

STRIDE

FOR PODIATRY

NOVEMBER 2020

Education and Generational Change

How to promote social equity

Foot Health Survey findings up close

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whenever and wherever

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WANT TO SHAPE THE CONVERSATION IN STRIDE?

Contact STRIDE's editor to contribute, tell us what you would like to read about, or to share your knowledge on these topics: siobhan.doran@podiatry.org.au

EDITORIAL ENQUIRIES

E siobhan.doran@podiatry.org.au
P (02) 9698 3751

ADVERTISING ENQUIRIES

Paul Andrew | **E** lorcymedia@bigpond.com
P (03) 9379 0971 **M** 0411 476 624

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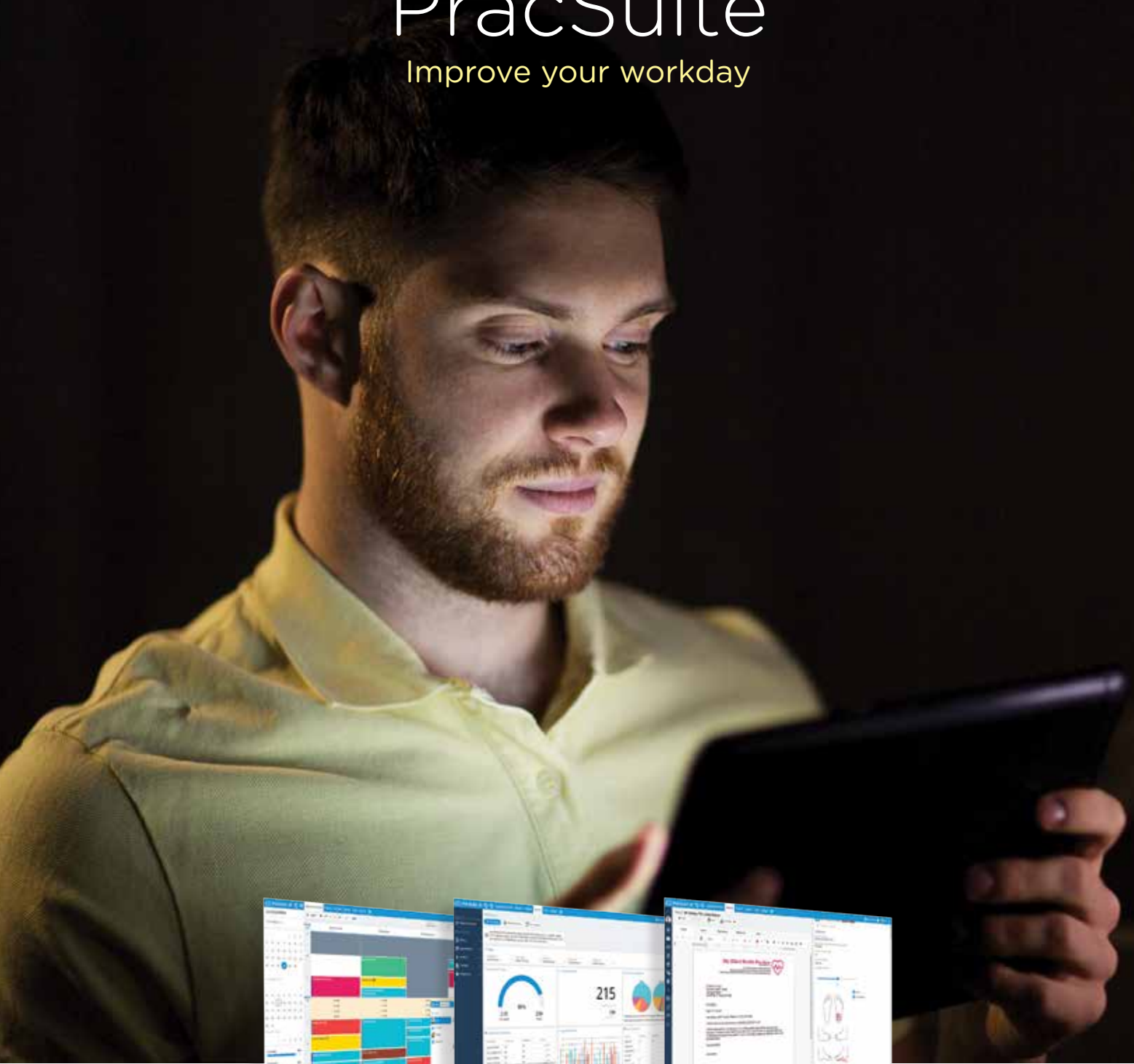
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The Australian Podiatry Association would like to acknowledge the traditional owners of all the many Aboriginal and Torres Strait Islander Nations that make up the great continent of Australia. We would like to pay our respects to the Aboriginal and Torres Strait Islander elders past and present, also the young community members, as the next generation of representatives.

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LEADERSHIP UPDATE

PROFESSIONAL



From the CEO

Education can so often be a catalyst for generational change and in this era of digital access, it has become more equitable than ever.

The changing face of learning

Our own Continuing Professional Development (CPD) offering mirrors this very ethos, given it is now accessible through a variety of formats, irrespective of location. Often too, more experienced podiatrists are passing the baton on during these learning sessions, so to speak. Yet education and generational change is a two way street, with the concept of a mentor / mentee relationship no longer being solely dictated by age as an indicator of a person's experience. This is particularly resonant in light of emerging areas like digital technology or social media marketing.

A new chapter for sports and biomechanics

Speaking of education, a new milestone has recently been reached, with the graduation of Victorian member, John Osborne who successfully passed the APodA Sports/Biomechanics career framework program. This achievement recognises John as an APodA Certified Sports Podiatrist. Were it not for the interplay of digital and face to face learning opportunities, and John's steadfast commitment, this outcome would not have been possible.

Telehealth that transforms

The issue of educational and generational change also goes hand in hand with equitable healthcare access, as addressed in Peter Strickland's article in this issue of STRIDE; on the power of telehealth to enable healthcare access, regardless of location or socio-economic status.

The power of connection

Indeed, the power of connection was one precursor behind the decision to make the APodA national in its reach. Thousands of podiatrists across Australia advocating for focused and strategic change, through a peak national body, is irrefutable in its influence.

The role of humility

Education and generational change is not perfect, nor ever fully resolved. If we are to facilitate truly impactful education we need to be constantly open to learning, tweaking and revising such offerings in accordance with feedback and changing priorities. A talented educator, clinician, or indeed any type of vocational pursuit, is in a constant state of learning.

Similarly, the APodA is always open to constructive feedback and continued learning; especially since a sense of humility and a higher purpose are the unsung cornerstones in any truly productive learning experience.

Nello Marino

From the President

Given our role as podiatrists, we frequently see the importance of education up close. We know the difference we can make when we explain the all-important 'why' behind a certain treatment approach. While some patients may not require this level of insight, a fair proportion do if they are to be fully engaged.

It's all in the timing

We also know how much well-timed patient education can help. Whether it be advice on shoe wear, or how to remain active, or even how to avoid an ulcer that could otherwise lead to amputation; it all adds up.

Well-timed education is equally vital in our own professional learning journey. The nature of CPD is increasingly individual, given we all learn differently. It is so pleasing to now be able to choose between a range of CPD offerings; whether visual, auditory or experiential in their approach.

Incidental learning opportunities

When it comes to incidental educational experiences, I see this every day – as I am sure you do too. Not only between fellow podiatrists who share knowledge, but also between patients and podiatrists. An offhand patient comment for example, may help a podiatrist to better reframe a clinical explanation next time, or social media interactions may lead to increased patient engagement.

Deeper patient insights

Telehealth has a role to play here too, given we can gain new insights into a patient's home life such as access to nearby items that may facilitate their home exercise program. A simple bench in the background or a certain height of chair in shot can lead to more effective exercises. Likewise, we can better understand other factors that may restrict a patient's ability to stick to their home treatment plan, such as personal challenges in their home life.

As a podiatrist I know I am learning every single day, and if I were not learning every day I would be concerned. The only constant is change, which should be at the centre of any education experience; whether in our own lives or through our roles as podiatrists.

Katrina Richards

RECAP ON THE 2020 FOOT HEALTH SURVEY

FEATURE

As you will have seen during our October Foot Health Week activities, we released the results of the 2020 Foot Health Survey which explored general health, foot health and podiatry issues; specifically the perception of podiatry across the general public. Here's what was uncovered.

“

...this year's survey shows us that despite positive gains, many members of the general public still have a lot to learn about the role of a podiatrist in their own healthcare journey.

The survey yielded some interesting and even surprising results, which were discussed on our podcast and Facebook live channels and both available for downloading. In a nutshell, this year's survey shows us that despite positive gains, many members of the general public still have a lot to learn about the role of a podiatrist in their own healthcare journey.

The background to this survey – which was undertaken by an independent research company GrowthOpps and commissioned by the APodA – is that over 1000 Australians were surveyed. The survey population purposefully mirrored the demographic patterns of Australians with a representative split of respondents across age, gender, location and so forth.

Out of the forty questions that were

asked, a fair few responses highlighted the ongoing importance of advocacy work – not just at the level of government and various committees but also across communities and academic institutions. There still appears to be a gap across certain sectors of the general public when it comes to truly understanding the role of a podiatrist and the benefits in choosing podiatry as a health profession.

Having said that, lots of positive work is ongoing at the time of writing and has been continuing in recent years, with a range of advocacy activities and collaborations in place to support initiatives such as the Australasian Council of Podiatry Deans, which was covered in September's STRIDE magazine.

We have also built a range of

communication, marketing and advocacy resources in recent years to this effect; designed for podiatrists to share with patients and in their communities. This will continue to be an iterative process, to get the right messages out to the general public at the right time as a collaborative undertaking across the APodA and its members and further beyond. Please do check out our resources section on **podiatry.org.au** if you haven't lately.

On that note, please also check out (and share!) our newly launched website, Foot Health Australia, which is targeted at the general public to help raise awareness on foot related issues in a way that is fun, interesting and accessible. **foothealthaustralia.org.au**

Now, on with the survey insights!

1 in 4 Australians who saw a podiatrist also had other health issues identified by their podiatrist, with 50% of those health issues identified by the pod being life threatening conditions.



1 in 4 Australians don't know that there are some podiatry services, for certain patients, which can be partly government funded.



95% of Australians who have seen a podiatrist said their condition (pain & movement) significantly improved after seeing a podiatrist.



**Are 2 out of 3 Aussies wearing the right shoes?
Only 1 in 3 people have received advice on correct footwear.**



Some insights
from the 2020
Foot Health
Survey

Australians are moving less due to COVID while 70% have been wearing less supportive shoes or no shoes at all.
1 in 3 people who have changed their footwear due to COVID have experienced foot pain.



3 out of 4 Australians who saw a podiatrist were satisfied or extremely satisfied with their care.



Over one third of Australians suffering from chronic illness identified they have lower limb issues.



1 in 2 Australians have had their lives negatively affected by lower limb pain whether that means reduced daily walking, they haven't been able to exercise, they can't sleep, they can't participate in sport, can't take the dog for a walk or can't play with their kids.





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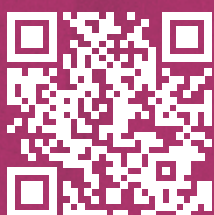
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Have you heard about our new member support service?

Working just like an employee assistance program, our new member assistance program is ready to confidentially support you on a range of work or personal issues. This counselling service is available to you, simply by being a member of the APodA, by phone 24/7 across 365 days per year. Here are all the details you need to know.

What issues can I discuss with these counsellors?

You can discuss anything that is troubling you inside or outside of work, with up to four counselling sessions supplied per year free of charge to you as an APodA member (with additional sessions being enabled on a case by case basis and requiring prior management authorisation).

Counselling sessions may focus on any of the following issues:

- Work / life balance or feelings of overwhelm
- Personal relationship challenges
- Workplace bullying or harassment
- Addiction issues
- Interpersonal conflict
- Financial coaching
- Grief, loss and trauma
- Mental health support

...And a range of other issues in addition to the above. It really is down to whatever issue is troubling you which you would like some support for.

What steps do I need to take to book a session?

Here are the steps you can take to access this service – and remember to have your APodA membership number to hand to access the 'Employee Assist' service.

STEP 1:

Simply take any of the following steps to book in a time with a counsellor. If your issue is urgent, phone up and you can be put through immediately to a counsellor.

- **Phone:** Call **1300 687 327** to speak to an intake officer who can book an appointment time to suit you.
- **Mobile app:** Download the 'EAP Connect' app to book your appointment
- **Website:** Head to **convergeinternational.com.au** and click on 'contact us'.

STEP 2:

At the time of your appointment a counsellor will call you as agreed, or you will meet face to face if the appointment has been booked in at one of Converge's national locations.

We are proud to confirm that the APodA has partnered with Converge International whose counsellors provide independent and short term professional support; designed to help you manage concerns that may affect you at work or at home.



Just some of the useful resources available for download from convergeinternational.com.au

How we are supporting Australia's workplace mental health



2 million

Employees are covered and have access to our EAP services

1,200

Organisation across AUS and NZ partner with us



Eight

People Assist EAP Programs, along with 5 Specialist Phone Helplines are offered



Here is how the programs are accessed to meet the needs of all target audiences within the work environment



3800

Calls come into our VIC-based Call Centre every week with calls picked up within 3 seconds of caller being in queue (median speed of answer)

An individual contacts us (by email or phone) every 30 seconds seeking help

650

Individuals supported with EAP counselling every day



40

Organisations assisted with Critical Incident Response every week when a workplace crisis occurs



1 in 20

People in your workplace is supported by Converge's EAP counselling services

TOP PRESENTING PERSONAL ISSUES

- Ongoing Stress
- Anxiety
- Spouse / Partner
- Children and Parenting



Net Promoter Score® (NPS®)

+45
"Excellent"



Customer Satisfaction

85%

Overall EAP Effectiveness rate: 81%

36,000 +

People have received psychological support by Converge for mental health issues heightened by the COVID-19 outbreak



TOP PRESENTING WORK ISSUES

- Job or Time Pressures
- Bullying or Harassment
- Work / Life Balance



Anxiety Management Strategies

Anxiety is a normal emotional reaction to a stressful event and we need a certain level of anxiety in order to perform at our best. However when anxiety becomes a daily event or begins to affect a person's work or home life, some management strategies are required.

The trick is to become aware of your thoughts. This can be difficult at first, as they happen so quickly that you are often unaware of them. But try this. Next time you feel that knot in your stomach or tightness in your chest, stop and ask yourself "What am I thinking?". (It can sometimes help to write your thoughts down). Chances are you are thinking something negative like "I won't be able to handle this", "I can't cope" or "What if.....".

Try replacing your negative thoughts with more self-supporting statements such as "I will handle this", "This is just anxiety - I'm not going to let it get to me", "I don't need these thoughts - I can think differently" and "I can be anxious and still deal with this situation". Back to the control of your anxiety by refusing to believe your thoughts. Ask yourself the following:

- What is the evidence that supports this idea?
- What is the evidence against this idea?
- Is there another way of looking at this?
- What is the best that could happen? Could I live through it?
- What is the worst that could happen?
- What is the most realistic outcome?
- What is the effect of me believing this thought?
- Is this thought helping me?
- What could be the effect of changing my thinking?
- What would I tell a friend if they were in the same situation?

Remember that you are in control of your thoughts and therefore your anxiety!

How to beat anxiety

- Look at your self-talk. Is what you're saying to yourself helping you? How can you look at things and not let it get to you?
- Use positive self-statements such as "This isn't as bad as I thought it was", "I can handle this", "I can be anxious and still deal with this situation".
- Practice regular relaxation techniques such as yoga and progressive muscle relaxation.
- Apply problem-solving techniques to deal with the situation you are worried about.
- Set aside "worry time" - a period of 15 minutes where you are allowed to worry. After this time you must stop worrying.
- Wear a rubber band on your wrist & when you are worried, snap the band and say "stop".

Converge
international

Converge International is your Employee Assistance Program (EAP) provider. To make an appointment or speak to a consultant:

1300 our eap
1300 687 327

Many mental health and lifestyle information sheets for employers and employees will be made available as part of the service

Tip
SHEET

HEALTHY WORK HEALTHY LIVING TIP SHEET

MEN AND DEPRESSION

One in eight men experience depression at some stage of their lives. Mental health issues in men are regularly go undetected or often be attributed to a lack of awareness of both the issue and the symptoms.

MAN VS MENTAL HEALTH

Across all areas of health and wellbeing men tend to delay accessing diagnosis and assistance. Some men refrain from recognising emotional pain which significantly contributes to the issues, because the opportunity for early intervention is lost.

PAY ATTENTION

Depression can be a serious condition that won't just get better on its own. As you would see a doctor for a broken arm, treat your mental health in the same way.

Depression can present in numerous ways, including feelings of irritability or anger. It's normal to occasionally feel 'down' or 'moody', but if you find yourself continuously feeling angry, sad, or could be something more serious. You might also find yourself beginning to lose interest in the things you once enjoyed.

KNOW THE SIGNS

- **Physical pain:** such as backache, frequent headaches, sleep problems, sexual dysfunction, or digestive disorders.
- **Anger:** this could range from irritability, sensitivity to temper, or violence.
- **Reckless behaviour:** this could involve pursuing dangerous sports, driving recklessly, abusing drugs, or gambling compulsively.

WHY AM I DEPRESSED?

The exact causes of depression are unclear as they differ for each person. However, there are some known high risk factors for men.

Social isolation and loneliness are now widely accepted as risk factors for both depression and anxiety. Research suggests men aged 30-65 experience more loneliness and have smaller social networks than women in the same age bracket.

Studies also show that 1 in 4 men in their middle years experience low levels of social support, and alarming 25% of men say they have no one outside of their immediate family they can rely on.

Good interpersonal relationships and social connectedness have a positive impact on both mental and general health and wellbeing.

If you can, seek out a trusted friend and/or family member. Share what you're going through with the people you love and trust. The people you talk to don't have to be able to fix your issues just need to be good listeners. Ask for the help and support you need.

Join a support group: Being with others who are facing the same problems can help reduce your sense of isolation and remove the feelings of stigma.

Volunteering: Helping others while expanding your social network of other people who feel as awkward reaching out and making new friends. Try being the one to break the ice.

Call or email a buddy: Even if you've retreated from some relationships, make the effort to reconnect.

Need a professional to talk to? Day or night, call 1300 687 327 and we'll connect you with an EAP consultant.

HEALTHY WORK HEALTHY LIVING TIP SHEET

TIP SHEET

MENTAL HEALTH CHECK-IN

KEY POINTS

- How do you know if you're not OK? Why it's important to check-in on your own mental health
- Tips for checking in, and supporting your colleagues when they are facing mental health challenges
- Tips on improving your own mental health and wellbeing
- How to access support and help when your mental health is at risk

There is no health without mental health; mental health is too important to be left to the professionals alone, and mental health is everyone's business

- Vikram Patel, Psychiatrist, Researcher and Co-Founder and former Director of the Centre for Global Mental Health, London School of Hygiene and Tropical Medicine

We all have tough times and down days, periods of time when we feel that things are 'not quite right'. During these times we might experience overwhelming emotions, we could feel loneliness or anxiety, we may be quick to anger or just feel 'down' or 'blue'.

But, how do we know when we need help, when we need to reach out to someone else and take the brave step to say the words "I'm not okay"?

Time for a mental health check-in

Being in touch with your own mental wellness is central to your own health and wellbeing. If your feelings of being down, tense, angry or anxious have been continuing for a long period of time, you may be experiencing poor mental health and you may need to seek support to get well again.

Poor mental health isn't a 'phase' or something people can just 'get over', and it's not something to be ashamed of or a sign that you are a 'failure'. When you are experiencing poor mental health, it's important to get help before there are impacts on your everyday life and your relationships at home, with family and friends and at work.

Mental self awareness is a vital tool for checking in on your wellbeing. Through being self aware, you can identify emotional and behavioural warning signs. Being aware of these can help and prevent your mental health from deteriorating further and can serve as an impetus to seeking help. Seeing the warning signs early and getting help quickly can help you to bounce back faster and get back to living a happy, healthy life.

You can take a quick audit of your mental health by completing the following checklist:

AM I OK? CHECKLIST

Thinking back over recent weeks, have I been affected by any of the following?	Never	Occasionally	Often
Moodiness that is out of character			
Increased irritability and frustration			
Finding it hard to take minor personal criticisms			
Spending less time with friends and family			
Loss of interest in fun/enjoyable activities			
Difficulty sleeping			
Increased alcohol and/or drug use			
Staying home from work			
Increased physical health complaints like fatigue or pain			
Being reckless or taking unnecessary risks			
Slowing down of thoughts and actions			
Feeling bad about yourself or seeing yourself as a failure			
Difficulty in concentrating on work or other activities			
Considering self harm or suicide*			

* If you are considering self harm or suicide, immediately call Lifeline crisis support and suicide prevention 13 11 14 or Ambulance on 000. If your answers to the above are predominantly "Occasionally" or "Often" you may need immediate help and support. It is important to call Converge International so that you can speak with one of our qualified counsellors. You can call Converge International on 1300 OUR EAP (1300 687 327) 24 hours a day, 365 days per year.

MORE
INFORMATION

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convergeinternational.com.au

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STRATEGIES FOR MANAGING STRESS

Use whatever stress management strategies suit you, and work for you, in any situation. If you don't know of any, we have some tips below. Remember, incorporate stress-beating exercises into your daily routine to build on your mental fitness.

Check-in with your feelings and re-assess the situation. Is it all as bad as you think? Can you step back and view the issue with a positive perspective? Self-talk: what we tell ourselves - is probably one of the biggest things that causes us stress.

1. How much do you PERSONALISE the issue? 'This is all on me, it's all my fault' versus 'Well there are other factors that come into play here.'
2. PERMANENCE: This is all over, I'll never bounce back from this' versus 'This is just a temporary setback, what resources do I need to draw on to move forward?'
3. Pervasiveness: 'My whole life is a disaster, nothing goes right' versus 'It's just this one exam, there are other things that are going well.'

Try to challenge and reframe your thinking:

- 'What's the worst that can happen?'
- 'What's another way of looking at this?'
- 'How do I know that to be true/that they're thinking that?'
- 'Maybe I did better than I thought, let's wait and see.'

Change your self-talk and you change your perspective on an issue, with the flow-on benefit of improving your mood.

SHORT TERM TACTICS TO BATTLE WHAT'S BOTHERING YOU, NOW!

- **Take a break:** Make the most of the time out by walking or stretching as even small movements can regenerate your mind.
- **Let go** - allow yourself to understand that you can't control, change, or perfect, everything in life and that sometimes the best thing to do is to let go.
- **Use acupuncture** - a traditional Chinese medicine technique, which helps to calm down your nervous system.

- **Exercise** releases endorphins and feel-good hormones - up the wonderful benefits they bring in magnesium and soak from the outside world.
- **Make healthy choices** - even on those days when you want to skip the gym and crack open a beer/ wine and eat a whole pizza. The links between diet and mental health are growing. Evidence is steadily growing for the relationship between dietary quality (and potential nutritional deficiencies) and mental health. (Lancet Psychiatry)

THE LONG-TERM BUILDING BLOCKS THAT BUILD RESILIENCE TOWARDS STRESS

- **Seek inner calm** - reduce any emotional tension through deep breathing and meditation. You can start practicing these techniques today. When you practice mindfulness, you can release emotions that may have been causing the body physical stress. Much like exercise, research has shown that even meditating briefly can reap immediate benefits.
- **Learn what triggers your stress** - if you can pinpoint the exact underlying causes for stress, you may be able to adapt your response or lifestyle so you can better cope.
- **Yoga** - which helps you to become in tune with your breath, your mind and body.
- **Tapping (Emotional Freedom Technique)** - tapping, also known as Emotional Freedom Techniques, or EFT, is a psychological acupressure technique derived from Chinese medicine.
- **Continue maintaining connections with others** - connections with others and meaningful relationships are one of the best ways for us to build our resilience. Reach out and seek professional advice and/or coaching. Speaking with a friend can go a long way to make sense of the causes of your anxiety. And if you're seeking impartial support, you can always contact a Converge consultant.



What happens in an appointment?

Bear in mind that this appointment is confidential and no information will be shared with either the APodA, or your organisation and/or practice.

Once you are in your appointment, a range of outcomes may unfold but the likely goal is to work on an action plan that seeks to address your issue where appropriate and where possible, to resolve the impact of your concern as quickly as possible.

Regardless of the issue, Converge's counsellors will seek to:

- Understand your situation and gain insights to inform decisions and directions
- Develop strategies to drive positive changes in behaviour and lifestyle
- Learn how to adapt to change and seize opportunities
- Provide coping strategies when dealing with difficult situations



How experienced is Converge International?

In the past 12 months, Converge International has worked with over 900 organisations including the following clients:

- Federal Department of Health
- Department of Health WA
- Department of Health SA
- HammondCare
- Healthscope
- Royal Children's Melbourne
- Royal Australasian College of Surgeons
- Vision Australia
- Salvation Army
- St John of God Australia
- Mercy Health
- Ambulance Tasmania
- Department of Human Services
- Department of Family & Community Services NSW
- CSIRO
- Department of Social Services

Where to from here?

Please contact our team at the APodA if you have any questions, or reach out directly to Converge International. Remember to have your APodA membership number handy when you contact Converge International on **1300 687 327** or via **convergeinternational.com.au** ■



12



1 IN 4 PEOPLE WITH DIABETES WILL DEVELOP A LIFE THREATENING FOOT ULCER¹

70% of patients who develop a foot ulcer will not be alive in 5 years.² If you treat patients with diabetes, don't let their feet be their killers.

Ensure your patients follow a regular foot check care plan.

Talk to your patients living with diabetes today.

Find out more at
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1. Setacci C, de Donato G, Setacci F, Chisci E. Diabetic patients: epidemiology and global impact. J Cardiovasc Surg (Torino). 2009 Jul;50(3) : 263-73
2. Armstrong DG, Boulton AJM, Bus SA. Diabetic Foot Ulcers and Their Recurrence. N Engl J Med 2017; 376: 2367-75. / 3. International Diabetes Federation Atlas - 9th edition

**CLOSING WOUNDS,
SAVING FEET,
SAVING LIVES.** 

A program by Urgo Medical

SOCIAL EQUITY THROUGH (AND OTHER

We interviewed Peter Strickland, the acting Community Health Manager at Wellington's Community Health Clinic in western NSW. As an early adopter of telehealth, Peter shares his perspective on how telehealth can not only support social equity, but be of untapped benefit to podiatrists – despite its limitations in 'hands on' consults.

When not focused on telehealth, Peter champions his knowledge of Australian Indigenous culture to help others become more culturally aware and inclusive, as seen in part two of this article.

PART

Championing

MEET PETER STRICKLAND

Peter Strickland is currently the acting community health manager at Wellington Hospital in NSW whereas he's usually in the role of senior high-risk Podiatrist/clinic co-ordinator ambulatory care at Dubbo Hospital. He is passionate about implementing and redesigning models of healthcare that make positive changes for improvement. Peter is also focused on educating others on the growth potential of podiatry students and taking the profession into the future.

With a Bachelor of Health Science in Podiatry and a Diploma of Business Management, Peter is currently undertaking a Master of Public Health. Peter has worked as a high-risk podiatrist at the Royal Newcastle Hospital and John Hunter Hospital and he was also director/owner of private practices in Newcastle, NSW.

Memorable career highlights include working in the Solomon Islands with an expert and diverse specialist medical team on an AusAID contingent and setting up a brand new high-risk foot clinic from scratch which was the first of its kind in Western NSW, and approved by the NSW Agency for Clinical Innovation.



Peter, do you think podiatry is well suited to telehealth?

I think it can be well suited to our profession. And if you're reading this and thinking, 'He's mad, our profession is purely hands on', stick with me here.

I know there is an understandable thought process within our profession – and more systemically beyond this – that says our profession is hands on. And there is no doubt that there are some challenges to our use of telehealth, and

telehealth won't instantly replace pre-existing methods.

However it just has to start with an idea around how we can think outside the box to make telehealth work more for our profession. Why? Because we have this great advanced tool that we can explore – so why not use it?

If you think about it, we can introduce telehealth as a new model of care for use in between face-to-face consults. Ageing populations may find this tricky

to start with, but if they can use mobile phones then it will not be too challenging eventually.

My initial experience of getting telehealth off the ground was a challenge, but I used all my resources to initiate my plan. New service models did require redesign implementation to adapt to the telehealth platform. It took time to adjust and I must acknowledge that my podiatry consults via telehealth are high risk based and not to provide general care or of a biomechanical nature.

TELEHEALTH MEANS)

ONE:

social equity through telehealth

Why do you use telehealth?

Because I believe that it offers a more efficient use of my consulting time. It also moves us as a wider sector towards the future with an exciting new health model that provides an advanced scope of podiatry practice. There are always improved ways to modify models of healthcare over time.

Due to the short duration of consult time, telehealth would likely be initially used by podiatrists as a bulk billing service (via item number 10962). However there is definitely scope for longer consults that require other item numbers. The use of Medicare via telehealth is the key concept here, so we must be using the correct numbers to show that we are using telehealth as a profession.

Are there any useful technology apps, software or other technology tips you would suggest to a podiatrist if they are using telehealth?

There are quite a lot of software options on the market. For NSW Health, we use Skype for business corporate, Pexip with Cisco hardware and Microsoft teams. Outside of public health there is zoom, Polycom and Google Meet just to name a few.

How do you feel COVID is diversifying the face of the 'typical' patient profile when it comes to the use of telehealth?

COVID has created much concern and has changed the face of healthcare as we know it. People from all walks of life are concerned by the spread of the virus, and are limiting the amount of human contact and increasing the amount of time spent at home due to restrictions.

During the peak of the outbreak near me, my face to face telehealth consults increased and patients were pleased to discuss their treatment with me via telehealth. This shift has triggered what I suspect could be a long term change in direction when it comes to how, when and why we offer podiatry face-to-face care consults – compared to using telehealth consults where possible. But it is up to us as podiatrists to remain open to telehealth and be prepared to innovate on its use.

Top telehealth tip to support cultural awareness

“Here’s a tip for fellow podiatrists when treating Indigenous and Torres Strait population groups over telehealth. These people need to feel they are in a safe place and home is their safe place. While this is great for telehealth consults, it’s also a good idea to have aboriginal art maybe in the background and even a third party as an introduction person of Aboriginal identity to either be on the receiver’s side or the practitioner’s end.”

Any other thoughts to share on this issue?

Podiatrists can encourage their peers to use telehealth by reaching out to their network. By role modelling its advantages and being innovative in how you communicate its use to patients, it can help to support a wider adoption from podiatrists.

How did you first come into contact with the concept of telehealth?

In my previous role as Senior Podiatrist/ Clinic Co-ordinator, I set up the first high risk foot clinic that was formerly approved by the NSW Agency for Clinic Innovation (ACI). This was done through the Western NSW Local Health District (LHD).

As part of this process, I remembered observing nursing staff using telehealth but they didn’t quite sell me on their confidence with it. So I quickly and annoyingly bugged our telehealth IT support to get me up to speed, since I knew there was a huge need for this in a rural setting, particularly when adopted by confident users. But of course telehealth can not only be used rurally, but also in urban and regional areas.

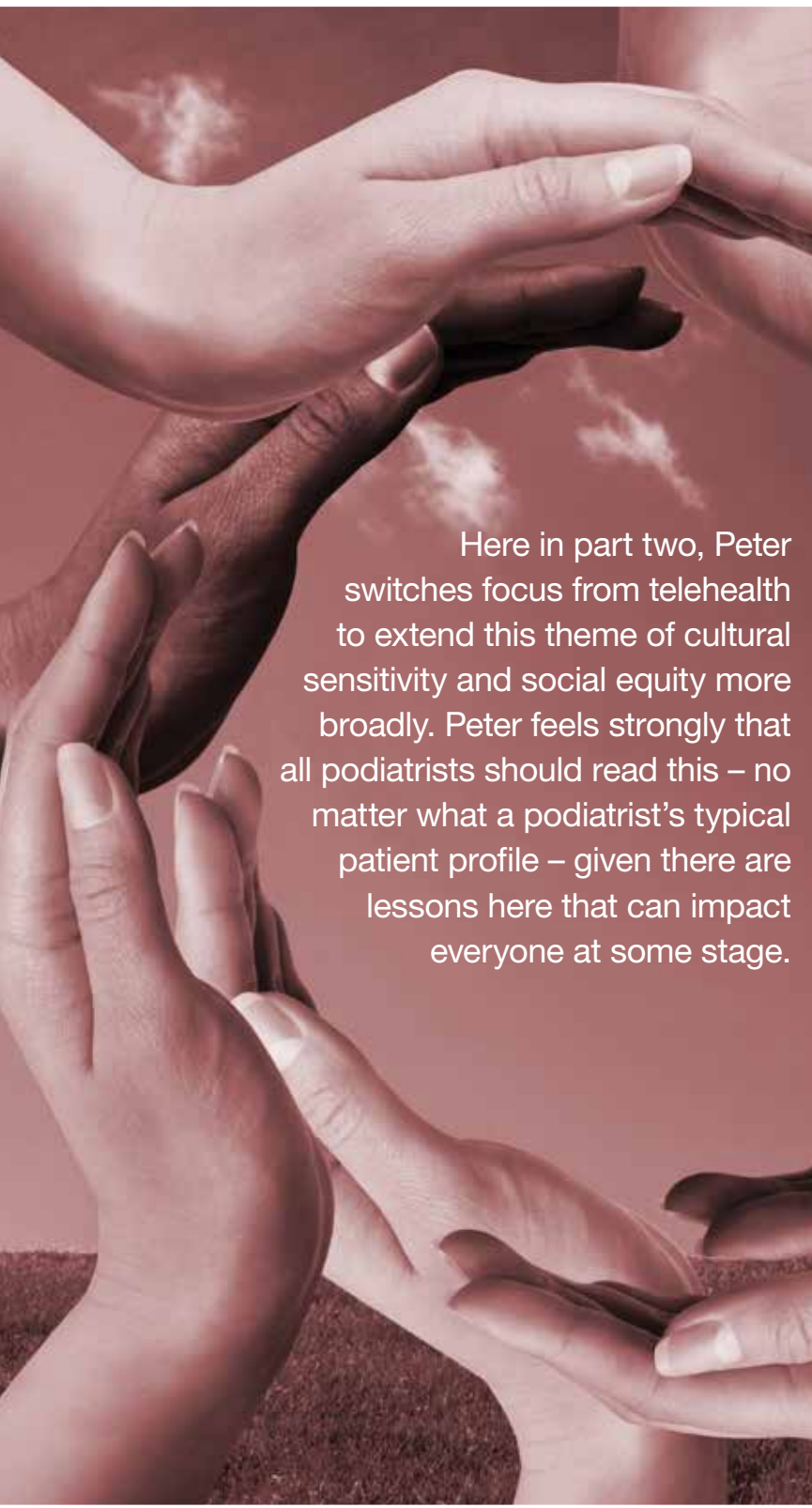
Do you think telehealth helps to support social equity in the way it can make appointments more accessible to people who may otherwise be restricted from physically attending?

Telehealth definitely supports social equity, specifically via developmental rights of access. This is given social equity encompasses the economic, legal, environmental, and developmental rights of access to the collective resources of society. Telehealth definitely has a key role to play.

Telehealth supports the vulnerable, aged, unwell, those with time constraints and those who are financially unable to travel due to cost or capability. Having said all that, this is a new service and like all new things, the service users must give themselves time to excel with it.

PART TWO:

Championing cultural awareness



Here in part two, Peter switches focus from telehealth to extend this theme of cultural sensitivity and social equity more broadly. Peter feels strongly that all podiatrists should read this – no matter what a podiatrist's typical patient profile – given there are lessons here that can impact everyone at some stage.

When it comes to provision of healthcare in Australia, cultural sensitivity is definitely on the forefront – both in our country and from a global perspective. We know that some cultural groups are not comfortable with clinicians and therefore will not turn up to their scheduled appointment; either due to feeling socially isolated, uncomfortable with the environment or feeling the clinician has not understood their needs. When this latter outcome occurs, it is a sign that we have lost that connection and trust.

The solution is to pull from all your available resources and genuinely connect through listening, empathy and even sometimes, for example, by not using eye contact when speaking to people from certain cultures. If we truly have the intention of being present and connecting with different cultural groups in our communities, we are showing them that we are trying – and that is when the magic happens.

As a podiatrist, you already know that you are in a really powerful position to look at your profession from this other angle of cultural sensitivity; to remind yourself of this perspective and then have the vision to make those cultural links which can empower our patients and in turn, us as successful clinicians.

In fact, as health care professionals we can all become more aware of cultural differences and more tuned into various interpretations of communication and gestures. Not all of us are gifted with recognising cultural differences whether it be understanding a broken language, or picking up on frustration or confusion from patients or their carers. Yet if you imagined yourself in a foreign country and unable to effectively communicate due to language barriers then, yes that would make us instantly uncomfortable. So it's important first as health care professionals to listen; to show compassion and empathy and not judge purely by misunderstanding how a person may feel, which can lead to failure and poor clinical judgement.

in general

Perhaps you work in a clinic that sees a fairly homogeneous patient profile, yet even in these environments cultural awareness matters to your practice and your patients – as does the opportunity to lead by example and share knowledge of such issues when you can. So if you want to become more culturally sensitive – starting immediately in your practice today – here are some tips that I have picked up along the way.

1. Communicate effectively and take your time
2. Build rapport quickly with those from culturally diverse backgrounds
3. Get out and about and talk to different cultural groups to understand their way of life
4. Create trust and build on that
5. Listen carefully

And to help you become even more culturally aware when it comes to our own Indigenous culture, you could...

Get in touch

I hope this helps you and if you have any questions about this, please get in touch. As a non Indigenous Australian with diverse cultural experience I want to help others learn about these issues.

You can contact me at
Peter.Strickland
@health.nsw.gov.au

1. Look into 'Respecting the difference' courses which are offered by the Health Education and Training Institute to public podiatrists in NSW with many equivalent private and public offerings available interstate.
2. Get yourself to different indigenous community groups and have a yarn.
3. Ask to interview a couple of Aboriginal locals, and even community health workers, to discuss cultural issues to gain an understanding of their perspective of the world and what is in store for the future.
4. Regardless of where you are located, make a long term connection with local Indigenous groups to build understanding and trust.
5. Make time in your work schedule for new cultural experiences and be enthusiastic in your approach.

OFFLOADING DIABETIC FOOT ULCERS:

FEATURE

THE GAP BETWEEN DIRECTION AND ACTION

Podiatrist Allan Donnelly shares his views on why there is a gap between direction and action when it comes to successfully off-loading diabetic foot ulcers, and he also calls for a collaborative approach to lower the high rates of diabetic foot amputation in Australia.



Meet Allan

Allan Donnelly is a podiatrist who has many years experience in both clinical teaching and practice. He was instrumental in setting up the High Risk Foot Service at the Royal Prince Alfred Hospital in Sydney. He currently practices in Queanbeyan in the ACT, in conjunction with a Diabetes Educator/Nurse Practitioner. Allan is also the Vice Chair of Wounds Australia ACT Branch.

“

...reliance on sophisticated technology to resolve problems simply means that less and less people will have access to it... the goal should be 'to create simple, cost effective solutions to complex, everyday problems'

I met an engineer, Layan Wijesekera, quite by chance since he has a foot issue. Yet it turned out that we share much in common. Specifically, we both agreed that any reliance on sophisticated technology to resolve problems simply means that less and less people will have access to it. In Layan's words, the goal should be 'to create simple, cost effective solutions to complex, everyday problems'.

While Layan's expertise lies in renewable energy and mechatronic systems, our vocations share a passion to improve the way things are done, and to make this as accessible as possible.

To put this goal into the context of Diabetic Foot Disease (DFD) for example, it is impossible to not be confronted by the stark statistics around related lower limb amputation rates. Namely, the fact that DFD causes up to 4,500 amputations and 1,400 deaths each year in Australia.

Lower limb amputation rates

The evidence-based International Working Group on the Diabetic Foot (IWGDF) Guidelines were released in 2019 to assist in preventing DFD-related lower limb amputations. So why do rates of lower limb amputations remain high in Australia?

Overlooking the gold standard

To address this issue more broadly, both the Chair of Diabetic Foot Australia, Dr Peter Lazzarini and Dr David Armstrong – the founder and co-chair of the International Diabetic Foot Conference (DF-Con) – spoke at the APodA Virtual Conference, with Peter presenting on the IWGDF Guidelines in the area of off-



David R: presentation



David R: 2 – 9 weeks



Geoff H: presentation

Queensland Orthotic Laboratory (QOL) has taken the APOLLO to a whole new level, and now it is available to any practitioner in Australia

loading. Together they emphasised why the Total Contact Cast (TCC) is the peer reviewed gold standard. And while David Armstrong supports the TCC technique, he discussed the many reasons why the gold standard is not universally applied.

As Peter Lazzarini more recently states, “Non-removable knee-high offloading devices are now the gold standard offloading intervention for healing DFU, rather than the more specific Total Contact Cast. The ‘non-removable knee-high offloading devices’ include TCCs but also include ‘instant TCCs’, such as removable knee-high cast walkers/ moonboots and so forth, which are made irremovable and are as effective as TCCs and much easier to apply.”

Yet despite this knowledge, there is clearly a widespread gap between direction and action when it comes to successful off-loading measures. In fact, an entire document in the IWGDF Guidelines relates to off-loading, given ineffective off-loading significantly lowers the chance of resolving an ulcer.

The missing elements

The reason for this is not simple, but two areas stand out. Both areas we can get more involved in as podiatrists to make a difference.

Importantly, these actions are simple

and cost effective; therefore widely accessible. These are:

1. Effective plantar off-loading, and;
2. Funding wound management, where appropriate, in private podiatry practices.

A supportive prototype

I presented a prototype device (nicknamed APOLLO) at the Wounds Australia National Conference in 2018, where this device won the inaugural Innovation Tank Award. It won the award because of its accessibility, ease of use, low cost and longevity around effective plantar off-loading measures.

As a potentially simple and low cost alternative to the TCC, the APOLLO, combined with an Aircast removable boot, was used on three patients with plantar neuropathic ulcers and showed great promise. All that is needed is:

- Plaster of Paris (POP), Opsite or similar to cover the ulcer
- Lipstick and;
- Australia Post.

Perhaps most importantly, the patient does not have to travel to a specialist

clinic which means that any practitioner anywhere in Australia can cast for the APOLLO — with no technology required. This allows patients to receive a custom-made total contact interface that, when combined with a good removable Aircast boot, replicates the best qualities of the TCC. The photos in this article depict the positive results so far. Two of these patients had been treated previously in High Risk Foot Services (HRFS) with removable boots without success.

I am pleased to now update fellow podiatrists that the Queensland Orthotic Laboratory (QOL) has taken the APOLLO to a whole new level, and now it is available to any practitioner in Australia.

If you want to organise this treatment option for your patients, just post your patient’s cast to QOL, along with the lipstick mark over the ulcer’s location, and a tracing of the insole of the Aircast boot. The finished APOLLO will come back to you with no adjustment required.

Opportunities for collaboration

But there is still more work to do with the APOLLO, and this is where I would value direct collaboration:

1. **Calling all HRFS:** We need to undertake a more thorough study and I hope to hear from a HRFS in Australia willing to use the APOLLO in



Geoff H: 2 – 17 weeks



Graham S: presentation



Graham S: 2 – 7 weeks

a formal study. However, even without such a study in place at this stage, it provides easy access to effective off-loading for any practitioner in Australia willing to colour in the ulcer with lipstick and put POP over the foot.

2. Put podiatry deeper into funding

paradigms: This action item returns to my earlier point where I queried why amputation rates remain high in Australia despite the 2019 IWGDF Guidelines being in place. I believe part of the solution lies in federal funding to provide the opportunity for private podiatrists to help reduce the burden of foot wounds on local and national communities. There is no reason why certain diabetic foot ulcers cannot be managed by private podiatry practitioners who have appropriate credentialing and accreditation, plus the correct triage system, in place.

To expand on this latter point – the provision of funding to private podiatry practices which can demonstrate the appropriate scope and skills of practice that is required, would open up more access to treatment than what could ever occur by having more HRFS in the public domain.

I believe this is an issue that needs to be raised at a Commonwealth level through a collaboration between the Australian Podiatry Association, the Advanced Practising Podiatry Group and Diabetic Foot Australia.

Where are the resources?

I believe there is a paucity of resources for DFD in Australia. The Medicare funded chronic disease only provides five rebates for consultations (five extra for Aboriginal and Torres Strait Islanders) but this does not include dressings and

I see this area as an area that could help private practice retain a broader scope of practice... Particularly since I feel that private practice is becoming more and aligned with technology and biomechanics...

so forth. By only being funded in the public sector, the Australian model of HRFS has very limited opportunities for general public access, which I believe is one of the reasons for our high amputation rate.

As one solution, there are many private practices who have the skills and resources to assist with HRFS, and in a sense serve as a second tier to public HRFS. And I have suggested to health agencies in my local region that an innovative model would be to have an accreditation process for private practices wanting to offer HRFS based on the 'Leading Better Value Care' criteria.

This could then fund individual services through the Primary Health Networks on an agreed rate of service, which would make the process accountable. Importantly, private practices could only participate if they could demonstrate that they meet the criteria.

This approach would potentially:

- Significantly increase access to HRFS across Australia
- Reduce the burden on the public sector and;
- Reduce the need to continually build more and more HRFS in the public sector.

I see this area as an area that could help private practice retain a broader scope of practice as well. Particularly since I feel that private practice is becoming more and aligned with technology and

biomechanics driven and losing the opportunity to offer quality wound care.

However, to end on an encouraging note, in 2019 the Department of Health invested \$1.3 million for the Foot Forward project, which aims to help identify diabetic foot risk. The time is right for further Commonwealth funding to complement this project, given it enables the management of foot wounds through private podiatry practices. ■

Disclaimer: Allan Donnelly has no commercial association with, and receives no financial benefit from, Queensland Orthotic Laboratory.

Get in touch

To contact Allan, you can email admin@qcitypodiatry.com.au

ON THIS ISSUE: From the APodA:

"The APodA is advocating for federal government funding to help address the issue of diabetic foot disease. There have been some positive developments. The Medicare Benefits Schedule (MBS) Review Taskforce – Wound Management Working Group (WMWG) was conveyed to put forward recommendations on this very issue. These included broader funding for wound management and increased Medicare funding for wound care. You can read our response to their recommendations here: podiatry.org.au/about/submissions"



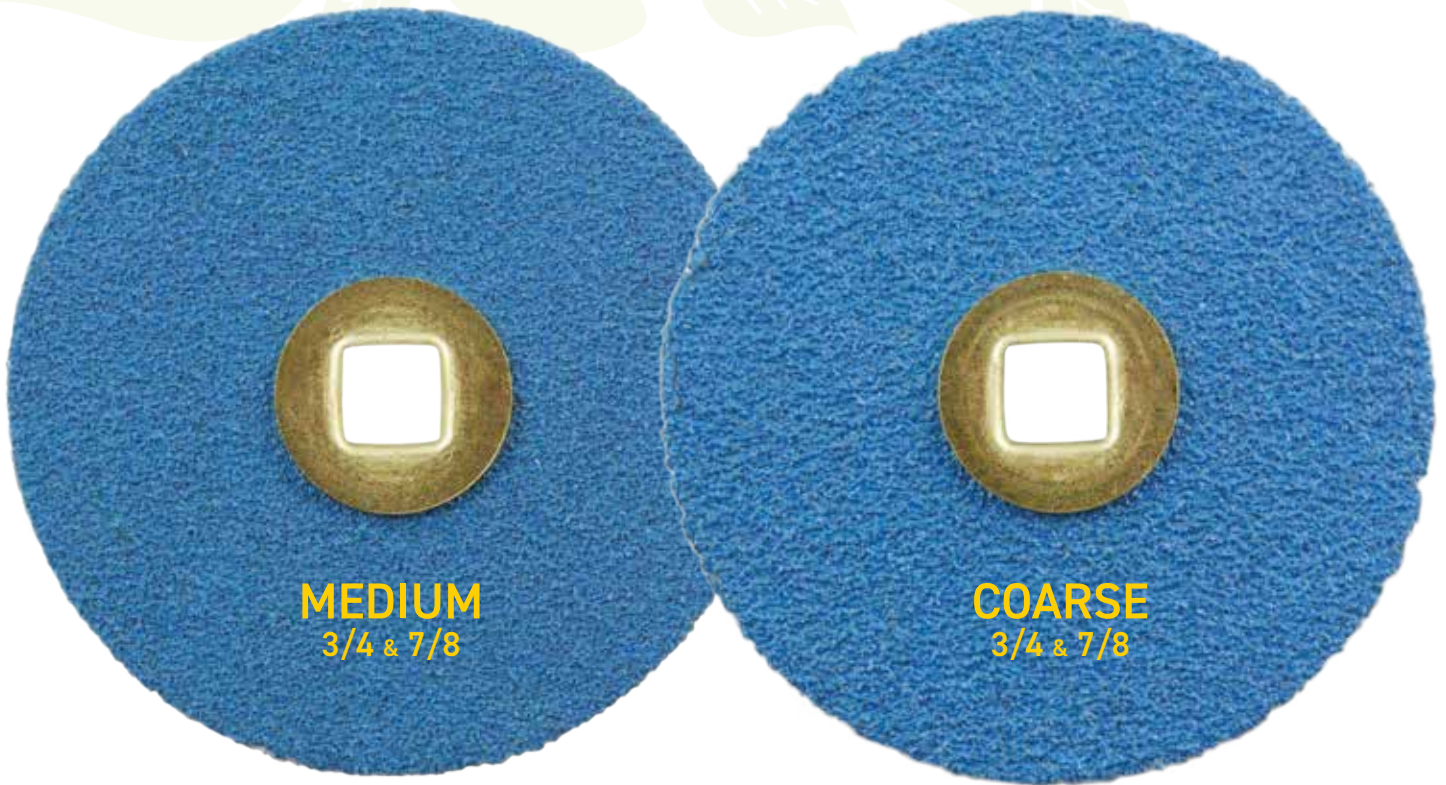
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Advocacy Manager

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INTRODUCING OUR FIRST CERTIFIED SPORTS PODIATRIST

(and how you can become one too)

FEATURE

We have some exciting news if you haven't already heard... Victorian member, John Osborne, has successfully passed the APodA Sports/Biomechanics career framework program which recognises him as an APodA Certified Sports Podiatrist. The program takes at least 12 to 18 months to complete and John is the first podiatrist to be awarded this achievement in this particular sector. We spoke to John to capture his reflections upon finishing this milestone. Here is what he had to say.



“

I acutely believe we need to be better as podiatrists... In order to be a better podiatrist, I wanted to do this for myself and to add to the profession.

Meet John...

John Osborne is an experienced podiatrist, having worked in sports and general podiatry. He is currently at La Trobe University completing postgraduate research in heel pain (plantar fasciitis) and considering the role foot strength and rehabilitation plays with the condition.

Over time he has experienced a wide range of sporting injuries of the lower limb, leg, ankle, and foot. He has been part of the management of amateur to professional players and teams from AFL (Australian Rules), Gymnastics, Basketball, Soccer, Triathlon, and Cricket. John's background as a professional dancer has enabled him to work closely with gymnasts and dancers alike and has provided him with an understanding of the needs of all athletes from barefoot to wearing specialised footwear.

He has a particular interest in injuries such as heel pain, shin splints, sesamoiditis, patellofemoral pain, and tendinopathies of the foot and ankle. However, John also has experience managing patients with rheumatological conditions (e.g., arthritis), blisters, ingrown toenails, general foot care, and chronic disease management such as diabetes.

John's background in strength and conditioning means he does not only focus on orthotics but also includes rehabilitation and strengthening programs. He always considers a holistic view of foot and ankle pain for each patient. Each patient needs an individualised approach, and he strives to achieve this.

Why did you want to do the career framework course in sports/biomechanics?

There were a few reasons I wanted to do this. I was doing my PhD and my Scheduled 4 medicines requirements, and I wanted to get some more practice in this area. Essentially, sports medicine is my area of interest, and so it made sense to take this next step.

More broadly speaking, I acutely believe we need to be better as podiatrists. So I guess I would be a hypocrite if I didn't follow through on that belief.

In order to be a better podiatrist, I wanted to do this for myself and to add to the profession.

How did you hear about it?

I remember seeing the course was well advertised and around this time the paediatric career framework group was vocal which helped me to understand the program's values and structure. So when the opportunity came up to apply this same approach to the sports medicine sector, I was on board.

What are the benefits?

The career framework courses have the capacity to show that podiatrists can have objectively-assessed skills in



A qualification like this is hard work, but so it should be. It is manageable though, given it encompasses 20 case studies, an exam and an interview. The more effort you put into it, the more not only you get out of it, but the more the profession ultimately benefits.

specialist areas, which in turn helps to educate the public in general about the vast scope of podiatry.

This is why my completion of the framework to a large degree isn't about me, it's about promoting what this is to the general public and our wider group of health professionals. Thanks to this framework, if someone has a sports injury, there are now six sports podiatrists in Australia – at the time of this interview – who you can go and see, and I know other podiatrists will continue to come on board. This sets podiatrists apart in the best way possible.

The framework also helps give confidence to our patients, to show that we have been assessed by our peers and we can benefit their health through the significant responsibility we now carry in this area. It gives more objective weight or clout to what you are doing. On a personal level I enjoyed the outside influence from my course peers and mentors to help guide my decision making.

What does it mean to you?

This qualification gives me a sense of pride. Since podiatrists are the health professionals who are all about the foot and ankle, this framework helps to set some goals and targets around this message which makes me proud and also humble. The qualification also gives you a newfound energy and focus, since you aren't just treating patients all day.

In terms of the framework as a tool for career engagement I think it serves two purposes. Firstly, for the younger or less experienced podiatrist – who perhaps is striving to work in a certain area of podiatry – they can undertake the framework to help them achieve that goal. Secondly, for more experienced podiatrists looking to refresh their skills

and become more motivated and engaged in their day to day practice, this can be a great undertaking in that respect.

Any memorable lessons learned?

I remember I got some good advice from one of the panel members, which was along the lines of reflecting on the framework process as being akin to doing your Master's or Schedule 4 qualification. That helped to frame the work and commitment required from the outset.

A qualification like this is hard work, but so it should be. It is manageable though, given it encompasses 20 case studies, an exam and an interview. The more effort you put into it, the more not only you get out of it, but the more the profession ultimately benefits.

What advice would you give to fellow interested podiatrists?

If you are considering doing similar, I would say that it's important to view this undertaking as the next stage of your clinical career, and to be prepared to put the hours in. This is because you will only get out of it what you put in.

But to also take comfort in the fact that this is a supported way to achieve a goal, despite the naturally high standards. And since it is hard to know what to expect before you start, I'd use the Schedule 4 case studies as your guideline of the course's scope; given they are the most developed resource to compare, and certainly something to emulate in this course across your 20 case studies.

Finally, if you choose to do the career framework, take time to research the treatment in question and provide the evidence for your thinking to prove or disprove your thought process. Remember that it's also okay to be wrong; the whole point of this is that it's a learning process. So don't just do things the way you always have. Instead, go out and find better evidence to either disprove what you are doing or demonstrate how you think you may do something better.

For example, if you think, 'I'm going to give someone a knee to wall test', ask yourself, 'Is this the most appropriate test, or is there another test I could have chosen at the time which didn't occur to me at that moment?' If it is the most appropriate test then ask yourself, 'Why is this so?' This enables you to reflect on a higher conceptual level when it comes to what you are doing and your clinical reasons for it.

What was the course support like?

When it comes to the support of the APodA, the driving force is that they want to do good and they are genuinely there to help us. Everyone is learning together and the support is sincere, genuine and constant; and that was most important to me.

Any final tips?

My advice to any podiatrist is that if you aren't doing these sorts of things, you are standing still. Whether it be doing a Master's at university, or taking on the career framework like I have done, just do something like this for the sake of your career and to help make our profession even better. Definitely, 100% do it.

APODA CAREER FRAMEWORK OVERVIEW

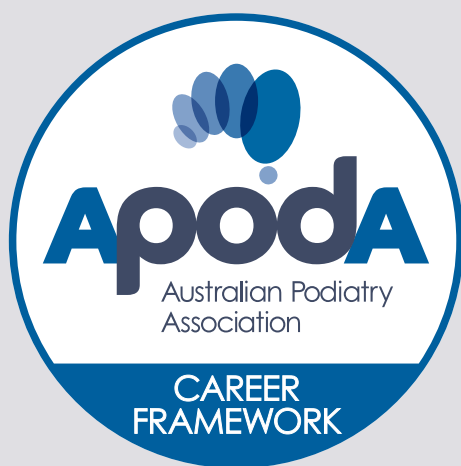


REGISTER/ MEMBER	CERTIFIED PATHWAY	CERTIFIED PATHWAY EVIDENCE	ASSESSMENTS	CERTIFIED PODIATRIST
INTEREST AREA CURRICULUM	ASSESSMENT & MANAGEMENT OF THE FOOT & LOWER LIMB	CASE LOG/ PORTFOLIO ADDRESSING CURRICULUM KNOWLEDGE HEADINGS	PORTFOLIO APPROVED ADDRESSING THE CURRICULUM HEADINGS	APODA CAREER FRAMEWORK
	LEADERSHIP IN PODIATRY	ACTIVITIES	MULTIPLE CHOICE EXAM	APODA CAREER FRAMEWORK
	CONTRIBUTION TO EVIDENCE	EDUCATION	VIVA EXAM	APODA CAREER FRAMEWORK

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More on... the
APodA Career
Framework

FEATURE



The credential will assist podiatrists to build their careers in key interest areas and become recognised by the profession and consumers.

The Career Framework is a competency-based framework for the practice and development of podiatry in Australia

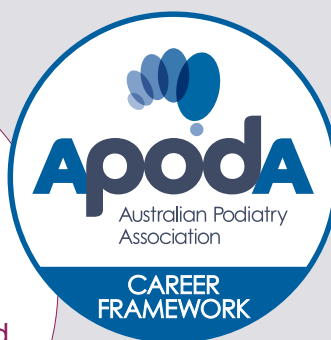
The framework will credential competencies and clinical skills and provide a clear and uniform career progression beyond initial training

For further information or if you would like to apply please visit:
podiatry.org.au/membership-info/career-framework or contact
Annette Harris at the APodA: annette.harris@podiatry.org.au

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The purpose is to provide a clear and uniform career progression beyond initial training. The aim is to credential competencies and clinical skills, not academic achievements.



What are the background and benefits?

The Australian Podiatry Association (APodA) developed the career framework for the practice and development of podiatry in Australia. The purpose is to provide a clear and uniform career progression beyond initial training. The aim is to credential competencies and clinical skills, not academic achievements.

There are significant benefits to undertaking a professional credential as a podiatrist. Credentialing allows the podiatrist to attain and demonstrate a standardised level of expertise in a particular area of podiatric practice.

The APodA will credential participants at the completion of the framework in the clinical interest areas of Paediatrics and Sports / Biomechanics. There are two levels of the credential, certified and consultant with the consultant level still in development.

The APodA Clinical Interest Groups and to an extent the APodA Board are responsible for the framework and the examination to obtain the credential.

What's involved in the application process?

In order to participate in the framework you must be a current member of the Australian Podiatry Association (APodA) and an AAPSM member for the Sports/

Biomechanics credential. Then you must provide an application form, including a statement describing your current competency level in your area of interest outlining why you would like to obtain the credential.

What is required for successful course completion?

1. Portfolio of Evidence

Throughout the framework participants will undertake significant practice in their chosen clinical interest area. Their case load must be such that they can compile 15 – 20 cases covering the knowledge headings in the curriculum.

The portfolio is comprised of:

1. Assessment and management of the foot and lower limb – case log
2. Leadership in podiatry – 5 activities
3. Contribution to evidence – 5 activities

The overall portfolio needs to be marked as competent before moving to the next assessment.

1. Examination

The examination process aims to apply practical integration and application of knowledge from the career framework into clinical practice. The examination is in two sections:

- Multiple choice (MCQ) – The multiple choice (MCQ) examination is intended to test practical application of

knowledge from the clinical interest area curriculum. MCQ's will span the whole of the curriculum and will be sourced from the knowledge headings and the specific skills and learning outcomes as detailed in the curriculum.

- VIVA exam – The viva examination aims to assess communication, professionalism and critical thinking in the clinical process, as well as how a candidate arrives at a particular decision/treatment option. The viva exam is a videotaped consult followed by an interview.

How much does it cost?

The cost of the framework is \$900 which includes application, administration and assessment fees.

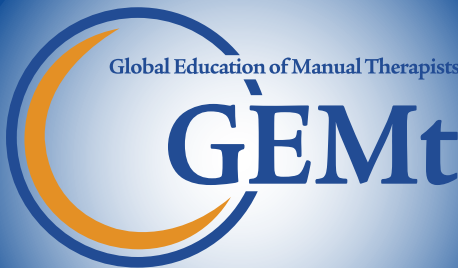
How may it change my role or job title?

Those who have completed the credential may use the title Certified Sports/Biomechanics Podiatrist – APodA and Certified Paediatric Podiatrist – APodA. The title is only available to be used by members of the Australian Podiatry Association.

Where can I find out more?

For further information on the Career Framework please contact CPD Manager Annette Harris – annette.harris@podiatry.org.au ■

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EDUCATION MATTERS:

CPD WRAP UP AND

By Annette Harris, CPD Manager APodA

This year has been a period of uncertainty as we have moved towards what has become known as the 'new normal'. Here is a wrap up of the planned (and unplanned!) CPD activities that took place this year, along with our future plans.

Looking back on 2020...

FUTURE FOCUS

COVID and its influence

There is no other way to say it, except that 2020 has been extraordinarily hard going. When it comes to the day to day running of podiatry practices, Victorian-based podiatrists have been particularly affected by government-mandated public health advice. Albeit, the reasons behind the advice have been in the interests of the general public's health, yet clearly this impacts on the practicalities of running a practice.

The APodA has been doing everything possible to support our members through this challenging period, creating resources and up-to-the-minute

advice and offering online continuing professional development (CPD); including four webinars free of charge to all podiatrists during the early peak of COVID regardless of membership status.

We have also done our best to assist any member podiatrists (or non-member podiatrists) who chose to participate in our CPD activities, to meet the minimum requirements for CPD in 2020. We know there were calls for similar opening of content to non-members which we did when the need was prudent in the interest of the wider profession and public health.

At the time of writing we have delivered

the following CPD offerings across 2020:

- 27 webinars with another five to come across the remainder of 2020; totalling 32 webinars delivered by end of year
- 5764 attendees* participated in the webinars. (*Note: attendees are not unique viewers – many attendees attend more than one webinar over the year)
- Two live stream workshops (Managing the Endurance Runner and Podiatry for Cyclists)
- Two virtual conferences with a combined attendance of over 1400 delegates

2. Post webinar assessments



Other changes to CPD this year include post webinar online assessments. We know that podiatrists engage

in learning for a number of reasons, but notably for skills and knowledge enhancement or the consolidation of such content. Regardless of why someone wants to learn it is important to assess what they learn.

This led to the introduction of a new initiative in 2020, being the post-webinar online assessment for webinar attendees to complete in their own time to help guide future webinars. The online assessments aren't meant to be 'a pass or fail' exercise – rather, we wanted to find a simple way to answer the question, 'have our attendees retained some of the key information presented in the session?'

As of October 2020 we have offered 15 online assessments this year and nearly a third of our attendees have completed at least one assessment.

3. The APodA Podcast!

The APodA Podcast launched in April 2020 and 17 episodes will have been delivered by December 2020, which averages around one episode being released every fortnight. At the time of writing we have nearly 3,000 followers and we average around 450 downloads each month.

The podcast episodes are not designed to reflect a formal learning platform or official CPD experience. Rather, the podcast was developed as a place for our community of podiatrists to engage with a variety of topics that are top of mind at any given time. This ranges from how to manage patients with calf injuries, through to learning how to tackle a difficult conversation, or even offering ideas on how to turn the challenges that COVID-19 has brought into opportunities.

Being digital, the podcast was developed for podiatrists to listen to an episode any time; whether at work, or at the end of day while you're sterilising equipment, in the car, when out for a jog, doing the paperwork, or even getting dinner ready! Podcasts have the power to make these pedestrian tasks somewhat more interesting and we are certainly in favour of this effect!

The goal for our podcasts is to create a relaxed, one-on-one atmosphere where listeners can trust that the topics and interviews will always be of value, and even feel inspired to look more deeply into any given topic, using the podcast as a springboard for this enquiry process.

And for those of you who are interested in the stats, here's some insight into our listener profiles.

- 90% of followers are in Australia and New Zealand, with the remaining 10% of followers spread across the UK, US and Canada and Asia.
- 60% of our followers listen via an Apple iPhone whereas 17% use an Android phone and 8% listen via their Apple Watches!
- The three most popular episodes in 2020 have been (at time of printing):
 - Burnout & the Australian Podiatrist
 - APodA CEO & Co: Navigating Pods Through COVID-19
 - 'The Hand Sanitiser's by the Door': Podiatry home visits and COVID-19

Looking forward to 2021... what will 2021

Our challenge next year will be to demonstrate how online CPD has the ability to be 'more than' it has been for members before. This is of course set against the backdrop of general uncertainty for 2021. If 2020 has taught us anything, it is that we need to be prepared to pivot and switch focus in light of changing events.

Nonetheless, assuming 2021 throws us no further significant curveballs,

we seek to go far beyond the Zoom or webinar format next year; and move towards a truly well-developed online course, training, or educational experience.

Take for example, e-learning, given this encompasses online courses of around 10 to 15 minutes in length. Now more than ever before it is important to be prepared for all possibilities and e-learning offers the

opportunity to provide online CPD that ensures participants remain up to date with important knowledge and skills.

In and around this issue is the fact that demand for variation and engagement in CPD offerings (particularly online offerings) has increased ten-fold.

The challenges of 2020 have meant not only transferring courses

4. The changes behind CPD

The advent of COVID meant we had very little time to adapt certain CPD workshops that were originally designed for face-to-face delivery. This led to us rapidly switching this format and updating the content for online delivery. Yet we also knew that online CPD needed to be just as good as face-to-face CPD. We could not skimp on the quality of the final product, while not over-engineering the final product either – a fine line! And we also still had to allow for a natural relaxed online environment – even with the odd mishap with a camera or dog barking in the background!

While we were working to adapt our face-to-face CPD activities to online format, we wanted to think of ways to elevate the online experience and so we were keen to reflect on how best to engage with our audiences. This led to the creation of Q&A sessions and some fun activities such as the wine tasting during the virtual conference.



5. Bringing footwear companies to podiatrists online

On another note entirely, this year we tested the idea to run a webinar that offers podiatrists across Australia the opportunity to hear from footwear brands about their latest offerings and education. Given the pandemic has meant many podiatrists have either no travel access or very restricted travel opportunities, both across 2020 and likely well into 2021, the expectation that podiatrists will be able to travel to trade shows and spend time with footwear brands is pretty low.

The event went very well, receiving close to 300 podiatrists online and feedback received, particularly in regional areas was excellent with a demand for more of the same in the future. We are expanding on this idea in 2021 to offer a virtual trade and education event in March 2021, to Australian and New Zealand podiatrists. Watch this space for the date – set to be announced before the end of the year.

These future 'education incorporating trade show' events will provide an online platform for footwear brands to showcase their products as well as provide the participating podiatrists with education on product / patient benefits. This provides CPD and an opportunity to 'shop'. Ultimately our aim is to bring the footwear companies, latest products, trends and details, to podiatrists who otherwise would have to do their own research.

EDUCATION



6. First ever Virtual Podiatry Conference

The year that was 2020 also saw the APodA deliver our first ever Virtual Podiatry Conference! With close to 1,000 podiatrists in attendance over the course of the two days, this event gave us the confidence to go bigger and better in 2021, so watch this space.

...and as an early heads up, three weeks of July 2021 has been given over to the 'Australian Podiatry Conference 2021'.

deliver to the world of CPD?

and workshops into webinars or virtual workshops where possible, but also providing members with other learning options that are nimble and accommodate different learning styles. Not all our members learn the same way, so we will continue to explore different delivery methods and platforms in the years ahead.

All in all, we're learning all the time

on how to engage our members even more with relevant and useful CPD, and it always starts with seeking feedback from our members on the topics and presenters you want to learn more about. Having said all of this, we've also learned that while online CPD is important, we are keenly seeking a more balanced approach of both face-to-face and online CPD offerings when

COVID/time allows in future.

Regardless of the platform, we are more focused than ever before to provide our members with CPD that is timely, can be used back in practice, and enhances day to day skills. As always, please feedback your thoughts and suggestions to me at:

annette.harris@podiatry.org.au

CPD

STATS FOR 2020

CLOSE UP ON... WEBINARS: TOP 10 WEBINARS FOR 2020

(based on attendance) *Unique Viewers

Webinar name	No. Attended*
Extended webinar – dermatology: practical, clinical assessment and application	411
Diabetes and the skin	399
Relating biomechanical assessment to custom orthosis design	385
Telehealth services for use in podiatry	381
Foot mobilisation and manipulation therapies: How to boost your MSK and orthotic results	374
Exercise for preventing frail bones, sarcopenia, falls and fractures	364
Medical assessment and procedure: choice for patients requiring toenail surgery	307
Innovations in athletic footwear	295
Boundaries, record keeping and consent – part 2	260
Boundaries, record keeping and consent – part 1	245
COVID-19 workforce issues	243

In 2020 you told us:

47% of podiatrists attending APodA CPD are private podiatrists, 24% own a podiatry practice, 11% work in public health, 8% are podiatry students and 7% are new graduates (between one to five years out). The remaining attendees listed themselves as non-practicing podiatrists or as a practice manager.

87% of APodA CPD attendees told us the presenter they had was knowledgeable on their topic.

67% of attendees told us the CPD activity they booked in for achieved its stated objectives, with 46% of attendees telling us they understood the information delivered in the CPD activity more so, after they had attended.

95% of attendees would recommend an APodA CPD activity to a colleague

... and the top 5 topics you'd like more CPD on are:

- Sports Podiatry (in particular sports rehab, muscle strengthening and lateral movement sporty injuries)
- Paediatrics
- High Risk Foot / Diabetes
- Dermatology
- Biomechanics and Musculoskeletal Treatments

2020 CPD Attendance / Feedback Stats

Member feedback drives APodA CPD content. It's the oil in our engine. It makes the wheels turn and without it we couldn't deliver the relevant, quality topics and speakers we provide month after month.

Each time we hold a CPD activity we ask for your feedback. It may seem repetitive, yet the two minutes it takes you to give us your feedback could

directly inform next month's workshop or webinar that you, your patients, staff or business benefit from.

Feedback allows you to tell us which topics you're keen to learn more on and the presenters you'd give up your Saturday mornings to hear from... this year 85% of feedback responders were APodA members with the remaining 15% being non-member podiatrists. Please continue to participate in the CPD Feedback process. We do listen and where we can, we turn your ideas into reality.

So, make a date to check out the APodA CPD Events Calendar on a regular basis. It's your go-to for quality, useful, relevant podiatry focused CPD that isn't just about logging your hours, but taking practical useful skills and knowledge back to the practice!



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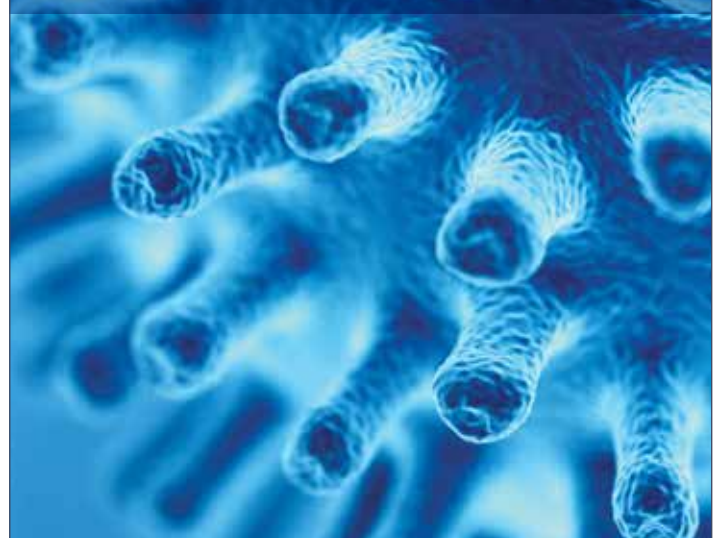
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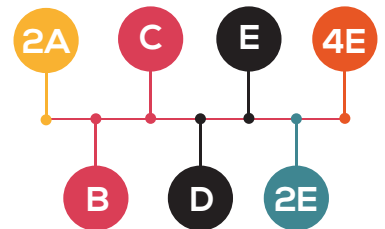
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SCHOOL LESSONS

Ascent runs free foot health education programs for schools. At Ascent, we work closely with the Podiatry community and The Athlete's Foot to ensure we're meeting the needs of Australian school kids feet. Part of this commitment is educating students about a range of foot health issues from learning how to tie shoe laces to basic foot biomechanics.



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RECORD KEEPING AND PAY SLIPS: A REFRESHER

STEPS AHEAD

The phrase 'record keeping' can turn off even the most dedicated podiatrist since very few of us enjoy such administration. However, the more we can understand the benefits of record keeping, and the requirements around it, the less arduous a task it can become.



Two of the most important, yet overlooked obligations placed on employers are:

- To create and maintain accurate records for all of their employees such as time worked, wages paid; and
- To issue pay slips to each employee.

Adhering to these obligations is critical as it proves that employees have been receiving the correct wages and entitlements in accordance with the applicable industrial instrument/s that apply to their employment. By following the record keeping requirements of the Fair Work Act 2009, employers are fulfilling their statutory duty as well as mitigating risk, should an employee later try to allege that they have not received their minimum entitlements.

In the current climate, the importance of creating and maintaining accurate employee records has been reinforced. To manage the impacts of the COVID-19 pandemic on practice operations, employers have had to consider a

multitude of options such as requesting employees take annual leave, long service leave, and regrettably, making positions redundant.

Accurate employee records allow employers to quickly review their employees' leave balances to ascertain whether it is a viable option to request employees take some of their leave. Similarly, it allows employees to see how much leave they currently have owing – should they feel the need to take some time away from work.

Not only this, but in the event that employment ends, it makes the process of calculating and processing an employee's final pay much simpler and minimises the possibility of disputes arising around entitlements owing.

So, what are the record keeping requirements?

Employee records must:

- Be easily accessible for review/ inspection by authorised parties (e.g.

the employer, the employee, staff responsible for payroll, Fair Work Inspectors)

- Be written in an easy to understand format
- Not be altered unless the alteration is to correct an error
- Be true and accurate to the employer's knowledge
- Be kept for seven years

As a general rule, employee records are strictly confidential. Only authorised parties – which include the examples listed above – have the right to access and review these records. Should there be reasonable suspicion that an employer has acted in contravention of industrial legislation, additional parties e.g. trade unions may have the authority to inspect records (subject to additional regulation) to ascertain whether illegal activity has occurred.

What types of records must employers create and maintain for their employees?

There are numerous types of records that employers must keep in relation to their employees. The Fair Work Ombudsman provides recommendations of what each type of record should contain at minimum.

General employment records

General employment records must include:

- The employer's name
- The employer's Australian Business Number (ABN) if applicable
- The employee's name

STEPS AHEAD

- The employee's starting date
- The type of employment e.g. full-time, part-time or casual

Pay records

Pay records must include:

- The rate of pay the employee received
- The gross and net amounts paid (specifying the deductions made from the gross amount)
- Specific information of any incentive-based payments, bonuses, loadings, penalty rates or other separately identifiable entitlements paid

Hours of work records

Records that report on an employee's working hours must include:

- For employees with irregular hours e.g. casuals – a record of all hours worked by the employee
- For employees with set hours – a record of the number of overtime hours worked by the employee each day, or the starting and finishing times of overtime hours worked
- A copy of a written agreement made between an employer and their employee to take time off in lieu ("TOIL") of being paid for overtime*
- A copy of a written agreement made between an employer and their employee to average their hours over a set period*

*Such agreements may only be made if the applicable award/agreement contains provisions permitting such arrangements. The Health Professionals and Support Services Award 2020 contains provisions allowing for both averaging of hours and TOIL. For further advice, please contact the APodA HR Advisory Service.

Leave records

For employees who are entitled to paid leave, records must specify:

- Leave taken (if any); and

- Employees' leave balances

If an agreement has been made to take annual leave in advance** (i.e. annual leave is granted before the employee has accrued the entitlement), an employer must draw up an agreement which states the amount of leave that is being taken in advance and the date on which the leave is to commence.

** Such an agreement may only be made if the applicable award/agreement contains provisions permitting such an arrangement. The Health Professionals and Support Services Award 2020 contains provisions allowing employers and their employees to agree for the employee to take annual leave in advance. For further advice, please contact the APodA HR Advisory Service.

Superannuation contributions records

If an employer is required by law to make superannuation contributions to an employee, a record must be created which includes:

- The amount of the contributions made
- The dates on which each contribution was made
- The period over which the contributions were made
- The name of the fund to which contributions were made
- The basis on which the employer became liable to make the contribution, including a record of any election made by the employee (including the date) to have their super paid into a particular fund

Termination records

Where employment has been terminated, a record must be created and specify:

- The manner in which the employment was terminated e.g. resignation, dismissal (with notice), instant dismissal or any other manner (including details)

- If notice was provided and, if so, how much
- The name of the person who terminated the employment

Depending on the circumstances, additional record keeping obligations may apply. If ever there is uncertainty around the creation and/or maintenance of employee records, we encourage members to contact the APodA HR Advisory Service for further advice.

In summary, creating and maintaining accurate time and wages records is critical in ensuring that the Fair Work Act 2009 (and other relevant legislation) is adhered to, and also in helping to avoid disputes about whether an employee has received their minimum entitlements.

For specialist workplace relations and work (occupational) health and safety advice, the team at the APodA HR Advisory Service are available by phone, email and online chat Monday – Friday 8:30am – 5:30pm AEST. Members can also access our full suite of online resources 24 hours a day, 7 days a week by visiting **podiatry.org.au**

For further information, contact the HR Advisory Service on:

1300 620 641 or
email **hrhotline@podiatry.org.au**
between 8:30am and 5:30pm
AEST Monday to Friday.

Alternatively, browse the online HR resources at **podiatry.org.au** after logging in as a member.





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