

**AUSTRALIAN AND NEW ZEALAND
COUNCIL OF PODIATRY REGISTRATION BOARDS**

ANZCPRB

17 November 2008

Attention: Practitioner Regulation Sub-Committee

e-mail: nraip@dhs.vic.gov.au

**Consultation Paper
Proposed arrangements for handling complaints and dealing with
performance, health and conduct matters.**

**The Australian and New Zealand Council of Podiatry Registration Boards
wishes to make the following comments.**

2.1.1 Notification – agree with first option to use term “notification”, rather than alternative options suggested.

2.1.2 Preliminary assessment – agree with first option to use this term rather than alternative options suggested.

2.1.3 Notifications assessment committee – agree with first option to use this term, rather than alternative options suggested.

2.1.9 Health assessment – agree with use of this term. In addition we suggest inclusion of blood borne communicable diseases and the effect on the scope of practice undertaken by an effected practitioner.

2.1.10 Health panel – we prefer use of term Health assessment panel which is suggested as alternative option.

2.1.12 Conduct investigation – suggest term Conduct assessment be used as the initial stage, and then investigation could be used when findings indicate need to progress a serious case to the investigation stage.

2.1.13 Conduct panel – if suggestion 2.1.12 is accepted, then amend word ‘investigation’ to read ‘assessment’.

2.1.15 Not of good character - we prefer use of term ‘not a fit and proper person’ instead.

2.1.18 Unsatisfactory professional conduct – we prefer this term rather than the alternative suggestion.

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Preliminary assessment of notification

Concern that if the state or territory undertook the preliminary assessment that there may be inconsistency between states and territories – which would have national implication. We prefer that there is a standard national approach that may involve individual state/ territory representation. i.e: some states have refused registration to particular medical practitioners, yet others allow registration that indicates varied standards currently across states.

Proposal 3.3.1 We agree with the proposal that these definitions be included.

4.3 What sort of matter may be the subject of a notification

Proposal 4.3.1

We suggest inclusion of ‘blood borne communicable disease’ and other conditions such as ‘substance abuse’ and ‘gambling addiction’, and amendment of the last point to ‘not a fit and proper person’ to maintain consistent terminology.

4.4 Mandatory reporting obligations

Note: with reference to comments related to ACT jurisdiction that these are covered in the Allied Health Professionals standards (4.1, 4.2) and would also be covered by each board in standards statements.

Options for mandatory reporting:

In addition to the two points mentioned, we suggest inclusion of:

- mandatory reporting requirements for known blood borne communicable disease and,
- knowledge of relevant physical and/ or mental impairment.

Student registrants and mandatory reporting

If the student registration is applicable from when the student has direct contact with a patient, then the same mandatory reporting requirements should apply as for all registrants.

4.5 Protection for notifiers and registrants

Proposal 4.5.1 We agree with this proposal

4.6 Own motion powers

Proposal 4.6.1 We agree with this proposal

4.7 Immediate suspension powers

Proposal 4.7.1 We agree with the first option

Proposal 4.7.2 We agree with this proposal

Proposal 4.7.3 We agree with this proposal

5.1 Powers following receipt of a notification

Proposal 5.1.1 We agree with this proposal

5.2 Ground for a board to refuse to deal with a notification

Proposal 5.2.1 We agree with this proposal

5.3 Liaison with HCCs

Proposal 5.3.1 We agree with this proposal

5.6 Notifiers rights of review of preliminary assessment decisions

Option 2 is our preferred option

7.1 Overview of management of health related matters

Proposal 7.1.1 We agree with this proposal

Proposal 7.1.2 We prefer Option 2. With the amendment of the word “will be” funded to “may be” funded by the board. As for some small boards this may not be a viable option.

7.4 Health panel hearings

Proposal 7.4.1 – point two – we suggest addition of a consumer representative to the panel

8.3 Investigations

Appointment of investigators

Proposal 8.3.1 We suggest including the requirement for the investigator to possess relevant skills and qualifications, and that the person or persons be independent of the matter. There is also the need to mention the obligation for confidentiality in the process.

Proposal 8.3.2 We agree with this proposal

Proposal 8.3.4 We agree with this proposal

Proposal 8.3.5 We agree with this proposal

Proposal 8.4.1 We agree with this proposal

8.6 Decisions available to a conduct panel following a hearing

Proposal 8.6.2 Need to remove word ‘performance’ so that all other previous types of assessments are included.

9.1 Achieving separation of functions

Proposal 9.1.1 We prefer Option 2

Proposal 9.1.2 We agree with this proposal

Proposal 9.2.1 We agree with this proposal

9.3 Legal representation for registrants at panel hearings

We prefer Option 2

If Option 2 not possible, then we support the opportunity to take legal representation to the tribunal

9.4 Confidentiality of panel hearings

We prefer Option 1 for closed hearings.

Proposal 9.4.1 We agree with this proposal

Proposal 9.5.1 We agree with this proposal

9.7 Notice of decisions of hearing panels

Proposal 9.7.1 This mentions the requirement to give notice of decisions in relation to conduct hearings, the other hearings (performance and health) should also be included

9.8 Role of Cwlth, State and Territory ombudsmen

We prefer Option 1 with Cwlth *Ombudsman Act 1976* applicable as this is most relevant to national registration

10.3 Original jurisdiction of tribunal

Proposal 10.3.1 We agree with this proposal

10.6 Constitution and appointment of tribunal hearing panels

With regards to the second point, we prefer it to be 'an appropriate consumer representative' and to delete 'community voice'.

10.8 Status of notifiers

Proposal 10.8.1 We suggest the option for the notifier to attend even if not called.

11.5 Direct or incite offences

Proposal 11.5.1 We agree with this proposal and not the alternative option.

11.6 Regulation of advertising

Proposal 11.6.1 We prefer Option 3

11.8 Other offences

Proposal 11.8.3 In point two, we are not sure what is meant by ‘with certain types of conditions such as HIV or cancer’. Needs to be clarified.

11.10 Monitoring of registrants

Proposal 11.10.1 We agree with this proposal – we suggest it should be placed earlier in this document.

12 Transition arrangements

Proposal 12.1 We agree with this proposal

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On behalf of:

Podiatry Board of South Australia
New South Wales Podiatrists Registration Board
Podiatrists Registration Board of Victoria
Tasmanian Podiatrists Board
ACT Podiatrists Board
Podiatrists Board of Western Australia
Podiatrists Board of Queensland