

Podiatrists Registration Board of Tasmania

Rehabilitation of Impaired Practitioners

Policy Number 8/2002	Date Implemented 30/8/2002	Replaces N/A	Review 1/1/2005
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1. Aim

The aim of this policy paper is to detail the Board policy on the identification and rehabilitation of the impaired practitioner. The Board prefers to assist the impaired practitioner to overcome any health problem or impairment well before any need for disciplinary action arises. The Podiatrists Board of the ACT Policy Paper No 8 is acknowledged as the major source of information in this policy.

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

2. The Impaired Practitioner

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.

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 practise without professional assistance means that it is probably only a matter of time before serious problems occur.

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

3. Legislation

The Podiatrists Registration Act 1995, provides the Board with wide powers in relation to the cancellation, suspension or restriction of right of practice on health grounds. Aspects of particular interest include:

- Under Section 36 of the Act the Board may refuse to issue a new certificate of registration if it is not satisfied that the registered podiatrist meets the following entitlements of registration.

- Has sufficient physical capacity, mental capacity and skill to practise podiatry; and
 - Is of good fame and character; and
 - Has an adequate command of the English language; and
 - Is an Australian citizen or resides in a State or Territory of the Commonwealth.
 - Section 42(1)(c) states that someone may complain to the Board that a registered podiatrist “lacks sufficient physical capacity, mental skill or skill to practise podiatry.”
- Sections 43-47 outline the procedures for investigating complaints. Section 46(3) stipulates that if the complaint relates to the physical or mental capacity of the podiatrist the Board may require the podiatrist to have a medical examination.
 - The Board may require a podiatrist to appear before it for a less serious matter. If the matter is substantiated but not considered to warrant a formal investigations the Board may accept an undertaking from the podiatrist to take or refrain from taking specified action.
 - Sections 48-52 document the action that may be taken by the Board following an investigation into a podiatrist’s capacity to practice podiatry. This action includes:
 - require the podiatrist to take or refrain from taking specified action.
 - impose conditions on a podiatrists registration
 - suspension of registration.

4. Disciplinary Committee

The Act requires a disciplinary committee to investigate the matter before it alters or removes the conditions of registration of a registered podiatrist. While the Board is willing to undertake this disciplinary process in a range of serious circumstances, it regards other less formal processes as preferable in most cases.

5. Notification to the Board

The Board relies upon being notified of an impaired podiatrist by complaints, by the police/courts, and by notification by the family, or the podiatrist themselves. Members of the profession have a professional responsibility to notify the Board of any ill colleagues who come to their attention.

Once the Board becomes aware of the impaired practitioner, an initial review is undertaken to ascertain the suitability or otherwise of the podiatrist for inclusion on the rehabilitation program. The initial review is undertaken by a general medical practitioner appointed by the Board, who subsequently co-ordinates the podiatrist’s rehabilitation.

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 Board action

(possible suspension pending formal investigation). If there does not appear to be any danger to the public, consideration will be given to including the podiatrist on the rehabilitation program.

6. Psychiatric Assessment

Where necessary the treating medical 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 podiatrist from attending a psychiatrist of his or her choice for any necessary psychiatric treatment whilst on the program. Following that assessment the treating medical practitioner provides recommendations to the Board, which will resolve which conditions (if any) are to be placed on the ongoing registration of the podiatrist.

7. Discussion with the Podiatrist

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

If at any time during this early stage of the process the treating medical 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 investigation through a disciplinary committee would then commence.

As a result of the initial interview with the podiatrist, an initial report is prepared for 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.

8. Form of Undertaking

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 disciplinary proceedings will commence.

9. Management of the Program

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

- Brief Summary of the Procedure (Attachment 5),
- Conduct of Impairment Interview (Attachment 6, and
- Evaluation of Review Interview (Attachment 7).

10. Reports to the Board

The treating medical practitioner is to receive regular reports from every treating physician and/or psychiatrist. The treating medical practitioner will advise the Board every two months of the progress of rehabilitation. These reports (see Attachment 7) summarise the progress of the podiatrist and reports from treating specialists.

Board appointed psychiatrists will be requested to provide reports direct to the Board at intervals determined by the Board, normally at the commencement of the rehabilitation program, then at three or six monthly intervals.

All reports provided to the Board concerning a podiatrist on the program will remain confidential.

In any statistical information collected, the identity of individual podiatrists on the program is not used. Information which 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.

11. Urinalysis Protocols

Some impaired podiatrist will need to undertake random urinalysis. The Board's protocol (see Attachment 8) addresses how the urinalysis samples are to be taken and assessed.

The conduct of the urinalysis program is the responsibility of the treating medical practitioner. Reports are to be passed to the Board on a monthly basis indicating the success or otherwise of the urinalysis schedule.

12. Reviews

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

At least three reports from the treating medical practitioner (who is to consolidate 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 Board will vary conditions in terms of less restriction but will not make them tighter without agreement of the podiatrist of the holding of a formal Inquiry.

13. Cost of the Program

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 medical practitioner. All other treatment costs remain the responsibility of the impaired podiatrist.

14. Disclaimer

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

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Attachment 1

PRECEDENT CONDITIONS

Podiatrists with infectious diseases and related health problems

1. To adhere to the Podiatrists Board's policy statement regarding podiatrists with infectious diseases.
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 Podiatrists Registration Board in three months (delete condition 6 and reduce time period in conditions 3 & 4 of this Attachment).
- To continue taking medication as prescribed by the treating medical practitioners.
- 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.

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Attachment 2

PRECEDENT CONDITIONS

Podiatrists 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 practise of podiatry until reviewed by the Podiatrists Registration Board in three months (delete conditions 3 & 4 and reduce time period in condition 2 of this attachment).
- 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 to commencing practice/changes in the nature or place of exercise.
- To work only in a supervised position approved by the Board.

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Attachment 3

PRECEDENT CONDITIONS

Podiatrists 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 medical practitioners.
3. To contact the AA group and attend their meetings.
4. To attend for treatment by a 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 practise of podiatry until reviewed by the Podiatrists Registration Board in three months (delete conditions 6 & 7 and reduce time period in condition 5 of this attachment).
- To continue taking medication as prescribed by the treating psychiatrist.
- To advise his/her employer (and supervisor) of the conditions practise/changes in the nature or place of practise.
- To work only in a supervised position approved by the Board.

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Attachment 4

PRECEDENT CONDITIONS

Podiatrists with a Drug Problem

1. Not self administer any Schedule 4 drugs or narcotic derivatives (this includes non-prescription compound analgesics and cold medicine) unless ordered by his/her treating medical practitioner. Notify the Board nominated psychiatrist/physician of any instances of illness requiring the administration of medications described above.
2. Not prescribe for self-medication.
3. To attend for random urinalysis in accordance with the Board's protocol.
4. To attend for treatment by a psychiatrist of choice, experience 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.
5. 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.
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 practise of podiatry until reviewed by the Podiatrists Registration Board in three months (delete conditions 6 & 7 and reduce time period in condition 6 of this attachment).
- 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 to commencing practise/changes in the nature or place of practise.
- To work only in a supervised position approved by the Board.

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PODIATRISTS REGISTRATION BOARD TASMANIA

PROTOCOL FOR URINALYSIS

General

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

Requirements

1. At commencement of urinalysis, the 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 form completed by the referring practitioner must identify the matter as 'medico-legal' to ensure a repeat analysis is conducted when a positive result is detected.
4. Urinalysis results must be forwarded to the treating medical general practitioner or, if so ordered, the Podiatrists Registration 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 medicine) 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 Secretary of the Board.

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

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

Changes in Routine

The impaired podiatrist is required to notify the treating and the Board nominated psychiatrist (or the Podiatrists Registration 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 podiatrist 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 Board. If the Board is of the opinion that sanctions should be imposed, then it is to undertake disciplinary proceedings.

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Attachment 5

BRIEF SUMMARY OF THE PROCEDURE

The Program

1. The Impaired Practitioner Rehabilitation Program is a non-disciplinary process instituted under the Podiatrists Registration Act 1995. 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 podiatrist be conducted in an informal manner.
3. You will be required to meet with a general practitioner representing the Board. Attendance by supporting family members is 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 co-ordinating 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 or discussion concerning the circumstances surrounding the podiatrist 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 (of 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 Board, which will consider the report during its monthly meetings. Any agreed conditions will be in force from time to 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.

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Attachment 6

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 podiatrists 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 podiatrists 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.

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Attachment 7

PODIATRISTS REGISTRATION BOARD OF TASMANIA

EVALUATION REPORT

Registrant: _____

Date: _____

Treating Practitioner: _____

PRACTITIONER'S EVALUATION

Attitude of Registrant

- | | | | |
|----------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 1. How did the registrant appear to you? | Inappropriate | Appropriate | |
| | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Does the registrant recognise the seriousness of his/her problem? | No | Ambivalent | Yes |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the registrant accept the role of the Podiatrists Registration Board in this matter? | No | Ambivalent | Yes |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Since the last Board review has there been a breach of conditions? | No | Yes | |
| | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. If yes, has the registrant acknowledged the breach? | No | Yes | N/A |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you think the registrant has the <u>support</u> of: | No | Some | Yes |
| Colleagues: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Friends: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Family: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Outcome

- | | | | |
|----------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 7. Do you think the registrant has progressed since the last review? | Worse | Better | Stable |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

Please rate according to scale

	Helpful			Unhelpful	
Psychiatric 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_____
Broad 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_____
Psychiatric report	1_____	2_____	3_____	4_____	5_____

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

10. The next Board review will be held in ____months.

Please provide any additional comments you believe might be relevant.