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# PRESIDENT'S Report

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Well, Ladies and Gentlemen we have made it to the first day of the Spring Solstice (is there such a day?).

We up here in the great northwest have not experienced the inclement winter weather as you 'southerners' have! However, we have felt the pinch of the 'cold' with our temps of between 28-32 daily with constant sunshine and maybe 1-2 days of rain (if we are lucky). Now I know, rain and lucky are not synonymous in meteorological/lifestyle terms... but you get my drift!

When we last spoke, in my report, I talked about analogies and one of them being the emergence of new students graduating and taking up the 'baton' and going out into the 'work force'. It gives me great pleasure in announcing that as of July 2021 not only did we see an overall increase in membership numbers over 25% but the contribution of that rise was due to the NEW membership of over 21 'New Students'; did I just say NEW student membership more than once?

And speaking of 'analogies' I liken this one to the 'Vampire/new-blood' analogy as we are so close to Halloween! I would like to thank Dr Chris McCluney, Director, Pod WA and Lead Director for Student Liaison and Engagement for his continued and unending commitment to 'the cause'. I of course would

also like to thank all of the team here at Pod WA for their steadfast dedication and for the great work that they do! So, not only do we have record number of new students joining this year but this has a knock on effect (a good one) that sees our actual, total number of memberships rise! Again, well done team!

Now of course we know that this cannot be done alone and must be done in tandem (rise in numbers joining) and so one can only deduce that Pod WA are providing, under the expert leadership of our very own Dr Karen Lyra, Director of Education, access to extremely innovative and exciting, evidence-based CPD. Couple this with the hard work that Dr McCluney and his sub-committee have spearheaded, and you have a WINNING SUCCESS!

I said this in my last report:

"Evidence/statistics show that joining a professional based association is a fantastic way of gleaning lifelong knowledge and education that one can use to secure positive health outcomes for their patients".

Pod WA's CPD for the year is exciting, especially for me as it gives me a chance to escape from the heat and get to Perth where I am able to attend these events and see as much of the members as time permits. I am

so excited for the line up she has prepared for the coming months... for the LIVE workshops (one of which I am specifically flying down for) for the webinars and for the face to face's that are planned... it's the veritable 'smorgasbord' and 'tapas' of the professional CPD world! Don't forget to put in your diaries the following.

**Saturday 9th October**  
**CPR Refresher with Anaphylaxis courses**

**Sunday 10th October**  
**Webinar on Podiatric Dermatology**

I say it time and time again (it is my favourite quote).

Nelson Mandela says:

"Education is the most powerful weapon which you can use to change the world". We need to be able to change because it is eternal. So, ladies and gentlemen, I put it to you... what are you waiting on? GET INVOLVED! Pod WA and the rest of the Membership (your colleagues) are waiting for you as we currently have 3-4 Directors/Senior Leaders vacancies!

See you all in October!

Kindest of Regards,

**Dr Scott Westover, BA, BSc (Hons), BSN, MSc, DPM, DSc, PGD-T, PGD-FA, PGC-Pharm, MPodWA, MAPodA**  
**Podiatrist, Registered Teacher**

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# CPD Reports And Reviews

DR KAREN LYRA

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The Spring edition of Footfiles is bursting with news.

In June we hosted a webinar with podiatrist Matthew Storer on the role of cycling in Podiatry. We were joined by our colleagues from Singapore, as they were interested in this topic and our CPD format. Matthew discussed the cycling disciplines, common injury locations, risk factors, training methods, bike set up parameters and relevant treatment options.

We also had a workshop with Julie Hammond, the Director and lead teacher of Anatomy Trains Australia and NZ. In this 2 hour workshop, Julie reviewed surface anatomy and foot balance via the Anatomy Trains lines. She discussed the connection between the feet and the pelvis and how sometimes a problem in the feet is from the pelvis and vice versa. We were shown and able to practice Myofascial techniques to increase ROM of the foot and ankle. This was a popular workshop and will follow up with a 2 day workshop in September.

Podiatry WA Day was held in July, with a program full of excellent speakers on a broad range of topics. A huge thanks to our speakers who attended with short notice, a flexibility we are all getting used to with the current COVID-19 restrictions.

Our program included these topics and presenters:

- Neurovascular Assessment- Back to Basics with Dr Mendel Baba (Podiatrist) at SCGH

High Risk Foot Unit

- Pathophysiology Refresher for Type 1 & 2 Diabetes with Shona Vigus  
Credentialed Diabetes Educator at Diabetes WA
- Tibialis Posterior Dysfunction 2021 Clinical Update with Dr Darryn Sargent (Podiatrist) at Peak Podiatry, Subiaco
- Common Surgical Procedures for Ingrown Toenails with Dr Reza Naraghi, Podiatric Surgeon
- Digital Modelling- Concepts and Demonstration with Dr Shane Toohey (Podiatrist)
- An update on Running Footwear and Children's Footwear from Keep on Running and Happy Feet Childrens Footwear
- Managing Sports Injuries with the VACOped with Anita Wong from OAPL

Our much anticipated event with Dr Joseph Frenkel (Podiatrist) has been postponed again, following a member survey which resulted in this decision. However as an introductory opportunity, we will have a webinar presentation from Joseph in October to "meet" him online. This will be on Sunday 10th October from 1.00pm - 3.00pm AWST via webinar. Visit our website for details and to book.

Coming up in October, we have scheduled our Annual AGM meeting and all members are welcome to attend.

Your feedback and comments on CPD are always welcomed at [cpd@podiatrywa.com.au](mailto:cpd@podiatrywa.com.au)

# PODIATRY WA Day





# PODIATRISTS in Singapore

MICHAEL WIDJAJANA – PODIATRIST, DPM (UWA)



It has certainly been a difficult year for everyone working in the healthcare sector dealing with the pandemic. Needless to say, it has impacted the practice and teachings of students especially hard across the whole nation. I, for one, experienced this first hand as a recent graduate batch of 2020 from the University of Western Australia. Going into our final year in 2020, my cohort and i were excited to finally leave and enter the workforce as new podiatrists. Then, COVID-19 struck and it derailed our whole routine out the window.

First of all, a huge shout-out to all of my teachers, lecturers and supervisors at UWA, for having this curveball thrown at them and handling them like the champs we all know them to be. They have had to change the structure of their teachings, schedules, and placements to adapt to the rapidly changing situations. All this, so that we can graduate as planned with the necessary skills and trainings required of a new podiatrist.

Despite the excellent work in restructuring our teaching programs and training schedules to accommodate for COVID-19 restrictions, the year 2020 still definitely left us feeling troubled and unease, which I've been told is a common and mutual feeling amongst all new graduates. However, i feel that feeling has been especially amplified for my cohort because of the pandemic.

Limited job options are not the issue in our industry. There are so many jobs available that everyone in my cohort were hired and started working the minute they graduated. In some cases, multiple part-time jobs even. The problem is looking for the right job that can offer mentorship and training to help us. Naturally i started applying for hospital jobs in Perth, as i believed they would have a structured training/mentorship program in place.

That's when my friend informed me of a job working in a hospital in Singapore. She has been working for a year since she graduated in 2019. Once i heard about the training, the experience, and the program she underwent, I had to come and try it out for myself. Although i was offered a job at Royal Perth Hospital, it was only a temporary position, as opposed to a 2-year guaranteed contract in Singapore.

I'm now working as a podiatrist at Khoo Teck Phuat Hospital in Singapore. Currently still in my probation (6-month duration). I can now say with confidence to those new graduates, students and even seasoned podiatrists looking to grow their experience, to consider working here, as it has been a truly rewarding and enjoyable experience for me personally. As a new graduate, I was assigned a preceptor (senior podiatrist) to mentor me for the duration of my probation period

to make sure I'll be ready to run my own clinic by the time I'm confirmed as a full-fledged staff member. Your preceptor will look after you and make sure you have competencies and logs to signs off for every important clinical podiatry skill such as wound debridement and assessment, foot screening and education, TCC, nail-avulsion procedures, casting, compression therapy, maggot therapy, VAC dressing, gait analysis, orthotics prescription, footwear modifications, vascular and neurological assessment, etc.

The podiatry department runs multiple clinic in the hospital focusing on different specialty branches of podiatry. These include the general podiatry clinic, ulcer clinic, sports clinic, community clinic and in-patient wards. There are also joint clinics with other departments such as the vascular-podiatry clinic, orthopedic-podiatry clinic and plastics-podiatry clinic made especially for patients that require review from multiple departments at the same time. The sports clinic also helps ensure that podiatrists in hospital settings do not lose out on their biomechanical cases normally seen in private clinics. The variety of clinics will guarantee that you will be exposed to a range of podiatric and medical conditions you would not see anywhere else. For example, leg

venous ulcers which aren't normally seen by podiatrists in Perth hospitals are managed by the podiatrists here in Singapore.

Each clinic and each podiatrist is also assigned a podiatry assistant in all clinics to help run their consults in a more efficient manner. Every 2-months, the podiatrists and podiatry assistants in the department will rotate clinics ensuring that everyone gets to experience a bit of everything.

Most importantly working alongside other healthcare professionals such as nurses, therapists, physio, doctors and surgeons improved my communication skills and allows for critical thinking and problem solving to help your patients in a more holistic approach. I think this will help build a good foundation and confidence for any new podiatrists, which will help translate to patient's confidence in you as a healthcare provider.

So for any podiatrists out there, especially recent graduates, I would highly recommend applying and reaching out to me should you have any questions about working in Singapore. It will definitely be an experience and fun journey you will not regret. As an added bonus, this will give you a chance to travel once again since the pandemic began.



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**Cecelia Tigan from the Kimberly, first diagnosed with Gestational Diabetes, now lives with type 2 diabetes and high-risk foot, worries about the future of Aboriginal children in her community**

Cecelia 'Lala' Tigan, traditionally known as Jidmaarnjoon is a proud Bardi Gawi woman from the Djarindjin community in Dampier Peninsula, 200 kilometres from Broome. Cecelia was first diagnosed with Gestational Diabetes (GDM) when she was pregnant with her fourth child in her early thirties.

With Gestational Diabetes women are 10 times as likely to develop type 2 diabetes within 5 to 10 years after birth. The risks are even higher for Aboriginal women who are four times at risk of developing GDM and type 2 diabetes. For Cecelia, after she gave birth, there was no 5-to-10-year gap, her diabetes just stayed. Cecelia has lived with type 2 diabetes for 15 years and now takes medication and injects insulin once a day. Cecelia doesn't just worry about her own diabetes, as a mother and a teacher's assistant working at a local school, Cecelia worries about the children in her community and the unhealthy eating culture these children and her own are surrounded by.

"When you drive past McDonalds or any fast-food place, so many cars in the drive through, these kinds of food has impacted our lives today, easier to get fast food than prepare a good healthy meal, here you can even see babies eating sweets before they can even walk."

There is evidence that Aboriginal children are eight times more likely to develop type 2 diabetes than non-aboriginal children, impacting them disproportionately with a more aggressive diabetes leading to higher rates of the condition in youth and even death.

Cecelia said there is a big need for school programs to teach Aboriginal kids the importance of healthy eating which can determine the life expectancy of children in her community.

"Where we live, we have junk food surrounding us, the things kids buy from stores is ridiculous," Cecelia said. "We need to do something about the kids, get them active again with competitive sport, eating good food, getting them off smoking and drugs."

With diabetes, comes other complications like diabetes-related foot problems which are among the most severe and frequent complications of diabetes and a big concern for Aboriginal communities. Living with aggressive diabetes, it wasn't long before Cecelia developed foot ulcers and almost had an amputation.

"Didn't matter what shoes I wear, boils will pop-up but you didn't feel the pain in the feet, I've had foot ulcers 2,3,4 times," Cecelia shared.

"I was in hospital for almost two months in Broome, I was really out of my comfort-zone but I managed to save my toe and my foot." Cecelia has faced a number of challenges with her diabetes which has got her feeling down especially with fatigue and not having the energy to do the things she used to do.

"Sometimes I just don't have the energy to do anything and I've feel like giving up... I feel I need more resting time but I can't seem to rest cause I'm not a resting kind of person."

Both Cecelia's parents have type 2 diabetes and were diagnosed in their 40s. Cecelia remembers her parents complaining that their feet felt numb which they thought would go away but it didn't. Having no feelings in the feet is a big sign of diabetes.

# IN THE NEWS

## COMMONWEALTH FUNDS BASIC FOOT CARE COURSE FOR NON-PODIATRISTS

The Benchmark Group have received funding from the Australian Government Department of Health to deliver 4 nationally accredited programs Care Planning, Foot Health, Nutrition and Management Tools.

The Benchmark website details the following information. To go to the website [click here](#).

The Foundations of Chronic Disease is a free program and the 4 nationally accredited programs are fully-funded which means there is no cost for participating organisations or individuals.

These programs will be delivered under a new Chronic Disease Learning Pathway. The first level of this pathway, Foundations of Chronic Disease, is an online-only program that must be completed prior to registering into the level two programs: Chronic Disease Care Planning, Chronic Conditions and Nutrition, Chronic Conditions of the Foot, and Chronic Disease Management Tools.

- Chronic Conditions of the Foot (CHCCCS013 Provide basic foot care)
- Chronic Disease Care Planning (CHCCCS001 Address the needs of people with chronic disease)
- Chronic Conditions and Nutrition (HLTHPS010 Interpret and use information about nutrition and diet)

For further information on the programs can be found here [click here](#).



## LEVEL 1 LEARNING Foundations of Chronic Disease (Non-accredited)

- Online only program with an estimated 10 hours of active learning
- Students must complete the Foundations of Chronic Disease prior to level two programs.

The program includes detailed information on the determinants of health, indigenous health, chronic disease frameworks, the patient journey, health literacy, and chronic conditions.

Upon successful completion of the program students should have the ability to:

- Understand the burden of chronic disease
- Identify priority groups
- Understand your role in Close the Gap
- Understand the patient journey and link to coordinated care, cultural safety, health literacy and communications styles
- Identify the need for prevention and the use of prevention tools
- Understand care coordination

## LEVEL 2 LEARNING

- Chronic Disease Care Planning
- Chronic Disease Conditions and Nutrition
- Chronic Conditions of the Foot

All workshops run for 8 hours. To deliver these workshops a minimum of 12 registrations are required, with Chronic Disease Care Planning capped at 22, and Chronic Disease Conditions and Nutrition, and Chronic Conditions of the Foot are capped at 16.

Entry Requirements (all programs).  
Relevant roles would include:

- Aboriginal and/or Torres Strait Islander Health Workers or Practitioners
- Registered Nurses
- Enrolled Nurses
- General Practitioners
- General Practice Registrars
- Allied Health Workers
- Social and Emotional Wellbeing Workers
- Others on request.

## Chronic Conditions of the Foot (CHCCS013 Provide basic foot care)

- One day face to face workshop with estimated 10 hours of active learning

The program aims to provide students with the skills and knowledge required to recognise general foot conditions, determine foot care requirements, and prepare and use basic equipment and medications for those people not requiring services of a professional podiatrist in a range of residential and community service contexts.

Upon successful completion of the program students should have the ability to:

- Recognise general foot conditions
- Safely perform a basic foot care assessment
- Determine foot care requirements
- Prepare and use basic equipment and materials
- Document foot, skin and nail care according to organisational requirements
- Make appropriate referrals in a timely manner

## The Diabetes Feet Australia 2021 Australian guidelines for diabetes-related foot disease has been released

For the first time in a decade, new Australian evidence-based guidelines for DFD have been developed by adapting suitable high-quality international guidelines (IWGDF 2019 guidelines) to the Australian context. Overall, 98 new Australian recommendations (and their reasoning) were developed by six national guideline panels consisting of 31 national experts across 7 professions and included our consumer and Aboriginal & Torres Strait Islander Peoples representatives. These new guidelines should serve as multidisciplinary best practice standards of care for the provision of DFD care within Australia.

Diabetes-related foot disease (DFD) is a leading cause of morbidity, mortality and healthcare cost burdens in Australia. Studies show these burdens can be



considerably reduced when implementing guideline-based DFD care. However, the most recent Australian DFD guideline was published in 2010 and outdated.

In 2020, an expert multi-disciplinary guideline working group was appointed by Diabetes Feet Australia to develop a best practice plan to adapt suitable international guidelines into the Australian context to become the new Australian DFD guidelines.

The following 2021 Australian evidence-based DFD guidelines have now been systematically developed and released for the first time in a decade. Covering six guidelines, they should serve as multidisciplinary best practice standards of care for the provision of DFD care within Australia.

To help digest the new guidelines, we would like to invite you to a free 6-part webinar series to officially launch and walk you through the 2021 Australian guidelines for diabetes-related foot disease. Across six, 45 minute, weekly evening webinars, we're launching a new guideline each week where we'll discuss the recommendations, what's new, what's changed, considerations for the Australian context, practical implementation and finish with a live Q&A session.

Webinars run from Tuesday 14 September to Tuesday 19 October

### [REGISTER NOW FOR THE OFFICIAL GUIDELINE LAUNCH WEBINAR SERIES](#)

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## COVID-19 News

### **NO FAULT COVID-19 INDEMNITY SCHEME**

The Australian Government has finalised the details of the no fault COVID-19 Vaccine Claim Scheme.

From 6 September, Australians who suffer injury and loss of income due to their COVID-19 vaccine will be able to register their intent to claim via the COVID-19 vaccine claims scheme [webpage](#).

The COVID-19 Vaccine Claim Scheme will be backdated to February 2021 and provide an alternative, administrative option to seek compensation, rather than a complex and costly court process.

Read Minister for Health Greg Hunt's statement [here](#).

### **COVID-19 VACCINATION TO BECOME MANDATORY FOR WESTERN AUSTRALIAN HEALTH CARE WORKERS**

New public health directions make COVID-19 vaccination for WA health care workers and health support staff

compulsory. This includes public and private hospitals and public health service facilities.

### **Health care workforce will be eligible for Pfizer COVID-19 vaccination**

The Chief Health Officer has approved new Health Worker (Restrictions on Access) Directions, which apply to health care and support workers across health care facilities. This includes public and private hospitals and public health service facilities.

Mandatory vaccination for the health workforce will be introduced in a staged approach, with workers in the highest risk settings needing to be vaccinated first.

### **October 1**

Health care and health support workers in public and private hospitals will need to have had at least their first dose of a COVID-19 vaccine to access **tier one facilities**, which include intensive care units, high dependency units, respiratory wards, emergency departments, COVID-19

clinics, COVID-19 vaccination clinics and hospital wards with designated respiratory beds in certain regional hospitals. These workers will need to be fully vaccinated by 1 November.

### November 1

Health care and health support workers need to be fully vaccinated to enter tier one health care facilities.

Health care workers will need to have had at least their first dose of a COVID-19 vaccine to access **tier two facilities**, which include all public and private hospitals. These workers will need to be fully vaccinated by December 1.

### December 1

All other health support workers will need to have had at least their first dose of a COVID-19 vaccine to access tier two facilities, which include all public and private hospitals. They will need to be fully vaccinated by January 1, 2022.

Health care workers and health support workers will need to have had at least their first dose of a COVID-19 vaccine to access tier three facilities, which include all public health service facilities including support services, Department of Health and health service provider sites. These workers will need to be fully vaccinated by January 1, 2022.

The Health Worker (Restrictions on Access) Directions provide exemptions for certain categories of employees, which include medical exemptions and other temporary exemptions. Immunisation medical exemption criteria is available from the [Australian Government website](#).

## MANDATORY COVID-19 VACCINATION IN RESIDENTIAL AGED CARE

COVID-19 vaccination became mandatory in residential aged care from 17 September 2021.

Residential aged care workers are required to have received a minimum first dose of a COVID-19 vaccine by 17 September. It will be a condition of working in a residential aged care facility through shared state, territory and Commonwealth authorities and compliance measures.

All residential aged care workers should provide evidence of their COVID-19 vaccination, or authorised exemption to a vaccination, to their employer before 17 September 2021.

Residential aged care providers should keep a record of workers' vaccination status, in line with the direction set out in the relevant state or territory public health order.

### Medical and other exemptions to COVID-19 vaccination

All temporary and permanent medical exemptions must be authorised by a medical practitioner.

Authorised medical practitioners (including General Practitioners) can notify the Australian Immunisation Register (AIR) of an individual who has a vaccine exemption due to medical contraindications or natural immunity, which will be displayed on an individual's Immunisation History Statement (IHS).

This includes permanent vaccine exemption or temporary vaccine exemption until a specified date due to acute major illness, significant immunocompromise of short duration and pregnancy if required as permitted under the respective state or territory public health order.

Each [state or territory public health order](#) provides direction on what exemptions may be considered. The public health order will also provide direction on the evidence workers must provide to their employer as proof of an authorised exemption to a COVID-19 vaccine. None of the public health directions allow exemptions on religious, political or personal grounds.

### Providers must ensure compliance

As employers, residential aged care providers should carefully consider the formal public health orders and directions applicable to them in each of the relevant states and territories where their facilities operate.

While individuals are personally responsible for complying with the mandatory COVID-19 vaccination

requirements, providers must also take reasonable steps to ensure non-compliant workers do not enter and remain at their facility.

Providers should undertake a case-by-case assessment to take into account its workplace, its workers and the nature of the work they perform.

Providers are encouraged to review information on the [Fair Work Australia website](#) which steps out COVID-19 vaccinations, workplace rights and obligations.

Providers will determine if additional screening is required for anyone entering a residential aged care service who is unvaccinated.

### NEW PROFESSIONAL CAPABILITIES FOR PODIATRISTS AND PODIATRIC SURGEONS AND NEW ACCREDITATION STANDARDS RELEASED

The Podiatry Board of Australia (the Board) has published new professional capabilities for podiatrists and podiatric surgeons that will come into effect 1 January 2022.

The key updates in the new professional capabilities:

- describe the threshold or minimum level of professional capability required for registration as a podiatrist or podiatric surgeon
- describe the knowledge, skills and attributes a podiatrist or podiatric surgeon requires to practise independently in Australia and to provide safe, high quality, culturally responsive, person-centred care
- describe the key features of safe and competent podiatry and podiatric surgery practice in a range of contexts and situations of varied complexity and uncertainty
- make cultural safety a key component of safe healthcare particularly with respect to Aboriginal and Torres Strait Islander Peoples.

Professional capabilities are an important part of regulating the profession. They may be used by the Board as a reference point for threshold capability when exercising its statutory functions, including for:

- registration of suitably qualified and competent individuals as podiatrists or podiatric surgeons in Australia,
- re-registration of individuals who were previously registered as a podiatrist or podiatric surgeon in Australia,
- assessment of overseas qualified practitioners seeking registration in Australia, and
- assessing registered podiatrists or podiatric surgeons who need to show they are competent to practise.

They can also be used by:

- **podiatrists and podiatric surgeons** to reflect on their practice and plan their professional development activities
- **employers and insurance companies** to determine what should be expected of a competent podiatrist or podiatric surgeon
- **education providers** to inform the design of programs of study to produce safe and competent new graduates, and
- **patients and members of the public** to identify the expected behaviours that a podiatrist or podiatric surgeon should demonstrate.

The new professional capabilities identify the professional behaviours all podiatrists and podiatric surgeons should demonstrate to practise safely and ethically. They apply to all podiatrists and podiatric surgeons across all areas of podiatry practice, including clinical and non-clinical roles.

The Podiatry Accreditation Committee has also released new accreditation standards for podiatry education programs following approval by the Podiatry Board of Australia under the Health Practitioner Regulation National Law. These will also come into effect on January 1 2022 and further details can be found [here](#).

The accreditation standards include new standards for entry-level programs and podiatric surgery programs as well as standards for the accreditation of education programs leading to endorsement of registration for scheduled medicines.





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