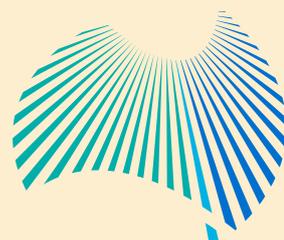


2017/18

Podiatry Board of Australia

Annual report summary

Our National Scheme: For safer healthcare



Podiatry
Board of Australia

AHPRA

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At a glance: The podiatry profession



5,155 podiatrists,¹
up **4.7%** from 2016/17

That's **0.7%** of the total health practitioner registrant base

Female: **59.5%**

Male: **40.5%**

35 held specialist registration as a podiatric surgeon



61 notifications lodged with AHPRA about podiatrists

1.6% of podiatrists had notifications made about them²

7 of the **61** notifications were lodged about podiatric surgeons



41 notifications closed this year:

- **14.6%** resulted in accepting an undertaking or conditions being imposed on a podiatrist's registration
- **17.1%** resulted in the Board accepting an undertaking or conditions being imposed on a podiatrist's registration
- **65.9%** resulted in no further action being taken



Immediate action was considered **once** and was not taken³



5 mandatory notifications were made:

- **2** about standards
- **2** about impairment
- **1** about alcohol or drugs



13 podiatrists were monitored by AHPRA for health, performance and/or conduct during the year



17 cases were being monitored for compliance with restrictions on their registration⁴ as at 30 June 2018:

- **3** for health reasons
- **3** for performance
- **1** prohibited practitioner/student
- **10** for suitability/eligibility



5 statutory offence complaints were made; **9** were closed

- **2** of new matters related to title protection
- **2** to advertising breaches
- **1** related to 'other' offence

¹ Throughout this report, the term 'podiatrist' includes both podiatrists and podiatric surgeons unless otherwise specified.

² Includes data from the Health Professional Councils Authority in New South Wales (NSW) and the Office of the Health Ombudsman in Queensland.

³ Immediate action is an interim step the Board can take to suspend or cancel a podiatrist's registration while a complaint is being considered. Refer to the [2017/18 annual report](#) by the Australian Health Practitioner Regulation Agency (AHPRA) for more data on immediate action.

⁴ See Table 13 for data about monitoring cases relating to compliance with restrictions on registration for podiatrists.

Message from the Chair

This report summarises data relating to the podiatry profession in Australia, which have been drawn from the Australian Health Practitioner Regulation Agency (AHPRA) and the National Boards' 2017/18 annual report. It offers a unique insight into the regulatory landscape.

The primary role of the Podiatry Board of Australia (the Board) is to protect the public. It does this by setting the minimum standards for safe and effective podiatry practice and ensuring that only those practitioners who are suitably trained and qualified are registered to practise the podiatry profession.

This year, the Ministerial Council approved the Board's revised *Registration standard: endorsement for scheduled medicines*, which comes into effect on 1 August 2018. The registration standard was revised following wide-ranging consultation with key stakeholders, including the profession and government. It includes a new contemporary pathway (Pathway A) where future graduates from an accredited and approved program of study with prescribing theory and clinical practice integrated throughout the curriculum will be qualified for endorsement for scheduled medicines.

The Board recognises that it may take time for education providers to redesign their programs to embed prescribing theory and practice throughout the curriculum. However, by introducing this new pathway, the Board has put the enabling infrastructure in place for this reform to occur.

The availability of the new Pathway A will depend on education providers seeking and achieving accreditation for their program against new accreditation standards. These standards will set the minimum requirements that education providers and their program will need to meet to ensure their graduates have the necessary knowledge, skills and attributes to be qualified for Pathway A. Entry-level podiatry programs as well as postgraduate programs for registered podiatrists and podiatric surgeons will be able to apply for accreditation for the purpose of providing a qualification for Pathway A.

During the year the Australian and New Zealand Podiatry Accreditation Council (ANZPAC) progressed work on developing these new accreditation standards. Once they have been consulted on and approved by the Board, education providers will be able to apply to have their programs of study assessed against the new accreditation standards.

I encourage you to read our 'Year in review' to find out more about the new registration standard and the Board's other regulatory work in 2017/18.

I would like to take this opportunity to thank all Board and committee members and AHPRA staff for their dedication, hard work and commitment to keeping the public safe.



Ms Catherine Loughry

Chair, Podiatry Board of Australia

Podiatry Board of Australia

Members of the Board

Ms Catherine Loughry (Chair)

Mr Ebenezer Banful

Dr Paul Bennett PhD

Dr Janice Davies PhD

Ms Ann Herriot

Miss Julia Kurowski

Mrs Kathryn Storer

Dr Paul Tinley PhD

Dr Cylie Williams PhD

Committees

The following national committees support the Podiatry Board of Australia:

- Immediate Action Committee
- Registration and Notifications Committee, and
- Strategic Planning and Policy Committee.

Executive and policy support



Ms Jenny Collis

Executive Officer, Podiatry

Ms Collis supports the Podiatry Board of Australia. She works in AHPRA's National Office in Melbourne.

Executive Officers provide a vital link between the National Boards and AHPRA.

For more information about the Board visit the [Board's website](#).

About us

The Board has worked in partnership with AHPRA to protect the public since the inception of the National Registration and Accreditation Scheme (National Scheme) in 2010. Together, we regulate the profession by ensuring that only those podiatrists and podiatric surgeons who are suitably trained and qualified can practise in Australia.

Protecting the public by ensuring access to a safe, competent and qualified healthcare workforce is always our priority. Every decision we make is guided by the Health Practitioner Regulation National Law (the National Law) as in force in each state and territory, and by the regulatory principles (see right).

Visit the [Board's website](#).

For more information about the National Scheme and AHPRA, visit the [AHPRA website](#).

About this report

This annual report summary provides a profession-specific view of AHPRA and the Board's work to manage risk to the public in 2017/18. Information provided in this report is drawn from data published in the 2017/18 annual report published by AHPRA and the National Boards. All data are correct as at 30 June 2018.

Whenever possible, historical data are provided to show trends over time.

For information about our data please read 'An important note about our data' in *Regulating the workforce*.

Profession-specific summaries for 14 National Boards are available to download from the [AHPRA website](#).

Our regulatory principles

Eight [regulatory principles](#) underpin our work, and guide our decision-making in the public interest. These principles foster a responsive, risk-based approach to regulation. In brief, they are to:

Protect the public

Take timely and necessary action

Administer the National Law

Ensure registrants are qualified

Work with stakeholders

Uphold professional standards

Identify and respond to risk

Use appropriate regulatory force

For more information, download AHPRA's [2017/18 annual report](#).

Podiatry Board of Australia: Year in review

The Board undertook a number of major initiatives in 2017/18. Here are some highlights:

Endorsement for scheduled medicines

This year, a key focus for the Board was finalising a revised endorsement for scheduled medicines registration standard for submission to the Ministerial Council for approval. The Ministerial Council approved the revised standard on 2 February 2018 and it was published on the Board's website in April 2018, together with new guidelines for endorsement for scheduled medicines; FAQ; and transitional arrangements to support the implementation of the new registration standard coming into effect on 1 August 2018.

The revised registration standard has clearer wording and structure, including a section with key definitions. It has two pathways to endorsement – Pathway A and Pathway B. Pathway A is a new contemporary pathway which will enable students who complete an accredited and approved program of study for endorsement for scheduled medicines to be qualified for endorsement on graduation. Pathway B is similar to Pathway 2 in the previous registration standard with some modifications, including changes to terminology and a change to the evidence to be submitted with an application for endorsement, which is now a portfolio of evidence. Two new administrative processes have been introduced. Practitioners must apply to the Board to commence supervised practice and submit three clinical studies to the Board during their supervised practice for initial assessment. There have also been changes to the National Podiatry Scheduled Medicines List, which is now attached to the registration standard.

Read more about the new registration standard on the [Board's website](#).

Infection prevention and control

A highlight for this year was the publication of a video on infection prevention and control that the Board developed to help patients understand what infection prevention and control measures to expect when visiting their podiatrist.¹ It was launched to coincide with International Infection Prevention Week and shows key aspects of infection prevention and control practices that a podiatrist follows during a routine podiatry service. 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.

The Board updated its self-audit tool that podiatrists can use as a checklist to see how well they comply with the Board's *Guidelines: Infection prevention and control*.

Accreditation

The accreditation authority for the profession, ANZPAC, progressed work on developing new accreditation standards for endorsement for scheduled medicines and on developing a national competency framework and standards for podiatric surgeons.

¹ Throughout this report, the term 'podiatrist' includes both podiatrists and podiatric surgeons unless otherwise specified.

Communication and stakeholder relations

The Board continued its commitment to ongoing active engagement with the profession and key podiatry stakeholders by publishing:

- three newsletters, which were emailed to all registered podiatrists and published on the Board's website, and
- nine communiqués highlighting key matters from Board meetings as well as other information relating to the work of the Board and the National Scheme.

The Board continued to regularly engage with key stakeholders, including ANZPAC and the Australian Podiatry Association.

The Board hosted a forum for practitioners in Hobart in September 2017 on themes identified through an analysis of complaints and/or concerns about podiatrists and podiatric surgeons. Other activities included meeting with local stakeholders in Hobart and Melbourne; the Podiatry Council of NSW; the Podiatrists Board of New Zealand, and the Health and Care Professions Council (HCPC), the Professional Standards Authority and the Society of Chiropractors and Podiatrists in London.

Board representatives attended the CLEAR (Council on Licensure Enforcement and Regulation) International Congress in Melbourne and the World Health Professions Regulation Conference in Geneva, Switzerland.

The Board also hosted breakfast forums at association conferences in Melbourne, Sydney and the Gold Coast to inform the profession about the new *Registration standard: endorsement for scheduled medicines* and the associated *Guidelines: endorsement for scheduled medicines*.

Approved registration standards, codes and guidelines

The Board's revised *Registration standard: endorsement for scheduled medicines* was approved by the Ministerial Council on 2 February 2018 and comes into effect on 1 August 2018.

The Board-approved *Guidelines: endorsement for scheduled medicines* come into effect on 1 August 2018.

Future work

The Board will work on implementing the new endorsement for scheduled medicines registration standard and guidelines. This will include publishing relevant forms and templates and other supplementary material to help practitioners understand the requirements for endorsement. One initiative will be the development of a video focusing on the role of a mentor in supporting a practitioner during their supervised practice under Pathway B.

The Board will also continue its work on improvements in processing applications for endorsement for scheduled medicines.

Registering the podiatry workforce

In brief

5,155 registered podiatrists¹ in 2017/18; up from 4,925 in 2016/17. This total includes 35 podiatric surgeons, up from 30 in 2016/17.

Podiatrists comprise 0.7% of the total health practitioner registrant base.

0.6% of the profession identified as being Aboriginal and/or Torres Strait Islander (30 podiatrists nationally).

Women comprised just under 60% of the profession.

Under the National Law there is a range of registration categories. Podiatry registration types are:

- [General registration](#)
- [Specialist registration](#) (for podiatric surgeons)
- [Non-practising registration](#), and
- [Student registration](#) (students undertaking an approved program of study).

Suitably qualified podiatrists can also have their registration endorsed for scheduled medicines.

Before a practitioner can practise and use a title protected under the National Law, applicants must provide evidence that they are eligible to hold registration, and registration must be granted.

Find out more about [registration](#) with the Podiatry Board of Australia.

Figure 1: Registration numbers for podiatrists, year by year, since the National Scheme began



Registration

As at 30 June 2018, there were 5,155 podiatrists registered under the National Scheme. This represents a 4.7% increase from the previous year. Most jurisdictions saw an increase in registrant numbers this year, with NSW, Victoria and Queensland being the principal places of practice for 77% of all registered podiatrists.

Of the 702,741 registered health practitioners across the professions, 0.7% were podiatrists.

Of the registrant base, 98.0% of all podiatrists held some form of practising registration and 0.7% of podiatrists also held specialist registration as a podiatric surgeon (35 in total). There were 95 podiatrists whose registration was endorsed for scheduled medicines.

There was a 1% decrease from the previous year in the number of podiatrists moving to non-practising registration.

Tables 1–5 show data relating to the registration of podiatrists in 2017/18.

Applications for registration

AHPRA received 436 new applications for registration as a podiatrist in 2017/18. Seven of the new applicants applied for specialist registration as a podiatric surgeon.

In partnership with AHPRA, the Board considers every application for registration carefully and assesses it against the requirements for registration, including qualifications, English language proficiency and checking whether the applicant has a relevant criminal history.

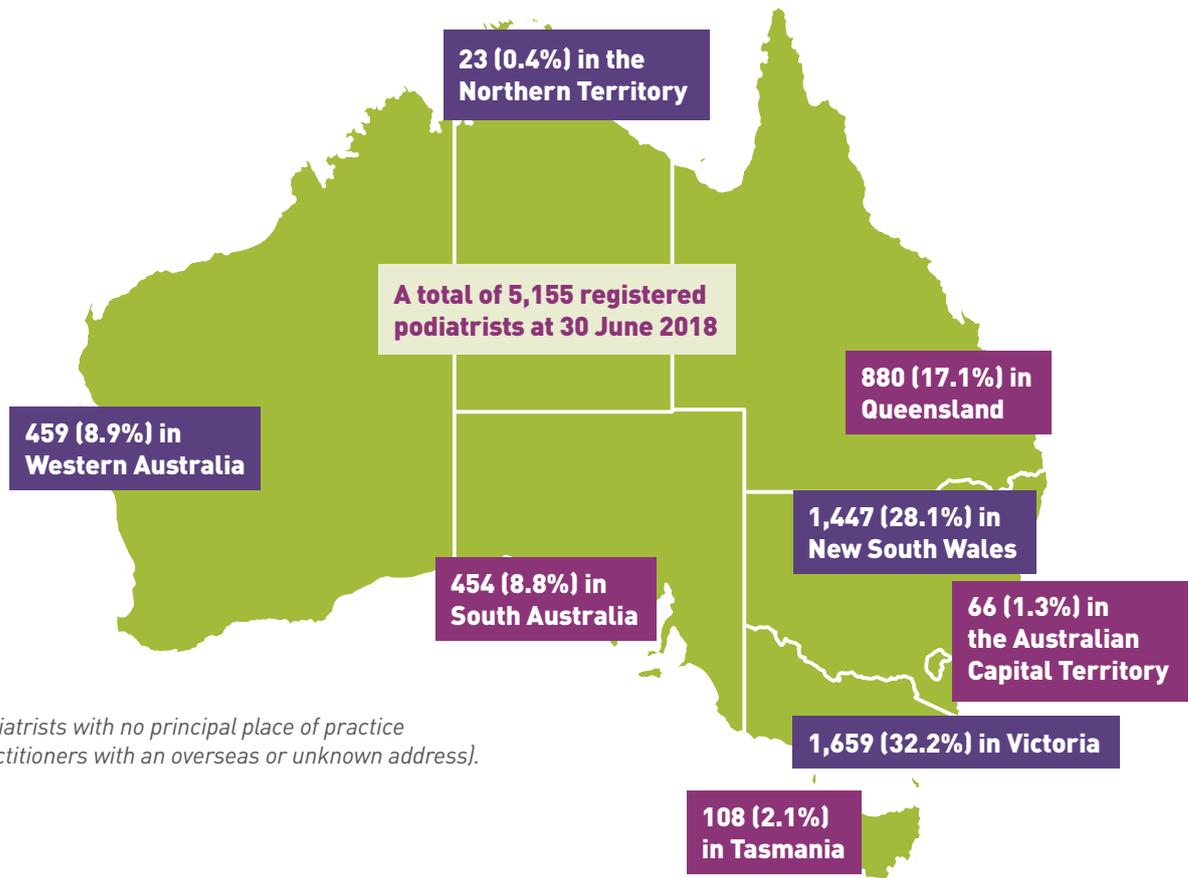
Only those podiatrists who are suitably trained and qualified to practise in a competent and ethical manner are registered. Where appropriate to protect the public, and in accordance with the [regulatory principles](#) of the National Scheme, the Board may decide to impose conditions on a practitioner's registration or to refuse the application.

Of the applications finalised during the year, 1.3% resulted in conditions being imposed on registration in order to protect the public. One application for registration as a podiatrist was refused in 2017/18.

For more information about applications finalised during the year, see page 39 of AHPRA and the National Boards' [annual report](#).

¹ Throughout this report, the term 'podiatrist' includes both podiatrists and podiatric surgeons unless otherwise specified.

Figure 2: Number and percentage of podiatrists with a principal place of practice in each state and territory



59 (1.1%) podiatrists with no principal place of practice (includes practitioners with an overseas or unknown address).

Renewals

Once on the *Register of practitioners* podiatrists and podiatric surgeons must apply to renew their registration each year and make declarations on the relevant registration requirements. As with new applications for registration, the Board may impose conditions on registration or refuse renewal.

A total of 4,761 podiatrists and podiatric surgeons renewed their registration in 2017/18, with 99.2% of practitioners renewing online; an increase of 0.7% from 2016/17.

Register of practitioners

According to the National Law, AHPRA is required to maintain and publish a publicly accessible *Register of practitioners* (Register) so that information about the registration of any health practitioner is easy to find.

The online *Register* has accurate, up-to-date information about the registration status of all registered health practitioners in Australia. When decisions are made in relation to a practitioner's registration/renewal or disciplinary proceedings, the *Register* is updated to inform the public about the current status of individual health practitioners and any restrictions placed upon their practice.

Tribunal decisions that result in the cancellation of a practitioner's registration due to health, performance or conduct issues result in the individual appearing on a *Register of cancelled practitioners*.

Practitioner audits

AHPRA conducts regular audits of random samples of health practitioners across all professions on behalf of the National Boards. Audits provide assurance that practitioners are meeting the registration requirements for their profession. During an audit, a practitioner is required to provide evidence in support of the declarations they made in their previous year's renewal application.

In 2017/18, AHPRA audited 7,193 practitioners across all 15 regulated health professions. For the audits completed at 30 June 2018, 97.1% of podiatrists were found to be in full compliance, or required minor education to comply with the registration standards being audited; 2% of those audited changed their registration to non-practising or surrendered their registration during the audit. Three podiatrists were found to be non-compliant in 2017/18.

Find out more about practitioner audits and other registration information on the [Board's website](#).

Figure 3: Audit outcomes for the podiatry profession

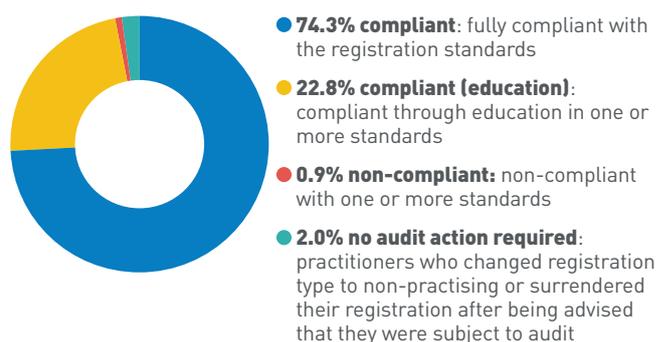


Table 1: Number of registrants as at 30 June 2018

Registrants	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ¹	Total
2017/18 total registered podiatrists and podiatric surgeons	66	1,447	23	880	454	108	1,659	459	59	5,155
2016/17 total registered podiatrists and podiatric surgeons	69	1,370	19	826	439	105	1,577	457	63	4,925
% change 2016/17 to 2017/18	-4.3%	5.6%	21.1%	6.5%	3.4%	2.9%	5.2%	0.4%	-6.3%	4.7%
All registered health practitioners in 2017/18	12,297	202,033	7,419	139,056	55,060	15,188	182,674	70,859	18,155	702,741

¹ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

Table 2: Registrants, by age

Registration type	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+	Total
Total podiatry registrants in 2017/18	327	1,082	978	666	591	535	404	324	162	56	20	5	5	5,155
General	326	1,063	953	652	573	513	386	313	154	54	19	5	5	5,016
Non-practising	1	16	24	11	11	14	11	9	4	2	1	0	0	104
General and specialist ¹	0	3	1	3	7	8	7	2	4	0	0	0	0	35
Podiatrists and podiatric surgeons holding an endorsement for scheduled medicines	1	8	21	9	17	9	12	13	5	0	0	0	0	95
Total podiatry registrants in 2016/17	325	1,076	875	628	597	507	376	304	149	49	26	9	4	4,925
General	323	1,058	850	617	578	485	362	288	143	49	24	9	4	4,790
Non-practising	2	17	24	10	12	14	9	11	4	0	2	0	0	105
General and specialist ¹	0	1	1	1	7	8	5	5	2	0	0	0	0	30
Podiatrists and podiatric surgeons holding an endorsement for scheduled medicines	0	9	13	12	12	9	11	13	3	0	0	0	0	82

¹ Podiatrists who are also podiatric surgeons.

Table 3: Registrants, by principal place of practice and gender

Podiatrists	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ¹	Total
Total 2017/18	66	1,447	23	880	454	108	1,659	459	59	5,155
Female	37	807	12	516	276	66	1,039	282	34	3,069
Male	29	640	11	364	178	42	620	177	25	2,086
Total 2016/17	69	1,370	19	826	439	105	1,577	457	63	4,925
Female	41	774	8	497	263	66	985	281	37	2,952
Male	28	596	11	329	176	39	592	176	26	1,973

¹ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

Table 4: Registrants as at 30 June 2018, by registration type

Division	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ¹	Total
General	65	1,423	23	860	439	107	1,621	434	44	5,016
Non-practising	0	19	0	19	12	1	33	6	14	104
General and specialist ²	1	5	0	1	3	0	5	19	1	35
Total 2017/18	66	1,447	23	880	454	108	1,659	459	59	5,155
General	68	1,351	19	806	423	103	1,539	433	48	4,790
Non-practising	0	15	0	19	13	2	35	7	14	105
General and specialist ²	1	4	0	1	3	0	3	17	1	30
Total 2016/17	69	1,370	19	826	439	105	1,577	457	63	4,925
% change from 2016/17 to 2017/18 (general)	-4.4%	5.3%	21.1%	6.7%	3.8%	3.9%	5.3%	0.2%	-8.3%	4.7%
% change from 2016/17 to 2017/18 (non-practising)	0.0%	26.7%	0.0%	0.0%	-7.7%	-50.0%	-5.7%	-14.3%	0.0%	-1.0%
% change from 2016/17 to 2017/18 (general & specialist)	0.0%	25.0%	0.0%	0.0%	0.0%	0.0%	66.7%	11.8%	0.0%	16.7%

¹ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

² Podiatrists who are also podiatric surgeons.

Table 5: Registrants holding an endorsement for scheduled medicines

Podiatrists	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ¹	Total
Total 2017/18	1	9	0	24	9	0	26	26	0	95
Total 2016/17	1	5	0	17	7	0	25	27	0	82

¹ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

Regulating the podiatric workforce

In brief: Notifications, monitoring and offences

61 notifications (complaints or concerns) were lodged with AHPRA about podiatrists in 2017/18.¹

7 of those were about podiatric surgeons.

1.6% of the podiatry registrant base were the subject of a notification (this is the same percentage as for all registered health practitioners).²

No immediate action was taken.

5 mandatory notifications were lodged with AHPRA about podiatrists in 2017/18.

41 notifications were closed.

17 podiatrists were being monitored for compliance with restrictions on their registration as at 30 June 2018. Over half of the monitoring cases related to suitability/eligibility for registration.

No podiatric surgeons were actively monitored during the year.

5 statutory offence complaints were made about the profession: 2 of the matters related to title protection; 2 to advertising breaches; 1 related to an 'other' offence.

An important note about our data

AHPRA and the National Boards do not manage all complaints made about health practitioners in Australia and the data reflect this. In the pages that follow, we are reporting mainly on matters received and managed by AHPRA and the Podiatry Board of Australia, unless otherwise stated.

The notification process is different in NSW and Queensland:

- ➔ In NSW, AHPRA does not manage notifications. They are managed by 14 professional councils (supported by the Health Professional Councils Authority, or HPCA) and the Health Care Complaints Commission (HCCC).
- ➔ In Queensland, the Office of the Health Ombudsman (OHO) receives all complaints about health practitioners and determines which of those complaints are referred to the Board/AHPRA to manage.

Wherever possible in the tables in this report, HPCA data are given in separate columns and the data have been checked by the HPCA (correct as at time of publication). Please refer to the HPCA's 2017/18 annual report on their [website](#), as data may have been subsequently reconciled.

Queensland became a co-regulatory jurisdiction on 1 July 2014 with the commencement of the Health Ombudsman Act. OHO receives all health complaints in Queensland, including those about registered podiatrists, and decides whether the complaint:

- ➔ is serious, in which case it must be retained by OHO for investigation
- ➔ should be referred to AHPRA and the relevant National Board for management, or
- ➔ can be closed, or managed by way of conciliation or local resolution.

This means that we only have access to the data relating to matters referred to us by OHO. AHPRA does not report on all complaints about registered health practitioners in Queensland.

What is a notification?

In the National Scheme, a complaint or concern about a registered health practitioner or student is called a notification. They are called notifications because AHPRA is notified of a concern or complaint about a practitioner, which AHPRA then manages in partnership with the relevant National Board. Most of the notifications received about individual podiatrists are managed through Part 8 of the National Law, which can lead to decisions that affect a practitioner's registration.

Some complaints are treated differently under the National Law, as they are considered 'statutory offences'. AHPRA and the Board can prosecute individuals who commit these offences. For information about statutory offences concerning podiatrists in 2017/18, see *Statutory offences*.

Keeping the public safe is the primary focus when the Board makes decisions about notifications.

Anyone can notify AHPRA about a podiatrist's performance or conduct. While registered health practitioners and employers have mandatory reporting obligations under the National Law, most of the complaints or concerns we received about podiatrists in 2017/18 were made by a patient, relative or member of the public (see Figure 6).

AHPRA also receives some notifications about students who are studying to become podiatrists. Usually, these complaints and concerns are made by education providers or places where students undertake clinical training. In 2017/18, two notifications were made about students, compared to none in 2016/17.

See the [2017/18 annual report](#) for data relating to notifications about students across all regulated health professions.

For more information about the notifications process, visit the [AHPRA website](#).

¹ Note that 88 complaints were received about podiatrists in 2017/18, when data from the HPCA in NSW are included. This total does not include complaints retained by OHO in Queensland. In this report, we mainly report on matters managed by AHPRA.

² Includes complaints managed by the HPCA in NSW and OHO in Queensland. Refer to Table 7.

Notifications received

This year, AHPRA received the highest number of notifications (7,276) about health practitioners across all professions in any single reporting year since the National Scheme began. Just 0.8% of all notifications received by AHPRA in 2017/18 related to the podiatry profession (61 notifications in total). Seven of the notifications related to podiatric surgeons. Of all jurisdictions, Western Australia (nine notifications), Victoria (24) and Queensland (17) accounted for 82% of all notifications relating to the profession in 2017/18.¹

Of the registrant base, 1.6% of the podiatry workforce had notifications made about them in 2017/18, which is a slight increase from the previous year. See Tables 6–12 for data about notifications in 2017/18.

Notifications closed

The Board assessed and closed 12.8% fewer notifications about the profession in 2017/18 than in 2016/17.

These closures accounted for 0.6% of all closed notifications nationally across all professions. Of the notifications that were closed, 34.1% resulted in some form of regulatory action being taken by the Board.

As at 30 June 2018, there were 37 open notifications about the profession being managed by AHPRA and the Board.

Tables 10–12 show data about notifications closed during the year.

Figure 4: Total notifications received by AHPRA about the profession, year by year, since the National Scheme began

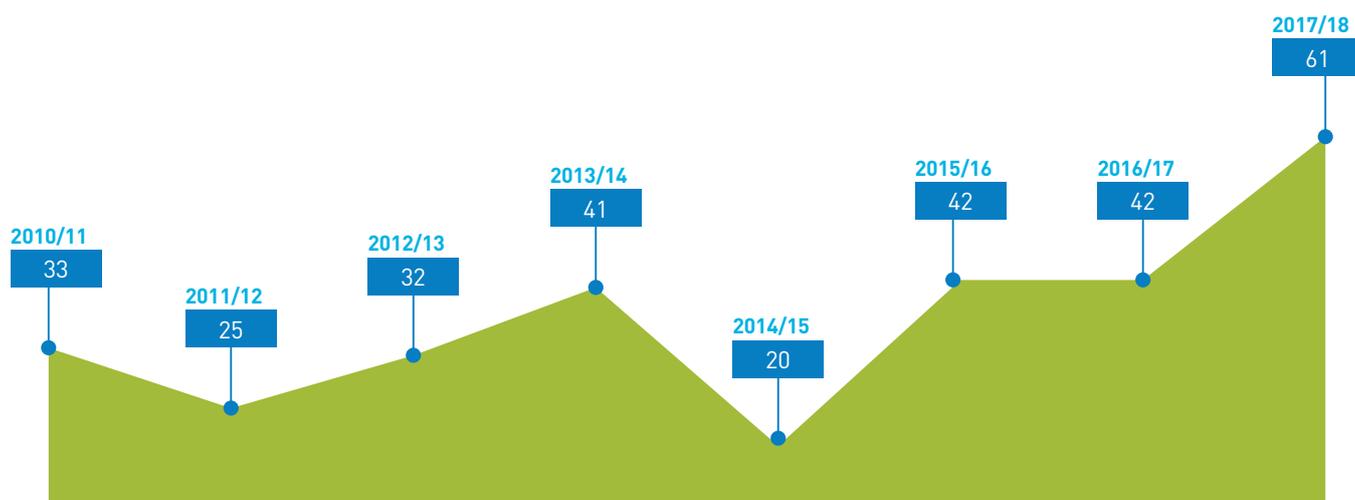
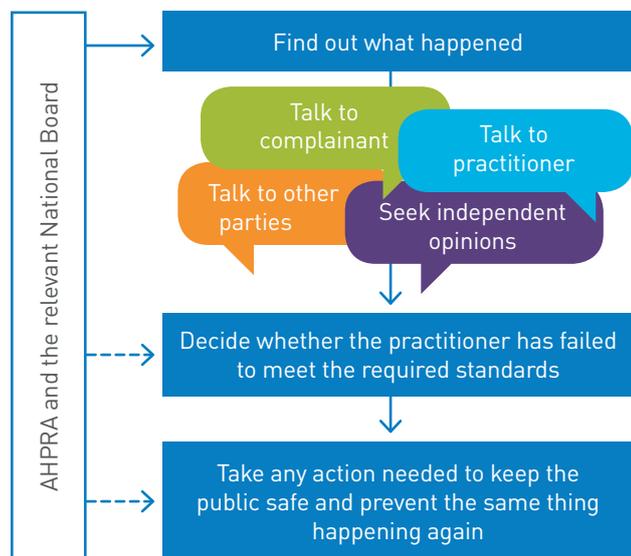
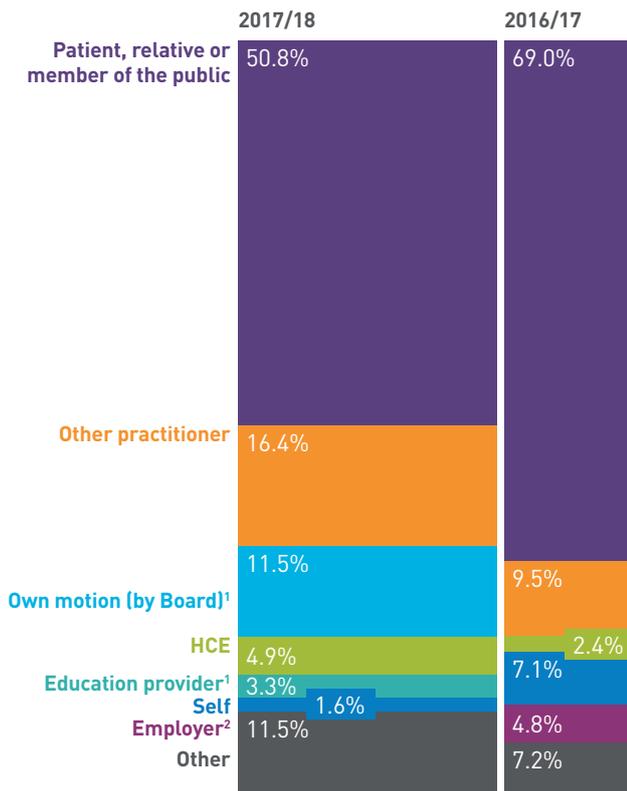


Figure 5: How AHPRA and the Board manage notifications



¹ In NSW 27 notifications were lodged with the HPCA.

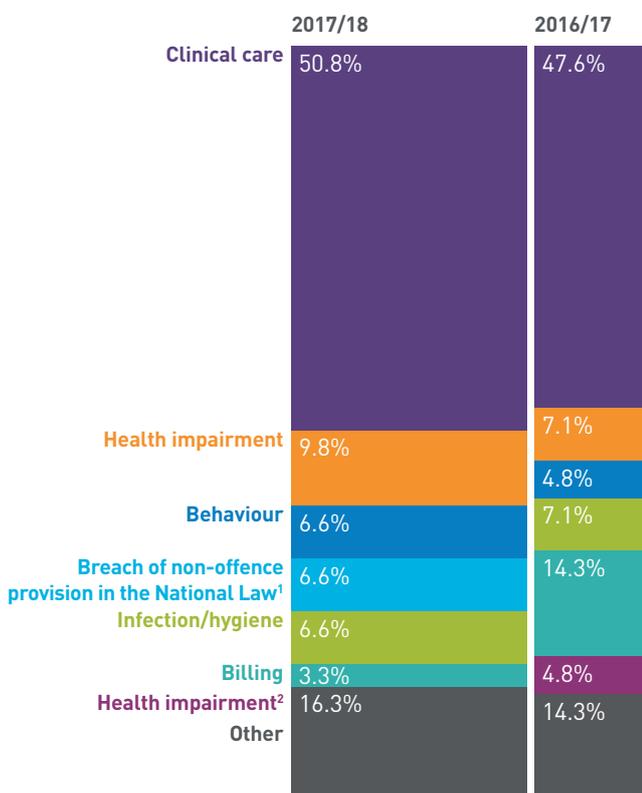
Figure 6: The most common sources of notifications lodged with AHPRA about podiatrists and podiatric surgeons



¹ 0% in 2016/17.

² 0% in 2017/18.

Figure 7: The most common types of complaint lodged with AHPRA about podiatrists and podiatric surgeons



³ 0% in 2016/17.

⁴ 0% in 2017/18.

Mandatory notifications

All health practitioners, their employers and education providers have mandatory reporting obligations under the National Law. This means that they must tell AHPRA if they have formed a reasonable belief that a registered podiatrist, podiatric surgeon or student has behaved in a way that constitutes notifiable conduct.

Notifiable conduct by registered health practitioners is defined as:

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

AHPRA received 908 mandatory notifications across all regulated health professions in 2017/18. Of those, just five concerned alleged notifiable conduct by a podiatrist. None of these related to notifiable conduct by a podiatric surgeon. Two related to a significant departure from accepted professional standards, two to impairment and one to alcohol or drugs. For the *Guidelines for mandatory notifications*, visit the [AHPRA website](#).

Taking immediate action

Immediate action is a serious step that the Board can take when it believes it is necessary to limit a podiatrist or podiatric surgeon's registration in some way to keep the public safe. It is an interim measure that a Board takes only in high-risk cases while it seeks further information.

In 2017/18, the Board considered immediate action once but did not take it. See [AHPRA's annual report](#) for more information about immediate actions in 2017/18, and Table 8 in this report for immediate action cases about podiatrists and podiatric surgeons by state and territory.

Tribunals, panels and appeals

Tribunals

The Board can refer a matter to a tribunal for hearing. Usually, this happens when the allegations involve the most serious of matters, such as when the Board believes a podiatrist or podiatric surgeon has behaved in a way that constitutes professional misconduct.

Tribunals in each state and territory:

- **Australian Capital Territory** Civil and Administrative Tribunal
- **New South Wales** Civil and Administrative Tribunal
- **Northern Territory** Civil and Administrative Tribunal
- **Queensland** Civil and Administrative Tribunal
- **South Australia** Health Practitioners Tribunal
- **Tasmania** Health Practitioners Tribunal
- **Victorian** Civil and Administrative Tribunal
- **Western Australia** State Administrative Tribunal

However, in 2017/18, no podiatry matters were referred to or decided by a tribunal.

Panels

The Board has the power to establish two types of panel depending on the type of notification:

- ➔ **Health panels**, for issues relating to a practitioner's health and performance, or
- ➔ **Professional standard panels**, for conduct and performance issues.

Under the National Law, panels must include members from the relevant health profession as well as community members. All health panels about podiatrists or podiatric surgeons must include a member of the profession. Each National Board has a list of approved people who may be called upon to sit on a panel.

However, in 2017/18, no matters about podiatrists or podiatric surgeons were decided by panel.

Appeals

All regulatory decisions are evidence-based and guided by the regulatory principles of the National Scheme. The National Law provides a mechanism of appeal against a decision by a National Board in certain circumstances, including decisions to:

- ➔ refuse an application for registration or endorsement of registration, or to refuse renewal of registration or renewal of an endorsement of registration
- ➔ impose or change a condition placed on registration, or to refuse to change or remove a condition imposed on registration or an undertaking given by a registrant, or
- ➔ suspend registration or to reprimand a practitioner.

There is also a mechanism of appeal by judicial review if the appeal relates to a perceived flaw in the administrative decision-making process, as opposed to the merits of the individual decision itself.

No decisions by the Board were the subject of an appeal in 2017/18.

The National Scheme's regulatory principles apply to all regulatory decision-making. The principles are designed to encourage a responsive, risk-based approach to regulation across all professions to ensure the public is safe. The low proportion of successful appeals that resulted in an amended/substituted decision demonstrates that the regulatory principles continue to have a positive impact on regulatory decision-making.

Please refer to [AHPRA's annual report](#) for data relating to appeals in 2017/18.

Compliance

On behalf of the Board, AHPRA monitors podiatrists, podiatric surgeons and students who have restrictions (conditions or undertakings) placed on their registration, and those with suspended or cancelled registration. By identifying any non-compliance with restrictions and acting swiftly and appropriately, AHPRA supports the Board to manage risk to public safety.

As at 30 June 2018, there were 17 individual podiatrists being monitored, and 17 monitoring cases.¹ No podiatric surgeons were monitored during the year.

¹ A practitioner who has restrictions on their registration for more than one reason may be allocated more than one 'monitoring case'. For example, if a podiatrist has conditions imposed as a result of health concerns and conduct, they may be allocated two monitoring cases.

Monitoring can be for one or more of the following reasons:

- ➔ suitability/eligibility to be registered to practise
- ➔ compliance with restrictions on their registration – health, conduct, performance, and/or
- ➔ to make sure that any practitioner who was cancelled from the register did not practise.

The 17 monitoring cases in 2017/18 represent just 0.3% of the total monitoring cases managed by AHPRA across all regulated health professions. Over half of the podiatry-related monitoring cases related to suitability/eligibility requirements for registration.

For more information on monitoring and compliance, visit the [AHPRA website](#).

See Table 13 for active monitoring cases by stream.

Statutory offences

The National Law sets out four types of statutory offences:

- ➔ Unlawful use of protected titles
- ➔ Unlawful claims by individuals or organisations as to registration
- ➔ Performing a restricted act, and
- ➔ Unlawful advertising.

Breaches of the National Law that constitute a statutory offence can put individuals and the community at risk. These offences may be committed by registered health practitioners, unregistered individuals or corporate entities and are covered under Part 7 of the National Law. For more information on monitoring and compliance, visit the [AHPRA website](#).

AHPRA received five new statutory offence complaints about podiatry services in 2017/18, which is a decrease of 75% when compared to the 20 received in 2016/17. In 2016/17 the increase in statutory offences was largely due to a series of bulk complaints that were made by a number of external organisations about alleged advertising breaches.

Concerns about unlawful advertising are now managed in two ways: all serious-risk advertising complaints, all complaints about advertising by corporate entities and all unregistered persons are managed as statutory offences, and all low- to moderate-risk advertising by registrants are managed under the *Advertising compliance and enforcement strategy*. Data for low- to moderate-risk advertising offences are not included here.

Of the five new complaints received, two were about the alleged improper use of a protected title; two about advertising breaches and one related to an 'other' offence. Complaints about podiatry accounted for 0.9% of all statutory offence complaints received by AHPRA nationally across all regulated health professions.

This year, there was a 52.6% decrease in the number of statutory offence complaints closed relating to podiatry (nine; down from 19 in 2016/17).

See Table 14 for data about statutory offences relating to podiatry in 2017/18.

Table 6: Notifications received by AHPRA about podiatrists and podiatric surgeons, by state or territory (including HPCA)

Notifications by registrant type ¹	ACT	NSW ²	NT	QLD ³	SA	TAS	VIC	WA	No PPP ⁴	AHPRA subtotal	HPCA ⁵	Total
Podiatrist	1	0	0	17	3	2	23	5	0	51	26	77
Podiatric surgeon	0	3	0	0	0	0	0	4	0	7	1	8
Not registered	0	0	0	0	0	0	1	0	2	3	0	3
Total 2017/18	1	3	0	17	3	2	24	9	2	61	27	88
Podiatrist	3	0	0	8	6	2	8	9	0	36	19	55
Podiatric surgeon	0	0	0	1	0	0	2	3	0	6	0	6
Total 2016/17	3	0	0	9	6	2	10	12	0	42	19	61

¹ Data relating to notifications (complaints or concerns) are based on the state or territory of the practitioner's principal place of practice (PPP).

² Matters managed by AHPRA about practitioners with a PPP in NSW, where the conduct occurred outside NSW.

³ Matters referred to AHPRA and the National Board by the Office of the Health Ombudsman (OHO) in Queensland.

⁴ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

⁵ Matters managed by the Health Professional Councils Authority (HPCA) in NSW.

Table 7: Percentage of the profession with notifications received, by state or territory (including HPCA)

Registrants	ACT	NSW (including HPCA complaints)	NT	QLD (including OHO complaints)	SA	TAS	VIC	WA	No PPP ¹	Total ²
Podiatrists and podiatric surgeons in 2017/18	1.5%	1.7%	0.0%	2.2%	0.7%	1.9%	1.3%	1.7%	5.1%	1.6%
Podiatrists and podiatric surgeons in 2016/17	2.9%	1.1%	0.0%	2.1%	1.1%	1.9%	0.6%	2.6%	0.0%	1.3%
All registered practitioners 2017/18	1.6%	1.8%	1.8%	2.1%	1.6%	1.5%	1.1%	1.2%	0.3%	1.6%
All registered practitioners 2016/17	1.9%	1.7%	2.2%	2.2%	1.3%	1.9%	1.1%	1.2%	0.5%	1.6%

¹ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

² Total includes matters managed by AHPRA, OHO in Queensland and the HPCA in NSW.

Table 8: Immediate action cases by state or territory (excluding HPCA)

Immediate action cases	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ³	Total
Total 2017/18	0	1	0	0	0	0	0	0	0	1
Total 2016/17	0	0	0	0	0	0	1	0	0	1

¹ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

Table 9: Outcomes of immediate actions (excluding HPCA)

Outcome	2017/18		2016/17	
	Podiatrists ¹	All practitioners	Podiatrists	All practitioners
Not take immediate action	0	173	0	76
Accept undertaking	0	113	1	69
Impose conditions	0	174	0	147
Accept surrender of registration	0	1	0	1
Suspend registration	0	126	0	103
Decision pending	1	22	0	23
Total	1	609	1	419

¹ Includes podiatric surgeons.

Table 10: Notifications closed, by state or territory (including HPCA)

Registrants by type	ACT	NSW ¹	NT	QLD ²	SA	TAS	VIC	WA	No PPP ³	Subtotal	HPCA ⁴	Total
Podiatrist	2	0	0	8	3	4	15	3	1	36	19	55
Podiatric surgeon	0	0	0	1	0	0	0	2	0	3	1	4
Not registered	0	0	0	0	0	0	1	0	1	2	0	2
Total 2017/18	2	0	0	9	3	4	16	5	2	41	20	61
Podiatrist	2	1	1	8	8	0	11	8	1	40	21	61
Podiatric surgeon	0	0	0	0	0	0	2	5	0	7	2	9
Total 2016/17	2	1	1	8	8	0	13	13	1	47	23	70

¹ Matters managed by AHPRA about practitioners with a PPP in NSW, where the conduct occurred outside NSW.

² Matters referred to AHPRA and the National Board by the OHO in Queensland.

³ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

⁴ Matters managed by the Health Professional Councils Authority (HPCA) in NSW.

Table 11: Notifications closed, by stage at closure (excluding HPCA)

Registrants by type	Assessment ¹	Health or performance assessment ²	Investigation	Panel hearing	Tribunal hearing	Total
Podiatrist	24	1	11	0	0	36
Podiatric surgeon	2	0	1	0	0	3
Not registered	2	0	0	0	0	2
Total 2017/18	28	1	12	0	0	41
Podiatrist	25	2	13	0	0	40
Podiatric surgeon	4	0	3	0	0	7
Total 2016/17	29	2	16	0	0	47

¹ Closed after initial assessment of the matter.

² Total includes matters managed by AHPRA, OHO in Queensland and the HPCA in NSW.

Table 12: Outcomes of notifications closed (excluding HPCA)

Registrants by type	No further action ¹	Health complaints entity to retain	Caution	Accept undertaking	Impose conditions	Refer all or part of the notification to another body	Total ²
Podiatrist	22	1	7	0	6	0	36
Podiatric surgeon	3	0	0	0	0	0	3
Not registered	2	0	0	0	0	0	2
Total 2017/18	27	1	7	0	6	0	41
Podiatrist	26	0	7	0	5	2	40
Podiatric surgeon	6	0	1	0	0	0	7
Total 2016/17	32	0	8	0	5	2	47

¹ No further regulatory action is usually taken when, based on available information, the Board determines there is no risk to the public that meets the legal threshold for regulatory action. It may also be because a practitioner has taken steps to voluntarily address issues of concern.

² Excludes matters managed by the HPCA in NSW.

Table 13: Active monitoring cases at 30 June 2018, by stream (excluding HPCA)

Stream ¹	Total 2017/18	Total 2016/17
Conduct	0	0
Health	3	3
Performance	3	2
Prohibited practitioner/student	1	2
Suitability/eligibility	10	7
Total²	17	14

¹ AHPRA reports on monitoring cases established rather than by individual registrants being monitored. This is because a registrant may have a set of restrictions (conditions or undertakings) in more than one stream. However, as at 30 June 2018, all 17 cases here directly relate to 17 podiatrists. There were no podiatric surgeons being monitored in 2016/17 and 2017/18.

² These cases also may include cases that are to be transitioned from AHPRA to the HPCA for conduct, health and performance streams. They do not include HPCA-managed monitoring cases.

Table 14: Statutory offence complaints about podiatry services, received and closed in 2017/18, by type of offence and jurisdiction

Type of offence ¹		ACT	NSW ²	NT	QLD ³	SA	TAS	VIC	WA	No PPP ⁴	Total 2017/18	Total 2016/17
Title protections (s. 113–120)	Received	0	0	0	0	0	0	1	0	1	2	3
	Closed	0	3	0	0	0	0	1	0	2	6	1
Advertising breach (s. 133)	Received	0	0	0	0	0	0	1	0	1	2	17
	Closed	0	0	0	0	0	0	1	0	1	2	18
Other offence	Received	0	0	0	0	0	0	1	0	0	1	0
	Closed	0	0	0	0	0	0	1	0	0	1	0
Total 2017/18	Received	0	0	0	0	0	0	3	0	2	5	
	Closed	0	3	0	0	0	0	3	0	3	9	
Total 2016/17	Received	0	4	0	1	0	0	4	6	5		20
	Closed	0	0	0	1	0	0	10	4	4		19

¹ This table captures offence complaints by principal place of practice (PPP) and includes all offences from sections 113–116 of the National Law, not only offences about advertising, title and practice protection.

² Excludes matters managed by the HPCA in NSW.

³ Matters referred to AHPRA and the National Board by OHO in Queensland.

⁴ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address. AHPRA also receives offence complaints about unregistered persons where a PPP is not recorded.

Appendix: National committee members

The Podiatry Board of Australia values the contribution of its Board and committee members across Australia. Together, we make decisions to protect the public Australia-wide. In 2017/18, we held 15 National Board and 23 national committee meetings. Committee members were:

Registration and Notifications Committee

Dr Paul Tinley (Chair)

Dr Paul Bennett

Dr Janice Davies

Ms Anne Herriot

Miss Julia Kurowski

Mr Anthony Short

Dr Cylie Williams

Strategic Planning and Policy Committee

Mr Ebenezer Banful (Chair)

Ms Catherine Loughry

Mrs Kathryn Storer (Shonk)

Immediate Action Committee

(as part of the Multi-profession Immediate Action Committee)

The following members of the Board were appointed to the Immediate Action Committee:

Ms Anne Herriot (community member and Chair¹)

Dr Paul Tinley (principal practitioner member)

Ms Catherine Loughry (alternate practitioner member)

¹ One of three chairs appointed.

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For more information about AHPRA and the National Boards' work in 2017/18, please see the [annual report](#).

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