

## Contents

<b>Chair's message</b>	1	Snapshot of the profession	4
<b>Review of entry-level accreditation standards and competency standards for the podiatry profession</b>	1	<b>National Scheme news</b>	5
<b>Mandatory notifications: obligations of health practitioners, employers and education providers</b>	2	New approach to international criminal history checks	5
<b>Practitioner audit</b>	2	Boards and AHPRA strengthen national drug screening	5
<b>Analysis of notifications</b>	3	Improving monitoring of conditions on practitioner registration	5
<b>Podiatry Board round-table discussion with stakeholders</b>	3	AHPRA actions to improve consumer and practitioner experience	5
<b>Graduate video</b>	3	Health ministers to consider National Scheme review report in August	5
<b>Registration matters</b>	3	Security alert – keep your web browser updated	6
New specialist registration standard in force	3	<b>Keep in touch with the Board</b>	6
Revised registration standards: criminal history and English language skills	3		

## Chair's message

Welcome to our first newsletter for 2015. Thank you to all the podiatrists and podiatric surgeons who recently completed the Board's survey. The survey was voluntary and we have had a great response rate. The Board appreciates the time taken by registrants to complete the survey.

The survey has now closed and the results are being analysed by the consultant who was engaged to conduct this anonymous survey on behalf of the Board. We hope the feedback will assist the Board to better understand registrants' knowledge and understanding of their obligations under the National Law<sup>1</sup> as well as identifying areas where the Board might need to provide more guidance to the profession.

We will provide some data about the survey in the next newsletter.

**Cathy Loughry**

Chair, Podiatry Board of Australia

## Review of entry-level accreditation standards and competency standards for the podiatry profession

As flagged in our previous newsletters, the Australian and New Zealand Podiatry Accreditation Council (ANZPAC) has completed a scheduled review of the Accreditation standards for podiatry programs for Australia and New Zealand and the Podiatry competency standards for Australia and New Zealand. The review was done to ensure that both sets of standards continue to represent contemporary best practice, benchmark well against other health profession standards nationally and internationally and remain relevant and effective over time.

Throughout the review, ANZPAC undertook wide-ranging public consultation and considered the feedback when finalising the standards for submission to the Board for approval.

The Board has approved the revised *Accreditation standards for podiatry programs for Australia and New Zealand*. They will be published on the Board's website under the [Accreditation](#) tab soon and take effect on the day they are published.

The Board also approved the revised *Podiatry competency standards for Australia and New Zealand*.

The entry-level program accreditation standards specify the criteria against which podiatry programs of study are evaluated. The podiatry competency standards are used for a range of purposes, including program accreditation, and describe the professional attributes and core competencies of entry-level podiatrists.

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

## Mandatory notifications: obligations of health practitioners, employers and education providers

All registered health practitioners have a professional and ethical obligation to protect and promote public health and safe healthcare. Under the National Law, health practitioners, employers and education providers also have some mandatory reporting responsibilities.

The Podiatry Board, together with the other National Boards has published joint *Mandatory notifications guidelines*, which provide guidance about the requirements for mandatory notifications under the National Law. The guidelines can be found on our [website](#) and we encourage you to read them carefully to ensure that you understand your obligations with respect to mandatory notifications.

The National Law requires registered practitioners to advise AHPRA or a National Board of 'notifiable conduct' by another practitioner or, in the case of a student who is undertaking clinical training, an impairment that may place the public at substantial risk of harm.

The threshold to require mandatory reporting is high. Registered health practitioners and employers have a legal obligation to make a mandatory notification if they have formed a reasonable belief that a health practitioner has behaved in a way that constitutes notifiable conduct in relation to the practice of their profession.

### Notifiable conduct

Notifiable conduct by registered health practitioners is defined as:

- practising while intoxicated by alcohol or drugs
- sexual misconduct in the practice of the profession
- placing the public at risk of substantial harm because of an impairment (health issue), or
- placing the public at risk because of a significant departure from accepted professional standards.

Education providers have an obligation to make a mandatory notification if they have formed a reasonable belief that a student undertaking clinical training has an impairment that may place the public at substantial risk of harm.

While it is not defined in the National Law, in general, a 'reasonable belief' is a belief based on reasonable grounds. More information about what is meant by a 'reasonable belief' can be found in the *Mandatory notifications guidelines*.

The mandatory notification obligation applies to all practitioners and employers of practitioners in relation to the notifiable conduct of practitioners. The obligation applies to practitioners in all registered health professions, not just those in the same health profession as the practitioner. It also applies where the notifying practitioner is also the treating practitioner for a practitioner, except in Western Australia and Queensland in certain circumstances.

There are specific exceptions to the requirements for all registered health practitioners in Australia that relate to the circumstances in which the 'reasonable belief' is formed, for example in the medico-legal context.

### Non-compliance with mandatory reporting obligations

The Board has the power under the National Law to take health, conduct or performance action on the registration of a practitioner who does not comply with this requirement. Ministers have the power to name employers that do not meet their mandatory reporting responsibilities.

The mandatory reporting obligations of registered health practitioners under the National Law are consistent with general ethical practice and professional obligations. In addition to their obligations under the National Law with respect to mandatory reporting, practitioners are also under an ethical obligation to notify concerns about a practitioner, in accordance with the broad ethical framework set out in the code of conduct for each health profession.

## Practitioner audit

The Board's second practitioner audit has started. The audit will assess compliance with the registration standards for the profession. Registrants are selected at random for audit. An [Audit page](#) has been published on the Board's website: this provides comprehensive information about the audit process including guidance on the audit notice, what is being audited, what it means for you and contact details for the audit team and AHPRA customer service team that can assist you with any queries.

### Audit results for 2014

The Board's first audit was conducted in 2014 and the results of the audit indicate that:

- 95.4% of practitioners audited in 2014 were compliant with the standards
- of the remainder
  - approximately 2% showed minor shortcomings in their levels of compliance that were addressed by providing information about the requirements of the standard
  - approximately 2% changed to non-practising registration, and
  - approximately 0.6% surrendered their registration.

There are a few instances of non-compliance which will be considered by the Board's Registration and Notifications Committee to decide whether to take further action. There is no outcome yet in respect of these.

A number of practitioners in the audit, while holding a current CPR certificate, did not have current training in management of anaphylaxis as required by the Board's CPD registration standard. An educative approach was taken with these

practitioners, who subsequently updated this part of their CPR requirements. You need to be sure that you have CPR that includes management of anaphylaxis and use of an AED.

During the follow-up of results from the 2014 audit, the Board has taken an educative approach to most instances of non-compliance, taking into account that compliance audits have begun only recently and that the overall regulatory regime is intended to be protective, not punitive.

---

## Analysis of notifications

The Board has commissioned AHPRA to perform an analysis of all notifications (complaints) relating to podiatrists and podiatric surgeons since the commencement of the National Registration and Accreditation Scheme (National Scheme) in July 2010.

The aim is to identify key risk factors to inform the development of tailored regulatory interventions to reduce harm to the public. The 213 podiatry notifications received since the commencement of the National Scheme, including NSW notifications, are being analysed. Analysis of the data is not complete, but there are some early indications including that:

- the incidence of notification is relatively consistent across states
- NSW has the highest incidence at 16.2 notifications per year per thousand
- Victoria has the lowest at 7.9
- approximately 4% of all notifications resulted in an immediate action (urgent consideration to be undertaken by the National Board), compared with an all-profession percentage of 1.9%, and
- adjusting for the size of the registrant base, this corresponds to 11.8 notifications per year per 1,000 podiatrists, which is very similar to the cross-profession incidence of 12.6.

Once the analysis is complete, we will report on the findings and inform the profession about the main risk areas.

---

## Podiatry Board round-table discussion with stakeholders

The Board hosted a 'round table' meeting with its podiatry stakeholders in Melbourne on 29 May 2015. There were representatives from the national and state podiatry associations, heads of podiatry schools, podiatric surgery programs of study, the Advanced Practising Podiatrists High Risk Foot Group, ANZPAC, Chief Allied Health Officers, and the Podiatrists Board of New Zealand.

The meeting provided a valuable opportunity for collaborative discussion and exploration of issues from a range of perspectives, and should enhance our ability to gather information from our stakeholders to assist us to discharge our regulatory responsibilities under the National Law.

---

## Graduate video

As part of its communications strategy, the Board has developed a short animated video targeted to podiatry students and graduates. The video, which was published on the [General registration page](#) of the Board's website on 18 May, aims to raise the awareness of podiatry students and graduates of the standards they need to meet to become registered and also the professional standards they need to meet to maintain their registration. The video also refers to relevant guidelines and highlights the information available on the website.

---

## Registration matters

### New specialist registration standard in force

The Podiatry Board of Australia's new specialist registration standard took effect in February 2015.

The [Registration standard for specialist registration for the podiatry specialty of podiatric surgery](#) sets out the requirements that must be met to be granted specialist registration to practise as a podiatric surgeon in Australia and the ongoing requirements to maintain specialist registration.

The only requirement that the registration standard imposes, in addition to the requirements for specialist registration as set out in the National Law, is the completion of at least two years of full-time general podiatry practice in a clinical setting.

A new [specialist registration application form](#) is available on the Board's website.

### Revised registration standards: criminal history and English language skills

The registration standards for criminal history and English language skills have been revised following consultation and have now been approved by the Australian Health Workforce Ministerial Council. They both take effect from 1 July 2015.

#### Criminal history

The new criminal history registration standard will come into effect on 1 July 2015. It makes minor amendments to the old standard, which is expected to have minimal impact on practitioners.

When a practitioner first applies for registration, the National Board requires the applicant to declare their criminal history in all countries, including Australia. All registered health practitioners must inform their National Board if they are:

- charged with an offence punishable by 12 months imprisonment or more, or
- convicted or found guilty of an offence punishable by imprisonment in Australia and/or overseas.

When practitioners renew their registration they must disclose any changes to their criminal history.

The registration standard and associated explanatory information are published on [AHPRA's website](#).

## English language skills

The new registration standard for English language skills will come into effect on 1 July 2015. It applies to all applicants for initial registration, regardless of whether they qualified in Australia or overseas.

The new standard introduces additional pathways for applicants to demonstrate evidence of their English language skills.

The new standard was developed after a review of the existing standard, which included a public consultation. All Boards except the Aboriginal and Torres Strait Islander Health Practice Board of Australia consulted on and revised their English languages skills standard. The standards are now largely common across professions.

The registration standard and supporting information are published on [AHPRA's website](#).

## Snapshot of the profession

The National Board publishes quarterly updates of registration data for the information of practitioners and the community. As of March 2015, there are 4,372 registered podiatrists in Australia, an increase of 25 since the previous data update published in December 2014. Of these registered practitioners, 95 are non-practising.

The highest number of podiatrists practise in Victoria (32%), followed by NSW (27%) and QLD (17%).

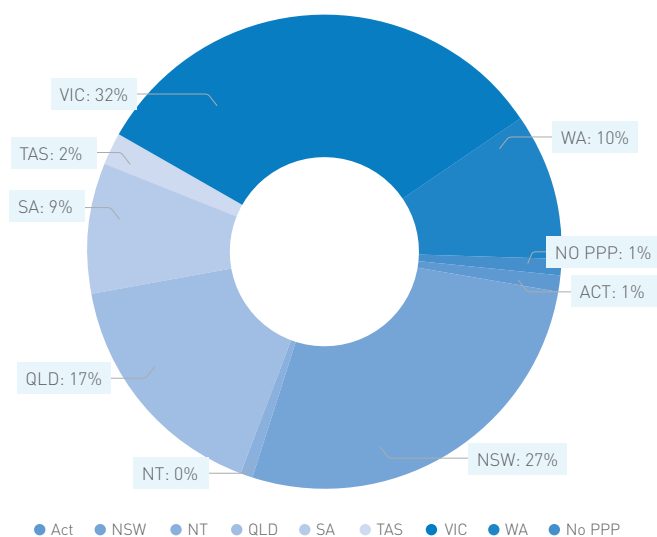
For further information, visit the [About>Statistics](#) page on the Board's website.

**Table 1: Podiatrists – state and territory by registration type (March 2015)**

State	General	General and specialist	Non-practising	Total Count
ACT	57	1	-	58
NSW	1,148	5	14	1,167
NT	20	-	-	20
QLD	710	1	20	731
SA	401	4	10	415
TAS	97	-	2	99
VIC	1,349	3	36	1,388
WA	422	15	4	441
NO PPP*	43	1	9	53
<b>Total</b>	<b>4,247</b>	<b>30</b>	<b>95</b>	<b>4,372</b>

\*Principal place of practice

**Table 2: Podiatrists – percentage by principal place of practice (March 2015)**



**Table 3: Podiatrists – endorsements by state or territory (March 2015)**

State	Scheduled Medicines
ACT	1
NSW	4
NT	-
QLD	3
SA	7
TAS	-
VIC	24
WA	27
No PPP	-
<b>Total</b>	<b>66</b>

**Table 4: Podiatrists – specialty by state or territory (March 2015)**

State	Podiatric Surgeon
ACT	1
NSW	5
NT	-
QLD	1
SA	4
TAS	-
VIC	3
WA	15
No PPP	1
<b>Total</b>	<b>30</b>

## National Scheme news

### New approach to international criminal history checks

As of 4 February 2015, National Boards and AHPRA have implemented a new procedure for checking international criminal history to provide greater public protection. This new approach requires certain applicants and practitioners to apply for an international criminal history check from an AHPRA-approved supplier. This approach aligns our international criminal history checks (ICHC) with our domestic history checks and aims to be fair and reasonable for practitioners. It also provides the Australian community with greater assurance by implementing additional safeguards to manage risks to the public from someone's international criminal history.

This approach was first announced in November last year, giving prospective applicants three months' notice of the change, and time to understand the new requirements before they take effect.

The new process for checking international criminal history aims to strike a balance between public safety and regulatory burden for practitioners.

For more information, please read the [media release](#) on the Board's website.

### Boards and AHPRA strengthen national drug screening

Mandatory hair testing will be routine for all registered health practitioners with substance-related impairment, under a screening protocol to be introduced by AHPRA and the National Boards.

Under the protocol, all health practitioners who have restrictions on their registration linked to past substance abuse will have routine hair testing in addition to urine testing.

Routine hair testing helps provide comprehensive information about the use – over time – of a wide range of drugs (not just based on the practitioner's drug-taking history).

The protocol provides a clear framework across professions for AHPRA's advice to National Boards about the management of registered practitioners with drug-related impairment. It will make sure drug screening in the National Scheme is evidence based, effective and up to date.

National Boards will continue to make decisions about individual practitioners with impairment case by case, based on testing standards set out in the protocol.

The proposed new protocol is published on AHPRA's website on the [Monitoring and compliance](#) page.

### Improving monitoring of conditions on practitioner registration

AHPRA has welcomed calls for stringent monitoring and swift detection of breaches in compliance by registered health practitioners with restrictions on their registration.

On 24 March 2015, the Queensland Office of the Health Ombudsman (OHO) published a report recommending a range of initiatives to strengthen monitoring and compliance in Queensland and the National Scheme.

'Regulation is all about managing risk to patients and we welcome all suggestions to help improve our work in public safety,' AHPRA CEO Martin Fletcher said.

'These recommendations affirm the sweeping changes we have already initiated to strengthen our compliance and monitoring program.'

AHPRA's detailed response to the OHO and the recommendations in the report is published on the [Corporate publications](#) page.

Since July 2014, health complaints management in Queensland for registered health practitioners has involved a partnership between National Boards, AHPRA and the OHO.

Improvements to compliance monitoring add to the overhaul of complaints management in Queensland that started in 2012. Recent initiatives include preparation for stricter drug and alcohol screening announced in February 2015, the appointment of a national compliance manager and stronger national coordination of the compliance function.

For more information, please read the [media release](#) on AHPRA's website.

### AHPRA actions to improve consumer and practitioner experience

Improving the experience of people who have made a notification has been a focus for us since early last year, when we commissioned the Health Issues Centre of Victoria (HIC) to conduct targeted research into the consumer experience when making a notification.

Since then we have made a raft of changes to address the issues this research raised, in particular to make our written communication clearer and easier to understand.

We recently started work on improving the practitioner experience of notifications. Earlier this month, senior leaders from AHPRA and the Medical Board of Australia (MBA) met Australian Medical Association (AMA) leaders about the way we manage notifications – including decision-making protocols, guidance and policies.

Key issues include the time it takes for a notification to go through the process; the tone and clarity of our communication; the need to better explain how the process works and why, and greater transparency wherever legally possible.

We will continue working on addressing the HIC's recommendations, and on other activities that will improve the overall experience of both consumers and practitioners who are the subject of a notification. Our latest update on this work will be published soon on this page: Improving our work.

### Health ministers to consider National Scheme review report in August

Federal and state and territory health ministers will respond to the report of the review of the National Scheme in August this year.



Ministers met in mid-April at the COAG Health Council to discuss a range of national health issues, including the final report of the National Registration and Accreditation Scheme Review. The independent review was conducted by Kim Snowball, the former Director General of Health in WA. It involved an extensive consultation process that included more than 230 written submissions and more than 1,000 individuals participating in consultation forums in each capital city.

The review aimed to identify what was working well in the National Scheme and opportunities to improve and strengthen our work to protect the public and facilitate access to health services. According to the report of the meeting, health ministers will consider the recommendations from the review and discuss them further at their meeting in August 2015.

The *COAG Health Council communiqué* is available on the COAG Health Council [website](#).

### Security alert – keep your web browser updated

National Boards and AHPRA are making changes to our websites to make sure that your information is kept safe.

From early April 2015, anyone using Internet Explorer version 6 (or an older version) to view our websites is likely to experience difficulty accessing our web pages and our online services.

To avoid an interruption to service, we recommend you upgrade to the [newest version of Internet Explorer](#) immediately. It is available for free from Microsoft.

If you are using a new version of Internet Explorer and are still having difficulty accessing our sites please contact us to report your experience:

- Call **1300 419 495** Monday to Friday, 9:00am – 5:00pm (Australian Eastern Standard Time).

If you are using Internet Explorer 6 we recommend you read our latest [security announcement](#) on the AHPRA website.

---

## 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 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.