

## **GUIDELINES – GUIDELINES FOR REGISTERED PODIATRISTS WHO SUPERVISE PODIATRY ASSISTANTS**

### ***Overview***

The Podiatrists Registration Board of Victoria (“the Board”) may publish standards and guidelines for the practice of podiatry. The Board acknowledges that there is a current demand for podiatry assistants.

The following guidelines and principles are published for the benefit of registered podiatrists who work with the assistance of a support worker in the conduct of their practice with patients/clients and communities in the State of Victoria. **The overriding objective for the Board is the safety of patients** ([www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)).

### ***Who is a podiatry assistant?***

Podiatry Assistant includes, foot carer and anyone else who is not a registered podiatrist and is not a podiatry student undertaking a clinical placement, and who is employed or supervised by a registered podiatrist to provide foot care or treatment to a patient or client.

### ***Professional Responsibility lies with the Registered Podiatrist***

The fundamental principle where an assistant is so employed, is that a registered podiatrist (or where his or her practice which employs such a person), will be ultimately responsible for the supervision, control and care which that assistant provides to a patient/client of the practice and will be accountable for the activities of the assistant.

It follows that proper initial and ongoing training of the assistant and proper supervision by the registered podiatrist of the assistant will be pivotal to the work of the assistant.

### ***Patient Consent***

Informed consent of a patient/client is a prerequisite to that patient being treated by an assistant. It will be necessary for the patient/client to be fully informed as to the training and experience of the assistant and as to what treatment will be delegated to the assistant together with any possible risks involved.

### ***Delegation***

A Registered Podiatrist may assign to an individual employed or engaged within the member's practice, acts within the practice of podiatry which are not controlled acts, provided the member assigning the act is satisfied that the person has the knowledge, skill and judgment to safely and effectively perform those acts. The podiatrist who assigns these acts retains full responsibility and accountability to the patient for the performance of those acts.

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### ***Supervision***

Supervision of podiatry assistants is required at all times. Supervision incorporates elements of direction, guidance, overseeing and coordination of activities. Supervision may be direct or indirect according to the nature of the work delegated.

Direct supervision is when the registered podiatrist is actually present, observes, works with and directs the individual who is being supervised. Indirect supervision is when the registered podiatrist is easily contactable and available for reasonable access but does not directly observe the activity. What is 'reasonable access' will depend on the context, the needs of the health consumer and the needs of the individual who is being supervised.

The level of supervision should be appropriate to the degree of risk of the podiatry activity. For example, the supervision requirements for individuals carrying out newly delegated activities is expected to be greater than that required for an individual who has demonstrated competence in the activity over a period of time.

### ***Documentation***

As directed by the supervising Podiatrist, a Podiatry Assistant will either:

- document into the patients history, or
- provide formal verbal feedback to the supervising Podiatrist.
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This will occur when:

- there is a change in patient status, or
- to record observations, interventions or outcomes.

### ***Feedback***

- to be determined by the supervising podiatrist; and
- feedback on the same working day must occur if a change in patient status is observed.

### ***Local Policies***

Any registered podiatrist engaging an assistant must have local policies and procedures that ensure the safety of patients is maintained. They should include:

- how patient consent is obtained;
- competency requirements for any tasks delegated to an assistant;
- the method in which supervision will be provided;
- processes to ensure patient privacy is protected; and
- local position descriptions.

The guidelines will be reviewed no later than October 2010.