

Your National Scheme:  
**For safer healthcare**

# **Podiatry Board of Australia**

Annual report summary  
2016/17



Podiatry  
Board of Australia | AHPRA

# At a glance: The podiatry profession in 2016/17



**1,559** registered podiatry students, down **9.3%** from last year



**4,925** podiatrists<sup>1</sup>, up **5.8%** from 2015/16

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

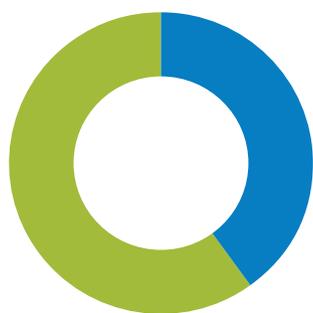
**30** held specialist registration as a podiatric surgeon



**42** notifications lodged with AHPRA about podiatrists

**1.3%** of podiatrists had notifications lodged about them<sup>2</sup>

**6** of the 42 notifications were lodged about podiatric surgeons



**Male: 40.1%**

**Female: 59.9%**



**14** podiatrists were being actively monitored for compliance with restrictions on their registration<sup>3</sup>

**47** notifications closed this year

**10.6%** 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

**20** statutory offence complaints were made; **19** were closed

Most of the new matters related to advertising breaches; three related to title protection

Immediate action was considered and taken **once** during the year<sup>4</sup>

**4** mandatory notifications were made (**3** about standards; **1** about alcohol or drugs)

<sup>1</sup> Throughout this report, the term 'podiatrist' includes both podiatrists and podiatric surgeons unless otherwise specified.  
<sup>2</sup> Includes data from the Health Professional Councils Authority in New South Wales (NSW) and the Office of the Health Ombudsman in Queensland.  
<sup>3</sup> Data at 30 June 2017. See page 18 for data about monitoring cases relating to compliance with restrictions on registration for podiatrists.  
<sup>4</sup> 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 [2016/17 annual report](#) by the Australian Health Practitioner Regulation Agency (AHPRA) for more data on immediate action.

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# Message from the Chair, Podiatry Board of Australia

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' 2016/17 annual report. It offers a unique insight into the regulatory landscape.

As well as ensuring that only those practitioners who are suitably trained and qualified to practise podiatry are registered, the Podiatry Board of Australia (the Board) works to protect the public by informing the profession about its obligations under the National Health Practitioner Regulation Law (the National Law).

This year, the Board continued to deliver messages to the profession on the outcomes of an analysis of notifications received about podiatrists and podiatric surgeons between July 2010 and June 2014.

Key themes from the analysis included issues relating to infection prevention and control systems and processes, and issues relating to poor communication. Messages about these key themes have been communicated to the profession through the Board's newsletter, communiqués, forums and presentations at conferences. The aim of sharing this information with the profession is to encourage podiatrists and podiatric surgeons to consciously reflect on their own practice; to identify areas for improvement; and to undertake professional development activities to achieve their learning goals.

Also during the year, the Board received a report on the outcomes of further analysis undertaken by AHPRA's Risk Based Regulation Unit, once again using the data generated by the National Registration and Accreditation Scheme (the National Scheme). This analysis focused on notifications about podiatric surgeons received between the start of the National Scheme on 1 July 2010 and 30 June 2015, and it was undertaken to inform future Board planning and regulatory policy. The Board commenced work on identifying strategies to address issues identified in the report.

I would like to take this opportunity to thank the members of the Board for their ongoing commitment, passion and hard work in protecting the public in 2016/17. We continue to look for ways to improve processes and keep our registrants informed of their responsibilities under the National Law.



**Ms Catherine Loughry**

**Chair of the Podiatry Board of Australia**

## The Podiatry Board of Australia

### Members of the Board in 2016/17:

Ms Catherine Loughry (Chair)  
Mr Ebenezer Banful  
Dr Paul Bennett  
Dr Janice Davies  
Ms Ann Herriot  
Miss Julia Kurowski  
Mrs Kathryn Storer  
Dr Paul Tinley  
Dr Cylie Williams

### 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.

## About us

The Board has worked in partnership with AHPRA to protect the public since the inception of the National Scheme in July 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 National Law, as in force in each state and territory, and by the regulatory principles (see right).

Visit the Board's website at [www.podiatryboard.gov.au](http://www.podiatryboard.gov.au).

For more information about the National Scheme and AHPRA, visit [www.ahpra.gov.au/About-AHPRA](http://www.ahpra.gov.au/About-AHPRA).

## 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 2016/17. Information provided in this report is drawn from data in the 2016/17 annual report published by AHPRA and the National Boards. All data are correct as at 30 June 2017.

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

**Please see page 11 for information about our data.**

Profession-specific summaries for all 14 National Boards in the National Scheme are available to download from [www.ahpra.gov.au/annualreport/2017](http://www.ahpra.gov.au/annualreport/2017).

Annual report summaries that segment the registrant base by state and territory are also published online.

## 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 2016/17 annual report from [www.ahpra.gov.au/annualreport/2017](http://www.ahpra.gov.au/annualreport/2017)

# The Podiatry Board of Australia: Year in review

A number of major initiatives were actioned by the Board in 2016/17. Here are the highlights:

## Spotlight on: Endorsement for scheduled medicines

This year, the Board continued to focus on progressing the review of its requirements for *Endorsement for scheduled medicines* for the podiatry profession.

Significant progress was made on this important initiative, with the Board consulting on a proposed revised *Endorsement for scheduled medicines* registration standard and related guidelines in October 2016. If approved, the revised registration standard will introduce a new contemporary pathway to endorsement, which will enable future graduates from an accredited and approved podiatry program of study to be qualified for endorsement for scheduled medicines. The approved program of study will be aligned to the national [Prescribing competencies framework](#) and will include education and training in podiatric therapeutics, as well as clinically supervised practice, to ensure that graduates have the required competencies for endorsement for scheduled medicines.

The availability of this new pathway will depend on education providers seeking and achieving accreditation for their podiatry program against the endorsement for scheduled medicines accreditation standards (ESM accreditation standards). By introducing this new pathway, the Board is putting the infrastructure in place for this to occur. To support the implementation of the proposed revised ESM registration standard, the Board's accreditation authority, the Australian and New Zealand Podiatry Accreditation Council (ANZPAC) progressed work on reviewing the ESM accreditation standards.

To complement this review, the Board hosted a national forum in Adelaide in October 2016. The forum brought together: heads of podiatry schools and representatives from podiatric surgery programs of study; national and state podiatry associations; ANZPAC; Chief Allied Health Officers, health departments; and the Podiatrists Board of New Zealand. It started the discussion about changing the podiatry curriculum so that students will acquire the necessary competencies to safely prescribe scheduled medicines and be qualified for endorsement for scheduled medicines on graduation. The discussion allowed for a range of perspectives on the opportunities and challenges associated with such a reform of the podiatry curriculum, as well as ideas for how to make it happen and what will be necessary for success.

**To keep up to date with the review of endorsement for scheduled medicines, visit [the Board website](#).**

## Taking a multi-profession approach to regulation

The Board continued to work with AHPRA and other National Boards to develop and implement multi-profession approaches to deliver effective and efficient health practitioner regulation, including actively contributing to multi-profession approaches to the development of regulatory policies.

Together with the other National Boards that share the *Code of conduct* for registered health practitioners, the Board started a scheduled review that will draw on the best available research and data, and involve stakeholder consultation and engagement.

The Board also supported a multi-profession approach to regulation through representation on a number of AHPRA's cross-profession reference groups. Members of the Board contributed to the collaborative development of multi-profession regulatory policy as members of the:

- ▶ Statutory Offences Reference Group
- ▶ Supervised Practice Reference Group
- ▶ Code of Conduct Reference Group, and
- ▶ Panels Reference Group.

The Board also has representation on the AHPRA Research and Evaluation Committee.

## Improving processes

In partnership with AHPRA, the Board reviewed the processes for the assessment of applications for endorsement for scheduled medicines, with the aim of streamlining the process to ensure that applications continue to be processed efficiently and effectively.

The Board continued to alternate face-to-face Board meetings with teleconference meetings. This ongoing commitment to efficiency meant that the Board was able to freeze the registration fees for this year, following a reduction in fees the previous financial year.

## Policy and accreditation

The accreditation authority for the profession, ANZPAC, began a project to develop a national competency framework for podiatric surgeons.

ANZPAC also progressed work on reviewing the accreditation standards for endorsement for scheduled medicines (see box to left).

## Communication and engagement

In 2016/17, 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 podiatric surgeons, and published on the Board's website, and
- ▶ a communiqué after each meeting, which highlighted key matters from the meeting as well as other information relating to the work of the Board and the National Scheme.

To read newsletters and communiqués, visit [the Board website](#).

## Stakeholder relations

The Board continued to regularly engage with our key stakeholders during the year, including the accreditation authority for the podiatry profession, ANZPAC, and the Australasian Podiatry Council (APoDC). In August 2016, the Board met with representatives from our co-regulatory partner, the Podiatry Council of NSW.

The Board held its October 2016 meeting in Adelaide and hosted a forum with key stakeholders, including heads of podiatry schools, to talk about how the podiatry curriculum could be changed so that in future students will acquire the necessary competencies to safely prescribe scheduled medicines and be qualified for endorsement for scheduled medicines on graduation.

The April 2017 meeting was held in Canberra and the Board met with local stakeholders. A forum was also hosted by the Board in Canberra, where the Board spoke to local practitioners about the importance of effective communication and maximising the effectiveness of continuing professional development (CPD) through planning and reflection.

In May 2017, the Board presented at the Australasian Podiatry Conference 2017 on the overarching themes identified through an analysis of notifications received by the Board about podiatrists and podiatric surgeons between July 2010 and June 2014.

## Approved registration standards, codes and guidelines

The Board's revised [Registration standard: Professional indemnity insurance arrangements \(PII\)](#) came into effect on 1 July 2016. The key change to the PII registration standard was that the minimum amount of cover specified in the previous standard (\$5 million) was removed from the standard. The new standard aims to take a more contemporary and flexible approach, and requires registrants who are taking out their own insurance to do an objective self-assessment, informed by policies provided by insurance providers, to ensure that they have adequate and appropriate insurance arrangements or professional indemnity cover for their practice.

The Board's revised [Registration standard: Podiatry recency of practice \(RoP\)](#) came into effect on 1 December 2016. The key change to the Board's RoP requirements is that a requirement for minimum hours of practice has been introduced. To meet the standard, practitioners must practise in their scope of practice for a minimum of 450 hours in the previous three years (approximately three months full-time), or 150 hours in the previous 12 months (approximately one month full-time).

To support the implementation of the revised RoP registration standard, the Board published guidelines to help practitioners to understand the requirements.

Read more about registration standards for podiatrists and podiatric surgeons on [the Board's website](#).

## Future work

The Board will continue to work on the review of its requirements for endorsement for scheduled medicines for the profession in 2017/18. This will include submitting a proposed revised *Endorsement for scheduled medicines registration standard* to the Australian Health Workforce Ministerial Council for approval. If approved, the Board will work with AHPRA to effectively implement the revised registration standard, which will include communications strategies to ensure that the profession and other key stakeholders are well informed about the revised standard. The Board will also develop supplementary materials to support the implementation.

# Registering the podiatry workforce in 2016/17

## In brief: Registration of podiatrists

- ▶ 4,925 registered podiatrists in 2016/17; up from 4,655 in 2015/16.
- ▶ Podiatrists comprise 0.7% of the total health practitioner registrant base.
- ▶ 1,559 registered podiatry students; down 9.3% from the previous year.
- ▶ 0.7% of the profession identified as being Aboriginal and/or Torres Strait Islander (35 podiatrists nationally).
- ▶ Women comprised just under 60% of the profession.

**Figure 1: Registration numbers for the podiatry profession, year by year, since the National Scheme began**



Under the National Law, as in force in each state and territory, there is a range of categories under which a podiatry practitioner can be registered in Australia:

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

Suitably qualified podiatrists and podiatric surgeons 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 at [www.podiatryboard.gov.au/Registration-Endorsement](http://www.podiatryboard.gov.au/Registration-Endorsement).**

## Registration in 2016/17

As at 30 June 2017, there were 4,925 podiatrists registered under the National Scheme. This represents a 5.8% 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 almost 77% of all registered podiatrists.

Of the 678,938 registered health practitioners across the 14 professions, 0.7% were podiatrists.

Of the registrant base, 97.9% of all podiatrists held some form of practising registration. Just over 0.6% of podiatrists also held specialist registration as a podiatric surgeon (30 in total). There were 82 podiatrists and podiatric surgeons whose registration was endorsed for scheduled medicines.

There was a 4% increase 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 2016/17.

## Applications for registration

AHPRA received 468 new applications for registration as a podiatrist in 2016/17. None of the new applicants applied for specialist registration as a podiatric surgeon.

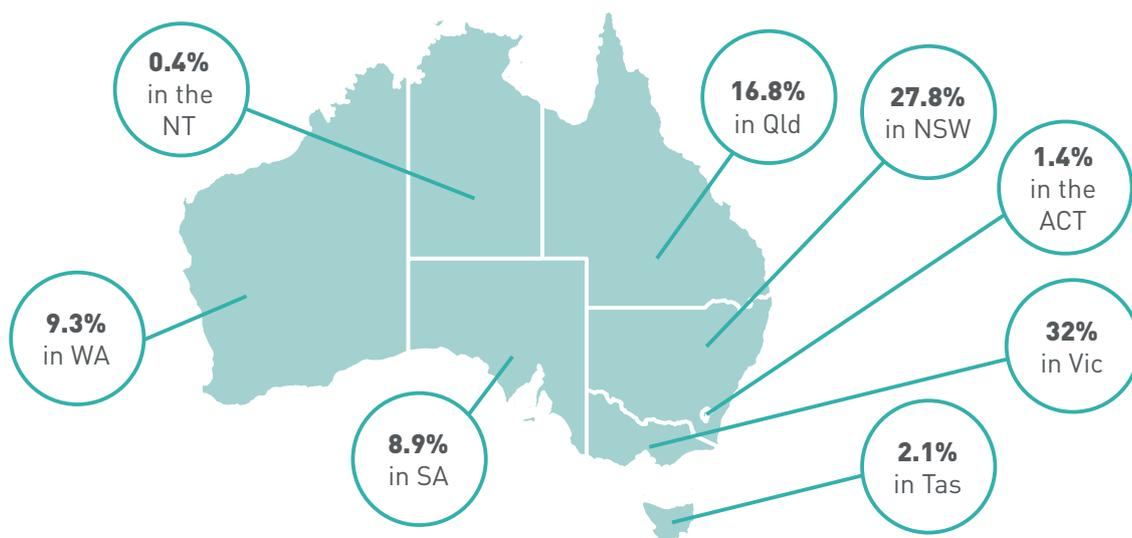
In partnership with AHPRA, the Board considers every application for registration carefully and assesses it against the requirements for registration, including qualifications, English language proficiency and checking whether the applicant has a relevant criminal history.

Only those podiatrists and podiatric surgeons 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, 1.1% resulted in conditions being imposed on registration in order to protect the public. No application for registration as a podiatrist or podiatric surgeon was refused in 2016/17.

For more information about applications finalised during the year, see page 39 of AHPRA and the National Boards' annual report. Visit [www.ahpra.gov.au/annualreport/2017](http://www.ahpra.gov.au/annualreport/2017).

**Figure 2: Percentage of the profession with a principal place of practice in each state and territory<sup>1</sup>**



## Renewals

Once on the *Register of practitioners* (see box to right), 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 4,509 podiatrists and podiatric surgeons renewed their registration in 2016/17, with 98.5% of practitioners renewing online; an increase of 0.6% from 2015/16.

## Practitioner audits

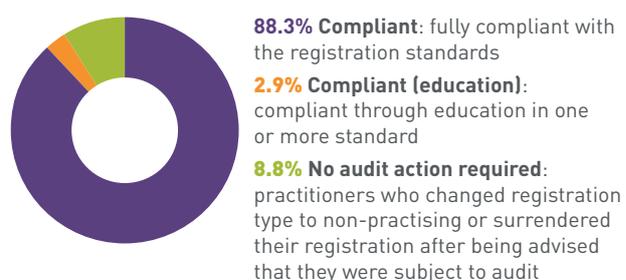
AHPRA conducts regular audits of random samples of health practitioners across all professions on behalf of the National Boards. Audits provide assurance that practitioners are meeting the registration requirements for their profession. During an audit, a practitioner is required to provide evidence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

In 2016/17, AHPRA audited 6,314 practitioners across all 14 regulated health professions, and initiated the audit of 360 podiatrists and podiatric surgeons. As at 30 June 2017, 34 podiatry audits had been completed. For the audits completed to date, 91.2% were found to be in full compliance, or required minor education to comply with the registration standards being audited; 8.8% of those audited changed their registration to non-practising or surrendered their registration during the audit. No podiatrists or podiatric surgeons were found to be non-compliant in 2016/17.

At the end of the reporting period, 326 podiatry audits were open and yet to commence assessment.

**Find out more about practitioner audits and other registration information on the Board's website:**  
[www.podiatryboard.gov.au/Registration](http://www.podiatryboard.gov.au/Registration).

**Figure 3: Audit outcomes for the profession in 2016/17**



### The 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*.

<sup>1</sup> Podiatrists with no principal place of practice (includes overseas registrants): 1.3% of total practitioners or 63 registrants.

**Table 1: Registrants as at 30 June 2017**

Registrants	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP <sup>1</sup>	Total
2016/17 total registered podiatrists and podiatric surgeons	69	1,370	19	826	439	105	1,577	457	63	4,925
2015/16 total registered podiatrists and podiatric surgeons	61	1,268	24	780	427	104	1,481	442	68	4,655
% change from 2015/16	13.1%	8.0%	-20.8%	5.9%	2.8%	1.0%	6.5%	3.4%	-7.4%	5.8%
All registered health practitioners in 2016/17	11,845	196,605	7,083	133,103	53,823	14,522	175,354	69,012	17,591	678,938

**Table 2: Registrants by age**

Registration type	U-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 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 <sup>2</sup>	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
Total podiatry registrants in 2015/16	411	991	787	611	585	463	366	253	115	43	16	10	4	4,655
General	408	975	767	593	564	443	350	243	111	41	15	10	4	4,524
Non-practising	3	15	18	16	13	13	13	4	3	2	1	0	0	101
General and specialist <sup>2</sup>	0	1	2	2	8	7	3	6	1	0	0	0	0	30
Podiatrists and podiatric surgeons holding an endorsement for scheduled medicines	0	12	8	9	10	10	11	10	2	1	0	0	1	74

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

Podiatrists	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP <sup>1</sup>	Total 2016/17
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
Total 2015/16	61	1,268	24	780	427	104	1,481	442	68	4,655
Female	33	731	13	471	259	66	936	272	41	2,822
Male	28	537	11	309	168	38	545	170	27	1,833

1 No principal place of practice (No PPP) will include practitioners with an overseas address.

2 Podiatrists who are also podiatric surgeons.

**Table 4: Registrants as at 30 June 2017, by registration type**

Registration type	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP <sup>1</sup>	Total
General	68	1,351	19	806	423	103	1,539	433	48	<b>4,790</b>
Non-practising	0	15		19	13	2	35	7	14	<b>105</b>
General and specialist <sup>2</sup>	1	4	0	1	3	0	3	17	1	<b>30</b>
<b>Total 2016/17</b>	<b>69</b>	<b>1,370</b>	<b>19</b>	<b>826</b>	<b>439</b>	<b>105</b>	<b>1,577</b>	<b>457</b>	<b>63</b>	<b>4,925</b>
General	59	1,251	23	762	411	103	1,440	421	54	<b>4,524</b>
Non-practising	1	13	1	17	13	1	38	4	13	<b>101</b>
General and specialist <sup>2</sup>	1	4	0	1	3	0	3	17	1	<b>30</b>
<b>Total 2015/16</b>	<b>61</b>	<b>1,268</b>	<b>24</b>	<b>780</b>	<b>427</b>	<b>104</b>	<b>1,481</b>	<b>442</b>	<b>68</b>	<b>4,655</b>
% change from 2015/16 (general)	15.3%	8.0%	-17.4%	5.8%	2.9%	0.0%	6.9%	2.9%	-11.1%	<b>5.9%</b>
% change from 2015/16 (non-practising)	-100.0%	15.4%	-100.0%	11.8%	0.0%	100.0%	-7.9%	75.0%	7.7%	<b>4.0%</b>
% change from 2015/16 (general and specialist)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	<b>0.0%</b>

**Table 5: Registrants holding an endorsement for scheduled medicines**

Year	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP <sup>1</sup>	Total
Total 2016/17	1	5	0	17	7	0	25	27	0	<b>82</b>
Total 2015/16	1	4	0	9	9	0	24	27	0	<b>74</b>

<sup>1</sup> No principal place of practice (No PPP) will include practitioners with an overseas address.

<sup>2</sup> Podiatrists who are also podiatric surgeons.

# Regulating the workforce: Complaints about podiatrists in 2016/17

## In brief: Notifications about podiatrists

- ▶ 42 notifications (complaints or concerns) were lodged with AHPRA about podiatrists in 2016/17.<sup>1</sup>
- ▶ Six of those were about podiatric surgeons.
- ▶ 1.3% of the podiatry registrant base were the subject of a notification (compared with 1.6% of all registered health practitioners).<sup>2</sup>
- ▶ Immediate action was taken once; resulting in an undertaking by the practitioner while a notification was investigated.
- ▶ Four mandatory notifications were lodged with AHPRA about podiatrists in 2016/17.
- ▶ 47 notifications were closed.
- ▶ 14 podiatrists were being monitored for compliance with restrictions on their registration as at 30 June 2017. Half of the monitoring cases related to suitability/eligibility for registration.
- ▶ No podiatric surgeons were actively monitored during the year.
- ▶ 20 statutory offence complaints were made about the profession – all but three related to alleged advertising breaches.

## 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 2016/17 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. The 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 the 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 the OHO. We do 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 2016/17, see page 15.

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

Anyone can notify AHPRA about a podiatrist or podiatric surgeon's health, performance or conduct. While registered podiatrists, podiatric surgeons and employers have mandatory reporting obligations under the National Law, most complaints or concerns that we receive are made voluntarily by patients or their families (see Figure 6).

We may also receive notifications about a student who is studying to become a podiatrist or podiatric surgeon. Usually, notifications about students are lodged by education providers. There were no complaints made about podiatry students in 2016/17.

See [the 2016/17 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 61 complaints were received in total about podiatrists in 2016/17, when data from the Health Professional Councils Authority (HPCA) are included.

2 Includes complaints managed by the HPCA in NSW and the Office of the Health Ombudsman in Queensland. Refer to Table 7.

## Notifications received in 2016/17

This year, AHPRA received the highest number of notifications (6,898) about health practitioners across all professions in any reporting year since the National Scheme began. Just 0.6% of all notifications received by AHPRA in 2016/17 related to the podiatry profession (42 notifications in total). Six of the notifications related to podiatric surgeons.

Of all jurisdictions, Western Australia (12 notifications), Victoria (10) and Queensland (nine) accounted for 73.8% of all notifications relating to the profession in 2016/17.

Of the registrant base, 1.3% of the podiatry workforce had notifications made about them in 2016/17, which is a slight increase from the previous year.

See Tables 6–9 for data about notifications in 2016/17.

## Notifications closed in 2016/17

The Board assessed and completed 74.1% more notifications about the profession in 2016/17 than in 2015/16. This represents the highest number of closures (47) for the Board since the National Scheme began.

These closures accounted for 0.7% of all closed notifications nationally across all professions. Of the notifications that were closed, 31.9% resulted in some form of regulatory action being taken by the Board against a podiatrist or podiatric surgeon.

As at 30 June 2017, there were 17 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**



1 0% in 2015/16.

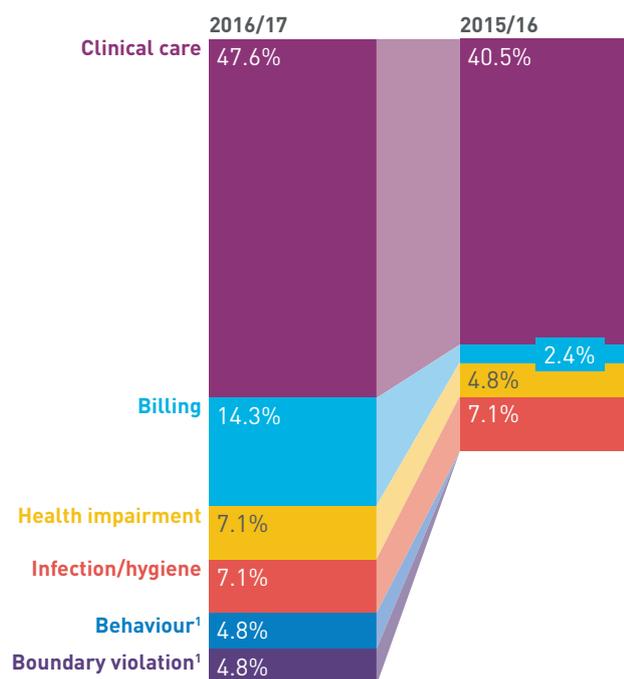
**Figure 5: How AHPRA and the Board manage notifications**



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



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



## 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:

- ▶ 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.

AHPRA received 847 mandatory notifications across all regulated health professions in 2016/17. Of those, just four concerned alleged notifiable conduct by a podiatrist. None of these related to notifiable conduct by a podiatric surgeon. Three related to a significant departure from accepted professional standards; one related to alcohol or drugs.

For information about the *Guidelines for mandatory notifications*, visit the [AHPRA website](#).

<sup>1</sup> 0% in 2015/16.

## 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 2016/17, the Board took immediate action once, resulting in a podiatrist accepting an undertaking while a notification about them was investigated further, in order to protect the public.

See [AHPRA's annual report](#) for more information about immediate actions in 2016/17, and Table 8 in this report for immediate action cases about podiatrists 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
- ▶ **Victoria** Civil and Administrative Tribunal
- ▶ **Western Australia** State Administrative Tribunal

However, in 2016/17, no podiatry matters were 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 2016/17, 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.

One decision by the Board was the subject of an appeal in 2016/17.

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 2016/17.

## 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 2017, there were 14 individual podiatrists being monitored, and 14 monitoring cases<sup>1</sup>. No podiatric surgeons were monitored during the year.

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 14 monitoring cases in 2016/17 represent just 0.3% of the total monitoring cases managed by AHPRA across all regulated health professions. 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, see the AHPRA website.

AHPRA received 20 new statutory offence complaints about podiatric services in 2016/17, which is a decrease of 23.1% when compared to the 26 received in 2015/16. Seventeen offence complaints received about the profession during the year related to advertising. The remaining three were about the alleged improper use of a protected title. 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 an 11.8% increase in the number of statutory offence complaints closed relating to podiatry (19; up from 17 in 2015/16).

See Table 14 for data about statutory offences relating to podiatry in 2016/17.

<sup>1</sup> 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.

**Table 6: Notifications received by AHPRA about podiatrists and podiatric surgeons, by state or territory**

Notifications by registrant type <sup>1</sup>	ACT	NSW <sup>2</sup>	NT	QLD <sup>3</sup>	SA	TAS	VIC	WA	No PPP <sup>4</sup>	AHPRA subtotal	HPCA <sup>5</sup>	Total
Podiatrists in 2016/17	3	0	0	8	6	2	8	9	0	36	-	-
Podiatric surgeons in 2016/17	0	0	0	1	0	0	2	3	0	6	-	-
<b>Total received in 2016/17</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>6</b>	<b>2</b>	<b>10</b>	<b>12</b>	<b>0</b>	<b>42</b>	<b>19</b>	<b>61</b>
Podiatrists in 2015/16	0	0	0	10	4	2	15	6	1	38	-	-
Podiatric surgeons in 2015/16	0	0	0	0	1	0	0	2	0	3	-	-
Not registered (2015/16)	0	0	0	0	0	0	0	0	1	1	-	-
<b>Total received in 2015/16</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>5</b>	<b>2</b>	<b>15</b>	<b>8</b>	<b>2</b>	<b>42</b>	<b>15</b>	<b>57</b>

**Table 7: Percentage of the profession with notifications received, by state or territory**

Registrants	ACT	NSW (including HPCA complaints)	NT	QLD (including OHO complaints)	SA	TAS	VIC	WA	No PPP <sup>4</sup>	Total <sup>6</sup>
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%
Podiatrists and podiatric surgeons in 2015/16	0.0%	1.2%	0.0%	1.3%	1.2%	1.9%	1.0%	1.8%	2.9%	1.2%
All registered practitioners in 2016/17	1.9%	1.7%	2.2%	2.2%	1.3%	1.9%	1.1%	1.2%	0.5%	1.6%
All registered practitioners in 2015/16	1.8%	2.2%	1.8%	1.5%	1.5%	1.7%	1.1%	1.1%	0.4%	1.5%

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

Immediate action cases	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP <sup>4</sup>	Total
Total 2016/17	0	0	0	0	0	0	1	0	0	1
Total 2015/16	0	0	0	0	1	0	1	0	0	2

**Table 9: Outcomes of immediate actions (excluding HPCA)**

Outcome	2016/17		2015/16	
	Podiatrists	All practitioners	Podiatrists	All practitioners
Not take immediate action	0	76	0	66
Accept undertaking	1	69	0	67
Impose conditions	0	147	1	229
Accept surrender of registration	0	1	0	6
Suspend registration	0	103	1	74
Decision pending	0	23	0	22
<b>Total</b>	<b>1</b>	<b>419</b>	<b>2</b>	<b>464</b>

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 in Queensland (OHO).

4 No principal place of practice (No PPP) will include practitioners with an overseas address.

5 Matters managed by the Health Professional Councils Authority (HPCA) in NSW. Note that the HPCA does not provide us with data segmented by registrant type, so we are reporting the combined total of notifications about podiatrists and podiatric surgeons.

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

**Table 10: Notifications closed, by state or territory**

Notifications by practitioner type	ACT	NSW <sup>1</sup>	NT	QLD <sup>2</sup>	SA	TAS	VIC	WA	No PPP <sup>3</sup>	Subtotal	HPCA <sup>4</sup>	Total
Podiatrist	2	1	1	8	8	0	11	8	1	40	-	-
Podiatric surgeon	0	0	0	0	0	0	2	5	0	7	-	-
<b>Total 2016/17</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>8</b>	<b>8</b>	<b>0</b>	<b>13</b>	<b>13</b>	<b>1</b>	<b>47</b>	<b>23</b>	<b>70</b>
Podiatrist	0	0	0	6	3	2	8	6	0	25	-	-
Podiatric surgeon	0	0	0	0	1	0	0	1	0	2	-	-
<b>Total 2015/16</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>4</b>	<b>2</b>	<b>8</b>	<b>7</b>	<b>0</b>	<b>27</b>	<b>22</b>	<b>49</b>

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

Stage at closure	2016/17		2015/16	
	Podiatrist	Podiatric surgeon	Podiatrist	Podiatric surgeon
Assessment <sup>5</sup>	25	4	18	1
Health or performance assessment <sup>6</sup>	2	0	1	0
Investigation	13	3	5	1
Panel hearing	0	0	1	0
Tribunal hearing	0	0	0	0
<b>Total</b>	<b>40</b>	<b>7</b>	<b>25</b>	<b>2</b>

**Table 12: Outcomes of notifications closed (excluding HPCA)**

Outcome at closure	2016/17		2015/16	
	Podiatrist	Podiatric surgeon	Podiatrist	Podiatric surgeon
No further action <sup>7</sup>	26	6	14	2
Health complaints entity to retain	0	0	2	0
Caution	7	1	3	0
Accept undertaking	0	0	2	0
Impose conditions	5	0	4	0
Refer all or part of the notification to another body	2	0	0	0
<b>Total</b>	<b>40</b>	<b>7</b>	<b>25</b>	<b>2</b>

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 Office of the Health Ombudsman in Queensland (OHO).

3 No principal place of practice (No PPP) will include practitioners with an overseas address.

4 Matters managed by the Health Professional Councils Authority (HPCA) in NSW. Note that the HPCA does not provide us with data segmented by registrant type, so we are reporting the combined total of notifications about podiatrists and podiatric surgeons.

5 Closed after initial assessment of the matter.

6 Performance assessments are carried out by a Board-selected assessor whose scope of practice is similar to that of the practitioner being assessed (assessors are not Board members or AHPRA staff).

7 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.

**Table 13: Active monitoring cases at 30 June 2017, by stream (excluding HPCA)<sup>1</sup>**

Stream <sup>2</sup>	2016/17	2015/16
Conduct	0	1
Health	3	4
Performance	2	4
Prohibited practitioner/student	2	0
Suitability/eligibility	7	12
<b>Total<sup>3</sup></b>	<b>14</b>	<b>21</b>

**Table 14: Statutory offence complaints about podiatry services, received and closed in 2016/17, by type of offence and jurisdiction**

Type of offence <sup>4</sup>		ACT	NSW <sup>1</sup>	NT	QLD <sup>6</sup>	SA	TAS	VIC	WA	No PPP <sup>7</sup>	Total 2016/17	Total 2015/16
Title protections (s.113–120)	Received	0	3	0	0	0	0	0	0	0	3	6
	Closed	0	0	0	0	0	0	1	0	0	1	5
Practice protections (s.121–123)	Received	0	0	0	0	0	0	0	0	0	0	0
	Closed	0	0	0	0	0	0	0	0	0	0	0
Advertising breach (s.133)	Received	0	1	0	1	0	0	4	6	5	17	20
	Closed	0	0	0	1	0	0	9	4	4	18	12
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	
Total 2015/16	Received	3	1	0	2	3	0	8	5	4		26
	Closed	3	2	0	1	2	0	6	3	0		17

1 Excludes matters managed by the Health Professional Councils Authority (HPCA) in NSW.

2 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. See page 15 for more information about monitoring for compliance with restriction on registration. However, all 14 cases here directly relate to 14 podiatrists. There were no podiatric surgeons being monitored in 2015/16 and 2016/17.

3 Total 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.

4 This table captures offence complaints by principal place of practice (PPP) and includes all offences from sections 113–136 of the National Law.

5 Matters referred to AHPRA and the National Board by the Office of the Health Ombudsman in Queensland.

6 AHPRA also receives offence complaints about unregistered persons where there is no PPP recorded. Only registered practitioners have a designated PPP.

## The Podiatry Board of Australia: [www.podiatryboard.gov.au](http://www.podiatryboard.gov.au)

### Phone

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#### Australian Health Practitioner Regulation Agency

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For more information about AHPRA and the National Boards' work in 2016/17, please see the annual report, available from the [AHPRA website](#).

### Useful links

Register of practitioners: [www.ahpra.gov.au/registration/registers-of-practitioners](http://www.ahpra.gov.au/registration/registers-of-practitioners)

Complaints portal: [www.ahpra.gov.au/About-AHPRA/Complaints](http://www.ahpra.gov.au/About-AHPRA/Complaints)

Court and tribunal outcomes: [www.ahpra.gov.au/Publications/Tribunal-Decisions](http://www.ahpra.gov.au/Publications/Tribunal-Decisions)

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