018.

Ministers also discussed mandatory reporting provisions for treating health practitioners, agreeing that protecting the public from harm is of paramount importance as is supporting practitioners to seek help and treatment for their health concerns, including for their mental health and well-being. They agreed practitioners should be able to confidentially seek treatment for health issues while preserving the requirement for patient safety. It was agreed that the Australian Health Ministers' Advisory Council will recommend a nationally consistent approach to mandatory reporting following a consultation process with consumer and practitioner groups. A proposal on mandatory reporting is expected to be considered at the November 2017 meeting of the COAG Health Council.

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

## 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.

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### Follow AHPRA on social media



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