

PODIATRISTS CODE OF PROFESSIONAL CONDUCT

INTRODUCTION

This Code of Professional Conduct is approved by the Podiatrists Registration Board under section 19 of the Podiatrists Act 2003.

Podiatrists must conduct themselves in their professional duties in accordance with the Podiatrists Act 2003 and Podiatrists Regulation 2005. This Code is subject to the provisions of the Act and Regulation.

Podiatrists should at all times conduct themselves in a professional manner with regard to their patients, their colleagues and other health professionals. They should at no time bring the profession into disrepute.

Podiatrists may treat any abnormal condition, malady, disease and/or imbalance of the human foot.

Podiatrists may utilise any means within their expertise to treat any condition, provided the condition is manifest in the foot.

Podiatrists may in the course of examination, assessment and treatment of the foot relate to and/or examine structures above the foot.

Podiatrists must recognise the extent and limitations of their professional expertise and may perform or participate in any procedures that are within their competency. Such levels of competence or skills development must be clearly based on the curriculum and course activities of their undergraduate training and any continuing education.

Podiatrists are required to ensure that a copy of the Code is available at all times.

PRINCIPLES

1. Podiatrists shall be responsible for the professional assessment of their clients/patients and selection, delivery and management of the treatment plan chosen for their clients/patients, particularly those in the category of “high risk” status.
2. Podiatrists are responsible for choosing which method and by what means they wish to perform treatment on the human foot. For example, the use of surgical instrumentation, use of machinery or other scientific equipment, dressings and other chair side techniques, orthotic therapy and any other legitimate procedure that may form part of the treatment plan.
3. Podiatrists shall be responsible for the quality, relevance and detail necessary in maintaining effective communication with their clients/patients. As responsible members of the health care team, this also applies when accepting referrals from other professionals, maintaining effective communications with them and reporting to them on the podiatric aspects of their client’s/patient’s management.
4. Podiatrists shall be responsible for maintaining accurate and comprehensive records of any podiatric procedure involving clients/patients. Clients/patients must be permitted access to all such records pertaining to them held by a podiatrist.

5. Podiatrists shall be aware of all the legislative and common law requirements pertaining to podiatric practice. In particular they should be familiar with all new legislation vis infection control and instrument sterilisation.
6. Podiatrists shall be responsible for conducting their practice facility in a professional manner with due care and attention to safety, client/patient privacy and maintaining an appropriate environment. Podiatrists shall not permit non-registered persons in their employ to undertake podiatric procedures.
7. Undergraduate podiatry students may only treat patients under appropriate supervision in accordance with the approved clinical program of their training facility recognised by the Board. Podiatrists involved in such programs outside the training facility must be approved by the training facility.
8. Podiatrists shall be responsible for comprehensive pre and post operative management in the administration of local anaesthetics to a client's/patient's feet/foot. Podiatrists who use local anaesthetics must hold a current first aid certificate after completion of a first aid course approved by WorkCover Authority, the course must include the management of anaphylaxis, the use of EpiPen™ and associated emergency procedures.
9. Podiatrists shall not prescribe any medicament or preparation for a client/patient without comprehensive instruction to the client and should pay due care and attention to the pharmacological attributes of the product/s thus recommended.
10. Podiatrists shall use, and shall be responsible for ensuring other people in their employ use the appropriate occupational health and safety equipment.
11. Podiatrists will provide professional, adequate, preventative health care education to clients/patients in their care.
12. Podiatrists in practice must maintain appropriate professional indemnity insurance coverage.
13. Podiatrists shall be responsible for maintaining their professionally-based post-graduate education and skills development on a regular and consistent basis. To support this responsibility, Podiatrists must keep relevant records and details of their personal professional development on an annual basis.
14. Podiatrists shall be responsible for advising the Board in the event of any of the following.
 - If convicted of a criminal offence in New South Wales or elsewhere.
 - If refused registration/licensure, or their registration/licensure is suspended or removed, in another jurisdiction of Australia or elsewhere.
 - If restrictions or conditions are imposed on their registration/licensure in another jurisdiction of Australia, or elsewhere.
 - If a complaint relating to their conduct as a provider of podiatry services is made to a registration authority, or Health Complaints Commission, in another jurisdiction of Australia or elsewhere.
 - If named as a defendant in a Court action for negligence or other malpractice in the provision of podiatry services.
 - If subject to adverse findings relating to conduct as a provider of podiatry services, or character, by a Court, or Royal Commission in New South Wales or elsewhere, or the NSW Independent Commission Against Corruption.

DEFINITIONS

<i>“accurate and comprehensive”</i>	All professional treatment must be recorded showing date, scope of procedures undertaken, any post operative care and recommendation, client-based information and appropriate signature or endorsement.
<i>“appropriate environment”</i>	Refers to maintaining adequate standards of practice presentation, instrument sterilisation, practice hygiene lighting, ventilation, treatment space and privacy and contaminated waste disposal. For example disposal of sharps, infectious waste and human tissue, waste handling and storage and disposal methods.
<i>“chair side techniques”</i>	Refers to specific custom padding and other palliative techniques that are performed whilst the client/patient is present with the podiatrist. For example, the use of padding and deflective materials of choice, orthodigital techniques and simple insole fabrication.
<i>“comprehensive instruction”</i>	Is the clear explanation of the proposed treatment, an explanation of the inherent risks and benefits of the proposed treatment, alternatives to the proposed treatment, and adequate time for client/patient questions and practitioner questions to check understanding of the instruction.
<i>“health care education”</i>	Refers to such things as those attributes that particularly affect the presenting client/patient. For example, care of toenails, prevention of tinea infection, corns and callosities and other preventable podiatric lesions: information on foot care, orthotic therapy, occupational foot problems etc. Education material may be presented verbally, in written form or with promotional material.
<i>“high risk status”</i>	Refers to clients/patients who have a medical status which identifies them as suffering from a systemic disease or condition, e.g. diabetes, peripheral vascular disease, peripheral neuropathy, immuno-suppression etc. which may require more intensive management from the podiatrist.
<i>“legitimate procedure”</i>	Refers to any accepted podiatric practice or diagnostic procedure that may form part of a speciality area of podiatric practice but may not necessarily be reflected by the profession as a whole. For example, surgery, Doppler assessment, biomechanical evaluation and assessment, gait analysis, orthotic fabrication, shoe modification.
<i>“must” – “should”</i>	The word “must” means that a requirement is mandatory for compliance with this Code of Professional Conduct. The word “should” means that a requirement is recommended or advised.
<i>“occupational health and safety equipment”</i>	Refers to apparatus as face masks or shields, eye protection, ear protection, protective clothing and gloving etc. professional dust extraction, fume extraction and fire protection.
<i>“orthotic therapy or podiatric devices”</i>	Refers to insole therapy or splinting and other reusable appliances and shoe modifications that are considered part of the professionals skills of podiatric practice and management.

<i>“pharmacological attributes”</i>	Refers to the pharmacology, indications, contra-indications, precautions, warnings, adverse reactions, dosage, administration and presentation of the product prescribed by the podiatrist.
<i>“podiatric aspects”</i>	Refers to any problem or contingency that may arise as a result of a client’s/patient’s podiatric assessment or management which is relevant to other health professionals involved in that client’s/patient’s care.
<i>“post-operative management”</i>	Refers to follow-up management of a client/patient who has received a podiatric procedure involving the use of local anaesthesia and who requires observation initially by the podiatrist in the unlikely event of an adverse reaction to the local anaesthetic agent; and client based information on care of the operative site.
<i>“pre-operative management”</i>	Refers to the comprehensive assessment of a client’s/patient’s physical status and suitability or the use of local anaesthesia as part of a podiatric procedure, e.g. partial or total nail avulsion, the informed consent of the patient receiving the treatment and the necessary preparation in the unlikely event of an adverse reaction to the local anaesthetic agent used. This preparation includes the administration of cardio-pulmonary resuscitation and other first aid protocol.
<i>“professional assessment”</i>	Refers to the plethora of methods, techniques and instrumentation used by the podiatrists to establish a clients’/patient’s diagnosis. This forms the basis of any treatment plan.
<i>“professionally adequate”</i>	Means capable of being understood by the client/patient particularly those of ethnic background, pertinent to the requirements of the consultation and reflecting clearly the client’s/patient’s responsibilities in the future.
<i>“safe work practices”</i>	Refers to the correct handling of heated materials, correct methods of fabricating materials using grinding wheels, cutting equipment, adequate dust and fume extraction, storing of flammable materials and fire prevention and protection.
<i>“scientific equipment”</i>	Refers to specialist diagnostic equipment used in the diagnosis procedures undertaken by podiatrists when evaluating a client’s/patient’s presentation. For example, Doppler, computer gait analysis equipment and Liquid Crystal Thermography.
<i>“surgical instrumentation”</i>	Refers to any implement or tool that forms part of the recognised and accepted equipment that a podiatrist may use in the performance of specific podiatric procedures such as debriding hyperkeratotic lesions, performing intricate nail surgery, debriding ulcerative tissues and extracting intractable plantar keratoses. For example, precision nail cutting tools, scalpels, excavators, probes, precision filing implements etc. and it would be influenced by changes in technology and advances in podiatry practice.
<i>“use of machinery”</i>	Refers to any electrical or mechanical device used to assist podiatrists in the execution of their professional skills. For example, sterilisers, pedograph, pedoscope, nail drills with dust extraction, professional magnified lighting, electro-hydraulic client furniture and other equipment.