Australian Capital Territory

Health Professionals (ACT Podiatrists Board Standards Statements) Approval 2007 (No 1)*

Notifiable instrument NI2007–4

made under the

Health Professionals Regulation 2004, Section 134 (Standard's Statement)

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1. Name of instrument

This instrument is the *Health Professionals (ACT Podiatrists Board Standards Statements) Approval 2007 (No 1)*.

2. Commencement

This instrument commences on the day after notification.

3. Standards Statements

In accordance with Regulation 134 (3) of the *Health Professionals Regulation 2004* the *ACT Podiatrists Board* has approved the following Standards Statements.

President
Sandra Moffat

21 December 2006

*Name amended under Legislation Act, s 60

ACT PODIATRISTS BOARD

STANDARDS STATEMENTS

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Standards Statements issued by the ACT Podiatrists Board are designed to raise awareness of the standard of practice required from a registered podiatrist to be competent to practise, or to help the practitioner improve his or her suitability to practise. The information contained in these statements are to be used as a guideline for podiatrists to follow and reflects the interpretation of the *Health Professionals Act 2004* by the Board. Non-adherence or breach of the statements may be grounds for a finding of a breach of the Act.

Disclaimer

In the case of any conflict or discrepancy between this document and Act, the Act prevails.

PREFACE

The ACT Podiatrists Board has developed a number of standards statements to guide practitioners on professional, legal and ethical issues. The Board believes that these standards reflect the high standards of care expected of practitioners in the ACT. The legislation governing practice in the Territory is the *Health Professionals Act 2004.* In the case of any conflict or discrepancy between the standards statements and Act, the Act prevails.

The Board intends to review the standards statements regularly and add new policy statements as they are developed.

Comments about the policies would be welcomed and should be directed to the Board's Executive Officer or Registrar.

Members of the Board hope you will find these statements useful.

ACT PODIATRISTS BOARD

STANDARDS STATEMENT

1. Standards of Practice for ACT Allied Health Professionals

The Board endorses the Standards of Practice for Allied Health Professionals ACT Health September 2004 published in May 2005 – Publication No 05/0471 (2000). Podiatrists are required to comply with the standards of practice included in that publication.

ACT PODIATRISTS BOARD

STANDARDS STATEMENT

2. Competency Standards for Podiatrists in Australia

The Board endorses the Competency Standards for Podiatrists in Australia published by the Australian Podiatry Council (current edition together with any supplements, addenda or amendments).

Podiatrists must be competent to provide the services that they offer. A podiatrist must not practise podiatry in an area in which he or she is not competent to practise unless under the supervision of a podiatrists who is competent to practise in the area until competency is established.

A podiatrist must provide evidence that he or she is competent to provide the services that he or she offers when applying for registration or for renewal of registration. A person may declare that he or she is competent if the person has appropriate qualifications, has recency of practice and has complied with the Board's standards statement on continuing professional development.

The Board may require applicants to complete, to the satisfaction of the Board, training courses and/or supervised practice determined by the Board before approving applications for renewal of registration or re-registration.

Registrants who have not practised for a period of two years must demonstrate to the satisfaction of the Board that they have maintained competencies to the satisfaction of the Board during the period in order to be registered.

ACT PODIATRISTS BOARD

STANDARDS STATEMENT

3. BASIC FOOT CARE

GENERAL
The Podiatrists Board of the ACT is responsible for the administration of the provisions of the *Health Professionals Act 2004* (the Act) and the maintenance of the standards of the podiatry profession in the ACT. The Board's primary duty is to ensure the protection of the public. This policy paper is concerned with the provision of basic foot care.

AIM

2. The aim of this standards paper is to detail the Board's policy and requirements regarding the provisions of basic foot care.

BOARD POLICY

3. In accordance with section 9.2 of the *Health Professionals Act 2004* the practice of podiatry involves: *the, diagnosis, treatment, prevention and rehabilitation of disorders of the foot, ankle and related structures of the human body.*

a person who is not a registered podiatrists shall not;
(a) provide a podiatry service for fee or reward;
(b) ..(indicate) that he or she is a registered podiatrist or that he or she is a person who practises, or is qualified to practise podiatry; or
(c) hold himself or herself out, by advertisement or otherwise, as being qualified or authorised to practise podiatry or as being a person who practises podiatry.

DEFINITIONS

5. **Basic Foot Care** is defined as: the cutting of **<u>normal healthy nails</u>** and the maintenance of **<u>foot hygiene</u>** such as can be expected in self care (routine care) of a person in a **<u>low risk category</u>**.

6. Basic foot care does not include debridement of callosities and corns with a surgical scalpel. Basic foot care providers include health care workers and carers.

7. **Normal Healthy Nails** are defined as: Nails that have no underlying pathology of a systemic or structural nature.

8. **Foot Hygiene** is defined as: The cleansing of the foot, the debridement of rough skin with a smoothing agent such as a pedicure file or pumice stone, the removal of inter-digital debris with a swab, applying moisturising agents to the skin, the cutting and filing of normal healthy nails.

9. **Low Risk Category:** Podiatrists are deemed the most suitable professional to deem risk status. An annual check by podiatrists of individuals receiving foot care is recommended to determine risk status.

10. There are no essential requirements for persons who undertake basic foot care as defined in this policy. However, the Board strongly recommends that:

● persons have successfully completed a relevant course of training in relation to the practice they undertake;
● there is regular liaison with a podiatrist to enable the referral of clients who have ailments of the foot and require podiatric care:
● Indemnity insurance is held to protect the clients from any adverse outcome from the provision of basic footcare.

EQUIPMENT

11. The Board recommends the use of the following equipment for the provision of basic foot care:
● Nail clippers (sterile)
● Filing instruments (sterile/single use only)
● Swabs and appropriate cleansing solutions

12. In accordance with the provisions of the Skin penetration Procedures Act 1994, the Board recommends that the basic foot care be provided with instruments that are single use only or those that are able to be sterilised prior to use.

13. Basic foot care providers must ensure that they adhere to the provisions of the *Skin Penetration Procedures Act 1994*.

SKIN PENETRATION PROCEDURE

14. **A Skin Penetration Procedure** is defined as:

a) any process that involves: the piercing, cutting, puncturing or tearing of the skin or any other part of the human body.

b) The cleansing or sterilisation or disinfection of any appliance or article intended to be used in connection with the performance of a skin penetration procedure.

PROVISION OF A PRESCRIBED BUSINESS

15. Pursuant to the *Skin Penetration Procedures Act 1994*, the Provision Of a Prescribed Business is defined as:

a) the provision to the public of a service treatment or procedure that involves or may involve the performance, whether by the person providing the service, treatment or procedure or by another person, or skin penetration procedures - whether or not for fee, reward or other consideration.

DISCLAIMER

16. In the case of any conflict or discrepancy between this document and the Act, the Act prevails.

ACT PODIATRISTS BOARD

STANDARDS STATEMENT

4. Continuing Professional Development

The Board endorses the Continuing Professional Development information for Health Profession Boards published by ACT Health in May 2005 – Publication No 05/0471 (2000).

The Board endorses the Continuing Professional Development policy by the Australasian Podiatry Council.

ACT PODIATRISTS BOARD

STANDARDS STATEMENT

5. Complaints Against Podiatrists

GENERAL

The Podiatrists Board of the ACT is responsible for the administration of the provisions of the *Health Professionals Act 2004* (the Act) and the maintenance of the standards of the podiatry profession in the ACT. The Board's primary duty is to ensure the protection of the public.

AIM

2. The aim of this standards paper is to detail the Board's policy and requirements regarding the provisions of complaints.

Legislation

3 Two pieces of legislation apply to any complaint received against a registered podiatrist. The *Health Professionals Act 2004* (Health Professionals Act) details the procedures to be used in making a report about a health professional, and the actions to be taken by the Health Professional Boards in relation to a complaint.
4 The *Human Rights Commission Act 2005* (Human Rights Commission Act) has a direct legislative link to the Health Professionals Act as it is required that all complaints be considered jointly by the Health Services Commission and the Health Professional Board.

Lodging a Report

5 The Health Professionals Act indicates that anyone who believes on reasonable grounds that a registered health professional is contravening, or has contravened, the required standard of practice, or does not satisfy the suitability to practice requirements, may report the health professional to the board.

6 A report must –
a) be in writing; and
b) be signed by the person making the report; and
c) include the person's name and address.

The board may require a person making a report to provide further information or verify all or part of a report by statutory declaration.

7 Reports to the board may be addressed to the Registrar, Scala House, 11 Torrens Street, BRADDON ACT 2612

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Human Rights Commission

8 A complaint may also be made to the commission under the Human Rights Commission Act. The Human Rights Commission has been established under the *Human Rights Commission Act 2005* to provide the public with an independent, fair and accessible process for resolving problems experienced with the provision of health services in the ACT.

Joint Consideration with the Commission

9 The Health Professional Board must –
a) refer all reports and related documentation to the Human Rights Commission for joint consideration;
b) consult with the Commission when it is considering what to do in relation to a report;
c) endeavor to agree with the Commission about the action to be taken in relation to the report.

If the Board and commission cannot agree about the action to be taken in relation to a report, the most serious action proposed must be taken.

Investigation by the Board

10 In the interest of natural justice, a response from the registered podiatrist involved is required to enable assessment of both sides of the complaint. The Board must, in writing, tell the registered health professional –

a) that a report has been made about the health professional; and
b) the report is to be considered by the board; and
c) what the report is about in general terms; and
d) the name of the person making the report (unless section 128 of the Health Professionals Act prevents the disclosure); and
e) the health professional may make written representations in relation to the report within a stated maximum period after receiving notice of the report.

11 The Board may take the following action in relation to a report –

a) refusal to investigate the report further;
b) referral to a personal assessment panel, which assesses whether the mental or physical health of a registered health professional are effecting ability to meet required standard of practice or satisfy the suitability to practice requirements;
c) referral to a professional standards panel, which decides whether a registered health professional is contravening, or has contravened, the required standard of practice, or does not satisfy the suitability to practice requirements;
d) consideration of the report under the Human Rights Commission Act 2005;
e) apply to the tribunal for the suspension or cancellation of the registration of the health professional to whom the matter relates;
f) apply to the tribunal for an emergency order in relation to the health professional to whom the matter relates.

12 The Health Professional Board must take action if after consultation with the commission there is an indication that an offence was committed. Disciplinary action after a formal inquiry may include –

- cancellation or suspension of a health professional's registration;
- counsel, caution or reprimand the health professional;
- require the health professional to undergo stated medical, psychiatric, or psychological assessment, counseling or both;
- impose conditions on the registration of the health professional;
- order that the health professional seek and follow advice from stated entities in relation to the management of their practice;
- require the health professional to complete a stated educational or other stated professional development course.

ACT PODIATRISTS BOARD

STANDARDS STATEMENT

6. Podiatrists With Communicable Diseases

General

1 Under the *Health Professionals Act 2004* (the Act), the Podiatrists Board of the ACT, as part of its role to protect the public, is responsible to monitor the standards of podiatry practice in the Territory. The Board is concerned to ensure that podiatrists who carry infectious diseases are aware of their responsibilities towards their patients in the management of their condition.

Aim

2 This paper details the Boards policy on the responsibilities of registered podiatrists who carry communicable diseases and should be read in conjunction with the ACT Health guidelines on the 'Management of Human Immunodeficiency Virus, Hepatitis B Virus and Hepatitis C Virus for Infected Health Care Workers'. The Board endorses these guidelines for the management of Infectious Diseases.

Terms

3 The term 'blood borne virus' is used throughout this paper and refers particularly to HIV, Hepatitis B and Hepatitis C.

4 The term 'exposure prone procedure' refers to procedures, which are characterised by the potential for direct contact between the skin (usually finger or thumb) of the podiatrist and sharp surgical instruments, needles, or sharp tissues (spicules of bone or nails).

5 Procedures that do not require the use of sharp instruments are not considered to be exposure prone and thus are unlikely to pose a risk of transmission of HIV, HBV or HCV.

General Points

6 Podiatrists have a wide range of professional, ethical and legal responsibilities towards their patients, the public, colleagues and themselves. The emergence of infection with HIV, hepatitis B and hepatitis C has focused scrutiny on the role and responsibilities of health care providers.

7 The Board is of the opinion that the general principles, which govern the management of other communicable diseases should be applied to infection with these blood borne viruses.

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Transmission

8 Podiatrists are responsible to ensure that basic infection control procedures are used whenever patients are examined and treated.

9 Any podiatrist who undertakes or could reasonably be anticipated to undertake exposure prone procedures has a professional responsibility to take appropriate steps to know his or her infective status in relation to these blood borne viruses.

Indicators of Infective Status

10 Indicators of infective status used as the basis for podiatrists refraining from the practice of exposure prone procedures include a positive HIV antibody test, a positive HB e antigen or HBV DNA test.

11 Podiatrists who are HCV antibody positive should undergo expert clinical assessment, including HCV PCR testing. A HCV PCR positive test is at present the best marker of the potential to transmit HCV infection.

12 Testing should be undertaken on at least a twelve monthly basis to detect change in status and more frequently in the event that the podiatrist has reason to believe that he or she may have been exposed to any of these blood borne viruses.

Unsatisfactory Professional Conduct

13 A podiatrist who is aware that he or she is infected with a blood borne virus should not undertake exposure prone procedures. In the opinion of the Board, to do so may constitute unsatisfactory professional conduct.

Reporting

14 Mandatory reporting to the Board of a podiatrist infected with one of these blood borne viruses is not required.

15 However, where a colleague is engaged in behaviour that could place the public at risk, such as undertaking exposure prone procedures when infected, practitioners have a professional responsibility to advise the Board. In the opinion of the Board, failure to report may constitute unsatisfactory professional conduct.

16 When a practitioner is aware that a colleague is experiencing physical or mental difficulties, he or she is obliged to ensure that the impaired practitioner seeks medical help. In such cases, the attention of practitioners is drawn to the Boards Impaired Practitioners Program, which is available to provide peer support, education and counselling of podiatrists in such matters.

17 A podiatrist infected with one of these blood borne viruses who is not impaired may continue to practise podiatry that does not involve exposure prone procedures.

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Disclaimer

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ACT PODIATRISTS BOARD

STANDARDS STATEMENT

7. Tele-podiatry

General

1. The Australian Capital Territory Podiatrists Board is responsible for the administration of the provisions of the *Health Professionals Act 2004* (the Act) and the general supervision of the podiatry profession. The Board has noted that traditional podiatry is rapidly being transformed especially in the technological area.

2. As a result of these technological changes, podiatry services can now be conducted over wide geographic areas and cross boundaries between jurisdictions. While the Board is supportive of the positive aspects of these developments, it is concerned that the high standard of protection currently afforded to the public as provided under the Act is not eroded by these changes.

Definition

3. For the purposes of this policy paper, any podiatrist/client contact or consultation by any electronic means, that results in a written or documented podiatric opinion and that affects the treatment or diagnosis or treatment of a client constitutes the practice of podiatry. This includes services that are connected through telecommunications as well as the transfer of client data or diagnostic findings transmitted to another health professional by electronic or other means.

4. The rendering of a podiatry service to a client within the Territory by a podiatrist outside of the Territory, as a result of transmission of individual client data by electronic or other means is also covered by this policy.

Board Policy

5. Where a consultation occurs as described in paragraph 3, and the client is physically situated in the Australian Capital Territory, the Podiatrists Board is of the opinion that the podiatry service will be deemed to have occurred in the Territory. As such the podiatrist providing the service would need to be registered in the Territory thus providing the client with an avenue of complaint should concerns about the consultation and subsequent treatment arise.

6. In such a way, the same standard of care that presently occurs I the Territory will thus be made available to the client and become the norm for the podiatrist even though he or she may not be located in the Territory.

Guidelines

7. In offering these guidelines for the practise of tele-podiatry, the Board is of the opinion that the generally accepted standard for the practice of psychology remains of

prime importance.

Health Records

8. Any health records maintained by the podiatrist as a result of a consultation remains subject to the maintenance requirements in the Territory, as detailed in the Board's policy paper 7, Maintenance of Patient records. The podiatrist receiving client data from another jurisdiction for the purposes of providing podiatric services through electronic means could also be bound by the same privacy legislation that applies in the jurisdiction in which the patient is located.

Professional Consultations

9 Traditional podiatrist to podiatrist consultations that occur in regular practice, that is the seeking of advice on particular aspects of treatment of clients, are not covered by this policy paper.

Emergency Treatment

10. Nothing in this policy paper shall prejudice or affect the giving or performing of a podiatric service in case of emergency.

Obtaining and Placing Information on the Internet

11. The internet is host to a range of high quality podiatric resource sites. At the same time, however, there is a large quantity of information of dubious quality available to users. Podiatrist are therefore encouraged to discuss with clients the source and quality of this information.

12. To assist in assessing this information, the Board is of the opinion that such information should be evaluated against a range of standards ACT.

Professional Consultations

10. Traditional 'podiatrist to podiatrist' consultations that occur in regular practice, that is the seeking of advice on particular aspects of treatment of patients, are not covered by this policy paper.

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ACT PODIATRISTS BOARD

STANDARDS STATEMENT

8. Maintenance of Podiatry Records

General

1 The Podiatrists Board is responsible for the maintenance of professional standards of the podiatry profession in the ACT. Given the importance of podiatry records in the ongoing treatment of patients as well as the growing community interest in podiatry records, the Board is concerned that practitioners are provided guidance on the maintenance of such records.

2 This paper takes into consideration the provisions of the *Health Records (Privacy and Access) Act 1997* (Health Records Act).

Aim

3 This paper details the Board's policy on the maintenance of podiatry records by Podiatrists.

Types of Records

4 For the purposes of this paper, podiatry records are those clinical notes and supporting documentation maintained by podiatrists on their patients. Records maintained by public or private hospitals are not included as part of the discussion in this paper.

5 Any reference in this paper to podiatry records encompasses both written and electronically stored information. Podiatry records whether paper based or on computer should meet the Board's policy requirements. In addition, electronic records should be capable of being printed on paper when required.

Privacy Principles

6 Privacy principles as they relate to the collection and maintenance of podiatry records now have force of law in accordance with the Health Records Act. Practitioners are advised to consult the Health Records Act in relation to privacy matters, in particular in relation to:

- the manner and purpose of collection of personal health information is to be lawful and relate to the health of a patient;
- the purpose of the collection of personal health information is to be made known to the patient before the collection is made including purpose of the collection, the identity of any persons who have access and to whom it might be disclosed;

- information collected must be relevant to the medical condition being treated and must not intrude on the personal affairs of the patient;

- information collected must be reasonably secured against loss, unauthorised access, modification or disclosure or other misuse;

- record keepers are to, on request, advise consumers that they have possession of podiatry records as well as the nature and purpose of the records and the steps a person might take to obtain access to the records;

- members of the treating team may have access to podiatry records as far as reasonably necessary for them to provide a health service;

- information in a podiatry record shall not be deleted unless as part of an archival program of destruction;

- records are to be kept up to date and accurate and be relevant to the purpose of collection;

- podiatry records are not to be used for any other purpose other than the reason for collection unless the patient consents to their use, their use is required to lessen a significant risk to life or health, or their use is authorised by a law of the Territory, Commonwealth or an order of a court of competent jurisdiction;

- disclosure of information is limited to members of a treating team to the extent necessary to treat a condition. Other disclosure is not to occur without the consent of the patient, or a risk to life or health of a patient, or authorised by a law of the Territory, Commonwealth or an order of a court of competent jurisdiction;

- on transfer or closure of a practice, practitioners are to take reasonable steps to inform patients of the arrangements for dealing with the podiatry records, and ensure that all records are transferred to another practitioner, a competent record keeper or the patient;

- where requested by the patient, practitioners are to transfer podiatry records (or a copy or written summary) to another health provider; and

- written consent of the patient is required prior to the provision of a health status report to another person.

7 The privacy principles have been paraphrased in this policy paper and practitioners are advised to refer to the Health Records Act for more detailed information on individual principles.

Maintenance of Records

8 Good podiatry practice demands that adequate patient records that cover history, diagnosis and treatment of the patient by the treating podiatrists be created and maintained. This obligation is not based on law but on the ethical and practical necessities of medical practice.

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9 In relation to the content of podiatry records, the following should apply:

- The record should be legible.

- The record should contain sufficient information to allow another medical practitioner to carry on the management of the patient.

- The record should contain accurate statements of fact or statements of clinical judgement and should be contemporaneous with the patient consultation.

- The medical practitioner should record information on every podiatrist/patient consultation with significant clinical content, particularly when treatment is changed. All face to face office consultations will require a record. The entry should be dated and it should be possible to identify who made the entry.

- Any changes to paper records should be initialled and changes should be made in such a way as to make the previous entry visible. Computerised records must be established in such a way that, for every entry to the record, there is a record of when the entry was made, by whom and when changes were made.

- The record should contain subjective information obtained on history, objective information obtained on physical examination, an assessment (usually with a diagnosis or problem), results of tests and a treatment plan. Medications prescribed should be recorded. Appropriate alerts such as allergies should be documented clearly.

- The podiatry record should not contain terms or comments that are derogatory or emotive.

- Abbreviations or ‘short hand’ expressions should be recognisable and comprehensible within the context of the patient’s care.

10 In addition, podiatry records should not include thoughtless or unnecessary remarks about colleagues or their form of treatment.

The Need for Records

11 A practitioner's duty of care requires a practitioner to maintain records associated with the treatment of a patient. Adequate records are essential to enable proper management of a patient by the practitioner and possibly his/her successors. In addition, the practitioner might be called upon to produce appropriate podiatry records during legal proceedings.

12 It is the view of the Board, that in both sets of circumstances, the failure to maintain adequate records could constitute unsatisfactory professional conduct.

Confidentiality

13 Records should remain confidential to those directly involved with the care of the patient. In the case of computerised records, use of the record should be

controlled by a password or other security system to protect against unauthorised access.

14 Practitioners should not, without the consent of their patient, disclose to any third party information acquired by reason of their professional relationship. The obligation of confidentiality is an implied term of the contract of service between them.

15 This confidentiality extends to family relationships. Practitioners should not (within reason) disclose the medical condition of one member of a family to another family member without the consent of the first person.

16 The need for confidentiality extends to clerical staff employed by the practitioner, who might have access to patient records. Appropriate instructions should be given to staff regarding the release of information over the telephone.

17 No practitioner or those directly involved with the care of the patient should disclose information to anyone other than the patient without the patient's permission or unless compelled by court order or other legal obligation.

Storage of Records

18 Records should be stored securely and safely and should be accessible when necessary.

Retention of Records

19 Current legislation does not specify how long podiatry records are to be maintained. Ethically, practitioners should retain information sufficiently long in order for adequate treatment of patients to occur. In essence this could mean the maintenance of at least a summary of any significant treatment, or as long as a person remains a patient of a practitioner.

20 From a practical perspective, records should be retained for at least seven years after the last treatment of a patient by the practitioner. In the case of children, records should be maintained for at least seven years after the patient turns 21 years of age.

Destruction of Podiatry records

21 A person shall not destroy, deface or damage a podiatry record with intent to evade or frustrate the operation of the Health Records Act.

Ownership of Records

22 A practitioner in private practice owns the records created in that practice.

23 In a group practice, the right of ownership of records will depend on the terms and conditions of the form of partnership or association. Records created by an employee practitioner or a locum remain the property of the employing practitioner or group.

Authorised by the ACT Parliamentary Counsel—also accessible at www.legislation.act.gov.au

Right of Access to Records

24 The Health Records Act provides a patient with a right of access to a medical record held by a medical practitioner. The patient may gain right of access by:

- by inspecting the health record (If held in electronic form, by way of a print out);
- by receiving a copy of the record; or
- by viewing the record and having its content explained by the medical practitioner holding the record or by another suitably qualified health practitioner;

25 Under the Health Records Act, it is a term of contract (oral or written) for the provision of a health service for a patient to have access to his or her medical record, providing that one of the following circumstances apply:

- the contract is made in the Territory,
- the contract is performed wholly or partly in the Territory, or
- the patient is present or resides in the Territory.

Grounds for Non-Production

26 The Health Records Act allows the following grounds for non-production of the whole or any part of a medical record:

- that the record is not in the possession, custody or control of the practitioner;
- that the record or part of it does not relate to the person requesting access; or
- that production of the record would contravene a law of the Territory, the Commonwealth or an order of a court of competent jurisdiction.

Transfer of records

27 When a patient changes practitioners, the Health Records Act requires that on written request of the patient, at least a summary of the medical record maintained by the first practitioner to be transferred to the second practitioner.

28 Practitioners must ensure therefore, that a sufficient medical history is made available on request to any subsequent treating practitioner thus ensuring that the continued good management of the patient. Whilst the Board accepts that such transfers can at times be stressful due to professional or commercial relationships, it is firmly of the belief that the primary duty of care to a patient must override other factors.

29 The failure of a practitioner to provide the medical record is a breach of the Health Records Act and may be considered by the Board as being unsatisfactory conduct.

Costs of Reports

30 The Board accepts that reasonable charges sufficient to meet the costs of researching and documenting information sought on podiatry records may be charged to patients or their legally authorised agents for the provision of such information.

Death or Retirement of a Practitioner

31 In a partnership, the records will be taken over by the remaining partners. In a solo practice, the personal representatives of the deceased practitioner should attempt to transfer patient records to the new treating practitioner, and an attempt to contact patients made to request how they would prefer their records to be dealt with. Any other remaining records must be passed onto a competent record keeper.

Disclaimer

32 In the case of any conflict or discrepancy between this document and the Act, the Act prevails.

ACT PODIATRY BOARD

STANDARDS STATEMENT

9. Impaired Practitioners

General

1 The Podiatry Board is responsible for the administration of the provisions of the *Health Professionals Act 2004* (the Act) and the maintenance of the standard of the profession in the ACT. The Board's duties include administering to the rehabilitation needs of the ill podiatrists (practitioner) and in so doing protecting the public.

2 The Board prefers to assist the impaired podiatrist to overcome any health problem or impairment well before any need for disciplinary action arises.

Aim

3 The aim of this standards statement is to detail the Board policy on the identification and rehabilitation of the impaired podiatrist.

4 Protection of the public can often be achieved by allowing the podiatrist, to continue to practise, subject to appropriate conditions being placed on practice whilst undergoing treatment. In this way, rehabilitation of the practitioner can occur and the public interest be served.

The Impaired Practitioner

5 Like the rest of the community, podiatrists from time to time suffer physical and mental illnesses. Such illnesses or impairment can affect clinical management of patients and possibly endanger the public.

6 Impairments that particularly concern the Board are psychiatric conditions, dependence on alcohol or drugs, stress and a general decline in competence brought about by age or illness or both. Some of these impairments allow the podiatrist to practise without detection and thereby possibly endanger the public. Continued practice without professional assistance means that it is probably only a matter of time before serious problems occur.

7 Experience has shown that early intervention often enables podiatrists to continue practice whilst receiving treatment.

Legislation

8 The *Health Professionals Act 2004* and the *Health Professionals Regulation 2004* established a health professions tribunal and authorised the Board to establish a personal assessment panel to consider the conditions of registration of a registered podiatrist whose ability to practise may be affected by his or her mental or physical health.

Notification to the Board

9 The Board relies upon being notified of an impaired podiatrist by complaints, by the police/courts, by the podiatry section of the ACT Health Protection Service and by notification by family, the practitioner or treating podiatrist or by hospitals/facilities where the practitioner is being treated.

10 Members of the profession have a professional responsibility to notify the Board of any ill colleagues who come to their attention or whom they might be treating where the illness impairs the ability to practise podiatry.

11 Once the Board becomes aware of the impaired podiatrist, an initial review is undertaken to ascertain the suitability or otherwise of the podiatrist for inclusion on the rehabilitation program.

12 The initial review is undertaken by a general practitioner appointed by the Board, who subsequently coordinates of the podiatrist's rehabilitation.

13 It is at this stage that it is ascertained whether the podiatrist is a danger to the public or not. If there is a potential danger to the public, the podiatrist will become subject to formal personal assessment panel consideration. If there does not appear to be any danger to the public, consideration will be given to including the podiatrist on the rehabilitation program.

Psychiatric Assessment

16 Where necessary the treating general practitioner will arrange for a psychiatric assessment. This is normally conducted by a psychiatrist of the choosing of the Board but will not limit the practitioner from attending a psychiatrist of his or her choice for any necessary psychiatric treatment whilst on the program. Following that assessment the treating general practitioner provides recommendations to the personal assessment panel of the Board, which will resolve which conditions (if any) are to be placed on the ongoing registration of the podiatrist.

Discussion with the Podiatrist

17 Once the personal assessment panel recommends conditions to be placed on the ongoing practice of the podiatrist, the treating practitioner, on behalf of the Board discusses them with the podiatrist. A podiatrist, who does not discuss the matter with the treating general practitioner, will then become subject to a formal personal assessment panel hearing and will not be permitted to enter the program.

18 If at any time during this early stage of the process the treating general practitioner believes the podiatrist might be a danger to himself or herself, then

discussions with the podiatrist cease and the Board is advised of the circumstances. Formal Board action would then commence.

19 As a result of the initial interview with the podiatrist, an initial report is prepared for the personal assessments panel of the Board stating the background of the matter, the attitude of the podiatrist and a recommendation regarding the suitability or otherwise of the podiatrist for placement on the program.

Form of Undertaking

20 The podiatrist needs to agree in writing to the voluntary placement of conditions on his or her registration (see Attachments 1 to 4 for precedent conditions.). Should the podiatrist not do so, formal proceedings will commence.

Management of the Program

21 The program is closely managed to ensure its objectives are achieved, but this is undertaken at arms length from the full Board.

22 The personal assessment panel acts as the conduit for information to and from the Board on the program.

23 To assist in the process of management of the program by the treating general practitioner the following documents, are attached to this policy paper:

- Brief Summary of the Procedure (Attachment 6)
- Conduct of an Impairment Interview (Attachment 7), and
- Evaluation of Review Interview (Attachment 8)

Reports to the Board

24 The treating general practitioner is to receive regular reports from every treating physician and/or psychiatrist. The treating general practitioner will advise the Board every two months of the progress of rehabilitation. These reports (see Attachment 8) summarise the progress of the patient and reports from treating specialists.

25 Board appointed psychiatrists will be requested to provide reports direct to the Board (through the personal assessment panel) at intervals determined by the Board, normally at the commencement of the rehabilitation program, then at three or six monthly intervals.

26 All reports provided to the Board on practitioners on the program will remain confidential to the personal assessment panel. The panel will provide only a précis of any report to the Board, not including any reference that can identify the podiatrist.

27 In any statistical information collected, the identity of individual podiatrists on the program is not used. Information that can identify podiatrists will not be made

available to the public or other members of the profession unless the Board decides that this should occur in the interests of protecting the public.

Urinalysis Protocols

28 Some impaired practitioners will need to undertake random urinalysis. The Board's protocol (see Attachment 5) addresses how the urinalysis samples are to be taken and assessed.

29 The conduct of the urinalysis program is the responsibility of the treating general practitioner. Reports are be passed to the Board through the personal assessment panel on a monthly basis indicating the success or otherwise of the urinalysis schedule.

Reviews

31 Conditions placed upon the practice of the podiatrist will be regularly reviewed as the podiatrist progresses through the program.

32 At least three reports from the treating general practitioner (who is to consolidate reports any reports received from the treating physician/psychiatrist) as well as two quarterly reports from the Board nominated psychiatrist need to be provided before the Board will consider any amendments to the conditions of registration. In general, the personal assessment panel will recommend variation of conditions in terms of less restriction but will not make them tighter without agreement of the podiatrist or the holding of a hearing.

Costs of the Program

33 The costs associated with the program are those direct costs associated with medical examinations and the indirect costs associated with the administration of the program. The Board will pay for the initial medical examinations as well as for the periodic psychiatric examinations by the Board nominated psychiatrists. The Board will also meet the agreed costs of the reports prepared by the treating general practitioner. All other treatment costs remain the responsibility of the impaired podiatrist.

Disclaimer

34 In the case of any conflict or discrepancy between this document and the Act, the Act prevails.

Attachment 1
to Standard Statement 9

PRECEDENT CONDITIONS

Practitioners with infectious diseases and related health problems

1. To adhere to the Podiatry Board's standards statement regarding infected podiatrists.

2. To attend for treatment with Drs __________________________, at a frequency to be determined by the treating practitioners. To authorise Dr ______________ to inform the Board of termination of treatment if there is a significant change in health status.

3. To attend for review by Dr _______________, the Board nominated psychiatrist/physician, initially on a six monthly basis, at the expense of the Board.

4. To attend for review by Dr _________________, the Board nominated immunologist, initially on six month basis at the expense of the Board.

5. The extent of duties to be guided by my health status and the advice of my medical attendants.

6. These conditions may be eased at the discretion of the Board at such time it considers variance is appropriate.

Optional Conditions

- To refrain from the practice of podiatry until reviewed by the Podiatry Board in three months (delete conditions 6 & 7 and reduce time period in 3 & 4).

- To continue taking medication as prescribed by the treating podiatrists.

- To advise his/her employer (and supervisor) of the conditions imposed on his/her registration.

- To seek Board approval prior to commencing practice/changes in the nature or place of practice.

- To work only in a supervised position approved by the Board.

- To undergo a neurological assessment by a Board-appointed neurologist as soon as possible with regular reviews at intervals to be determined by the neurologists.

- To undergo regular neurological assessments at times to be determined by the treating or Board nominated specialist.

- To advise the Board of any exacerbation of my infectious condition.

Attachment 2
to Standard Statement 9

PRECEDENT CONDITIONS

Practitioners with Psychiatric Problems

1. To attend for treatment by a psychiatrist of choice, at a frequency to be determined by the treating doctor. To authorise the treating psychiatrist to inform the Board of termination of treatment or if there is a significant change in health status.

2. To attend for review by Dr _________________ ,the Board nominated psychiatrist/physician, initially on a six monthly basis, at the expense of the Board.

3. Attend a review interview at the Board in twelve months unless reports from the Board nominated psychiatrist recommends an earlier review.

4. These conditions may be eased at the discretion of the Board at such time it considers variance is appropriate.

Optional Conditions

- To refrain from the practice of podiatry until reviewed by the Podiatry Board in three months (delete conditions 3 & 4 and reduce time period in 2).

- To continue taking medication as prescribed by the treating psychiatrist.

- To advise his/her employer (and supervisor) of the conditions imposed on his/her registration.

- To seek Board approval prior to commencing practice/changes in the nature or place of practice.

- To work only in a supervised position approved by the Board.

Attachment 3
to Standard Statement 9

PRECEDENT CONDITIONS

Practitioners with an Alcohol Problem

1. To totally abstain from alcohol.

2. That blood be taken for measurement of carbohydrate deficient transferring levels at monthly intervals and for liver function tests every three months. The results of all tests to be forwarded to the treating and Board nominated podiatrists.

3. To contact the AA group and attend their meetings.

4. To attend for treatment by a psychiatrist/physician of choice, experienced in treatment of alcohol abuse, at a frequency to be determined by the treating doctor. To authorise the treating psychiatrist/physician to inform the Board of termination of treatment or if there is a significant change in health status.

5. To attend for review by Dr _________________ ,the Board nominated psychiatrist/physician, initially on a six monthly basis, at the expense of the Board.

6. Attend a review interview at the Board in twelve months unless reports from the Board nominated psychiatrist recommends an earlier review.

7. These conditions may be eased at the discretion of the Board at such time it considers variance is appropriate.

Optional Conditions

- To refrain from the practice of podiatry until reviewed by the Podiatry Board in three months (delete conditions 6 & 7 and reduce time period in 5).

- To continue taking medication as prescribed by the treating psychiatrist.

- To advise his/her employer (and supervisor) of the conditions imposed on his/her registration.

- To seek Board approval prior to commencing practice/changes in the nature or place of practice.

- To work only in a supervised position approved by the Board.

Attachment 4
to Standard Statement 9

PRECEDENT CONDITIONS

Practitioners with a Drug Problem

1. S8 drug authority to remain withdrawn.

2. Not self administer any Schedule 4 drugs or narcotic derivatives (this includes non-prescription compound analgesics and cold podiatry) unless ordered by his/her treating podiatrist. Notify the Board nominated psychiatrist/physician of any instances of illness requiring the administration of medications described above.

3. Not prescribe for self-medication.

4. To attend for random urinalysis in accordance with the Board's protocol.

5. To attend for treatment by a psychiatrist of choice, experienced in treatment of drug abuse, at a frequency to be determined by the treating doctor. To authorise the treating psychiatrist to inform the Board of termination of treatment or if there is a significant change in health status

6. To attend for review by Dr _________________ ,the Board nominated psychiatrist/physician, initially on a six monthly basis, at the expense of the Board. At six months, if appropriate, the Board nominated psychiatrist may recommend a change to random urinalysis for consideration by the Board.

7. Attend a review interview at the Board in twelve months unless reports from the Board nominated psychiatrist recommends an earlier review.

8. These conditions may be eased at the discretion of the Board at such time it considers variance is appropriate.

Optional Conditions

- To refrain from the practice of podiatry until reviewed by the Podiatry Board in three months (delete conditions 7 & 8 and reduce time period in 6).

- To advise his/her employer (and supervisor) of the conditions imposed on his/her registration.

- To continue taking medication as prescribed by the treating psychiatrist.

- To seek Board approval prior to commencing practice/changes in the nature or place of practice.

- To work only in a supervised position approved by the Board.

ACT PODIATRY BOARD
PROTOCOL FOR URINALYSIS

General

The Following is the protocol for the collection of urine samples from podiatrists participating in the Podiatry Board's rehabilitation program as a result of self-administration of drugs.

Requirements

1 At commencement of urinalysis, the subject podiatrist is to advise the Board of the name and location of the laboratory conducting the analysis and the type of supervision of the collection of specimens.

2 Urine specimens are to be collected under direct supervision or equivalent method of accurately verifying the origin of the specimen.

3 Drug screens are taken to include tests for Benzodiazepines, Barbiturates, Narcotics and Amphetamines. The request from completed by the referring practitioner must identify the matter as 'medico-legal' to ensure a repeat analysis is conducted when a positive result us detected.

4 Urinalysis results must be forwarded to the treating medical general practitioner or, if so ordered, the Podiatry Board.

5 The Board nominated treating general practitioner is responsible for notifying the Board of any drugs detected in urine screens or any failure to attend for urinalysis.

6 Practitioners undertaking urinalysis are prohibited from self administering any Schedule 4 drugs or narcotic derivatives (this includes non-prescription compound analgesics and cold podiatry) unless ordered by the treating practitioner. The impaired practitioner is to notify the Board nominated psychiatrist of any instance of illness requiring the administration of medications described above.

Random Urinalysis

Random urinalysis means a minimum of fifteen screens in each consecutive period of six months. The time of random collection will be determined by either the treating practitioner, or in some cases the Podiatry Board Secretariat.

The subject practitioner is required to attend for urinalysis on the day that he or she is notified by either the treating practitioner or the Podiatry Board Secretariat, within eight hours of being so ordered.

The decision to cease random urinalysis can only be made by the Podiatry Board.

Changes in Routine

The impaired practitioner is required to notify the treating and the Board nominated psychiatrist (or the Podiatry Board where the practitioner is subject to random urinalysis) in advance of any proposed holidays. This information should indicate the date and duration of the proposed leave.

Breaches in Providing Urinalysis

Both a positive urine or a fail to attend and provide urine as required without a reasonable excuse are regarded by the Board as breaches.

A practitioner in breach of the urinalysis protocol will be required to attend his/her Board nominated psychiatrist for an assessment. The impaired practitioner will be responsible to pay for the cost of this assessment.

The Board nominated psychiatrist's assessment will be considered by the personal assessment panel of the Board. If the panel is of the opinion that sanctions should be imposed, then it is to refer the matter to the board for decision.

Attachment 5
to Standard Statement 9

BRIEF SUMMARY OF THE PROCEDURE

The Program

1 The Impaired Practitioner Rehabilitation Program is a non-disciplinary process. The program is designed to assist registered podiatrists to deal with impairment while remaining in practice.

Initial Consultation

2 The Board requires that any consultation or interview with the impaired practitioner be conducted in an informal manner.

3 You will be required to meet with a general practitioner representing the Board. The board strongly suggests that you be accompanied by an adviser from your medical defence union experienced in such matters. Attendance by supporting family members is also encouraged.

4 You will receive copies of all documentation considered by the Board in this matter.

Treating General Practitioner

5 Whilst the treating general practitioner is undertaking a coordinating role on behalf of the Board in the management of the Program, he or she is more concerned with developing a regime in a consensual fashion that will assist in the treatment of your disability while allowing you to continue in practice. This is achieved by a process of discussion concerning the circumstances surrounding the practitioner and the negotiation of an appropriate outcome.

6 Such possible outcomes could be the institution of counselling measures or the agreed placement of conditions upon registration (or if necessary voluntary suspension for a period). The treating practitioner may also recommend other action by the Board as appropriate. In circumstances where no agreement is reached between yourself and the treating practitioner on an appropriate outcome, the matter will be referred to the Board for further consideration.

Report to the Board

7 At the conclusion of the consultation, the treating practitioner is to prepare a report for the personal assessment panel of the Board, which will consider the report. Any agreed conditions will be in force from that time. There are strict protocols in place concerning the confidentiality of proceedings and reports are only forwarded to those persons directly involved in your treatment and monitoring.

Authorised by the ACT Parliamentary Counsel—also accessible at www.legislation.act.gov.au

Attachment 6
to Standard Statement 9

NOTES FOR TREATING GENERAL PRACTITIONER

Introduction

1. Introduce yourself and any other participants present.

2. Advise that the process is non-disciplinary and is designed to assist impaired practitioners to deal with impairment and remain in practice.

3. Possible outcomes of this consultation are counselling or agreement reached on the placement of conditions on registration or voluntary suspension for a specific period. The treating practitioner may also recommend other action to the board as appropriate.

4. We would envisage that counselling or agreed conditions as being the usual outcome.

5. The treating practitioner is required to report to the Board on the results of the consultation and agreed action.

6. There are strict protocols regarding the confidentiality of this consultation.

7. I have copies of a number of reports. I understand that you have received copies of these reports.

8. Commence the consultation.

General Discussion

Outcome

1. I am supposed to reach an agreement with you as to an approach to rehabilitation involving agreed conditions upon registration.

2. Do you have any thoughts about appropriate conditions?

3. Our experience has been that the following conditions have assisted practitioners with similar problems in the past. Would you like a few minutes to consider these?

Agreement on Recommendation

1. I am asking you to sign a copy of these agreed voluntary conditions.

2. I will now report to the Board that the recommended conditions agreed upon today be placed on your registration.

Authorised by the ACT Parliamentary Counsel—also accessible at www.legislation.act.gov.au

Attachment 7
to Standard Statement 9

ACT PODIATRY BOARD

EVALUATION REPORT

Registrant: ______________________________ Date: _________

Treating Practitioner: ____________________________________

PRACTITIONER'S EVALUATION

Attitude of Registrant

		Inappropriate	Appropriate
1	How did the registrant appear to you?	☐	☐

		No	Ambivalent	Yes
2	Does the registrant recognise the seriousness of his/her problem?	☐	☐	☐
3	Does the registrant accept the role of the Podiatry Board in this matter?	☐	☐	☐

		No	Yes
4	Since the last Board review has there been a breach of conditions?	☐	☐

		No	Yes	N/A
5	If yes, has the registrant acknowledged the breach?	☐	☐	☐

		No	Some	Yes
6	Do you think the registrant has the <u>support</u> of :			
	Colleagues:	☐	☐	☐
	Friends:	☐	☐	☐
	Family:	☐	☐	☐

Outcome

		Worse	Better	Stable
7	Do you think the registrant has progressed since the last review?	☐	☐	☐

8 Identify the source of information that has been significant in determining the outcome of this review.

Please rate according to scale	**Helpful**				**Unhelpful**
Psych report	1	2	3	4	5
Presentation at this review	1	2	3	4	5
Improvements since last review based on the last report	1	2	3	4	5
Board briefing paper	1	2	3	4	5
Direct correspondence from the registrant	1	2	3	4	5
Other (please specify)__________________	1	2	3	4	5

		No	Some	Yes
9	Have you recommended that conditions be altered as a result of this review?	☐	☐	☐

10 The next Board review will be held in ___ months.

11 Please provide any additional comments you believe might be relevant.

ACT PODIATRY BOARD

STANDARDS STATEMENT

10. Professional Indemnity Insurance

A podiatrist must maintain a policy of professional indemnity insurance and provide evidence of the policy when required by the board.

However, this does not apply to a podiatrist if the podiatrist—

(a) is covered by professional indemnity insurance other than insurance maintained by the podiatrist; and

(b) only practises podiatry that is covered by that professional indemnity insurance.

Authorised by the ACT Parliamentary Counsel—also accessible at www.legislation.act.gov.au