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**Australasian Podiatry Council**

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Bronwyn Nardi  
Chair  
Practitioner Regulation Subcommittee  
of the Health Workforce Principal Committee

## **Proposed Arrangements for specialists within the National Registration and Accreditation Scheme for the Health Professions**

Following are responses from by the Australasian Podiatry Council to issues raised in the *REVISED CONSULTATION PAPER* – **‘Proposed Arrangements for specialists within the National Registration and Accreditation Scheme for the Health Professions’** have been addressed.

Thank you for enabling us to modify this submission to include the postgraduate degree courses to be offered from 2009 by the University of Western Australia **Doctor of Podiatric Medicine (DPodM)**, and **Doctor of Clinical Podiatry (DCLinPod)**.

Should you have any queries on this submission, I can be contacted on 03 94163111 or mobile 0411 741815 and kelli@apodc.com.au.

Yours sincerely

**Kelli Cheales**  
CEO  
Australasian Podiatry Council

13<sup>th</sup> February 2009

## **Submission on Consultation Paper – “Proposed Arrangements for specialists within the National Registration and Accreditation Scheme for the Health Professions”**

- a. *Specialist endorsement should only be available for a profession where a profession-specific accreditation standard for specialist training in that profession has been approved by the Ministerial Council following recommendation by the relevant board and at least one training program has been approved by the board's accreditation body or committee in accordance with those standards. The development of these standards will be undertaken by the accrediting body or committee.*

**APodC Response:** APodC agrees with the above proposal, in line with the Inter-Governmental Agreement (IGA). In podiatry, there are currently two post-graduate specialised areas of practice that conform with the intent of the IGA, namely:

- podiatric surgery with specialists having attained the qualification of Fellow of the Australasian College of Podiatric Surgeons (ACPS) and
- sports podiatry – with specialists having attained the qualification of Fellow of the Australian Academy of Podiatric Sports Medicine (FAAPSM).

To attain a podiatric surgical fellowship qualification, a podiatrist must complete an extensive training program, including:

1. Bachelor of Applied Science degree, majoring in Podiatry (4 years)
2. Minimum of 2 years post-graduate clinical practice
3. Master of Podiatry (2 years full time university degree)
4. A three-stage surgical fellowship training under supervision of the ACPS (4 to 6 years)
5. International residency training (usually in the UK and USA)
6. Demonstrated mastery of knowledge in foot and ankle surgery by passing oral and
7. Written examinations administered by the ACPS.

Accreditation of Fellows is maintained with a three year multifaceted program conducted by the ACPS including peer review, clinical audit and continuous professional development.

Attainment of Fellowship status to the Australian Academy of Podiatric Sports Medicine (FAAPSM) includes:

1. Professional requirements  
Prior to attempting the examinations a prospective candidate will
  - have held status as a financial member of the Academy for 12 months
  - be a financial member of an Australian Podiatry Association
  - confirm four years relevant clinical experience post initial Podiatric registration
  - hold a relevant Post Graduate Diploma or equivalent approved by the Board of Trustees
2. Examination requirements  
A closed book supervised paper previously trial tested through existing Fellows, and a clinical based, written answer questions.
3. Publication of Fellowship paper.

- An original paper must be accepted for publication in a peer reviewed journal prior to the award of Fellow being made.
4. Demonstration of practical activities.  
All candidates for the qualification of Fellow of the Academy must meet the points criteria of the AAPSM to demonstrate practical involvement in the area of sports podiatry.  
*Source:* <http://www.apodc.com.au/apodc/Fellowship%20Requirements.PDF>

Both specialist areas of practice are recognised as equal within the profession of podiatry as indicated by the requirements of the Continuous Podiatric Professional Education (CPPE) program of the NSW Podiatrists Registration Board:

**ACPS Fellowship (upon completion) – 30 CPPE points**

A podiatrist who is awarded fellowship of the Australian College of Podiatric Surgeons would be entitled to claim 30 Continuing Podiatric Professional education points on being presented the Fellowship. The podiatrist would also be able to claim Continuing Podiatric Professional Education points for completing various modules during the progression to the FACPS and post-award education.

**AAPSM Fellowship (upon completion) – 30 CPPE points**

A podiatrist who is awarded fellowship of the Australian Academy of Podiatric Sports Medicine would be entitled to claim 30 Continuing Podiatric Professional education points on being presented the Fellowship. The podiatrist would also be able to claim Continuing Podiatric Professional Education points for completing various modules during the progression to the FAAPSM and post-award education.

*Source:* [http://www.podreg.health.nsw.gov.au/hprb/pod\\_web/pdf/cppebooklet.pdf](http://www.podreg.health.nsw.gov.au/hprb/pod_web/pdf/cppebooklet.pdf)

From 2009, the University of Western Australia is also offering a suite of innovative postgraduate courses through Podiatric Medicine Unit. These programs include **Master of Podiatric Medicine (MPodM)**, **Doctor of Podiatric Medicine (DPodM)**, and **Doctor of Clinical Podiatry (DClInPod)**. These courses are designed to broaden the educational knowledge and clinical scope of practice of the graduate podiatrist.

<http://www.cnnd.uwa.edu.au/go/schools-and-centres/schools/school-of-surgery/school-structure/podiatry/postgraduate>

**Doctor of Podiatric Medicine (DPodM)**

The second program is the Doctor of Podiatric Medicine (DPodM), which is comprised of one-third coursework and two-thirds research thesis program. The emphasis is on the student undertaking significant clinical research and will interest practitioners and academics who would otherwise consider undertaking a formal PhD. It is anticipated that DPodM graduates will be eligible to apply to the Podiatrists Registration Board of WA for recognition as a specialist Podiatric Physician. <http://www.cnnd.uwa.edu.au/go/schools-and-centres/schools/school-of-surgery/school-structure/podiatry/postgraduate/doctor-of-podiatric-medicine-dpodm>

**Doctor of Clinical Podiatry (DClInPod)**

The DClInPod graduate will play an important clinical role in the interdisciplinary management of patients with lower extremity complications of chronic conditions such as diabetes, peripheral vascular and renal disease. The clinical practicum units in both streams will allow students to undertake rotations in podiatric surgery or in the management of the high risk foot in either the UK or the US to broaden their clinical experiences. It is anticipated that DClInPod graduates will be eligible to apply to the Podiatrists Registration Board of WA for recognition as a specialist Podiatric Physician or a Podiatric Surgeon. <http://www.cnnd.uwa.edu.au/go/schools-and-centres/schools/school-of-surgery/school-structure/podiatry/postgraduate/doctor-of-clinical-podiatry-dclinpod>

Two special interest areas within podiatry practice that are developing towards specialised areas of practice are:

- High-risk foot care/Diabetes foot care, and
- Paediatrics.

*b. For the purposes of transition, from 1 July 2010, initial registration of specialists in any profession will be by an endorsement on the public register subject to (a) above. In the absence of such a standard being in existence at the time of transition to the scheme, the registrant will only be granted general registration without specialist endorsement.*

**APodC Response:** APodC agrees, with the two existing specialised areas of practice ie

- ACPS Fellowship and
- AAPSM Fellowship

and the three developing specialisations of:

- High-risk foot care/Diabetes foot care, and
- Paediatrics

to be subject to this arrangement in the future.

*c. The Ministerial Council may issue guidance to boards in relation to criteria for the recognition of specialties under the scheme, including those specialties to apply from 1 July 2010. The national board will propose to the Ministerial Council for approval, the types of specialist endorsement that will be available from 1 July 2010 in accordance with any guidance provided by the Ministerial Council. The national board will also determine how the current registration status of registrants should translate to specialties that are recognised under the national scheme, either with or without specialist endorsement.*

**APodC Response:** APodC believes that decision making on the recognition of specialties is the responsibility of the National Board which, after consultation with the relevant industry, should make recommendations to the Ministerial Council. This approach reinforces the position of APodC that decisions to be made on the profession of podiatry should be made through a “grass-roots” decision making process, where recommendations proceed from industry stakeholders through relevant committees, then national boards, finally up to the Ministerial Council for high level approval.

*d. Clarification that endorsements provided under the scheme will be approved or granted for registration purposes only. Registration decisions under the scheme are separate to any decision made outside of the scheme in relation to endorsements for the purposes of funding (e.g. Medicare) or employment (e.g. terms and conditions of employment by governments or hospitals). It is not intended to remove existing authorities conferred by States or Territories.*

**APodC Response:** Agree.

*e. Clarification that the power for boards to recommend (and the Ministerial Council to approve) qualifications for the purposes of specialist endorsement, relates to the standards of qualifications rather than specified qualifications.*

**APodC Response:** Agree.

- f. Any continuing competence standards for specialists in existence at 30 June 2010 will continue to apply with any proposed changes to these standards (or any new standards) to be developed by the board for approval by the Ministerial Council.*

**APodC Response:** APodC seeks clarification on the Commonwealth definition of “continuing competence”, and as to whether this term is related to a basic continuing ability to perform the work regulated through a specialised area of practice, and how the Commonwealth aligns “continuing competence” with the current practice of continuing professional development.

- g. Minimum standards for continuing competence requirements for specialist endorsement must not be discipline specific (e.g. the minimum standards to apply in respect of medical practitioners with specialist endorsement would be the same standard across all disciplines or specialist medical colleges).*

**APodC Response:** APodC is pleased to see a standardised approach for regulation of specialists and speciality training.

- h. Boards may request that accreditation bodies or committees develop these minimum standards and assess continuing competence programs against these standards.*

**APodC Response:** APodC believes that this is entirely appropriate, to ensure consistent, system wide standards are met.

- i. Boards must consider applications for registration from practitioners seeking to work in an area of need identified by a State or Territory government, where the applicant is not eligible for registration in any other category of registration. This provision will apply to all regulated professions. It is further proposed that boards may develop professional standards in respect of the registration requirements to apply to area of need registration to support a nationally-consistent approach.*

**APodC Response:** APodC agrees that a national board must consider individual practitioner applications, however APodC recommends that any considerations made by national boards through standardised independent processes, and that any decisions are also subject to an independent review process, to ensure transparency. APodC also urges boards to ensure the maintenance of the relevant standards of practice for the profession to ensure public health and safety and the maintenance of the public standing of the relevant profession.

- j. Where a board is proposing to recommend to the Ministerial Council, on a matter in which another board might reasonably have an interest, then that board could be required to consult with all other boards and in submitting for Ministerial approval, draw to the attention of the Ministerial Council any contrary views.*

**APodC Response:** APodC supports this proposal, provided that each matter is judged on its own merit, independent of any other considerations that may be relevant to the organisations or professional groups involved. Furthermore, APodC sees this as an opportunity for greater cooperation between industry stakeholders and health professions, as decision making may include a wider range of consultation.

**General APodC comment:** In our consultations with the various speciality groups that work in the field of podiatry, it has been raised that the issue of protection of specialist titles is of utmost importance.

In the field of podiatry, there are a number of specialisations which have varying levels of development with respect to training and ongoing competence standards. The Australasian College of Podiatric Surgeons and the Australasian Academy of Podiatric Sports Medicine have well developed programs of admittance into their specialisations, and continuing professional development, as previously outlined.

- High-risk foot care/Diabetes foot care, and
- Paediatrics

to work toward the qualification of Fellow, through a framework modelled on that of the Australasian College of Podiatric Surgeons. The special interest area of high risk foot care has already commenced development of their program for Fellowship including the minimum prerequisites of:

- a registered podiatrist for at least 7 years
- enrolment in or a completed relevant post graduate qualification in podiatry, wound management, public health, gerontology or diabetes.
- working in the area of high risk/diabetic foot management.