Welcome to the first newsletter for 2018 from the Podiatry Board of Australia (the Board). In February, the Ministerial Council approved the Board’s revised endorsement for scheduled medicine registration standard. The revision of the current standard has been a major focus of the Board’s work during the past few years.

The new standard, which takes effect on 1 August 2018, introduces a new, contemporary pathway to endorsement (Pathway A). This will enable students who complete an accredited and approved program of study for endorsement for scheduled medicines that is aligned to the national prescribing competencies framework, and includes clinically supervised practice relating to prescribing, to be qualified for endorsement on graduation.

You’ll find more information about the new registration standard below and I encourage all podiatrists and podiatric surgeons to click on the link to the Board website and familiarise yourselves with the new standard and guidelines.

This year the Board is presenting at association state conferences and events on the new requirements for endorsement and will also be updating you through our newsletter and communiqués. Please check the Board website regularly for important updates.

Cathy Loughry
Chair, Podiatry Board of Australia

Revised registration standard for endorsement for scheduled medicines takes effect on 1 August 2018

A revised endorsement for scheduled medicines registration standard and associated guidelines will take effect on 1 August 2018.

Ministerial Council approved the registration standard on 2 February 2018.

The revised registration standard will replace the current standard and will apply to podiatrists and podiatric surgeons applying to have their registration endorsed for scheduled medicines as well as those whose registration is already endorsed for scheduled medicines.

To help the podiatry profession prepare for the revised standard and guidelines coming into effect they have been published in advance and are available on the endorsement for scheduled medicines page of the Board’s website.
The key changes to the registration standard are:

- It has clearer wording and structure, including a section with definitions.
- It includes explicit reference to the NPS Medicinewise Prescribing Competencies Framework which describes the competencies that health professionals need to prescribe medicines judiciously, appropriately, safely and effectively in the Australian healthcare system.
- It has two pathways to endorsement – Pathway A and Pathway B:
  - Pathway A is a new contemporary pathway which enables students who complete an accredited and approved program of study for endorsement for scheduled medicines to be qualified for endorsement on graduation, and
  - Pathway B is similar to the current Pathway 2 with some modifications, including a change to the evidence to be submitted with an application for endorsement (a portfolio of evidence instead of 40 log sheets).

There have also been changes to the National podiatry scheduled medicines list, which is now attached to the registration standard. More information about the changes to the registration standard, National podiatry scheduled medicines list and guidelines can be found in the FAQ. These are available on the Board’s website, together with a flowchart that provides a snapshot of the two new pathways to endorsement.

Transitional arrangements

The Board has developed transitional arrangements for podiatrists and podiatric surgeons who are working towards an endorsement under Pathway 2 of the current registration standard but haven’t applied for endorsement when the new standard takes effect on 1 August 2018.

Under the transitional arrangements, practitioners who have started supervised practice under the current Pathway 2 have the option to apply for endorsement after 1 August 2018 under Pathway 2 of the current standard or Pathway B of the new standard. It is important to read the transitional arrangements carefully as there are deadlines that practitioners using the transitional arrangements must meet to submit certain documents. The transitional arrangements are published on the Board’s website together with a summary flowchart.

Further information to support the implementation of the new standard will be published on the Board’s website on 1 August 2018, when the standard takes effect.

Time to start planning CPD activities for the coming year

Continuing professional development (CPD) is an important part of providing safe and effective podiatry services. It is how podiatrists and podiatric surgeons maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives.

It is a process of lifelong learning for all health practitioners that ensures a practitioner’s knowledge and skill sets are up to date.

The ongoing CPD cycle involves reflecting on your practice; identifying gaps in your knowledge and skills; identifying your learning needs for the coming year and activities to address these gaps and learning needs; planning and participating in relevant learning activities; and reflecting on the value of those activities to check that you have achieved your learning goals.

The Board has published a Continuing professional development (CPD) learning plan to help you with planning your CPD for the year. You can find it under Policies, codes and guidelines on the Board’s website.

It is important that your CPD is relevant to your scope of practice and if your registration is endorsed for scheduled medicines, this includes activities relevant to your endorsement.

While you are reflecting on your practice, it is a good time to also consider whether your professional indemnity insurance still provides adequate cover appropriate for the risks which may arise from the scope and nature of your practice.

The Board’s professional indemnity insurance arrangements registration standard is published under Registration standards.

Reporting of adverse events associated with medicines

As outlined in the Board’s Code of conduct, minimising risk to patients is an important component of practice. Good practice in relation to risk management includes participating in systems for surveillance and monitoring of adverse events and ‘near misses’, including reporting such events to the relevant authority. (6.2)

The Therapeutic Goods Administration (TGA) is part of the Australian Government Department of Health and is responsible for regulating therapeutic goods including medicines, medical devices, blood and blood products.

The TGA also collects reports of adverse events associated with medicines and medical devices. Monitoring of adverse events allows the TGA to investigate and take action on medicines safety issues.
Podiatrists and podiatric surgeons, particularly those whose registration is endorsed for scheduled medicines, can assist the TGA in safeguarding public health by reporting all suspected adverse events associated with medicines. This information forms an important part of the TGA’s monitoring activities and plays a key role in helping identify potential relationships between a therapeutic good and a series of adverse events. When a link can be established, the TGA takes action to ensure that medicines available in Australia continue to meet appropriate standards of safety, efficacy and quality.

Further information about reporting of adverse events, including how to lodge a report, can be found on the TGA website.

Reminder about your obligations to tell the Board about certain events

There are times when podiatrists and podiatric surgeons are obliged to tell the Board that something has happened. These are called ‘relevant events’ and are detailed in section 130 of the National Law.

Some of the things you are obliged to tell us about within seven days include:

- if you have been charged or convicted of certain offences
- if you no longer have professional indemnity insurance
- if your right to practise at a facility, your Medicare billing rights or your prescribing rights are withdrawn or restricted
- if your medical registration in another country is restricted, suspended or cancelled, and
- if a complaint is made about you to certain organisations such as Medicare, Department of Health or Department of Immigration and Border Control.

A full list of the ‘relevant events’ that you are obliged to tell us about is included in the Notice of certain events form published on the AHPRA website. There are slightly different requirements for registered students.

You must also tell us within 30 days about any changes to your:

- principal place of practice
- contact address, and
- name.

To inform us of a relevant event, please complete the Notice of certain events form.

To update your address and contact details log into your AHPRA account or, if the change of personal details includes a name change, use the Request for change of personal details form on the common forms page.

Podiatry profession-specific annual report summary for 2016/17 published

The profession-specific summary provides a snapshot of the podiatry profession as at 30 June 2017, and includes the number of applications for registration, and segmentation of the registrant base by age, gender, registration type and principal place of practice.

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

At a glance: The podiatry profession in 2016/17

- 4,925 podiatrists¹, up 5.8% from 2015/16
- 1,559 registered podiatry students, down 9.3% from last year
- 42 notifications lodged with AHPRA about podiatrists
- 1.3% of podiatrists had notifications lodged about them²
- 6 of the 42 notifications were lodged about podiatric surgeons
- 47 notifications closed this year³
- 10.4% resulted in accepting an undertaking or conditions being imposed on a podiatrist’s registration
- 17% resulted in the Board accepting an undertaking or conditions being imposed on a podiatrist’s registration
- 68.1% resulted in no further action being taken
- 14 podiatrists were being actively monitored for compliance with restrictions on their registration⁴
- 20 statutory offence complaints were made; 19 were closed
- Most of the new matters related to advertising breaches, three related to title protection

¹ Throughout this report, the term ‘podiatrist’ includes both podiatrists and podiatric surgeons unless otherwise specified.
² Includes data from the Health Professional and Services Authority of New Zealand (HPSA) and the Office of the Health Ombudsman of Queensland.
³ Data as at 30 June 2017. See page 16 for data about monitoring cases relating to complaints, restrictions on registration, or podiatrists.
⁴ Immediate action is an action taken by the Board to suspend or cancel a podiatrist’s registration when a complaint is being considered. Refer to the 2016/17 annual report for the Australian Health Practitioner Regulation Agency (AHPRA) for more data on immediate action.

To download this report, or to view the main 2016/17 annual report, visit the AHPRA annual report microsite.

Latest registrant data released

The data for the January to March 2018 quarter is published on the Board’s website under About>Statistics. The report includes a number of statistical breakdowns.

At 31 March 2018, there were 5,134 registered podiatrists and podiatric surgeons. Of these, 4,994 held general registration; 35 held both general and specialist registration; and 105 held non-practising registration. There were 88 practitioners who had their registration endorsed for scheduled medicines.
National Scheme news

Public consultation on review of accreditation arrangements – assignment of accreditation functions

National Boards and the Australian Health Practitioner Regulation Agency (AHPRA) are consulting on future accreditation arrangements from mid-2019, when the current term of assignment of accreditation functions ends.

Public consultation has started and will close at 12pm on Monday 14 May 2018.

The National Law sets out the accreditation functions in the National Scheme, these include developing accreditation standards, accrediting programs of study against approved accreditation standards and assessing overseas qualified practitioners.

It is each National Board’s decision as to whether the accreditation functions for the profession it regulates will be carried out by an external accreditation body or a committee established by the Board. If the National Board decides on an external organisation, AHPRA enters a contract with them which specifies the scope of accreditation functions and sets out associated reporting requirements and funding arrangements. If the National Board decides on a committee, these matters are specified in terms of reference.

National Boards will take feedback into account in making decisions about the assignment of accreditation functions from mid-2019. Feedback will also be considered in the next phase of the review, which will involve establishing new agreements with external accreditation authorities and terms of reference for accreditation committees.

The consultation paper is available under Consultations, and AHPRA and the National Boards invite feedback from practitioners, stakeholders and the community.

Consultation paper on the draft guideline for informing a National Board about where you practise

The Board has published a consultation paper on the draft guideline for informing a National Board about where you practise.

Public consultation has started and will close on 25 May 2018.

In September 2017, the Queensland Parliament passed the Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2017. The Bill contained a set of amendments to the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory except Western Australia. Corresponding legislation has also been passed in Western Australia. These amendments include changes to the information a registered health practitioner is required to provide about their practice arrangements when requested by the National Board (referred to as ‘practice information’).

The draft guideline has been developed to help podiatrists, podiatric surgeons and other registered health practitioners to provide practice information in a way that meets their obligations under the National Law.

The consultation paper is available under Current consultations, and the Board invites feedback from practitioners, stakeholders and the community.

Self-assessment tool launched to help practitioners and advertisers

AHPRA and National Boards have launched a self-assessment tool to help health practitioners, including podiatrists, and other advertisers check and correct their advertising.

All registered podiatrists and podiatric surgeons need to make sure they meet their professional and legal obligations when advertising podiatry services. The tool was developed in consultation with National Boards and with feedback from AHPRA’s Professions Reference Group.

The tool is easy to use and asks users to consider a number of questions about their advertising which can help them understand if it is in breach of the Guidelines for advertising regulated health services, and in turn the National Law.

The self-assessment tool is the latest of a series of advertising resources for practitioners, healthcare providers and other advertisers of regulated health services to use to help them stay in line with the law.

This work is part of a broader strategy – the Advertising compliance and enforcement strategy for the National Scheme – which started last year. The strategy has met a number of its targets since its launch including clear, concise and helpful correspondence for when AHPRA receives a complaint about advertising and new resources such as:

- a summary of advertising obligations
- frequently asked questions
- tips on words to be wary about, and
- all-professions examples of compliant and non-compliant advertising.

The self-assessment tool is now available to use on the check, correct and comply section of the AHPRA website.

National regulation of paramedicine moves a step closer

The national regulation of paramedicine moves a step closer with the appointment of the first Paramedicine Board of Australia.

The federal, state and territory health ministers made the announcement of the nine-person board at the Council of Australian Governments (COAG) Health Council meeting held on 19 October 2017. Paramedicine will be the first profession to be regulated under the National Registration and Accreditation Scheme (National Scheme) since 2012.
Registration of paramedicine is due to start from late 2018. Paramedics will be able to register once and practise anywhere in Australia. The title ‘paramedic’ will also become a ‘protected title’ – only people registered with the Board will be able to call themselves a paramedic.

More information, including news about the implementation of the regulation of paramedics and the newly appointed Board members, is available on the Paramedicine Board of Australia’s website.

**New research framework launched to improve patient safety**

In January, National Boards and AHPRA published a research framework to help transform health practitioner regulation to improve patient safety.

A research framework for the National Scheme: Optimising our investment in research sets out the research priorities and principles for National Boards and AHPRA to focus their research efforts.

The framework includes the priority research areas of: defining harms and risks related to the practice of regulated health professions, regulatory taxonomy or classification scheme, risk factors for complaints and/or poor practitioner performance, evidence for standards, codes and/or guidelines, evaluating regulatory interventions, stakeholder satisfaction and engagement, work readiness and workforce capacity and distribution.

It has been published to provide a solid base to facilitate risk-based research and evaluation activities, with a clear focus on translating the outcomes of research into initiatives that will inform regulatory policy development and decision-making to maximise the public benefit.

**Update on the first ever National Scheme Aboriginal and Torres Strait Islander health strategy**

In our last newsletter, we told you about the beginning of the National Scheme’s Aboriginal and Torres Strait Islander health strategy.

AHPRA, the 15 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 the vision of: ‘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.’

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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.

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