

Podiatrists Registration Board

Online System Manual

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1 Overview

The Podiatrists Registration Board has been developing its capability to provide online services.

Podiatrists now have the option of submitting their application for the renewal of their registration using online forms and payments.

Alternatively, the option remains of completing the registration renewal form mailed to you and then sending it to the Podiatrists Registration Board at PO Box K599, Haymarket NSW 1238.

The online system provides the following facilities:

- Pay your registration renewal fees online using your credit card.
- Submit your annual return.
- Provide your professional indemnity insurance details.
- Submit your workforce survey.

The Podiatrists Registration Board online system uses 128 bit Secure Sockets Layer (SSL) encryption to ensure the security and privacy of any data entered using web-based forms. Registrant credit card details are not stored or retained by the Podiatrists Registration Board or the Health Professional Registration Boards.

2 Login Screen

You can access the online system:

- Directly at https://www.registersearch.net/slogin_screen.php?board_id=8, or
- Go to the Podiatrists Registration Board Website <http://www.podreg.health.nsw.gov.au> and follow the links to the online system.

You will see the following screen display:

PODIATRISTS REGISTRATION BOARD LOGIN

If you do not have a login or have forgotten your password [Click Here](#), fill out the form and then click submit. A password will be sent to you by email.

Please enter your **User ID** and **Password** in the form below and click the Submit button.

Registrant Login. Access Restricted.
Please enter User ID and Password

User ID:

Password:

 Download User Instructions

 Download Privacy Statement

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If you have already been issued with a user name and password, you can log in and follow the links and instructions on the Home page to complete the registration process (go to the **Home Page** section).

If you have not been issued with a user name and password (or have forgotten your password) click on the [Click Here](#) text and apply for online access (see below).

3 Apply for Online Access

For security reasons, the online access form requires you to fill in some information about your registration details. If the details you enter match the information on the Podiatrists Registration Board Register, you will receive your user name and password by email.

The online access form will display as below:

PODIATRISTS REGISTRATION BOARD ONLINE ACCESS

If you wish to have full access to online services, please fill out the form below and click Submit. On confirmation of your details, an email will be sent to you with your login details.

Online Access Form.
Please enter the details below

Registration Id:	<input type="text"/>	← Enter your 9 character Registration Id here, this must start with CH. e.g. CH0012345.
Surname:	<input type="text"/>	← Enter your surname as registered with the Board
First Name:	<input type="text"/>	← Enter your First Name only, middle names are not required.
Date of Birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>	← Enter your Date of Birth. This must be dd for day, mm for month and yyyy for year of birth.
Email	<input type="text"/>	← Enter your Email Address. Ensure this is accurate (Your Login will be sent to this address).
Confirm Email	<input type="text"/>	← Reenter your Email Address.
Phone Number:	<input type="text"/>	← Enter your contact phone number. Please ensure you include the area code.

Online Access Form Notes

Registration Id	Your 9 character Registration Id commencing with CH.
Surname	Your Surname as recorded on the Register.
First Name	Your First Name as recorded on the Register.
Date of Birth	Your Date of Birth as recorded on the Register. This must dd, mm and yyyy.
Email	This is where we will send your login details. Please ensure this is accurate.
Confirm Email	Just in case of typographical errors in Email above.
Phone Number	We will call and assist if you don't succeed with this form.

After completing the form click Submit and the system will check the details entered against the Register.

3.1 Online Access is Successful.

If the information in the form matches the Board's records, you will immediately be sent an email with your login details. Upon receipt of this email you can use your user name and password to log in. The first time you log in you will be required to change your password to one that is more easily remembered. **Note:** Your old password and new password will both work anytime that you log in to the online system.

3.2 Online Access is Unsuccessful.

The online system compares the information that you entered on the form with information recorded in the Register. If anything doesn't match, then we can't immediately process your application for a login. This is a security issue.

Your Registration Id, Surname and First Name are published on the Web. These must be correct. Your Date of Birth is not published but is recorded in the Register. An incorrectly recorded date of birth in the Register may prevent you from initially being emailed your login details.

If your entered date of birth does not match the date of birth recorded in the Register, the online system will generate a support request and a Podiatrists Board staff member will contact you to assist as soon as possible.

4 Home Page

The home page contains a summary of the status of your registration renewal and annual return requirements. The Home page will display as below:

ONLINE SYSTEM HOME PAGE

User ID: Name:

[Home Page](#) [Change Address](#) [Change Email](#) [Change Password](#) [Logout](#)

Welcome to the Online System Home Page

Information as to the status of your registration and annual return requirements is below.

Registration Renewal
Your registration is due for renewal by 30 June 2009. You can view your registration renewal payment options by clicking [here](#).

Annual Return Declaration
You can submit the declarations in your Annual Return by clicking [here](#).

Professional Indemnity Insurance
Your Professional Indemnity Insurance details can be submitted by clicking [here](#).

Continuing Professional Education
Details of continuing professional education can be entered by clicking [here](#).

Workforce Survey
The Workforce Survey can be completed online by clicking [here](#).

All pages in the online system have 2 main sections:

1. **A header section** – containing a page title, login details and buttons allowing the user to return to the home page, change their password, change their email address or logout.
2. **A data input section** – containing input fields and links to other pages in the online system.

There are 4 components to registration renewal that are able to be completed online. If a component is currently outstanding then there will be a red underlined [here](#) link directing the user to that section of the online system. Components of the online system are:

1. **Registration Renewal Payment.** If your payment is outstanding, a link will take you to a screen detailing the amount outstanding and your payment options. You are now able to pay your registration renewal fee online using a Visa or MasterCard credit card.
2. **Annual Return.** You can now submit the declarations on your annual return online.
3. **Professional Indemnity Insurance.** Details of your professional indemnity insurance, or exemption details, can be submitted in this section.
4. **Workforce Survey.** Can be completed online.

Separate sections of the user manual describe each of these components of the online system in detail.

5 Registration Renewal Payment

Click on the registration renewal payment link and the following screen indicating payment options will display as below:

Registration Renewal for Registration Year 2009/2010.

User ID: [redacted] Name: [redacted]

[Home Page](#) [Logout](#)

Your registration renewal fee is \$135.00 **Please pay this amount.**

Your payment options are:

- **Pay Online** by credit card by clicking [Pay Online](#) (**Visa & Mastercard only**)
- **BPAY** your renewal fees using the biller code of 485193 and customer reference number (CRN) of [redacted].
- pay by credit card, cheque, money order or overseas bank draft by completing and submitting the Renewal of Registration form to the Board.

Note:

- The renewal fee to be paid cannot be changed. If you have a credit on your account, this will be deducted from your renewal fee.
- If you have BPAYed or sent the fee with your Renewal of Registration to the Board, then the online system may take a number of days to reflect this payment.
- If you wish to **pay online**, click the Pay Online button and the process registration payment screen below will display.

Process registration payment screen:

Process Registration Payment for Registration Year 2009/2010

User ID: [redacted] Name: [redacted]

[Home Page](#) [Logout](#)

Payment Details

Payee: Health Professionals Registration Boards
Biller: 485193 - Podiatrists Registration Board
Reference Number: [redacted]
Amount: \$135.01

Credit Card Details

Card Number: 4444333322221111
Card Expiry Date: 01 / 09
CCV Number: [redacted] [What is CCV?](#)

Please check the card details above before clicking Process Payment

[Process Payment](#)

Note:

- Your credit card must be either Visa or MasterCard.
- The card number is 16 numbers with no spaces.
- The card expiry date is as per the front of your card, the first number is month and the second is year.
- CCV is the last 3 digits in the signature area at the back of the card. Click the [What is CCV?](#) link for more information.
- To immediately pay your renewal fees by credit card, click the Process Payment button. The online system will contact your bank to transfer the renewal fee from your credit card account to the Board's bank. This will take a matter of seconds and return the result of the transfer of funds.

5.1 Successful Credit Card Payment

If the renewal fee was successfully transferred from your account, the following screen will display:

Process Registration Payment for Registration Year 2009/2010

User ID: Name:

Payment Details

Payee: Health Professionals Registration Boards
 Biller: 485193 - Podiatrists Registration Board
 Reference Number:
 Amount: \$135.00

Your payment has been successfully processed.
 Click [here](#) to view a printable receipt. Print a Receipt

The Board will process your registration payment upon receipt of payment confirmation from the Board's bank.

Please note that we have not yet received:

- Your Annual Return.
- Your Professional Indemnity Insurance details.
- Your Workforce Survey.

Click [here](#) to continue the renewal process. Continue Renewal

Note:

- The Podiatrists Register will be updated on the business day that the Board receives payment confirmation from the Board's bank. This is usually the next business day. The online register will be updated on the next business day after payment confirmation.
- Click on the red Click [here](#) link to view a printable receipt.
- If you have not yet completed your Annual Return, Insurance or Workforce survey details click the red Click [here](#) link at the bottom of the page to continue the renewal process.

5.2 Unsuccessful Credit Card Payment

If the renewal fee was **not** successfully transferred from your account, the following screen will display:

Process Registration Payment for Registration Year 2009/2010

User ID: Name:

Payment Details

Payee: Health Professionals Registration Boards
 Biller: 485193 - Podiatrists Registration Board
 Reference Number:
 Amount: \$135.01

Credit Card Details

Card Number:
 Card Expiry Date: /
 CCV Number: [What is CCV?](#)

Please check the card details above before clicking Process Payment

Payment Results

Your payment was not successful. Please check the card number and expiry date on your credit card and try again or contact your bank.

Payment Failed

Note:

- Please check that you have entered your Card Number, Expiry Date and CCV correctly. Any entry errors can be rectified and the Payment reprocessed.
- If your card details are correct and the payment is still not successful then you need to contact your bank.
- You can still return to the Home page and submit your annual return, PII and workforce survey.

6 Annual Return

Annual return declarations can be submitted online. Click on the red Click [here](#) link on the Home page and the following screen will display.

Annual Return for Registration Year 2008/2009.

User ID: Name:

Please update your Annual Return

No	Description	Yes	No
1.	Have you been convicted of any offence, in or outside New South Wales, except an excluded offence?	<input type="radio"/>	<input type="radio"/>
2.	Has a criminal finding for sex/violence been made against you?	<input type="radio"/>	<input type="radio"/>
3.	Has a criminal finding been made against you for an offence committed in the course of the practice or purported practice of podiatry?	<input type="radio"/>	<input type="radio"/>
4.	Are any criminal proceedings pending against you for a sex/violence offence alleged to have been committed in the course of the practice or purported practice of podiatry?	<input type="radio"/>	<input type="radio"/>
5.	Are any criminal proceedings pending against you for a sex/violence offence alleged to have been committed against a minor or to involve child pornography?	<input type="radio"/>	<input type="radio"/>
6.	Have you suffered any significant illnesses that may detrimentally affect your physical or mental capacity to practice podiatry?	<input type="radio"/>	<input type="radio"/>
7.	Has your registration as a podiatrist been suspended or cancelled, or had any conditions imposed on it, in any other jurisdiction?	<input type="radio"/>	<input type="radio"/>
8.	Has any registration held by you under the health registration Act been suspended or cancelled, or had any conditions imposed on it?	<input type="radio"/>	<input type="radio"/>
9.	Have you been refused registration as a psychologist in any other jurisdiction?	<input type="radio"/>	<input type="radio"/>
10.	Have you undertaken any continuing professional development in the last twelve months? If YES or NO, please provide details below.	<input type="radio"/>	<input type="radio"/>
11.	Professional Indemnity Insurance details or exemption details are required. You can enter your PII details after clicking the Submit button.		

By Clicking Submit, you are declaring that the information provided is true and correct.

Note:

- You must click either Yes or No to all 11 questions.
- A separate online page is available to enter your professional indemnity details (question 12).
- If you answer Yes to any of questions 1 to 10 you must provide further details in writing to the Board. It is acceptable for this to be by email to podreg@hprb.health.nsw.gov.au

7 Professional Indemnity Insurance

Professional indemnity insurance details can be submitted online. Click on the red Click [here](#) link on the Home page and the following screen will display.

Insurance Update for Registration Year 2009/2010

User ID: Name:

Please update your Professional Indemnity Insurance details

Insurer:	No Insurance <input type="button" value="v"/> <small>Note: AON is a broker, please use Vero as Insurer.</small>
Broker/Other Insurer:	<input type="text"/>
Policy Number:	<input type="text"/>
Expiry Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>
If you qualify for exemption, please enter exemption details	
Exemption Clause	No Exemption <input type="button" value="v"/>
Description:	<input type="text" value="No Exemption Applicable"/>

By Clicking Submit, you are declaring that the information provided is true and correct.

PII Form Notes

Insurer	This is a drop down list of the majority of insurers that provide Professional Indemnity Insurance. Your Insurer should be on this list. If you obtain Insurance through a broker, ask them who the actual insurance underwriter of the policy is. If you qualify for exemption and do not require insurance select ' <i>No Insurance</i> '. If you can't find your insurer on this list select ' <i>Other</i> ' and manually enter your Insurer in the Broker/Other Insurer area
Broker/ Other Insurer	An insurance broker is a company that negotiates an insurance policy between an insurance company (underwriter) and a client. Your insurance documentation will indicate the name of the insurance company. You can enter your Broker here or if you can't find your insurer in the list above then manually type the insurer name here. This is not compulsory unless ' <i>Other</i> ' has been selected above.
Expiry Date	Enter the date your policy expires. This date cannot be less than the current date.
Exemption	If you qualify for exemption, select the Regulation under which you qualify.

Clause	You may have PII and also qualify for exemption for part of your professional services. In this case, you should enter both your insurance details and the details of your exemption.
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On completing the form, click the Submit button. The system will perform some checks on the information entered. If any information is missing, or does not pass the edit checks, you will be prompted to rectify the information in the form.

Once the information in the form passes all the edit checks, it will be saved and you will be advised by the system that your PII details have been successfully updated.

8 Workforce Survey

The Workforce survey can be submitted online. Click on the red Click [here](#) link on the Home page.

The Workforce survey consists of 2 pages of workforce related questions. The layout of the pages is very similar to the hardcopy survey that is attached to the renewal of registration form. Each question on the form must be answered. You will be prompted by the system to complete any questions missed prior to continuing or completing the survey.

9 Privacy

A full Podiatrists Registration Board Privacy Policy Statement can be downloaded from the Board's Website at www.podreg.health.hprb.nsw.gov.au or from the login screen of the Online system.

All information collected by the Board by digital, or any other means, will be used by the Board only as required to carry out the business of the Board as legislated in the Act and Regulations. Information provided to the Board, whether digital or otherwise, will be stored in secure locations. Information provided to the Board will not be disclosed to any other parties other than as required by the legislation and policies of NSW Health which govern the operation of the Board.

10 Manual PII Advice

The following pages contain a manual advice that can be printed, completed and mailed to the Board. Please read the Information Notes in conjunction with the form.

NSW PODIATRISTS REGISTRATION BOARD

tel: (02) 9219 0233
 fax: (02) 9211 9318
 podreg@hprb.health.nsw.gov.au

PO Box K599
 Haymarket NSW 1238
 www.podreg.health.nsw.gov.au

PROFESSIONAL INDEMNITY INSURANCE

In accordance with the provisions of the Health Care Liability Act 2001 and Regulations, the Board must not register a person to practise podiatry in New South Wales unless it is satisfied that the person is covered by professional indemnity insurance or that the person is exempt from that requirement under the Health Care Liability Regulation 2007. Practising as a podiatrist without being covered by professional indemnity insurance, or without approved exemption, amounts to, for the purpose of the Podiatrist Act 2002, unsatisfactory professional conduct.

Please read the attached Guide prior to completing this section.

NAME _____ Registration No. CH _____

Do you hold a policy of Professional Indemnity Insurance (PII) in your own name?	<input type="checkbox"/>	YES , complete Section 1.		
	<input type="checkbox"/>	NO , complete Section 2, (Select only one exemption clause).		
Section 1				
	INSURER:			
State the name of your insurer (underwriter), your policy number and the expiry date of your insurance cover.	POLICY NUMBER:			
	EXPIRY DATE:			
Section 2				
If you do not hold your own PII policy, please place a tick against the subclause of the Regulation upon which you base your exemption.	<input type="checkbox"/>	7(1)(a)	<input type="checkbox"/>	7(1)(b)
	<input type="checkbox"/>	7(1)(c)	<input type="checkbox"/>	7(1)(d)
	<input type="checkbox"/>	7(1)(e)	<input type="checkbox"/>	7(1)(f)
	<input type="checkbox"/>	7(1)(g)		

Guide to completing professional indemnity insurance details

The following does not form part of the legislation or regulations and is provided as a guide only.

The Board is unable to advise health professionals which exemption category they fit into as they must determine this themselves depending on their circumstances. Please refer to the following information for assistance with the interpretation of the various exemptions. The following information must be read in conjunction with the Professional Indemnity Insurance (PII) exemption clauses referred to in the extract of the Health Care Liability Regulation 2007.

7(1)(a) - Applies only to a very limited number of Podiatrists who are restricted from practise by conditions imposed by the Board.

7(1)(b) - Applies to Podiatrists practising outside NSW (overseas or interstate). Should the podiatrist return to practise in NSW, they must either obtain PII or ensure they are exempt from holding PII.

7(1)(c) - Applies to Podiatrists who are not practising. This exemption allows a podiatrist to practise without PII if required as a volunteer in an emergency situation should they happen to be at the scene of the emergency.

7(1)(d)(i) - Applies to Podiatrists whose PII is provided by their employer. This exemption only applies to the workplace of the employer providing the cover. Where a podiatrist works for multiple employers and also practises privately, they must either hold PII or be exempt from holding PII for all areas of their practice. Clause 7 (1)(d)(ii) refers to an exemption for Podiatrists who are engaged by another person under some contractual arrangement. This exemption will therefore apply to students currently enrolled in a professional podiatry degree.

7(1)(e) - Applies to Podiatrists who may be practising within the discipline of podiatry but are not providing treatment to clients and are not providing opinions related to the treatment of any particular client.

7(1)(f) - Applies to most Podiatrists practising in State or Commonwealth government facilities such as public hospitals. Podiatrists in this category are advised to confirm their insurance entitlement with their employer before claiming this exemption. As with exemption 7(1)(d), this exemption only applies to the workplace of the employer providing the cover. Where a podiatrist works for multiple employers and also practises privately, they must either hold PII or be exempt from holding PII for all areas of their practise.

7(1)(g) - Applies to a very limited number of health practitioners who legislatively do not incur any personal liability.

Extract from Health Care Liability Regulation 2007

Clause 7 Exemption from insurance requirement

(1) In accordance with section 25 (5) of the Act, the following health practitioners are exempt from the requirement for professional indemnity insurance:

- (a) a person whose registration as a health practitioner is subject to the condition that the person does not practise,
- (b) a health practitioner who practises primarily outside New South Wales and who is covered by professional indemnity insurance of any kind while practising in New South Wales,
- (c) a health practitioner whose practice is limited to the rendering of assistance, in the practitioner's capacity as a health practitioner, on a voluntary basis in emergency situations,
- (d) a health practitioner who practises in the course of being:
 - (i) employed by another person, or
 - (ii) engaged by another person under some contractual arrangement,
- (e) a health practitioner whose practice does not include the provision of health care or of an opinion given in the practitioner's capacity as a health practitioner in respect of the physical or mental health of any person,
- (f) a health practitioner who, while practising, is covered by an indemnity arrangement established or entered into by the State or the Commonwealth to cover civil liability,
- (g) a health practitioner who, while practising in accordance with a function conferred or imposed by or under any State or Commonwealth Act or regulation, does not, under that Act or regulation, incur any personal liability.

(2) An exemption under subclause (1) (b)–(g) applies to a health practitioner only to the extent to which the health practitioner practises in the circumstances described in the exemption concerned.

(3) Without limiting subclause (2), the exemption under subclause (1) (d) applies only in relation to a health practitioner:

- (a) to the extent that the health practitioner is practising as an employee of, or under contract to, the other person, and
- (b) to the extent that the health practitioner is indemnified, under an insurance policy issued to the other person, for civil liability arising out of the provision of, or failure to provide, health care by the health practitioner, and
- (c) if the other person is not the health practitioner's practice company.